

# UNIVERSITY OF SARGODHA

## Application Form

### Center Superintendent / Deputy Superintendent / Invigilator.

Name \_\_\_\_\_.

Father's Name \_\_\_\_\_ . Designation. \_\_\_\_\_.

Occupational Address \_\_\_\_\_.

Date of Joining Service \_\_\_\_\_ . Length of Service \_\_\_\_\_.

Phone No. Res. (with code) \_\_\_\_\_ . Mobile. \_\_\_\_\_.

### Pervious Experience for last 3 years

Board / University	Examination	Designation	Center /Place	Year

Center / station of Choice: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_.

- i. I solemnly declare that duty assigned to me will be performed honestly / efficiently.
- ii. In case my near relative is appearing in the allotted centre, I leave the centre after intimating to the center Superintendent in writing.
- iii. I am not disqualified by any board / University.

Name / Designation \_\_\_\_\_

Dated \_\_\_\_\_

Address School / College \_\_\_\_\_

### Recommendations of the Head of Institution

Recommend for appointment as \_\_\_\_\_ and also certified that the applicant is not disqualified by any Board / University. He will be relieved for duty assigned by the University.

Signatures \_\_\_\_\_  
(with official Stamp)

Phone \_\_\_\_\_