

DISTRIBUTING INSPECTOR/SPECIAL INSPECTOR'S REPORT.

Tel: 040-9200527, www.bisesahiwal.edu.pk, E-mail:bisesahiwal@gmail.com

EXAMS: S.S.C INTERMEDIATE (PART-I & PART-II) (ANNUAL/SUPPLY)20

NAME OF THE DISTRIBUTING INSPECTOR _____

DESIGNATION _____

INSTITUTION _____

DATE OF INSPECTION. _____

NAME OF THE CENTERS
ALLOTTED/INSPECTED

NAME OF THE CENTRE
SUPERINTENDENT

REMARKS ABOUT THE
FUNCTIONING OF THE
CENTRE

MORNING SESSION

EVENING SESSION

ANY SPECIAL

POINT/SUGGESTION. _____

IMPORTANT INSTRUCTIONS.

- i) Secret information may be conveyed
to the Chairman. Controller of Exams:
or Assistant Controller (Conduct) at
once on phone No. 040-9200527

Respectively.

- ii) Proper guidance may be provided to the
supervisory Staff where necessary.

SIGNATURE. _____

NAME OF THE
DISTRIBUTING
INSPECTOR _____

DATE _____