



# BOARD OF INTERMEDIATE & SECONDARY EDUCATION MARDAN

(CONFIDENTIAL)

## MARKING PROFORMA (SSC)

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

S.No.	NAME	Designation	Qualification	Subject	Teaching Experience	TO BE APPOINTED AS			Contact No.
						Head Examiner	Sub Examiner	Checker	
1.									
2.									
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8.									
9.									
10.									

Signature & Seal of the Head of Institution \_\_\_\_\_

Signature of D.E.O \_\_\_\_\_

Name/Designation \_\_\_\_\_

Seal \_\_\_\_\_

Cell # \_\_\_\_\_