

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

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 Executive District Officer (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.

This form can also be obtained from BISE, Sargodha website "**bisesargodha.edu.pk**". Photocopy can also be used.
 No examiner will be banned for Board duty by the Head of Institution.

Signature Of the Head of Institution _____

Signature Executive District Officer (Education)_____

Name/ Desig. _____

District:-_____

Stamp_____

Stamp:-_____