



DUTY PROFORMA FOR _____ EXAMINATION _____

BOARD OF INTERMEDIATE AND SECONDARY EDUCATION, MALAKAND, CHAKDARA

S.No.	Personnel No.	Name	Desig;	Posting	WhatsApp /Mob No.	CNIC	Recommended for (Invigilator/Dy.Sup/Supdt)
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Name of Institution: _____

Institution's District: _____

Phone No. of the Head of Institution: _____

Signature of Head of Institution: _____

With Official Seal

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