No. S. F. 12

Board of Intermediate & Secondary Education, Faisalabad

FORM FOR SANCTIONS

(This Form in Duplicate should be addressed to the Deputy/Assistant Controller (Conduct) with "Letter for sanction" written on the cover)

Name of Examination----------

Centre and Station----------

No. of candidates----------

Date----------

Name of Superintendent----------

To

THE DEPUTY/ASSISTANT CONTROLLER (CONDUCT)

Board of Intermediate & Secondary Education, Faisalabad

Serial No.	Nature of requirement Do not mention more than one article against one serial No.	Quantity	Rate	Total amount	Reasons in brief Attach supplementary page in necessary	Final order with Remarks, if any
1						
2						
3						
4						
5						
6						

_____Signature of the Superintendent

No._____/S.C.P

Dated_____

Permanear Address _____

_____

Remined in original with orders against each item.

Deputy/Assistant Controller (Conduct)
Board of Intermediate & Secondary Education,
Faisalabad