

**FEDERAL BOARD OF INTERMEDIATE AND SECONDARY EDUCATION
Sector H-8/4, Islamabad**

Reporting Branch _____

Dated _____

REQUEST FOR REFUND OF FEE

Bank draft/Bank challan No. _____ Dated _____ Rs. _____

Rupees (in words) _____

Amount to be Refunded Rs. _____ (in words) _____

Deposited by (Name) _____ Parent's /Guardian's Name _____

Student/Parent's Account No./Bank Name: _____

Nature of Fee: (Purpose) _____ Roll No. (SSC/HSSC) _____

Reason for Refund of Bank Challan/Draft: _____

Postal Address: _____

Applicant's Signature
Contact No _____

FOR OFFICE USE ONLY

Recommendation: **Service has not been provided, therefore the above said fee is recommended to be refunded**

Dealing Assistant**Superintendent****Sectional Head/HOD**

Bank draft/ Challan has been deposited into Board's account No. _____

Through Bank Draft/Challan No _____ dated _____ Rs. _____

Credited date _____

Remarks (if any): _____

Dealing Assistant**Accountant****AS (F)****DS(F)**

An amount of Rs. _____ may be approved on account of refund of fee after deduction service charges, please.

Secretary

DS(F)

Cheque No. _____ Dated _____ Amount _____

Received by _____

Accounts Assistant**Accountant**

Note: Amount less than Rs 500/- should be not refunded. It is, therefore, requested that application should not be submitted for refund of fee where amount is less than Rs 500/-