

STAPLE THIS SIDE



BOARD OF INTERMEDIATE & SECONDARY EDUCATION, GUJRANWALA.

BIO DATA FORM FOR DUTY ANNUAL / SUPPLY EXAMINATION 20.....

Distributing Inspector / Superintendent / Deputy Superintendent/Invigilator/Practical Examiner

Head Examiner / Sub Examiner / Assistant to Head / Super Checker

Employee in Government Semi Government Private

PERSONAL INFORMATION

Gender:

CNIC No:

PREVIOUS BOARD IDENTITY

Name: _____
(Capital Letters)

Father's Name: _____
(Capital Letters)

Date of Birth: Board Affiliation Code

Name of School/College

Designation Pay Scale: Date of Joining:

Tehsil: District: Contact No:

Home Address:

Teaching Experience (In Years)
(According to Time Table)

SSC HSSC

Appointment as Subject:

Bank Name: (HBL)
Account #

Area of Interest
(for Marking Duty)

QUALIFICATON	SUBJECTS	INSTITUTE / UNIVERSITY	YEAR OF PASSING
Matric			
F.A / F.Sc			
B.A / B.Sc			
M.A / M.Sc / B.S			
M.PHIL / P.HD			
Professional Qualification			
Others:			

Last Examination Duty (Part I) (9th/11th) Subject (1) Subject (2) Subject (3) Subject (4)
(Performed as with station) (Part II) (10th/12th) Subject (1) Subject (2) Subject (3) Subject (4)

Proposed Station (for Examination Duty) (1) (2) (3)

INSTRUCTIONS FOR MARKING:

- Attach following documents.
 - Attested photo copies of academic certificates.
 - Attested photo copies of CNIC, Pay Slip & Time Table.
 - At least two consecutive years Teaching experience certificate in relevant subject.
- Application must be submitted before the commencement of exam.
- Incomplete form will not be entertained.

INSTRUCTIONS FOR EXAMINATION DUTY

- Copy of Pay Slip, CNIC and original photograph must be attached herewith.
- Superintendent, Deputy-Superintendent, Invigilator and Practical Examiner will be appointed from Public Sector.
- In case of Female Superintendent / Deputy - Superintendent / Invigilator duty station may place be chosen at 17 KM distance from residence and posting place.
- Disqualified persons are not eligible for any board duty.

Signature
of Applicant

Attestation by
(Head of Institution)

Signature

Stamp

Name

CNIC NO:

Contact No:

نوٹ: سربراہ ادارہ صرف اپنے ادارہ کے شفاف کے باہمی طور پر مقرر کی جاسکتی ہے۔