

**DUTY ACCEPTANCE FORM****(for SSC Examination, Annual-20\_\_ )**

I hereby give my consent to perform duties as Centre Superintendent / Deputy Superintendent at following Zones.

1. ....
2. ....
3. ....

**Note:**

- (i) Personnel whose son/daughter is appearing in this examination are not allowed to perform the said duty.
- (ii) Disqualified personnel are strictly banned to submit this Form.

Signature .....

Date.....

Full Name: (in Block letters) As per Bank Account .....

Designation .....

Home Address .....

Cell # ..... CNIC # .....

Bank Account # (As per Cheque/Cheque Book) .....

Bank Code .....Name of Bank .....

Mailing Address of Institution.....

Signature of Institution Head with his seal.....

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**Please send this Form to:**

**The Superintendent Conduct (Matric) Board of Intermediate & Secondary Education, Faisalabad.**