نمبر ایس۔ای۔ایس۔22

نام امتحان _____ سالانہ/ضمنی 201ء

مضمون _____

پرچہ _____

مارک شدہ جوابی کاپیوں کی تعداد _____

پریکٹیکل لینے کی تاریخ _____ 201 وقت _____

پریکٹیکل لیبارٹری/سنٹر _____

پریکٹیکل ایگزامینر کا شناختی نمبر _____ PS/PI, II

پریکٹیکل ایگزامینر کا نام _____

مکمل پتہ _____

بطرف

ہیڈ ایگزامینر/سیکریسی آفیسر

ثانوی و اعلیٰ ثانوی تعلیمی بورڈ ساہیوال

نمبر ایس۔ای۔ایس۔22

نام امتحان _____ سالانہ/ضمنی 201ء

مضمون _____

پرچہ _____

مارک شدہ جوابی کاپیوں کی تعداد _____

پریکٹیکل لینے کی تاریخ _____ 201 وقت _____

پریکٹیکل لیبارٹری/سنٹر _____

پریکٹیکل ایگزامینر کا شناختی نمبر _____ PS/PI, II

پریکٹیکل ایگزامینر کا نام _____

مکمل پتہ _____

بطرف

ہیڈ ایگزامینر/سیکریسی آفیسر

ثانوی و اعلیٰ ثانوی تعلیمی بورڈ ساہیوال

نمبر ایس۔ای۔ایس۔22

نام امتحان _____ سالانہ/ضمنی 201ء

مضمون _____

پرچہ _____

مارک شدہ جوابی کاپیوں کی تعداد _____

پریکٹیکل لینے کی تاریخ _____ 201 وقت _____

پریکٹیکل لیبارٹری/سنٹر _____

پریکٹیکل ایگزامینر کا شناختی نمبر _____ PS/PI, II

پریکٹیکل ایگزامینر کا نام _____

مکمل پتہ _____

بطرف

ہیڈ ایگزامینر/سیکریسی آفیسر

ثانوی و اعلیٰ ثانوی تعلیمی بورڈ ساہیوال

نمبر ایس۔ای۔ایس۔22

نام امتحان _____ سالانہ/ضمنی 201ء

مضمون _____

پرچہ _____

مارک شدہ جوابی کاپیوں کی تعداد _____

پریکٹیکل لینے کی تاریخ _____ 201 وقت _____

پریکٹیکل لیبارٹری/سنٹر _____

پریکٹیکل ایگزامینر کا شناختی نمبر _____ PS/PI, II

پریکٹیکل ایگزامینر کا نام _____

مکمل پتہ _____

بطرف

ہیڈ ایگزامینر/سیکریسی آفیسر

ثانوی و اعلیٰ ثانوی تعلیمی بورڈ ساہیوال

INSTRUCTIONS

1.	The bill should be drawn up (at the rate of Rs. 5.00 per candidate) on the basis of total No. Of candidate who actually took the examination in the Laboratory and NOT on the basis of actual breakage and chemicals consumed as in the past.
2.	Headmaster/Headmistress/Principal of the School concerned and Practical Examiner should sign the bill and send it to the Board's office immediately after the Examination is over. (Bill not signed by all the Practical Examiner concerned or Not countersigned by the Headmaster/Headmistress/Principal will be returned for completion and re-submission).
3.	Rates permissible to Attendants are as under:- Laboratory Attendant Rs. 30.00 Per Day
Note:-	Only one consolidated bill relating to Practical Examinations in Various subjects held at the Laboratory should be drawn up.

(3)

Form Number SE/A 36 _____

Budget Head _____

BOARD OF INTERMEDIATE & SECONDARY EDUCATION, SAHIWAL

SEE INSTRUCTIONS OVERLEAF

Month _____

Voucher No. _____

Payment bill of Laboratory Assistants and Coutingency for the Intermediate Annual/Supplementary Examination, 201

