



BOARD OF INTERMEDIATE & SECONDARY EDUCATION MARDAN

(CONFIDENTIAL)

APPLICATION FORM FOR APPOINTMENT AS PRACTICAL EXAMINER HSSC EXAMINATION 20 _____

NAME OF INSTITUTION _____ PHONE # (WITH CODE) _____

S.No.	NAME	Designation	Qualification	Subject	Home Address	Contact Number
1.						
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Name of the Head of Institution _____ Designation _____ Cell # _____

Signature : _____ Office Seal : _____