



BOARD OF INTERMEDIATE & SECONDARY EDUCATION MARDAN

(CONFIDENTIAL)

APPLICATION FORM FOR APPOINTMENT AS SUPERINTENDENT / DEPUTY SUPERINTENDENT HSSC EXAMINATION 20 _____

NAME OF INSTITUTION _____ PHONE # (WITH CODE) _____

N.B. Please do not recommend the names of teachers who have performed duties in the recent Annual or Supplementary Examinations.

<u>SUPERINTENDENT</u>					
NAME	DESIGNATION	C.N.I.C NO.	HOME ADDRESS	CELL NUMBER	SIGNATURE
<u>DEPUTY SUPERINTENDENT</u>					

Name of the Head of Institution _____ Designation _____ Cell # _____

Signature : _____ Office Seal : _____