

BOARD OF INTERMEDIATE AND SECONDARY EDUCATION, RAWALPINDI

Supervisory Staff

Suptt. / Dy. Suptt. / Invigilator / Distributer / Centre Inspector

Marking Staff

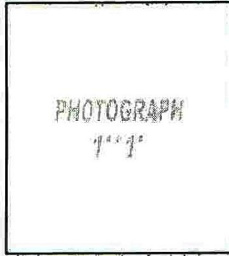
Sub-Examiner Head-Examiner Paper Setter

Criteria: Government Private Personal Code Issued by BISE, RWP.

CNIC No.

NAME

FATHER'S NAME



INSTITUTE CODE INSTITUTE NAME

DISTRICT NAME TEHSIL NAME ZONE

DESIGNATION GRADE/ SCALE PAY/SALARY SLIP NO.

DATE OF BIRTH DATE OF APPOINTMENT

DATE OF PROMOTION AS _____ w.e.f. _____ DATE OF RETIREMENT _____

BANK NAME ACCOUNT #

QUALIFICATION: M.A. /M.Sc. (Subject) _____ B.A. /B.Sc (Elective Subjects) _____ F.A. /F.Sc (Elective Subjects) _____

PROFESSIONAL QUALIFICATION: C.T. / O.T. / B.ed. / M. ed. /M. Phil. / P.hd. _____

AREA OF INTEREST AS: Supdt. / Dy. Supdt. /Invigilator / SE. / HE / PS _____ TOTAL TEACHING EXPERIENCE: _____ YEARS

SUBJECT BEING TAUGHT SSC / HSSC CLASSES _____ SUBJECT TEACHING EXPERIENCE _____ YEARS

BOARD DUTY WORKING EXPERIENCE AS _____ YEARS

POSTAL/HOME ADDRESS: _____

PHONE LAND LINE # _____ MOBILE # _____ E-MAIL ADDRESS _____

LAST DUTY: Duty As _____ Centre No. _____ Exam _____ Session _____ Year _____

(DECLARATION)

I do hereby solemnly declare that I was never disqualified from any job of the Board and the all particulars given above are correct to the best of my knowledge and belief any mis-statement in this regard will lead to disciplinary action under PEEDA ACT 2006 and forfeiture of remuneration.

APPLICANT'S SIGNATURE

Certified that Mr. _____ Designation _____

Is (to the best of my knowledge) eligible and competent for appointment as _____

SIGNATURE/STAMP HEAD OF INSTITUTION _____ INSTITUTION CODE _____

NAME HEAD OF INSTITUTION _____ BOARD ID (if issued) _____

NOTE:
1. Copy of Pay Slip, CNIC and Photograph must be attached herewith.