Form No. SE/S-28

4

HBL Branch _____

Account No. | | | | | | | | | | | | | | |

CNIC # | | | | | | | | | | | | | | |

بل ہذا بورڈ کی ویب سائیڈ پر موجود ہے

BOARD OF INTERMEDIATE AND SECONDARY EDUCATION, MULTAN.

CONTINGENT BILL (PRACTICAL)

SECONDARY SCHOOL CERTIFICATE / INTERMEDIATE / CT / OT (ANNUAL/SUPPLY) EXAMS: 201

Please attach the original receipts on the back of the Bill for payment of contingency charges with Payment Bill otherwise it will not be entertained for payment.

Dated	Receipt No.	Amount Spent	Purpose for which Spent	Dated	Receipt No.	Amount Spent	Purpose for which Spent
	Total:				Total:		

Signature of *Practical Examiner* : _____

Name_____ Father's Name_____

Address _____

Name of Centre: _____

Dated: _____ **PS / PI / PII**_____