

EXAMINER'S REPORT

To be forwarded to the Assistant Controller (Conduct) in the enclosed printed envelope alongwith the Identification Sheets

Report of Examiner in Science Practical for the
Secondary School/ Intermediate
Annual / Supplementary Examination,201

1. Centre
2. Subject
3. Name of School / College Laboratory in which the Examination is conducted
4. Total No. of candidates examined
5. Dates on which the Examination Conducted
6. Remarks by the Examiner :-

I hereby certify that the School / College Laboratory in which i conducted the Science Practical Examination is/is not equipped in accordance with the list of minimum Apparatus and Chemicals supplied to me by the Board of Intermediate and Secondary Education, Multan and that batch of candidates each can/cannot perform any experiment at a time. The following defects and deficiencies have been noticed :-

.....

Signatures

Full Name
 (in block letters)

Designation

Address

.....

Date 201

Identity No. PS./PI