



BOARD OF INTERMEDIATE AND SECONDARY EDUCATION, LAHORE

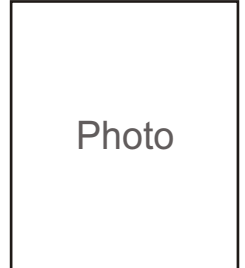
Examination Duty for the post of:

Criteria: Govt. Private

CNIC No.

NAME:

FATHER'S NAME



Photo



Board Identity #

Institution Code **OR** Name:
(Preference Code Issued by Board)

District Name

Tehsil Name:

Zone:

Pay/Salary Slip No.

Mobile #:

Qualification:

Designation:

MA / MSc (Subject)

Grade:

BA / BSc (Subject) 1.

Or Area of interest as a Sub-Examiner 2.

Date of Birth

Teaching Experience (Years)

Bank Name: **HBL** (Only)

A/C #:

Board Duty Working Experience as:

Home Address:

Signature of Applicant

Proposed Stations for Duty:

1. _____

2. _____

3. _____

Signature / Stamp: _____

Head of Institution Name: _____

Board ID (if issued): _____

Note: 1. Copy of Pay Slip, CNIC and Photograph must be attached herewith.
2. Attested copies of academic certificates be attached for Head Examiner and Sub Examiner and others.