Name of Examination _____

Name of Laboratory (in full) _____

Name of Subject _____

Total No. of Students allotted _____

Name/s of Assistant/s to Practical Examiner/s with complete address/es	Qualifications	DATES OF PRACTICAL EXAMINATIONS																
		No. of candidates examined On_____		No. of candidates examined On_____		No. of candidates examined On_____		No. of candidates examined On_____		No. of candidates examined On_____		No. of candidates examined On_____		No. of candidates examined On_____		No. of candidates examined On_____		Total No. of candidates examined
1._____		1st Batch	2nd Batch	1st Batch	2nd Batch	1st Batch	2nd Batch	1st Batch	2nd Batch	1st Batch	2nd Batch	1st Batch	2nd Batch	1st Batch	2nd Batch	1st Batch	2nd Batch	
2._____																		

No. of Candidates Examined
(Part-II to be shown separately and Part-I & II Combined as the case may be)

Laboratory Assistants and Contigency
(Payment to be made to the Head of Institution)

Does Budget provision exists? → YES / NO

LABORARORY ASSISTANT			CONTINGENCY		Total Amount	Net Amount
No of Candidate	Rate of Payment	Amount	Rate of Payment	Amount		

Revenue stamp to be affixed here

upto Rs. 2000/	Rs. 1/-
Rs. 2001 to 10,000/-	Rs. 2/-
Above Rs. 10000/-	Rs. 5/-

CERTIFICATE

Laboratory Incharge

1. Certified that the person charged in this bill were actually engaged in assisting the Practical Examiners during the day/s noted against the name of each and that they worked satistactorily. It is further certified that the total number of candidates examined was _____and no other bill in connection with the above examination has been signed.

Identity No. PI _____, Signature of Practical Examiner _____. In the subject of _____*Identity No. PI* _____. Signature of Practical Examiner _____, In the subject of _____

2. Certified that the total No. of candidates examined by the examiner/s at _____and no other bill in connection with the above examination has been signed by me.

	Passed for payment of	Passed for Payment of	Rs:_____ & Rs_____
	Rs:_____(Rupees_____ _____)in f/o Head of Institution. Rs:_____(Rupees_____) in f/o Dy. Commissioner. Income Tax. Circle 09. Sahiwal	Rs:_____(Rupees_____ _____)in f/o Head of Institution. Rs:_____(Rupees_____) in f/o Dy. Commissioner. Income Tax. Circle 09. Sahiwal	Budget Head No. _____ Cheque No. _____ And _____ Dated. _____
	Sr: Supdt ASF/DSF SECRETARY	Sr: Supdt(Audit) Audit Officer	ASF/DSF SECRETARY

INSTRUCTIONS

Only one bill form should be used for the Practical Examination in a subject even if the candidates who appeared in the examination in that subject are for different Parts of Intermediate Examination viz; Part I and II combined.
The number of candidates should however, be shown separately for these parts in the relevant columns. A number of bills received in respect of one subject will not be accepted.

INTERMEDIATE PRACTICAL EXAMINATION

Rate of Contingent Expenses:

Chemistry	Rs. 12/- per candidate
Physics	Rs. 6/- per candidate
Biology	Rs. 12/- per candidate
Nursing	Rs. 5/- per candidate
Psychology	Rs. 5/- per candidate
Geography	Rs. 5/- per candidate
Health & Physical Education	Rs. 5/- per candidate
Statistics	Rs. 5/- per candidate

Laboratory Assistant

Chemistry/ Physics/ Biology	Rs. 4/- per candidate each subject
Fine Art/Psychology	Rs. 3/- per candidate each subject
Outlines of Home Economics	Rs. 3/- per candidate
Nursing/ Geography	Rs. 3/- per candidate each subject
Psychology	Rs. 3/- per candidate
Health & Physical Eduction	Rs. 3/- per candidate
Statistics	Rs. 3/- per candidate

BOARD OF INTERMEDIATE AND SECONDARY EDUCATION, SAHIWAL

Ph: 040-9200527, www.bisesahiwal.edu.pk, E-mail:bisesahiwal@gmail.com

Payment Bill of Practical Distributing Inspector for the Secondary School Certificate/Intermediaet Annual/Supply: Examination, 20

Name of Practical Distributing Inspector _____ Name of Dealing Bank _____

Designation _____

Working Days: _____

_____ (Total Days) _____

Claim Rs. _____ (Rupees in words) _____

CERTIFICATE: It is certified that I worked as Practical Distributing Inspector on the dates mentioned above and no other duty was performed by me during the said dates.

