BOARD OF INTERMEDIATE & SECONDARY EDUCATION, GUJRANWALA.

Date of visit_____ Name of Marking Center_____

Name & Designation _____

Name of Supervisor_____ Name of Official of the Board_____

No of Head Examiners working today_____ No of Sub-Examiner working today_____

No of Scripts Checked_____ Subject_____ SSC/Intermediate I/II (Annual/Supply) 201__

Name of Head Examiner and Sub Examiner whose scripts were checked with fictitious Roll Numbers

Signature of Co-coordinator

Dated_____ Stamp