

GOVERNMENT COLLEGE UNIVERSITY FAISALABAD

OFFICE OF THE CONTROLLER OF EXAMINATIONS

Phone 041-9201037



APPOINTMENT OF SUPERVISORY STAFF

SUPERINTENDENT / DEPUTY SUPERINTENDENT / INVIGILATOR (Please tick accordingly)

BA/B.SC (Composite)Part (I/II), B.COM / BIT, MA/M.SC, MBA/M.COM, B.Ed/M.Ed ANNUAL / SUPPLEMENTARY EXAMINATION-20

Name of Institution _____

ph. # _____

Sr #	Name	Father's Name	Designation	Qualification	Service	Exp of Duty	Contact No	Address	Signature
1									
2									
3									
4									
5									

The above cited nominees are honest, industrious and enjoy good reputation; therefore they may be appointed for the recommended assignment as proposed above.

Signature (Head of Inst/Deptt.) _____

Name:- _____

(With stamp)

Signature

Dy. District Education Officer (Elementary)

(With stamp)

Only for Primary/Elementary Schools