



# BOARD OF INTERMEDIATE & SECONDARY EDUCATION MARDAN

APPLICATION FOR REMOVING UN-NATURAL GAP BETWEEN SIBLINGS OF THE SAME MOTHER

**ATTENTION**

**Cutting, Over Writing Or Erasing  
shall not be accepted:**

The Secretary,

BISE, Mardan

**A. PARTICULARS OF THE APPLICANT**

Name: \_\_\_\_\_

Father Name: \_\_\_\_\_

Mother Name: \_\_\_\_\_

DOB in Figure \_\_\_\_\_

DOB in Words: \_\_\_\_\_

**B. PARTICULARS OF THE SIBLING**

Name: \_\_\_\_\_

Father Name: \_\_\_\_\_

Mother Name: \_\_\_\_\_

DOB in Figure \_\_\_\_\_

DOB in Words: \_\_\_\_\_

1. Name of Institution where applicant studying/studied: \_\_\_\_\_

2. Enrollment Number: \_\_\_\_\_

3. SSC Roll No: \_\_\_\_\_ 4. Session/Year: \_\_\_\_\_

5. Address: \_\_\_\_\_ 6. Mobile No: \_\_\_\_\_

7. ABL/UBL Receipt No. \_\_\_\_\_ Dated: \_\_\_\_\_ Rs. \_\_\_\_\_

Branch Name: \_\_\_\_\_

8. Applicant Sign: \_\_\_\_\_ 9. Father/Guardian Sign: \_\_\_\_\_

Date: \_\_\_\_\_

Attested by: PRINCIPAL / HEAD MASTER / HEAD MISTRESS

OFFICIAL SEAL: \_\_\_\_\_ Signature: \_\_\_\_\_

CNIC: \_\_\_\_\_ Mobile No: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

**Committee Decision:**

DOB Correction allowed from: \_\_\_\_\_ to (in figure): \_\_\_\_\_

(in words) \_\_\_\_\_

1) Assistant Secretary (C): \_\_\_\_\_ 2) Litigation Officer: \_\_\_\_\_

Approved by: SECRETARY \_\_\_\_\_

## ہدایات

- 1- فارم ہذا بمع (امیدوار اور بھائی/بہن) میٹرک ڈی ایم سی اور اصل سرٹیفیکیٹ کی فوٹوکاپیاں متعلقہ سکول پرنسپل صاحب سے تصدیق کروالیں۔
- 2- فارم ب یا یونین کونسل سیکرٹری سے تمام بہن بھائیوں کی تاریخ پیدائش سرٹیفیکیٹ دئیے گئے فارمیٹ کے مطابق بنوا کر فارم کیساتھ منسلک کریں۔
3. والد صاحب اور والدہ صاحبہ کے واضح تصدیق شدہ شناختی کارڈ کے نقول درستگی فارم کیساتھ منسلک کریں۔
- 4- امیدوار اپنے متعلقہ پرائیمری اور ہائی سکول پرنسپل صاحبان سے تصدیق شدہ کورنگ لیٹر فارم کیساتھ منسلک کریں۔
- 5- مردان تعلیمی بورڈ کے حدود (ضلع مردان، صوابی، نوشہرہ) میں واقع الائیڈ یا یونائیٹڈ بینک میں مبلغ 4000/- چار ہزار روپے جمع کر کے سٹوڈنٹ کاپی بینک رسید منسلک کریں۔
- 6- درستگی فارم پرنیچے دئیے گئیے نمونہ کی مطابق سٹامپ پیپر بنوا کر منسلک کریں۔
- 7- کمیٹی کی طرف سے مطلوبہ کیس مسترد ہونے کی صورت میں ادارہ ہذا جمع شدہ رقم واپس کرنے کا پابند ہوگا۔

### AFFIDAVIT SPECIMEN

I \_\_\_\_\_ D/S/O \_\_\_\_\_ bearing form B. No, duly swear under oath, and states as follows:

1. That I and \_\_\_\_\_ (name of the sibling with whom un-natural gap exist) are born of the same mother.
2. That, there exist un-natural gap between me and my above mentioned (brother/sister), due to which I can face irreparable loss.
3. That, I have attached the necessary documents, with correction form, which are authentic and true.  
i.e. i) DMC/ Original Certificate Photocopy  
ii) Photocopies of Admission Withdrawal Register (AWR) duly countersigned by DEO.  
iii) Attested photocopies of Form B or Union Council (UC) Birth Certificate.  
iv) Attested board document copies of the Applicant as well as of the Sibling(s) and CNIC copies of the real Father and Mother of which he/she is born.
4. In case of any misrepresentation or concealment of facts, the Board authorities shall have the power to cancel my documents and I shall not file any suit or legal proceeding against the Board, and Correction Committee, a member of the committee or an officer or employee of the Board.

I swear or affirm that the above and foregoing representation are true and correct to the best of my knowledge and belief.

Name of Applicant: \_\_\_\_\_ Father/Guardian Name: \_\_\_\_\_

CNIC/ Form B. No. \_\_\_\_\_ CNIC No. \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

#### Witness 1

Name: \_\_\_\_\_

CNIC No: \_\_\_\_\_

Sign: \_\_\_\_\_

Contact No: \_\_\_\_\_

#### Witness 2

Name: \_\_\_\_\_

CNIC No: \_\_\_\_\_

Sign: \_\_\_\_\_

Contact No: \_\_\_\_\_

To

The Secretary,  
Board of Intermediate & Secondary Education,  
Mardan.

**Subject:** Date of Birth correction (un-natural gape between sibling of the same mother)

This is to Certify that Mr., \_\_\_\_\_ S/D/O \_\_\_\_\_

Date of Birth (in figure) \_\_\_\_\_ in words \_\_\_\_\_

is/was regular student of this institute.

The above particulars are correct as per our record.

Principal/Head Master/ Head Mistress Signature: \_\_\_\_\_

Office Seal: \_\_\_\_\_

Principal/Head Master/head Mistress Name: \_\_\_\_\_

Contact No: \_\_\_\_\_

# FAMILY HISTORY CERTIFICATE

UNION COUNCIL NAME: \_\_\_\_\_

S,N	NAME	FATHER'S NAME	MOTHER'S NAME	DATE OF BIRTH (As per DMC of the Applicant/sibling)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

UNION COUNCIL SECRETARY SIGNATURE: \_\_\_\_\_

OFFICE SEAL: \_\_\_\_\_