## BOARD OF INTERMEDIATE AND SECONDARY EDUCATION, SARGODHA

APPLICATION FORM FOR APPOINTMENT AS **SUB EXAMINER** SECONDARY SCHOOL ANNUAL EXAMINATION 20\_\_\_\_.

NAME OF THE INSTITUTION	PH NO

NAME WITH PARENTAGE	DESIG.	N.I.C No	NATIONAL INCOM TAX No.	BANK ACCOUNT No , NAME OF BRANCH, BANK CODE No.	SUBJECTS DETAIL- ELECTIVE SUBJECTS ONLY			SUBJECT TEACHING TO MATRIC CLASSES IN WHICH  EXPERIENCE AT MATRIC LEVEL	EXPERIENCE AT MATRIC LEVEL	PH No	SIGNATURE OF THE SUB. EXAMINER
					FA/F.SC	BA/B.SC	M.A / M.SC	APPOINTMENT IS REQUIRED			

Special Instructions for the Head of Institution:- It is requested to follow the following instructions strictly.  NOTE:-ONE EXAMINER CAN MARK ONLY ONE SUBJECT. HOWEVER, BOARD CAN APPOINT IN MORE THAN ONE SUBJECT ACCORDING TO ITS OWN NEEDS.											
(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 those teachers who are disqualified by the Board.										
(iii) (iv)	The names of SESE, EST, AND SV (Graduate only) forward if they are teaching the matric classes  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										
(1 )	Income Tax Number otherwise the payment would be stopped.								andi ana		
(v)	The examiner and the Head of Institution will be dealt under "PUNJAB REMOVAL FROM SERVICE (SPECIAL POWERS)" ordinance 2000 if the information							n			
-	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:-					
Starrip	Stamp:					