Annexure-B

The Islamia University of Bahawalpur

EXAMINATIONS DEPARTMENT Ph No. 062-92502411

APPLICATION FORM FOR APPOINTMENT
AS SUPERVISORY STAFF FOR EXAMINATION _____

APPLY FOR: ☐ **Superintendent** ☐ **Deputy Superintendent** ☐ **Invigilator**

PHOTO

Name: _____

Father's Name: _____

C.N.I.C: | | | | | | - | | | | | | | | - | | **Gender:** ☐ Male ☐ Female

Academic Qualification: _____ **Post:** _____

Basic Pay Scale: _____ **District:** _____

Institution Name: _____

_____

Residential Address: _____

_____

Phone Office: _____ **Phone Res:** _____

Mobile No: _____ **E-Mail:** _____

Experience As:	***No. of Year***	***Name of Institution / Centre (Where Performed Last Duty)***
Teaching		
Superintendent		
Deputy Superintendent		
Invigilator		

Proposed Stations: 1. _____ 2. _____ 3. _____

UNDERTAKING:

1. I will be available at my Institution / Residence. In case of any change, University will be informed accordingly.
2. I will maintain the sanctity of examination.
3. I have never been disqualified / debarred from university / board's duties/assignments.
4. None of my relatives are appearing in this examination.

Dated: _____ ***Signature of Applicant***

RECOMMENDATION BY HEAD OF THE INSTITUTION:

I solemnly declare that the above nominee is an honest, trustworthy and hard working person to the best of my knowledge. I also certify that he/she has never been disqualified/debarred to undertake university duties/assignments. I further undertake to relieve him/her from his/her duties to assume the assignment given by the office of Controller of Examinations.

Signature: _____

Name: _____

Seal: _____