



**BOARD OF INTERMEDIATE & SECONDARY EDUCATION MARDAN**

**(CONFIDENTIAL)**

**MARKING PROFORMA (HSSC)**

NAME OF INSTITUTION \_\_\_\_\_ PHONE # (WITH CODE) \_\_\_\_\_

S.No.	NAME	Designation	Qualification	Subject	Teaching Experience	TO BE APPOINTED AS		Contact No.
						Head Examiner	Sub Examiner	
1.								
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8.								
9.								
10.								

Name of the Head of Institution \_\_\_\_\_ Designation \_\_\_\_\_ Cell # \_\_\_\_\_

Signature : \_\_\_\_\_ Office Seal : \_\_\_\_\_