

**BOARD OF INTERMEDIATE & SECONDARY EDUCATION, BAHAWALPUR**



**TEACHER RECORD FOR THE APPOINTMENT OF**

Superintendent	Deputy Superintendent	Invigilator
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**FOR SSC/HSSC EXAMINATION YEAR .....**

(please tick the relevant column)

S.No. \_\_\_\_\_

Teacher Code (If Available) \_\_\_\_\_

CNIC No.				<b>PHOTO (Compulsory)</b>
Name (In block letters)				
Father's Name				
Designation & BPS				
Teaching Experience	Date of appointment:			
Date of Birth				
Mobile No.				
Place of Posting				
Present Residential Address				
Bank's Account No. (only UBL)	Branch Name & Code			
National Tax No.				
<b>Qualification</b>	<b>Degree</b>		<b>Subjects</b>	
	Matriculation			
	Intermediate			
	Graduation			
	Master (1)			
	Master (2)			
Training received (if any)				
<b>Proposed Station for duty</b>	(i)			
	(ii)			
	(iii)			
<b>Examination Duties Previously Performed (if any)</b>	<b>Duty Nature</b>	<b>Year</b>	<b>Examination Centre</b>	
	Supdt.			
	Dy. Supdt.			
	Invigilator			

Certified that I have neither been ever punished by the Department/Board nor any regular enquiry is pending or under process against me.

SIGNATURTE \_\_\_\_\_

<p><b>SIG. WITH STAMP OF HEAD OF INSTITUTION</b></p> <p>_____</p> <p>_____</p> <p>Name _____</p> <p>NIC # _____</p> <p>Phone # _____</p> <p>Cell # _____</p>	<p><b>SIG. WITH STAMP OF D.E.O/Dy.D.E.O (in case of Elementary or Primary School)</b></p> <p>_____</p> <p>_____</p> <p>Name _____</p> <p>NIC # _____</p> <p>Phone # _____</p> <p>Cell # _____</p>
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Note: (i) Incomplete form will not be accepted.

(ii) Photo copy of Performa is accepted.