



# BOARD OF INTERMEDIATE EDUCATION, KARACHI

APPLICATION FORM

**F47**

**SCRUTINY OF SCRIPTS**

CODE NO.

FOR OFFICE USE

ROLL NO.

YEAR

ANNUAL

SUPPLEMENTARY

GROUP  MARKS OBTAINED  GRADE / DIVISION

NAME (IN BLOCK LETTERS)

FATHER'S NAME (IN BLOCK LETTERS)

RESIDENTIAL ADDRESS

NAME OF COLLEGE/PRIVATE

C.N.I.C. No.  -  -

CONTACT #  -

DATE  -  -

SIGNATURE OF THE CANDIDATE:

**DETAIL FOR SCRUTINY OF PAPER(S)**

PART XI OR XII

MARKS OBTAINED

1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													

**FOR OFFICE USE**

**FOR BANK USE**

DATE OF SUBMISSION  -  -

Signature of Receiver



**SCRUTINY OF SCRIPTS**  
**APPLICANT COPY**

ROLL NO.

GROUP

ANNUAL

SUPPLEMENTARY

YEAR

NAME

NAME OF COLLEGE / PRIVATE

SUBMISSION DATE  -  -

SIGNATURE OF RECEIVER & DATE

**DOCUMENTS TO BE ENCLOSED**

**Photocopy of HSC Marksheet**

**FEE SCHEDULE**

FORM FEE = Rs. 100/=

SCRUTINY FEE PER PAPER = Rs. 400/=

**IMPORTANT**

- (1) The Answer Script of candidate shall not be re-assessed as per rules.
- (2) Where the re-checking does not mean re-assessment or re-evaluation of the answer book.
- (3) Scrutiny result reply shall be sent to the address given by the student.

**Timings:** Monday to Friday 9:00 a.m. to 05:00 p.m. (Lunch & Prayer Break Monday to Thursday 1:00 to 2:00 p.m. & Friday 1:00 to 2:30 p.m.)

Forms can be downloaded from the website of BIE Karachi i.e. [www.biek.edu.pk](http://www.biek.edu.pk)  
For Complaints: [complaint@biek.edu.pk](mailto:complaint@biek.edu.pk)


**BOARD OF INTERMEDIATE EDUCATION,  
KARACHI** [F47]

**FEE VOUCHER FOR SCRUTINY**
**ANY BRANCH OF UBL A/C NO. 252536591**

طلبہ فیس جمع کروانے کے بعد فارم شیڈول کے مطابق جمع کروانے کے پابند ہوں گے  
تاریخ گزرنے کے بعد فارم قبول نہیں کیا جائے گا اور مذہبی فیس واپس کی جائے گی۔

DATE \_\_\_\_\_

NAME \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

COLLEGE NAME/PRIVATE \_\_\_\_\_

C.N.I.C. No. \_\_\_\_\_

CONTACT # \_\_\_\_\_

H.S.C.ROLL NO. \_\_\_\_\_ YEAR \_\_\_\_\_

H.S.C. GROUP \_\_\_\_\_

ANNUAL  SUPPLEMENTARY 

PURPOSE OF PAYMENT AMOUNT

**SCRUTINY FORM FEE** Rs. 100/=

**SCRUTINY FEE**  
(per subject Rs. 400/=) Rs.

TOTAL

(Rupees \_\_\_\_\_)

Depositor's Signature

Bank Officer's Signature


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FATHER'S NAME \_\_\_\_\_

COLLEGE NAME/PRIVATE \_\_\_\_\_

C.N.I.C. No. \_\_\_\_\_

CONTACT # \_\_\_\_\_

H.S.C.ROLL NO. \_\_\_\_\_ YEAR \_\_\_\_\_

H.S.C. GROUP \_\_\_\_\_

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COLLEGE NAME/PRIVATE \_\_\_\_\_

C.N.I.C. No. \_\_\_\_\_

CONTACT # \_\_\_\_\_

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H.S.C. GROUP \_\_\_\_\_

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