



BOARD OF INTERMEDIATE & SECONDARY EDUCATION MARDAN

APPLICATION FORM FOR APPOINTMENT AS SUPERINTENDENT / DY SUPERINTENDENT & INVIGILATORS SSC / HSSC / Examination 20 _____

NAME OF INSTITUTION _____ Phone #.(With Code) _____

SUPERINTENDENT.

NAME	DESIG.	C.N.I.C NO	Home address	Cell Number	Signature

DY. SUPERINTENDENT.

INVIGILATORS.

N.B Special Instructions for the Head of Institutions:

- I.** Do not recommend the names of teachers who have performed duties in the recent Annual or supply Exams.
- II.** Only those names shall be forwarded, being recommended for duty to the office of D.E.O Male / Female concerned.
- III.** Names other than the D.E.O Male / Female recommending list shall not be entertained.
- IV.** Names of teachers/Duty Staff being objected by D.E.O Male / Female Concerned will be withdrawn/ cancelled even after appointment for the duty.

Signature & Seal of the Head of Institution _____

Name/ Designation _____

Cell # _____

SIGNATURE OF D.E.O (Education) _____

Seal _____