

Board of Intermediate & Secondary Education, Sargodha.

Bill/Inspector'Visits to the Examination Centres

Name of Examination.....

(To be sent in duplicate to the Controller of Examinations)

S.No.	Date of Inspection	Name of the Building and Centre	Morning	Evening	Remarks if any

Total Double session. _____

Total Single session. _____

Name of the Inspector.....

Full Address.....

(Signatur of the Inspector)

(FOR OFFICE USE ONLY)

Verified and it may be passed on to Finance Branch for payment please.

Dealing Assistant.

Superintendent Conduct:

D.C.C./A.C.C.

C.E.

D.S.F.

C.N.I.C.NO. _____

BANK ACOUNT NO. _____

BANK BRANCH. _____

BANK CODE. _____

MOBILE NO. _____