BOARD OF INTERMEDIATE AND SECONDARY EDUCATION, SARGODHA

APPLICATION FORM FOR APPOINTMENT AS **INVIGILATOR** MATRIC/INTERMEDIATE EXAMINATION **20**_____

Name of the institution _____Institutition Phone No.(with Code) _____

Applicant Home Address: _____

PH Code	Name with parentage	Desig.	CNIC No.	National Income Tax No.	Name of Bank Account No. Branch & Bank Code	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.

It is requested to you that forward the names of eligible teachers only with your special recommendations.

(i) Please do not recommend the names of those teachers who are disqualified by the Board.
(ii) 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.
(iii) The Invigilator will be dealt under **"The Punjab Employees Efficiency Discipline and Accountability Act, 2006"** if the information provided proved wrong.

This form can also be obtained from **BISE, Sargodha website "www.bisesargodha.edu.pk".** Photocopy can also be used.

No Invigilator will be banned for Board duty by the Head of Institution.

Signature of the Head of Institution _____

Name/ Desig. _____

Cell No._____

Stamp_____