



RECOMMENDATION OF HEAD/SUB EXAMINERS
BOARD OF INTERMEDIATE & SECONDARY EDUCATION KOHAT

Recommendation Proforma for Paper Marking - SSC (Annual) Examination _____

NAME OF INSTITUTION _____

SSC

S.NO	NAME	DESIGNATION	DOMICILE	PERSONAL NUMBER	CNIC NO.	OWN MOBILE NO.	CURRENT YEAR SUBJECT TAUGHT WITH CLASS		SON OR DAUGHTER APPEAR IN		RECOMMENDED AS	RECOMMENDED FOR SUBJECT	TEACHER SIGNATURE
							9TH	10TH	YES	NO	H/Examiner Sub/Examiner		

COUNTERSIGNED BY
 DEO/AEO CONCERNED

PRINCIPAL
 NAME: _____
 SIGNATURE: _____
 OFFICIAL SEAL _____