



BOARD OF INTERMEDIATE & SECONDARY EDUCATION ABBOTTABAD

Murree Road Nawan Shehr Abbottabad Ph # 0992-392012, Fax # 0992-392011

APPLICATION FORM FOR APPOINTMENT AS EXAMINER FOR SSC HSSC EXAMINATION

Applying for 1 Head Examiner 2 Sub- Examiner 3 Checker

Name:

CNIC No: Gender: Male Female

Designation: Qualification:

Subject: Institution:

Experience in Paper Marking: Years

Preferred Centre: Abbottabad Haripur Mansehra

Contact No. Mobile: Institute Tel:

UNDERTAKING

- I hereby declare that none of my near relatives is appearing in current SSC/HSSC Examination.
- I will be available for assessment and rechecking of answer books as and when required.
- I am currently teaching at SSC/HSSC Level.
- I will maintain the standard and sanctity of assessment activity.
- I do not stand disqualified/debarred from Board duties/assignments.
- I will abide by all the instructions issued by the Board's Authorities from time to time.

Date: _____

Signature: _____

RECOMMENDATIONS BY HEAD OF INSTITUTION

I solemnly declare that Mr/Miss/Mrs. _____ has been teaching (subject) _____ to SSC/HSSC Level for the last _____ years. He/She is capable, honest, trustworthy and I recommend his/her nomination as _____.

NAME & STAMP OF PRINCIPAL _____ SIGNATURE OF PRINCIPAL _____

Note:

- Application form incomplete in any aspect shall not be entertained.
- Attach last pay slip