



BOARD OF INTERMEDIATE & SECONDARY EDUCATION, ABBOTTABAD

SUPERVISORY STAFF RECOMMENDATION FORM FOR HSSC (ANNUAL – II) EXAMINATION 2026

NAME OF SCHOOL : _____
Institution Post Office _____

Sr.	VISITING INSPECTORS	Desig:	BPS	Qualification with subject (MA/M.Sc/ BS)	Service length	Age (In Years)	Whatsapp No.	CNIC No.	Sign	Residence Address	Last Duty Performed	
	NAME										Centre Name	YEAR / SSC / HSSC (I / II)
1												
2												
Sr.	SUPERINTENDENTS	Desig.	BPS	Qualification with subject (MA/M.Sc/ BS)	Service length	Age (In Years)	Whatsapp No.	CNIC No.	Sign	Residence Address	Last Duty Performed	
	NAME										Centre Name	YEAR / SSC / HSSC (I / II)
1												
2												
Sr.	DEPUTY SUPERINTENDENTS	Desig.	BPS	Qualification with subject (MA/M.Sc/ BS)	Service length	Age (In Years)	Whatsapp No.	CNIC No.	Sign	Residence Address	Last Duty Performed	
	NAME										Centre Name	YEAR / SSC / HSSC (I / II)
1												
2												

Note: (1) While recommending staff, priority must be given to those teachers who have not performed Board duty during the last three years.

(2) Those teachers are not eligible for examination duty whose close relative(s) (Son, Daughter, Sister, Brother, Husband, Wife etc.) is/are appearing in this examination & also those who have already performed examination duty this year i.e. SSC / HSSC Annual-I 2026 & SSC Annual-II 2026. (3) Teachers of Primary & Middle Schools must countersigned this form by their respective DEO's / ADEO's. (4) Last date for submission of this form is 30-09-2026.

NAME OF PRINCIPAL / HM _____ SIGNATURE _____ STAMP _____ WHATSAPP NO: _____



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SUPERVISORY STAFF RECOMMENDATION FORM FOR HSSC (ANNUAL – II) EXAMINATION 2026

NAME OF SCHOOL : _____

INSTITUTION'S PH NO. _____ P/O _____

Sr.	INVIGILATORS	Desig:	BPS	Qualification with subject (MA/M.Sc/ BS)	Service length	Age (In Years)	Whatsapp No.	CNIC No.	Sign	Residence Address	Last Duty Performed	
	NAME										Centre Name	YEAR / SSC / HSSC (I / II)
1												
2												
3												
4												
5												
Sr.	PRACTICAL EXAMINERS	Desig.	BPS	Qualification with subject (M.Sc/ BS)	Service length	Age (In Years)	Whatsapp No.	CNIC No.	Sign	Residence Address	Last Duty Performed	
	NAME										Centre Name	YEAR / SSC / HSSC (I / II)
1												
2												
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