



Office of the Controller of Examinations
Hazara University, Mansehra
Phone No: 0997-414177,414176

Supervisory Staff Proforma for BA/BSc/B.Com/MA/MSc/M.Com/LLB

A/S Examination, 20_____

S. No.	Name and Designation	Mailing Address with official and Residence Contact No	Permanent Address	Recommend As					Last Duty Performed	
				Supdt	Dy. Supdt	Assistant Supdt	Practical Examiner	Inspector	Year (A/S)	Station

Note: **To be filled and signed by the Principal/Head of Institution.**

Instructions:

Non furnishing of the requisite information will leads to non consideration of any recommendation.
The Principal/Head of Institution must ensure that the recommended staffs are upright and duty Bound & shall be relieved if appointed.
The Principal /Head of Institution must sign and forward the Performa along with official letter.

Signature: _____
Name: _____
Seal: _____
Phone No: _____