SF-6

Board of Intermediate& Secondary Education, Faisalabad

Form for sanction of extra Invigilators and Additional Deputy Superintendent must be recommended by **RI or Mobile Inspector:**

Two forms are being supplied, Both of these should be filled in by the Superintendent and sent to the Controller of Examinations before the termination of the theory examination. One form will be returned to the Superintendent with orders thereon.

In case more printed forms are needed the Superintendent can substitute them by typed or many script copies. No charges will be paid for purpose by the Board.

From

Centre Superintendent

SSC/HSSC, Annual/Supplementary Examination 20……. Give full Centre Address_____

_____

Centre No. _____ Date _____

To

The Controller of Examinations,

This form must be addressed to the Assistant/Deputy Controller (Conduct)

Board of Intermediate & Secondary Education, Faisalabad.

Sir,

I request for appointment of additional Deputy Superintendent and EXTRA Invigilator/s at my centre. I know that under the rules one Invigilator is allowed for group of 40 candidates but as extra room/s has/have to be used for some days, it is necessary to engage Extra Invigilator/s during these days for efficient conduct of examination.

The following particulars may please be filled in carefully.

Sr.#	Detail	Hall	Room 1	Room 2	Room 3	Room 4	Room 5	Room 6	Total
1	Dimension of								
2	No. of candidates of to be seated by allowing 4 sq ft. Per candidate								
3	No. of candidates actually seated in the Hall and each room								
4	Reasons for not utilizing full accommodation of the hall & rooms may be mentioned								
5	No. of Invigilators/s allotted to the Hall and each room								

6- Total No. of Invigilators actually required at the Centre ……..…. Excluding Deputy Superintendent and Clerk.

7. No. of Invigilators appointed by the office……

8. No. of Invigilators required at the centre……

The seating arrangement necessitates the appointment of the following additional Deputy Superintendent and extra Invigilators for the day/s or sessions mentioned against each:

P.T.O

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Sr. No.		Detail	Days/session for which appointed	Certificate
1	Name, Designations and address			I am a Govt. Teacher of given institution and I am not disqualified from any assignment of the Board. My given bio data is correct _____ **Signature of Invigilator.**
	CNIC No.			
	Cell No.			
2	Name, Designations and address			I am a Govt. Teacher of given institution and I am not disqualified from any assignment of the Board. My given bio data is correct _____ **Signature of Invigilator.**
	CNIC No.			
	Cell No.			
3	Name, Designations and address			I am a Govt. Teacher of given institution and I am not disqualified from any assignment of the Board. My given bio data is correct _____ **Signature of Invigilator.**
	CNIC No.			
	Cell No.			
4	Name, Designations and address			I am a Govt. Teacher of given institution and I am not disqualified from any assignment of the Board. My given bio data is correct _____ **Signature of Invigilator.**
	CNIC No.			
	Cell No.			

It is certified that the above mentioned substitute invigilators are Govt. Employees and their given names and address are correct.

Signature of Superintendent _____

Recommended by RI/Mobile Inspector _____

(For Office Use Only)

No. _____ SCP **Dated _____**

Returned in original with necessary orders

_____

Assistant/Deputy Controller (Conduct)
For Controller of Examination