# BOARD OF INTERMEDIATE & SECONDARY EDUCATION MALAKAND

Phone No: 0945-764080, 0945-763463 Fax No: 0945-764080

Visit: [www.bisemalakand.edu.pk](http://www.biseatd.edu.pk)

**ANNUAL RENEWAL FORM OF PRIVATE SCHOOL/COLLEGE**

To

 The Secretary

 Board of Intermediate and Secondary Education

 Malakand.

Respected Sir,

 I/We have the honour to request you that institution noted below may please be renewed under The Govt. of Khyber Pakhtunkhwa Ordinance No. XXVII of 2001 amended Vide No. Legis: 1(2) 93/7649 25th October 2002.

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.

 **PRINCIPAL**

**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 upto date information.
* Keep a copy of the same for institution’s record purpose too.
* Attach additional documents/sheets where necessary.
* Last date for depositing of Annual Renewal fee alongwith Renewal Form is **JUNE 30 OF EVERY YEAR**.
* In case, renewal fee and form are not submitted after a lapse of one month of stipulated time then Registration/Recognition/Affiliation of such institution will be revoked.

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|  **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) | Registration Number of Institution |
|  |  |  |  |
| Level of Institution(Encircle the Correct One) | Primary | Middle  | SSCSCIENCE | SSC ARTS | HSSCSCIENCE | HSSC ARTS | MTG |
| Both Levels | Both 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 |  | District Council |  |
| 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 |
|  |  |  |  |  |  |
| Halqa Patwar |  | 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 9th for Current Session | Male  |  | Female  |  | Total  |  |
| Number of Students Registered in 1st Year for Current Session | PE (M) | PE (F) | PM (M) | PM (F) | CS (M) | CS (F) | Arts (M) | Arts (F) | Total (M) | Total (F) |
|  |  |  |  |  |  |  |  |  |  |
| **TEACHING FACULTY (ATTACHED PHOTOCOPY OF HIGHER DEGREE/CERTIFICATES)** |
| **S#** | **Name** | **Designation** | **Qualification**(with subject in case of MA/MSc or BA/BSc) | **Professional Qualification****(Copy attached)** |
|  |  |  |  |  |
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|  |  |  |  |  |
| **Non Teaching Staff** |
| **S#** | **Name** | **Designation** | **Qualification** | **Professional skills** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Transportation** |
| **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.** |  |  |  |  |  |  |  |  |
| **1st** |  |  |  |  |  |  |  |  |
| **2nd**  |  |  |  |  |  |  |  |  |
| **3rd**  |  |  |  |  |  |  |  |  |
| **4th**  |  |  |  |  |  |  |  |  |
| **5th**  |  |  |  |  |  |  |  |  |
| **6th**  |  |  |  |  |  |  |  |  |
| **7th**  |  |  |  |  |  |  |  |  |
| **8th**  |  |  |  |  |  |  |  |  |
| **9th**  |  |  |  |  |  |  |  |  |
| **10th**  |  |  |  |  |  |  |  |  |
| **1st Year** |  |  |  |  |  |  |  |  |
| **2nd Year**  |  |  |  |  |  |  |  |  |
| **CLASS WISE DETAIL OF FEE STRUCTURE**  |
| Fee Heads | Play Group | Nursery | Prep/KG | 1st  | 2nd  | 3rd  | 4th  | 5th  | 6th  | 7th  | 8th  | 9th | 10th  | 11th  | 12th  |
| Admission Fee |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Tuition Fee |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Security Fee |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Registration Fee |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Computer Charges |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Library Fund |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Sports Fund |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Transportation Charges |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Stationery Charges |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Hostel Charges |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Any other Charges |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **DETAIL OF FOUR NEAREST INSTITUTIONS** |
| S. No | Name of Institution  | Distance Meters/KM | Level Primary/Middle/SSC/HSSC |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **DETAIL OF FEE RECEIPTS FOR RENEWAL PURPOSE** |
| S. No | Renewal Fee | Receipt No | Deposit Date | Name of Bank |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**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 Regulatory Authority i. e. Board of Intermediate and Secondary Education Malakand.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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