

ACCEPTANCE FORM FOR HEAD/SUB EXAMINER

Secrecy-I(19)

With reference to the Board's office letter _____ dated _____ I am to inform you that I am willing to act as HEAD/SUB EXAMINER for Matric/+1/+2 examination to be held in March,20... I also accept the conditions mentioned in your letter quoted above.

- 1 Name of Spot Evaluation Centre 1 _____ 2 _____ 3 _____
(Where you want to be deputed at least three options be given within your district)
Distance from place of positing 1 _____ 2 _____ 3 _____
2. HEAD EXAMINER or SUB EXAMINER(Please mention) _____
3. Name(IN BLOCK LETTERS): Sh/Smt _____
Father's Name Sh. _____
4. School Address _____ Distt. _____ Pin Code _____
Telegraph Office and Telephone No _____ Mobile No _____
5. Permanent Hone address _____
Distt. _____ Pine 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(i.e. Lecturer/TGT/C&V/LT) _____
10. Date of appointment on present post _____
11. Academic qualification(Subject wise) _____
12. Teaching experience(Subject wise) 1. _____ from _____ to _____ total _____
To X class 2. _____ from _____ to _____ total _____
13. Teaching experience to +1/+2 Classes 1. _____ from _____ to _____ total _____
2. _____ from _____ to _____ total _____
- 14 **Subject in which you want to evaluate the Answer books** _____
- 15 Whether Adhoc / Volunteer or PTA Teacher _____
- 16 Whether your son/daughter is/are appearing in March,20.. examination or not, if appearing intimate Centre of Examination _____
- 17 EXPERIENCE AS:- 1. HEADEXAMINER(Matric/+1/+2) _____
2. SUB EXAMINER (Matric/+1/+2) _____

SIGNATURE OF APPLICANT

CERTIFICATE BY THE HEAD OF THE INSTITUTION

Certified that Sh/Smt. _____ is working as a Teacher/Lecturer to High/+1/+2 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)

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