





# BOARD OF INTERMEDIATE AND SECONDARY EDUCATION BANNU.

Kohat Road Township Bannu Ph: 0928-633170-71, Fax 0928-633450, website www.biseb.edu.pk

## APPLICATION FOR CODING / DECODING

CNIC

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NAME: \_\_\_\_\_.

FATHER'S NAME: \_\_\_\_\_.

DISTRICT: \_\_\_\_\_ TEHSIL: \_\_\_\_\_ ZONE: \_\_\_\_\_.

CONTACT NO: \_\_\_\_\_

INSTITUTION NAME: \_\_\_\_\_.

DESIGNATION: \_\_\_\_\_ PROFESSIONAL QUALIFICATION: \_\_\_\_\_.

QUALIFICATION: \_\_\_\_\_ SUBJECTS IN B.A/B.SC \_\_\_\_\_.

PREVIOUS EXPERIENCE AS CODER/ DECODER: \_\_\_\_\_.

TEACHING SUBJECTS: 9<sup>TH</sup>/10<sup>TH</sup>: \_\_\_\_\_.

11<sup>th</sup>/12<sup>th</sup>: \_\_\_\_\_.

TEACHING EXPERIENCE: 9<sup>th</sup>/10<sup>th</sup> \_\_\_\_\_ 11<sup>th</sup>/12<sup>th</sup> \_\_\_\_\_.

AGREEMENT: I hereby agree that I will perform the duty of \_\_\_\_\_ if given by

the office and will abide by the instructions given by this board about my assignments.

\_\_\_\_\_  
SIGNATURE OF THE APPLICANT

\_\_\_\_\_  
HEAD OF THE INSTITUTION SIGNATURE WITH STAMP

CONTROLLER OF EXAMINATION:

CHARIMAN:

LAST DATE FOR SUBMISSION: **30-11-2020**



**BOARD OF INTERMEDIATE AND SECONDARY EDUCATION**  
**BANNU.**

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**APPLICATION FOR COORDINATOR**

CNIC 

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NAME: \_\_\_\_\_.

FATHER'S NAME: \_\_\_\_\_.

DISTRICT: \_\_\_\_\_ TEHSIL: \_\_\_\_\_ ZONE: \_\_\_\_\_.

CONTACT NO: \_\_\_\_\_

INSTITUTION NAME: \_\_\_\_\_.

DESIGNATION: \_\_\_\_\_ PROFESSIONAL QUALIFICATION: \_\_\_\_\_.

QUALIFICATION: \_\_\_\_\_ SUBJECTS IN B.A/B.SC \_\_\_\_\_.

PREVIOUS EXPERIENCE AS COORDINATOR: \_\_\_\_\_.

TEACHING SUBJECTS: 9<sup>TH</sup>/10<sup>TH</sup>: \_\_\_\_\_.

11<sup>th</sup>/12<sup>th</sup>: \_\_\_\_\_.

TEACHING EXPERIENCE: 9<sup>th</sup>/10<sup>th</sup> \_\_\_\_\_ 11<sup>th</sup>/12<sup>th</sup> \_\_\_\_\_.

AGREEMENT: I hereby agree that I will perform the duty of \_\_\_\_\_ if given by

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**SIGNATURE OF THE APPLICANT**

**CONTROLLER OF EXAMINATION:**

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**LAST DATE FOR SUBMISSION: 30-11-2020**





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## APPLICATION FOR MARKING

CNIC

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NAME: \_\_\_\_\_.

FATHER'S NAME: \_\_\_\_\_.

DISTRICT: \_\_\_\_\_ TEHSIL: \_\_\_\_\_ ZONE: \_\_\_\_\_.

CONTACT NO: \_\_\_\_\_ WATSAPP NO. \_\_\_\_\_.

INSTITUTION NAME: \_\_\_\_\_.

DESIGNATION: \_\_\_\_\_ PROFESSIONAL QUALIFICATION: \_\_\_\_\_.

QUALIFICATION: \_\_\_\_\_ SUBJECTS IN B.A/B.SC \_\_\_\_\_.

PREVIOUS EXPERIENCE AS PRACTICAL EXAMINER: \_\_\_\_\_.

EXPERIENCE AS: \_\_\_\_\_.

TEACHING SUBJECTS: 9<sup>TH</sup>/10<sup>TH</sup>: \_\_\_\_\_ asp SS/SST/SCT or \_\_\_\_\_.

11<sup>th</sup>/12<sup>th</sup>: \_\_\_\_\_ as Prof./ Lecturer or \_\_\_\_\_.