Name of Laboratories Allotted

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Signature of Practical Distributing Inspector

Payment Received Rs. _____

Signature: _____

Name: _____

Affix Revenue Stamp Worth Rs. 2/- & Sign on it.

Signature of Head of Institution

Stamp

NIC No. _____ National Tax No. _____

Address _____

Signature of Bank Manger

Stamp

FOR OFFICE USE ONLY

Verified that the above named practical Distributing Inspector has distributed the envelopes of Question papers to the Practical Examiners on the dates given above.

DEALING OFFICIAL

SENIOR SUPTT.

BRANCH OFFICER

Passed for Payment of

Rs. _____ (Rupees _____) In f/o D.I.

Rs. _____ (Rupees _____)

In f/o Deputy Commissioner Income Tax Circle ( ), Sahiwal

Sr. Supdt. ASF/DSF Secretary

FOR PAYMENT PURPOSE

Passed for Payment of

Rs. _____ (Rupees _____) In f/o D.I.

Rs. _____ (Rupees _____)

In f/o Deputy Commissioner Income Tax Circle ( ), Sahiwal

Sr. Supdt(Audit) Audit Officer

Rs. _____ & Rs. _____

Budget Head No. _____

Cheque No. _____

And _____

Dated _____

ASF/DSF SECRETARY

INSPECTION REPORT

EXAM: SECONDARY SCHOOL CERTIFICATE/INTERMEDIATE (PART I & II) (ANNUAL/SUPPLEMENTARY)20

NAME OF THE PRACTICAL EXAMINER/DATE	NAME OF THE PRACTICAL LABORATORY	REMARKS
1st Batch		
2nd Batch		
3rd Batch		

NAME OF THE PRACTICAL EXAMINER/DATE	NAME OF THE PRACTICAL LABORATORY	REMARKS
1st Batch		
2nd Batch		
3rd Batch		

IMPORTANT INSTRUCTIONS

i) Secret information my be conveyed to the Chairman/Controller of Exams. Or Assistant Controller Conduct at once on Phone Nos.040-9200518, 9200527

ii) In case of emergency special points/suggestions/reprot my be sent to the A.C.C on the same date/tiem.

Signature

Name _____ Designation _____ Name of the Institution _____

SE/S-28 (Revised)

IMPORTANT INSTRUCTION

1. To be submitted to the Asstt: Deputy Controller (Secrecy) by Registered Post within Seven day of the last date of the practical Examination.
2. The Examiner must fill in Column Sr. 1 to 5

BOARD OF INTERMEDIATE & SECONDARY EDUCATON, SAHIWAL

PAYMENT BILL FORM

(For Practical Examiners who have no Head Examiner)

S.S.C/INTER/LANGUAGES/C.T./D.M.(ANNUAL/SUPPLEMENTARY EXAMINATION 201

Diary _____

Dated:_____

TO BE FILLED IN BY THE PRACTICAL EXAMINER

1- Date of despathc of payment chart (to be filled in by the Practical Examiner) _____

2- Certifiec that all the entries made in the payment chart by me are correct.

Affix Revenue Stamp of proper value and Sign thereon (otherwise payment will not be made)

Signature of Practical Examiner

Identity. No:_____

FOR OFFICE USE ONLY

Whether The payment bill was received in timet | YES | NO

If received late, date of receipt _____ Delay _____ days.

Verified that all the entries made in the chart are correct.

Dealing Official | Sr. Superintendent | Branch Officer

NAME OF PRACTICAL EXAMINER _____ ADDRESS _____

NAME OF LABORATORY CENTRE _____ SUBJECT _____

Identity No.	Total No. of Candidates Examined	Date/s of Conduct of Practical Exam.	Date/s of Despatch of Award Lists/ Answer Books to the Office	Date of Despatch of Counterfoils	FOR OFFICE USE ONLY: AMOUNT	PENALTY	AMOUNT AFTER DEDUCTION	INCOME TAX	EXCISE DUTY/ SERVICE CHARGES	NET AMOUNT PAYABLE
1	2	3	4	5	6	7	8	9	10	11

Budget provision exists and certified that the bill has been checked and found correct.

PASSED FOR PAYMENT OF

Rs._____ (Rs._____

_____)

(In Favour of Practical Examiner)

Rs._____ (Rs._____

_____)

In Favour D.C. Incom Tax Circle No _____, Sahiwal.

