BOARD OF INTERMEDIATE & SECONDARY EDUCATION KOHAT

FEE REFUND PROFORMA

Name:_____ Father Name:_____

Address:_____

Mobile No. _____ Fee Deposited Rs._____ Challan No. _____

Deposited Date:_____ Name of Bank Branch or Mobile App_____

Fee Deposited For:_____

Reason of Refund:_____

I request you to kindly refund my fee amount due to the above-mentioned reason please.

Date:_____

_____
Applicant Signature

CHALLAN VERIFICATION BY ACCOUNTS SECTION

Certified that Rs._____ in the name of _____has been deposited vide Challan No. _____ dated:_____ via (Bank/Mobile App)_____.

Dealing Assistant Director Accounts

CERTIFICATE BY CONCERNED SECTION

Certified that the fee has not been utilized in _____ section. The fee deposited Rs._____ may kindly be sanctioned for payment to the applicant for the above-mentioned reason.

Dealing Assistant Section Incharge

Sanctioned Rs._____.

AUDIT

Deducted Rs. _____ @_____% of the amount.

Passed for Rs._____ (In figures)

In words_____

Dealing Asstt: Superintendent Audit Officer

(SECRETARY)
BISE Kohat