SF-7

BOARD OF INTERMEDIATE & SECONDARY EDUCATION FAISALABAD

STATEMENT SHOWING THE CHANGES IN THE LIST OF SUPERVISORY STAFF WITH FULL PARTICULARS

1 . Two forms are being supplied. Both of these should be filled in by the Superintendent in duplicate duly recommended by the RI or Mobile Inspector and sent to the Assistant/ Deputy Controller (Conduct), for approval.

S. No.	Name and Address of the Original Invigilator	Name, Designation and Address of Substitute	Substitute CNIC No.	Substitute Cell No.	Certificate of Substitute	Reason for Change	Dates / Sessions for which appointed	Final order
1.					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 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____			
2.								
3.								
4.								
5.								
6.								

Certificate:- It is certified that the above mentioned substitute invigilators are Govt. Teachers and their given names and address are correct.

Signature of Superintendent _____

Name of Exam SSC/ HSSC , Annual/ Supplementary Examination 20.....

Full Name of Exam Centre _____

Centre No. _____ Date: _____

Recommended by RI / Mobile Inspector

Signature _____

No. _____S.C.P

Dated _____

Returned in original with necessary orders

Asstt./ Deputy Controller (Conduct)

For Controller of Examination