Dealing Official | Sr.Supdt: | ASF/DSD | SECRETARY

PASSED FOR PAYMENT OF

Rs._____ (Rs._____

_____)

(In Favour of Practical Examiner)

Rs._____ (Rs._____

_____)

In Favour D.C. Incom Tax Circle No _____, Sahiwal.

Auditor | Sr.Supdt: | Audit Officer

Budged Head No. ____

Cheque No. _____

Dated _____

ASF/DSF Secretary:

(8)

No. S.E./-28

BOARD OF INTERMEDIATE & SECONDARY EDUCATION, SAHIWAL

CONTINGENT BILL (PRACTICAL)

Secondary School Certificate / Intermediate / CT / OT (Annual/Supply) Exam 201 ___

Please attach the original receipts on the back of the Bill for payment of contingency charges with the Payment Bill otherwise it will not be entertained for payment.

Dated	Receipt No.	Amount Spent	Purpose for which spent	Dated	Receipt No.	Amount Spent	Purpose for which spent
	Total				**Total**		

Signatures of ***Practical Examiner:*** _____

Name & Address _____

_____

Name of Centre: _____

Dated: _____ **PS/P1/PII** _____

(9)

No. S.E./-28

EXAMINER'S REPORT

(To be forwarded to the Assistant Controller (Conduct) in the enclosed printed Envelope alongwith the Identification Sheets immediately)

Report of Examiner in Science Practical for the
Secondary School Certificate / Intermediate
Annual/Supplementary Examination 201____

1. Centre _____
2. Subject _____
3. Name of School/College Laboratory in which the Examination is conducted

   _____
4. Total No. of Candidates Examined _____
5. Dates on which Examination Conducted. _____
6. Remarks by the Examiner:-

I hereby certify that the School/College Laboratory in which I conducted the Science Practical Examination is/are not equipped in accordance with the list of minimum. Apparatus and Chemicals supplied to me by the Board of Intermediate and Secondary Education, Sahiwal and that _____batch of_____ candidates each cannot perform any experiment at a time.

The Following, defects and deficiencies noticed:-

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Dated _____ 20 _____ Signatures _____

Full Name _____
(in block letters)

Designation _____

Address _____

Identity No. P.S./P.1. _____

(10)

No. S.E./-28

(TO BE FORWARDED TO THE ASSISTANT CONTROLLER (CONDUCT) IN THE ENCLOSED ENVELOPE ALONGWITH EXAMINER'S REPORT)

Board of Intermediate & Secondary Education, SAHIWAL

(Sheet for Signature of Candidates)

The Signature of the Candidates should be taken Every Session.

Secondary School Certificate Intermediate

Annual/Supplementary Examination 20____

Subject _____ Paper _____ | Subject _____ Paper _____

Date _____ Morning/Evening. | Date _____ Morning/Evening.

No. of Candidates appeared | No. of Candidates appeared

Roll No.	Full Signatures of the Candidates	Serial No. of Answer - Book & Continuation Sheets Used For the Intermediate/S.S.C. Examination.	Roll No.	Full Signatures of the Candidates	Serial No. of Answer - Book & Continuation Sheets Used For the Intermediate/S.S.C. Examination.
1	2	3	1	2	3

Signature of Practical Examiner

Signature of Practical Examiner

Name of Laboratory _____ Identity No. PS/PI _____

(11)

No. S.E./-28

Subject _____ Paper _____
Date _____ Morning/Evening.
No. of Candidates appeared

Subject _____ Paper _____
Date _____ Morning/Evening.
No. of Candidates appeared

Roll No.	Full Signatures of the Candidates	Serial No. of Answer - Book & Continuation Sheets Used For the Intermediate/S.S.C. Examination.	Roll No.	Full Signatures of the Candidates	Serial No. of Answer - Book & Continuation Sheets Used For the Intermediate/S.S.C. Examination.
1	2	3	1	2	3

Signature of Practical Examiner

Signature of Practical Examiner

Name of Laboratory _____ Identity No. PS/PI _____

Roll Nos. Of Absentee/s _____

(12)

No. S.E./-28

Forwarding Memo for Practical Award - Lists.

This Memo must be filled by the Practical Examiners and fordarded along - with his / her Award Lists otherwise no payment will be made.