TEACHING EXPERIENCE: 9<sup>th</sup>/10<sup>th</sup> \_\_\_\_\_ 11<sup>th</sup>/12<sup>th</sup> \_\_\_\_\_.

AGREEMENT: I hereby agree that I will perform the duty of \_\_\_\_\_ if given by

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SIGNATURE OF THE APPLICANT

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## **APPLICATION FOR SUPERINTENDENT**

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NAME: \_\_\_\_\_.

FATHER'S NAME: \_\_\_\_\_.

DISTRICT: \_\_\_\_\_ TEHSIL: \_\_\_\_\_ ZONE: \_\_\_\_\_.

CONTACT NO: \_\_\_\_\_ WATSAPP NO. \_\_\_\_\_.

INSTITUTION NAME: \_\_\_\_\_.

DESIGNATION: \_\_\_\_\_ PROFESSIONAL QUALIFICATION: \_\_\_\_\_.

QUALIFICATION: \_\_\_\_\_ SUBJECTS IN B.A/B.SC \_\_\_\_\_.

PREVIOUS EXPERIENCE AS SUPERINTENDENT: \_\_\_\_\_.

EXPERIENCE AS: \_\_\_\_\_.

TEACHING SUBJECTS: 9<sup>TH</sup>/10<sup>TH</sup>: \_\_\_\_\_ asp SS/SST/SCT or \_\_\_\_\_.

11<sup>th</sup>/12<sup>th</sup>: \_\_\_\_\_ as Prof./ Lecturer or \_\_\_\_\_.

TEACHING EXPERIENCE: 9<sup>th</sup>/10<sup>th</sup> \_\_\_\_\_ 11<sup>th</sup>/12<sup>th</sup> \_\_\_\_\_.

AGREEMENT: I hereby agree that I will perform the duty of \_\_\_\_\_ if given by

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**SIGNATURE OF THE APPLICANT**

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**CONTROLLER OF EXAMINATION:**

**CHARIMAN:**



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## APPLICATION FOR DEPUTY SUPERINTENDENT

CNIC

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NAME: \_\_\_\_\_.

FATHER'S NAME: \_\_\_\_\_.

DISTRICT: \_\_\_\_\_ TEHSIL: \_\_\_\_\_ ZONE: \_\_\_\_\_.

CONTACT NO: \_\_\_\_\_ WATSAPP NO. \_\_\_\_\_.

INSTITUTION NAME: \_\_\_\_\_.

DESIGNATION: \_\_\_\_\_ PROFESSIONAL QUALIFICATION: \_\_\_\_\_.

QUALIFICATION: \_\_\_\_\_ SUBJECTS IN B.A/B.SC \_\_\_\_\_.

PREVIOUS EXPERIENCE AS SUPERINTENDENT: \_\_\_\_\_.

EXPERIENCE AS: \_\_\_\_\_.

TEACHING SUBJECTS: 9<sup>TH</sup>/10<sup>TH</sup>: \_\_\_\_\_ asp SS/SST/SCT or \_\_\_\_\_.

11<sup>th</sup>/12<sup>th</sup>: \_\_\_\_\_ as Prof./ Lecturer or \_\_\_\_\_.

TEACHING EXPERIENCE: 9<sup>th</sup>/10<sup>th</sup> \_\_\_\_\_ 11<sup>th</sup>/12<sup>th</sup> \_\_\_\_\_.

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LAST DATE FOR SUBMISSION: **30-11-2020**



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## INVIGILATOR

CNIC

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NAME: \_\_\_\_\_.

FATHER'S NAME: \_\_\_\_\_.

DISTRICT: \_\_\_\_\_ TEHSIL: \_\_\_\_\_ ZONE: \_\_\_\_\_.

CONTACT NO: \_\_\_\_\_ WATSAPP NO. \_\_\_\_\_.

INSTITUTION NAME: \_\_\_\_\_.

DESIGNATION: \_\_\_\_\_ PROFESSIONAL QUALIFICATION: \_\_\_\_\_.

QUALIFICATION: \_\_\_\_\_ SUBJECTS IN B.A/B.SC \_\_\_\_\_.

PREVIOUS EXPERIENCE AS SUPERINTENDENT: \_\_\_\_\_.

EXPERIENCE AS: \_\_\_\_\_.

TEACHING SUBJECTS: 9<sup>TH</sup>/10<sup>TH</sup>: \_\_\_\_\_ asp SS/SST/SCT or \_\_\_\_\_.

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TEACHING EXPERIENCE: 9<sup>th</sup>/10<sup>th</sup> \_\_\_\_\_ 11<sup>th</sup>/12<sup>th</sup> \_\_\_\_\_.

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