



University of Swat

No. _____/UOS/COE

Dated _____/_____/2024

Signed: _____.

PROFORMA FOR RECOMMENDATION OF SUPERVISORY STAFF

M.A/M.Sc / BA/B.Sc Annual/Supply Examination 20_____

S.No	Name & Designation	Mailing address with official & Residence contact No.	Permanent address	Recommend as					Last duty performed	
				Supdt:	Deputy Supdt:	Assistant Supdt:	Prac: Examiner	Inspector	Year (A/S)	Station

Note: To be filled and signed by the Principal/Head of Institution

INSTRUCTIONS:

- Non furnishing of the requisite information will lead to non-consideration of any recommendation.
- The principal/Head of Institute must ensure that the recommendees are upright and duty bound & shall be relieved if appointed.
- The Principal/Head of Institute must sign and forward the proforma along with official covering letter.

Signature:	_____
Name:	_____
Seal:	_____
Telephone No.:	_____