



# BOARD OF INTERMEDIATE & SECONDARY EDUCATION MALAKAND

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To

The Secretary  
Board of Intermediate and Secondary Education  
Malakand.

Subject: **ANNUAL RENEWAL FORM OF PRIVATE SCHOOL/COLLEGE FOR THE SESSION**  
**\_\_\_\_\_SSC/HSSC.**

Respected Sir,

I/We have the honor to request you that provisional Affiliation of the institution noted below may please be renewed as per provision contained under Chapter XI Section i & ii of the Board Calendar.

I/We hereby declare that information/particulars being provided in renewal form are correct and complete in all respects and nothing has been concealed. I/we further undertake to inform BISE Malakand of any changes in information provided in this form and or in the documents and will also abide by the rules and regulations being conveyed from time to time by Board of Intermediate and Secondary Education Malakand.

It is further added that any information/particulars in the information form revealed to be false, tampered, overwritten and use of fluid will be sole responsibility of concerned institution.

**STAMP** \_\_\_\_\_

**PRINCIPAL Sig** \_\_\_\_\_

## **INSTRUCTIONS:**

- Please go through contents of Annual Renewal form carefully before filling it.
- Provide details of all campuses running under the same nomenclature on separate annual renewal forms.
- Use Blue or Black ink only.
- Any cutting, overwriting, tampering and use of fluid will not be acceptable.
- Try to give accurate and up to date information.
- Keep a copy of the same for institution's record purpose too.
- Attach additional documents/sheets where necessary.
- Last date for Submission of Annual Renewal form along with Renewal fee to Academic Section is the date fixed for submission of enrollment/registration of the students with double fee every year.
- After due date R.s 50 per day will be charged as a penalty.
- In case, renewal fee and form are not submitted after a lapse of one month of stipulated time then Affiliation of such institution will be revoked.

## ANNUAL RENEWAL FORM OF PRIVATE SCHOOL/COLLEGE

Name of Institution										
Postal Address										
House Number	Village					Mohallah				
Street Number	Post office			Post Code						
Institution PTCL Number					Cell Number (Principal)					
Email Address					Cell Number (Owner)					
Year of Establishment	Any Financial Assistance (WRITE YES OR NO)			If Yes, then by whom and amount also (attach details)				Reg:No (With year)		Affi:No (With year)
Level of Institution (Encircle the Correct One)	Primary		Middle		SSC SCIENCE	SSC ARTS	HSSC Med/Engg	HSSC ARTS		
					Both Levels		All Levels			
GENDER (WRITE YES OR NO)	BOYS			GIRLS			CO-EDUCATION			
Medium of Instruction (WRITE YES OR NO)	English			Urdu			Both			
District (Encircle the Correct One)	Malakand		Dir Lower		Dir Upper			Bajaur Agency		
	M		DL		DU			B		
Tehsil			UC		VC	District				
Building Located in (Write Yes with Area Name too)	Cantonment		Garrison		Union Council		Town Committee		Urban/Rural	
Building Status	Owned	Rented	Leased	If Rented/Leased then Per Month Rent/Lease			Total Building Area		Total Classrooms	
HalqaPatwar				Constituency			NA: _____		PK: _____	
Security & Health Related Information (WRITE YES OR NO)	Drop Down Barrier at Main Gate Installed or Not			Total Number of Security Guards			CCTV Cameras Front, Rear, Left & Right Walls			
	Police Station with Telephone Number			BHU with Telephone Number			Hospital With Telephone Number			
Distance of Institution (Meters/KM)	From BISE Malakand			From Main Road to Institution			Institution can be approached easily by? (WRITE YES OR NO)			
							Car	Pickup	Jeep (4x4)	
Total number of Students	Boys	Girls	Total	Total Number of Teachers			Male	Female	Total	
Furniture Details	Desks	Chairs	Benches	Any Hostel in the institution (WRITE YES OR NO)					Total Boarders	
Play Ground (WRITE YES OR NO)			Its Size	Examination Hall (WRITE YES OR NO)					Its Size	

