



آغا خان یونیورسٹی ایگزامینیشن بورڈ
AGA KHAN UNIVERSITY EXAMINATION BOARD

Invigilator Application Form

Personal Details:

Name:

Date of Birth:

Gender:

 M F

Age:

Passport size
Photograph

CNIC Number:

Bank A/C Number*:

*Please note that all invigilation payments are made by cross cheque in the name of the invigilator.

Address:

Telephone / Mobile #:

Email Address:

Work / Invigilation Experience:

Organization	Joining date	Department

Educational Background:

Qualification	Institution	Year

AKU-EB Examinations are held in the month of May each year. Our timetable is divided into two sessions: am & pm. The duration of each paper varies from two hours to a maximum of three hours & forty minutes. Normally, an invigilator is required to be present in the examination hall at least 45 minutes prior to the start time of the exam.

Please indicate your availability by shading the boxes below:

AM session

PM session

Both

All AM Sessions start at 9.30 a.m.
All PM Sessions start at 2.30 p.m.

References:

(Kindly provide the contact details of any **two** academic/professional references)

(1)

(2)

Name:

Address:

Telephone:

Email:

Examination Centres:

We require invigilators in the following cities. Please tick mark the city at which you would like to offer your services:

Abbottabad	Chakwal	Chitral	Dharki	Gahkuch	
Gilgit	Gujranwala	Hafizabad	Hunza	Hyderabad	
Jhelum	Karachi	Lahore	Larkana	Layyah	
Mianwali	Mirpur Sakro	Muridke	Muzaffargrah	Rawalpindi	
Thatta					

Disclaimer:

The Aga Khan University –Examination Board (AKU-EB) shall take necessary measures to ensure conducting examinations and other activities as per schedule; however, in case of any disruption caused due to circumstances beyond the control of AKU-EB, it reserves the right to cancel, postpone and /or delay the said examinations / activities and reschedule them in a manner and on such dates as AKU-EB may deem appropriate. That except to the extent of rescheduling of examination / activities, AKU-EB shall not be held liable or responsible in any manner whatsoever for not holding the examinations / activities as per schedule for the reasons which are /were beyond the control of AKU-EB.

I have read and understood the information set out in this form and all the details provided by me are truthful and accurate. I agree to abide by the terms of reference for invigilators made available by the Aga Khan University Examinations Board.

Signature: _____

Date: _____