

BOARD OF INTERMEDIATE AND SECONDARY EDUCATION, SARGODHA

APPLICATION FORM FOR APPOINTMENT AS **DISTRIBUTING INSPECTOR** MATRIC / INTERMEDIATE EXAMINATION 20_____.

NAME OF THE INSTITUTION_____ **PH NO.(with Code)**_____

DISTRIBUTING INSPECTOR.

NAME WITH PAREN-TAGE	DESIG.	ENTER PH CODE NO	N.I.C No	NATIONAL IN-COM TAX No.	Name of BANK AC-COUNT No , BRANCH & Bank Code	Home Address	Date of Birth	Date of Retirement	Cell No.	SIGNATURE

Special Instructions for the Head of Institution:- It is requested to follow the following instructions strictly.

- (i) It is requested to you that forward the name of eligible teacher only with your special recommendations.
- (ii) Please do not recommend the names of those teachers who are disqualified by the Board.
- (iii) The payment will be transmitted through bank directly in the bank accounts. So write the bank account No. of any bank along with branch name and Income Tax Number otherwise the payment would be stopped.
- (iv) This form can also be obtained from BISE, Sargodha website "www.bisesargodha.edu.pk". Photocopy can also be used. No Distributing Inspector will be banned for Board duty by the Head of Institution.

Signature of the Head of Institution_____Name/ Desig._____

Cell No._____

Stamp_____