SCHOOL INFORI	MATION:	SCHOOL NAME				
HEAD CONTACT						
		DATE:				
TEACHER'S INFO	RMATION:					
Personal #			Teacher's CNIC			
Teacher Name			Teacher's Contact			
						(s). It is requested that
		y kindly be correct		my original	record.	Screenshot Attac
Correction required (ONLY FILL RELEVANT FIELD)		Incorrect Data on SIS (If any)		Correct Data		(Y/N)
Name (English)		(,)				(1714)
CNIC#						
CNIC Date of Birth	<u> </u>					
Gender						
Computerized Pe	rsonal #					
Designation						
Grade						
Date of Joining in	Service					
Date of Posting in	Current					
School						
Domicile						
Date of last prom	otion					
District of last promotion						
			Too	char's Signs	atura	
This is to certify t	nat·		rea	cher's Signa	ature	
11113 13 to oct they th	100					
1. I have che	ecked above m	entioned data and	changes/	correction	suggested/	recommended above
	-	al relevant record				
2. Relevant	proof(s) are at	tached herewith fo	or ready re	ference.		
Name & Sign	atura/stamp o	f Head Teacher				
Ivallie & Sign	acare, scamp o	i ileau leachei				

District Education Officer Concerned Signature & Stamp\_\_\_\_\_

Name & Signature of AEO with Stamp\_\_\_\_\_