

Form No. 7  
**Final Acquittance**

Name of Exam Centre:.....

Name of Exam: **Higher Secondary Examination March/SAY 20....(HSE Centre No.....)**

Theory/Practical Exam

Sl. No	Name & School Address	Basic Pay TA	Days DA	Duty Remuneration	Total	Advance	Balance	Dated Signature
<b>Total</b>								

**Place:**  
**Date:**

**Passed & Paid**

**Chief Supdt.**