Name of Examination _____

Name of Laboratory _____

Subject _____

Date on which Examination conducted _____.

Date on which result submitted to Head Examiner / Board of Intermediate and Secondary Education, SAHIWAL. _____

Total No. of Award Sheets _____

Roll Number of candidates actually examined by the Examiner.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

ROLL NUMBERS OF ABSENTEES

_____

_____

_____

_____

_____

Signatures _____

Full Name _____
(in block letters)

Designation _____

Govt. _____ H/School/College _____

Dated _____ Identity No. P.S./P.1. _____

بورڈ آف انٹرمیڈیٹ اینڈ سیکنڈری ایجوکیشن، ساہیوال

غیر حاضر امیدواران کا چارٹ (ABSENTEE MEMO)

پریکٹیکل امتحان کے اختتام پر فوری طور پر ایک کاپی چیف سیکریسی آفیسر ثانوی و اعلیٰ ثانوی تعلیمی بورڈ، ساہیوال جبکہ دوسری کاپی انٹر میڈیٹ امتحانات میں اسسٹنٹ کنٹرولر (انٹر) ثانوی و اعلیٰ ثانوی تعلیمی بورڈ، ساہیوال اور میٹرک امتحانات میں اسسٹنٹ کنٹرولر (سیکنڈری) ثانوی و اعلیٰ ثانوی تعلیمی بورڈ، ساہیوال کے نام ارسال کی جائے۔ نیز لیبارٹری میں غیر حاضری Nil ہونے کی صورت میں بھی چارٹ کی کاپی ضرور متعلقین کو ارسال کی جائے۔

پریکٹیکل لیبارٹری کا نام گورنمنٹ _____ کالج/ہائیر سیکنڈری سکول/ہائی سکول _____

امتحان _____ میٹرک/انٹرمیڈیٹ _____ سالانہ/ضمنی ___201ء

مضمون _____

تواریخ انعقاد امتحان _____

غیر حاضر امیدواران کے رول نمبرز

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

کل تعداد _____ دستخط عملی ممتحن _____

نام _____

پتہ _____

شناختی نمبر پی ایس _____

پی آئی _____

Form No. SE A-23 _____

Budget Head _____

BOARD OF INTERMEDIATE AND SECONDARY EDUCATION, SAHIWAL

SEE INSTRUCTIONS OVERLEAF

Payment Bill of Contingency and Laboratory Attendant for the Secondary School Certificate Annual/Supplementary Examination, 20

Name of Examination _____

Does Budget provision exists?→ YES / NO

Name of Laboratory (in full) _____

CONTINGENCY						ATTENDANT ENGAGED			
Subject	Dates of Practical Examinations	No. of Candidates allotted	No. of Candidates Examined	Rate of Payment	Amount	Name of Attendant	No. Of working days	Rate of Payment	Amount

CERTIFICATE

Signature with identify Nos of the Examiners to the effect that

1. No. of Candidates examined by them and shown in this bill is are correct.
2. Persons mentioned in the bill were actually engaged during Practical Examination
3. No other bill in connection with this examination has been signed by us or charged in our contingent bill.

Counter Signed

Headmaster / Principal

Stamp _____

Revenue stamp to be affixed
Here upto Rs. 2000/- Rs. 1/-
Rs. 2001 to 10,000/- Rs. 2/-
Above Rs. 10,000/- Rs. 5/-

Identity No. _____ Subject _____ Signature of Practical Examiner _____

Identity No. _____ Subject _____ Signature of Practical Examiner _____

Identity No. _____ Subject _____ Signature of Practical Examiner _____

Passed for payment of

Rs: _____ (Rupees _____) in f o Head of Institution

Rs: _____ (Rupees _____)

in f o Dy. Commissioner. Income Tax. Circle 09. Sahiwal

Sr: Supdt: ASF/DSF SECRETARY

Passed for payment of

Rs: _____ (Rupees _____) in f o Head of Institution

Rs: _____ (Rupees _____)

in f o Dy. Commissioner. Income Tax. Circle 09. Sahiwal

Sr: Supdt(Audit) Audit Officer

Rs: _____ & Rs _____

Budget Head No. _____

Cheque No. _____

And _____

Dated _____

ASF/DSF SECRETARY