



INTER BOARDS COORDINATION COMMISSION
13/C Abdara Road Near Shelton House, University Town, Peshawar,
N.W.F.P..
UAN No:(051) 111 114 222



APPLICATION FORM FOR ATTESTATION

Appointment Date: 2024-12-23	Time: 13:30 to 16:30	IBCC Centre: Peshawar	Application ID: A10374671
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Get Attested document(s) on next day of appointment

Name: Neelam Falak Naz	Father Name: Falak Naz	Date of Birth: 1993-03-10	Nationality: Pakistan
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C.N.I.C No./Passport No./Registration No. (As per B Form): 1120187260202	Email: arsalankhanii2000@gmail.com	Mobile: 03105791696	Client ID: 760482
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Present address

Address: house no 279, sector E7,pshase 7, hayatabad Peshawar	City: Peshawar	Province: Khyber Pakhtonkhwa	Country: Pakistan
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Authorize Family Member:
Self

Attestation Applied For

Title	Program	Board	Certificate Type	Document Type	Case Reference	No. of Copies	Amount
SSC/Matric	Matric	BISE Bannu	Certificate/Sanad	ORG		0	1200
			DMC 1	Null		0	0
			DMC 2	ORG		0	1200
			DMC 3	Null		0	0
HSSC/Inter	Intermediate	BISE Peshawar	Certificate/Sanad	ORG		0	1200
			DMC 1	Null		0	0
			DMC 2	ORG		0	1200
			DMC 3	Null		0	0
Sealed Envelope						0	
1Bill Payment Consumer No.	100805021110000010374671				Total		4800

For Official Purpose

Detail	Signature
Verification Checked By	

Detail	Signature
Submitted By	
Processed By	
QC By	
Officer By	
Deliver By	

DECLARATION/AFFIDAVIT :

I solemnly declare that the documents attached with the application are genuine / correct. In case of any falsification I shall be held responsible for the legal and criminal proceeding under section 419,420, and 468 of Pakistan Penal Code. I further declare that I have read all the instructions contained therein and shall be responsible for any forgery. I have never applied for attestation in IBCC prior to IMPROVEMENT/ REVISED / DUPLICATE document(s) and previously issued documents will never be used. In case of misuse I shall be responsible under rules.

Note - Hope you had read all the instruction and requirement before submission of attestation documents/certificates.

Student Signature : _____