FEDERAL BOARD OF INTERMEDIATE & SECONDARY EDUCATION ISLAMABAD

**Fax No. 051-9269507 E-mail:** [**controller.c@fbise.edu.pk**](mailto:controller.c@fbise.edu.pk)

**APPLICATION FORM FOR CHANGE OF EXAMINATION CENTRE**

SSC/HSSC Annual/Supplementary Examination (Year) \_\_\_\_\_\_\_\_\_\_

**Level: SSC / HSSC Batch No.\_\_\_\_\_\_\_\_\_\_ Serial No. \_\_\_\_\_\_\_\_\_\_**

(Pleas tick relevant level) (For office use only)

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| Candidate’s Name |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Father’s Name |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Institution |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Code |  |  |  |  |

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| Roll No. |  |  |  |  |  |  | Registration No. |  |  |  |  |  |  |  |  |  |  |

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| Postal Address (for dispatch of Roll No. Slip) |  |
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| Phone/Cell No. |  | Fax No. |  |

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| E:mail (if any) |  | Status (Regular / Ex / Private) |

**EXAMINATION CENTRE**

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| **FROM**  Name of Allotted Exam Centre (if any)/City | **TO**  Proposed Exam Centre/ City |
|  |  |

Requisite fee amounting to Rs.1000/- (for Pakistan) US $40/- (abroad) has been deposited vide Bank Challan/Demand Draft No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Original draft/challan receipt is attached).

**INSTRUCTIONS:**

1. A photocopy of posting/transfer order duly attested by the head of institution who attested the admission form must be attached.
2. An attested copy of passport showing date of exit/entry may be furnished in case of shifting abroad/vice versa.
3. No change from one centre to another in the same city/ twin city shall be allowed under any circumstances.
4. An application for change of centre shall be entertained upto 30 days before the commencement of examination.
5. Previous Roll Number Slip (if any) shall be returned.

**Note: Incomplete cases shall not be entertained.**

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**SIGNATURE OF FATHER/GUARDIAN SIGNATURE OF THE CANDIDATE**

**(FOR REGULAR STUDENTS ONLY)**

Ref. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The change of examination centre in respect of above candidate is recommended being complete in all respect and covered under rules.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE & SEAL OF**

**THE HEAD OF INSTITUTION**