BOARD OF INTERMEDIATE AND SECONDARY EDUCATION, SARGODHA

APPLICATION FORM FOR APPOINTMENT AS **HEAD EXAMINER/PAPER SETTER** INTERMEDIATE ANNUAL EXAMINATION 20____.

NAME OF THE INSTITUTION:					PH NO			
NAME WITH PARENTAGE	DESIG.	N.I.C No.	NATIONAL INCOM TAX No.	BANK ACCOUNT No, NAME OF BRANCH & CODE No.	DETAIL OF SUBJECTS M.A/M.Sc SUBJECT	THE SUBJECT IN WHICH APPOINTED AS A.P/LECT/S.S.S/S.S	EXPERIENCE AT INTER/DEGREE LEVEL	CONTACT NO.
 (ii) Please do not (iii) The payment of Tax Number of The examiner wrong. (v) Please attach This form can 	w the following in the toyou that forware recommend the of marking will be therwise the pay and the Head of a copy of the co	Instructions strictly. Ward the names of elinames of those teach of transmitted through ment would be stop. Institution will be detected pay slip and a from BISE, Sargodh	ners who are disqual agh bank directly in toped. ealt under "PUNJAB d ID card.	lified by the Board. the bank accounts. So REMOVAL FROM SEF	ommendations through write the bank accoun RVICE (SPECIAL POWE) nload option) Photocop	t No. of ANY BANK alo	ong with name of bra	nch and Income ovided proved
Signature Of the Head of Institution Name/ Desig Stamp			Di		es/C.E.O (Education)			