

ACCEPTANCE FORM

With reference to the Board's office letter No.....
dated..... I am to inform you that I am willing to act as HEAD/SUB Examiner for the +2/Matric Examination to be held in March, 200 .I also accept the conditions mentioned in your letter quoted above.

1. Name of Spot Evaluation Centre: 1.....2.....
(Where you want to be deputed for evaluation at least two options be given within your District).
Distance from place of posting: 1.....2.....
2. HEAD-Examiner or SUB-Examiner (Please mention).....
- 3.Name(IN BLOCK LETTERS): SH/SMT.....
Father's Name Sh.....
4. School Address.....
District.....Pin Code.....
Telegraph Office and Telephone No.....
5. Permanent Home address.....
DistrictPin Code:.....
6. Name of Previous school if transferred, within previous three years.....
7. Whether the school is affiliated with the Board or not? (if working in private school)- Yes/No.
8. Date of Birth.....
9. Designation.....
10. Date of Appointment on present post.....
11. Educational Qualification (Subject wise).....
- 12.Teaching Experience (Subject wise)1.....fromto.....
Total.....
To X class 2.....from.....to.....Total.....
13. Teaching Experience 1.....from.....to.....Total....
To +1/+2 classes: 2.....from.....to.....Total....
14. Subject in which you want to evaluate the Answer books.....
15. Whether Adhoc or Volunteer teacher.....
16. Whether your son/daughter is /are appearing in March 200 examination.
or not, if appearing intimate centre of Examination.....
17. EXPERIENCE AS i) HEAD-Examiner(Matric/+2 classes).....
(ii) SUB-Examiner (Matric/+2 classes).....
- 18..Seniority Number

Signature

CERTIFICATE BY THE HEAD OF THE INSTITUTION

Certified that Shri / Smt.....is working as a teacher of High/Plus Two classes at present and facts stated by him/her are correct to the best of my knowledge.

.....

(Signature)

Principal/Headmaster

Sr. Sec./High School.....

(with official stamp)

- Notes: 1.The form received without certification from Head of the institution shall not be entertained.
2. The Board reserves the right to allocate nearest Spot Evaluation Centre from the place of posting.
3. In case any information given above is found to be false ,the concerned teacher/Head of Institution countersigning the form shall be held responsible.