Disable Students if any (WRITE YES OR NO)			Disability			Foreign Students if Any (WRITE YES OR NO)					Country			
Income Per Month									Expenditure Per Month					
Profit Per Month									Loss Per Month					
Name of Bank with Account Number/Balance									Nearest Bank Branch from Institution					
Are these Facilities available inside the Institution (WRITE YES OR NO AND ALSO MENTION QUANTITY WHERE APPLICABLE)														
Boundary Wall/ (8 Feet High and Razor Wiring Done)		Electricity		Gas		Water		Wash Rooms			Staff Room		Common Room	
/														
Laboratory(s)	Library	Books	Dispensary		Canteen		Computer Facility			Transport		Internet		
Fitness Certificate of Vehicle Providing Pick and Drop Services to students has been Obtained (WRITE YES OR NO)								If YES (By Whom and When)						
Give Details about Laboratories (For Science School & College)														
Number of Students Enrolled in Class 9 <sup>th</sup> for Current Session			Male			Female			Total					
Number of Students Registered in 1 <sup>st</sup> Year for Current Session			PE (M)	PE (F)	PM (M)	PM (F)	SG (M)	SG (F)	Arts (M)	Arts (F)	Total (M)	Total (F)		
<b>TEACHING FACULTY (ATTACHED PHOTOCOPY OF HIGHER DEGREE/CERTIFICATES)</b>														
S#	Name		Designation				Qualification (with subject in case of PhD/M.phil/MA/MSc or BA/BSc)			Professional Qualification (Copy attached)				
<b>Non-Teaching Staff</b>														
S#	Name		Designation				Qualification			Professional skills				
<b>Transportation</b>														
S#	Name of Vehicle		Reg No.			No. of Seats			Diesel/Petrol/CNG					

## Class and Gender wise enrolment of students

Class	No. of Sections	Strength			Foreign Students			
		Male	Female	Total	Name	F/Name	Class	Residence
Play Group								
Nursery								
K.G.								
1 <sup>st</sup>								
2 <sup>nd</sup>								
3 <sup>rd</sup>								
4 <sup>th</sup>								
5 <sup>th</sup>								
6 <sup>th</sup>								
7 <sup>th</sup>								
8 <sup>th</sup>								
9 <sup>th</sup>								
10 <sup>th</sup>								
1 <sup>st</sup> Year								
2 <sup>nd</sup> Year								

### CLASS WISE DETAIL OF FEE STRUCTURE

Fee Heads	Play Group	Nursery	Prep/KG	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>	7 <sup>th</sup>	8 <sup>th</sup>	9 <sup>th</sup>	10 <sup>th</sup>	11 <sup>th</sup>	12 <sup>th</sup>
Admission Fee															
Tuition Fee															
Security Fee															
Registration Fee															
Computer Charges															
Library Fund															
Sports Fund															
Transportation Charges															
Stationery Charges															
Hostel Charges															
Any other Charges															
<b>Total</b>															

**DETAIL OF FOUR NEAREST INSTITUTIONS**

S. No	Name of Institution	Distance Meters/KM	Level Primary/Middle/SSC/HSSC
1.			
2.			
3.			
4.			

**DETAIL OF FEE RECEIPTS FOR RENEWAL PURPOSE**

S. No	Renewal Fee	Receipt No	Deposit Date	Name of Bank
1.				
2.				
3.				

**Declaration:**

I/We hereby declare that information/particulars being provided in renewal form are correct and complete in all respects and that nothing has been concealed. I/we further undertake to inform BISE Malakand of any changes in the information provided in this form and or in the documents and abide by the rules and regulations being conveyed from time to time by Board of Intermediate and Secondary Education Malakand.

Name of Principal: \_\_\_\_\_ Qualification: \_\_\_\_\_ CNIC No. of Principal: \_\_\_\_\_

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Signature of Principal with date: \_\_\_\_\_

1) Name of Owner: \_\_\_\_\_ S/O \_\_\_\_\_ CNIC No. of Owner: \_\_\_\_\_

Qualification: \_\_\_\_\_

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Share Percentage: \_\_\_\_\_

Occupation other than \_\_\_\_\_

Signature of Owner: \_\_\_\_\_

2) Name of Owner: \_\_\_\_\_ S/O \_\_\_\_\_ CNIC No. of Owner: \_\_\_\_\_

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Qualification: \_\_\_\_\_ Share Percentage: \_\_\_\_\_

Occupation other than \_\_\_\_\_

Signature of Owner: \_\_\_\_\_

3) Name of Owner: \_\_\_\_\_ S/O \_\_\_\_\_ CNIC No. of Owner: \_\_\_\_\_

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Qualification: \_\_\_\_\_ Share Percentage: \_\_\_\_\_

Occupation other than \_\_\_\_\_

Signature of Owner: \_\_\_\_\_

Principal Sig: \_\_\_\_\_

Institution Stamp: \_\_\_\_\_ Date: \_\_\_\_\_