

**BOARD OF INTERMEDIATE AND SECONDARY EDUCATION SARGODHA.**

APPLICATION FORM FOR APPOINTMENT AS **SUB EXAMINER** INTERMEDIATE ANNUAL EXAMINATION 20\_\_\_\_.

NAME OF THE INSTITUTION:\_\_\_\_\_ PHONE NO\_\_\_\_\_

NAME WITH PARENTAGE	DESIG.	N.I.C. No.	NATIONAL INCOM TAX No.	BANK ACCOUNT No , NAME OF BRANCH & CODE No.	DETAIL OF SUBJECTS	THE SUBJECT IN WHICH APPOINTED AS A.P/LECT/S.S.S/S.S	EXPERIENCE AT INTER/DEGREE LEVEL	CONTACT NO.
					M.A/M.Sc SUBJECT			

**Special Instructions for the Head of Institution:-**

It is requested to follow the following instructions strictly.

- (i) It is requested to you that forward the names of eligible teachers only with your special recommendations through **Deputy Director Colleges/C.E.O (Education)**.
- (ii) Please do not recommend the names of those teachers who are disqualified by the Board.
- (iii) The payment of marking will be transmitted through bank directly in the bank accounts. So write the bank account No. of ANY BANK along with name of branch and Income Tax Number otherwise the payment would be stopped.
- (iv) The examiner and the Head of Institution will be dealt under "PUNJAB REMOVAL FROM SERVICE (SPECIAL POWERS)" ordinance 2000 if the information provided proved wrong.
- (v) **Please attach a copy of the certified pay slip and ID card.**

This form can also be obtained from BISE, Sargodha website "[bisesargodha.edu.pk](http://bisesargodha.edu.pk)". (In download option) Photocopy can also be used. No examiner will be banned for Board duty by the Head of Institution.

Signature Of the Head of Institution \_\_\_\_\_

Name/ Design. \_\_\_\_\_

Stamp \_\_\_\_\_

Deputy Director Colleges/C .E.O (Education) \_\_\_\_\_

District:- \_\_\_\_\_

Stamp:- \_\_\_\_\_