

BOARD OF INTERMEDIATE AND SECONDARY EDUCATION, LAHORE
(For Inspectors of Examination Centres / Mobile Inspector)

QUESTIONNAIRE

N.B:-- Refer to Rules relating to the Duties of Centre Superintendents
Secondary School/Intermediate (Annual / Supplementary) Examination

Date _____ Subject/Paper _____ Group _____ Centre No. _____

Name of Building _____

Name of Superintendent with Address _____

Address of Institutions _____

CHECK LIST	STATUS		REMARKS
	YES	NO	
1. Availability of Superintendent.	<input type="checkbox"/>	<input type="checkbox"/>	
2. Availability of Deputy Superintendent.	<input type="checkbox"/>	<input type="checkbox"/>	
3. Presence of Invigilators as per demand.	<input type="checkbox"/>	<input type="checkbox"/>	
4. Maintenance of Discipline.	<input type="checkbox"/>	<input type="checkbox"/>	
5. Appropriate seating plan as per given norms.	<input type="checkbox"/>	<input type="checkbox"/>	
6. Utilization of Answer Scripts as per present candidates.	<input type="checkbox"/>	<input type="checkbox"/>	
7. Comparison of Present/ Absent Candidates as per record.	<input type="checkbox"/>	<input type="checkbox"/>	
8. Security Measure			
• Guard	<input type="checkbox"/>	<input type="checkbox"/>	
• Metal Detector	<input type="checkbox"/>	<input type="checkbox"/>	
• Weapon	<input type="checkbox"/>	<input type="checkbox"/>	
• Gate	<input type="checkbox"/>	<input type="checkbox"/>	
• Boundary Wall	<input type="checkbox"/>	<input type="checkbox"/>	
• Razor Wire	<input type="checkbox"/>	<input type="checkbox"/>	
9. Availability of basic amenities			
• Toilet	<input type="checkbox"/>	<input type="checkbox"/>	
• Electricity	<input type="checkbox"/>	<input type="checkbox"/>	
• Drinking Water	<input type="checkbox"/>	<input type="checkbox"/>	

DETAIL OF UNFAIRMEANS CASES

Please give detail of the Unfairmeans case detected by you. Objectionable material may please be paged and signed indicating the portion copied (if any). Please get receipt in duplicate from the Superintendent in respect of the Unfairmeans cases. One copy may be retained by you and the other be appended with the report.

Detail of the Roll Nos. Detected _____

Certified that the above quoted cases were detected and handed over to the Superintendent duly completed in all respect.

Address _____

Signature of Inspector

Name _____

Dated _____

File No. _____

(P.T.O)