BOARD OF INTERMEDIATE & SECONDARY EDUCATION, FAISALABAD,
INSPECTION NOTE (ONLY FOR BOARD MEMBERS)
INTERMEDIATE/SECONDARY SCHOOL (ANNUAL/SUPPLY) 201......

Date of Inspection and time................................................................. (Session - Morning/Evening) From ............. To ............
Name of Centre & No. ..............................................................................
Name & Address of Superintendent ..........................................................
Experience ................................................................................................
Home Address ......................................................................................
Name & Address of Deputy Superintendent ..............................................
Experience ................................................................................................
Home Address ......................................................................................

QUESTION PAPER ACCOUNT

<table>
<thead>
<tr>
<th>S.NO.</th>
<th>SUBJECT</th>
<th>Q.PAPER RECEIVED</th>
<th>DISTRIBUTED</th>
<th>BALANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Any Discrepancy ..................................................................................

NO. OF CANDIDATES:

<table>
<thead>
<tr>
<th>S.NO.</th>
<th>SUBJECT</th>
<th>TOTAL NO. OF CANDIDATES</th>
<th>APPEARED</th>
<th>ABSENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

No. of Invigilators working required: ........................................
Name of Clerk if any: ................................................................. School Address: .........................................................

ACCOUNT OF BLANK ANSWER BOOKS/CONTINUATION SHEETS (SF-4)

No. of A/Books used at the time of Inspection .................................. Serial No. ......................................................... to ............................
Any Discrepancy ............................................................................

MISCELLANEOUS.

01- Whether Candidates checked and found seated according to seating plan 

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

02- If U.M.C. detected

Give detail here............................................................................

COMMENTS ABOUT SUPERVISORY STAFF.

i) Superintendent: ........................................................................

ii) Dy. Superintendent: ............................................................... 

iii) Invigilators: ..........................................................................
ENVIRONMENT

i) Outside the Centre:

ii) Inside the Centre:

Whether control of the Supervisory staff effective

Resident Inspector

Whether Centre found suitable for examination or not

Report of Centre

Whether Furniture adequate

Whether Distance between candidates found proper

Whether Light arrangements adequate

Whether Ice and water arrangements adequate.

Whether books and belongings are at 20 yards distance.

---

SIGNATURE OF BOARD MEMBER

Name, Address & Phone.