FEDERAL BOARD OF INTERMEDIATE & SECONDARY EDUCATION ISLAMABAD

Fax No. 051-9269507 E-mail: controller.c@fbise.edu.pk

APPLICATION FORM FOR CHANGE OF EXAMINATION CENTRE

SSC/HSSC Annual/Supplementary Examination (Year) _____

Level: SSC / HSSC (Pleas tick relevant level)			Batch No Serial No (For office use only)																
Candidate's Name																			
Father's Name																			
Institution							Со	de											
Roll No.			No.																
Postal Address (for dispatch of Roll No. Slip)	or dispatch of Roll																		
Phone/Cell No.		x No).																
E:mail (if any)	Status (Regular / Ex / Private														te)				
EXAMINATION CENTRE																			
Name of Allotted	.y		TO Proposed Exam Centre/ City																
									•					,					
Requisite fee amour Challan/Demand Dattached).																			
INSTRUCTIONS:																			
 i. A photocopy admission fo ii. An attested abroad/vice iii. No change for circumstance iv. An application of examination of examination. v. Previous Rol 	copy of versa. Trom one es. on for chon.	be attac passpor centre ange of	ched. t sho to an	wing other e shal	date in tl	of ex ne sai	xit/en me ci	ntry ity/ 1	may twin	be city	furn sha	ishe	d in	case oweo	e of	shift der a	ing any		
Note: Incor																			
<u></u>						<u></u>	_												
SIGNATURE OF FATHER/GUARDIAN							SIGNATURE OF THE CANDIDATE												
		(F	OR R	EGUI	AR S	TUDI	ENTS	ONI	.Y)										
Ref. No.							Dated:												
The change of in all respect and cov				in res	spect	of ab	ove o	candi	date	is r	econ	nmei	nded	bei	ng co	ompl	lete		

SIGNATURE & SEAL OF THE HEAD OF INSTITUTION