



## Goa Board of Secondary & Higher Secondary Education

(A Corporate Statutory Body Constituted by an Act of the State Legislature)

**ALTO BETIM - GOA 403 521**

Website: [www.gbshse.gov.in](http://www.gbshse.gov.in)

Email: [goaboard@dataone.in](mailto:goaboard@dataone.in)

☎ (0832) 2417593

Fax :- (0832) 2414289

GBSHSE/EXAM/HSSC/MAR/APRL-2012/ 13

**CIRCULAR NO: 33**

**Date:16/07/2012**

To,  
The Heads of all recognized  
Higher Secondary Schools under the  
Jurisdiction of this Board.

Sub:- Teacher's information for the academic year 2012-13

Sir/ Madam

This Office requires the following information for planning of the examination work of March/April, 2013.

- The details of the Teachers including the Head of the Institution who are teaching different subjects in Std. XII and also for conducting Public Examination.
- The infrastructure available in your Institution.

Please, therefore find enclosed herein a **Proforma I** with a request to get the necessary copies of the same at your end to collect the information from your Teachers to send the same to this Office. **Heads of Institutions should ensure that all entries are correct and that names of all subject/s are entered in column 2 with corresponding entries against the names of subject. The format of all Proformas enclosed should not be changed.**

**The Head of the Institution should also submit his/her information in Proformas I, II and III.**

In addition , the Head of the Institution shall submit a statement in Proforma I enclosed alongside. The Head of the Institution should ensure that all the required information in **Proformas I, II & III**, are duly verified and completely filled in.

**If any of the Teaching faculty is sanctioned long leave on any grounds or transferred or retired on superannuation, the same shall be informed to this Office under reference of this Circular. Information of Teachers whose leave is sanctioned during Board's confidential work due to unavoidable circumstances should be communicated to this Office immediately along with the Leave Sanction Order and all relevant documents, including Medical Certificate from the appropriate authority, as soon as the leave is sanctioned. Teachers requesting change of assessment center closer to their residence shall be paid T.A./D.A. from residence only.**

In case any of your Teachers are engaged in private tuition, the same may be informed by a separate letter addressed to Shri Bhagirath G. Shetye, Secretary, GBSHSE, giving all relevant information along with documentary evidence, if any. Secrecy will be maintained in this regard.

It is requested that the desired information in **Proformas I, II & III** may kindly be submitted to this Office with special messenger by 21/08/2012 positively.

Incomplete information will not be accepted and such application submitted after scheduled date will attract penalty as per **Circular No. 28 dated 30/06/2009**.

**Sd/-**

( Bhagirath G. Shetye)  
Secretary

Encl: **Proforma I, II and III.**

**Copy to:**

- All Section Heads of this Office.
- Guard file.

# GOA BOARD OF SECONDARY AND HIGHER SECONDARY EDUCATION

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## PROFORMA IV

I am to state as follows:

- 1) Information of the Teachers teaching in **Std. XII.** is collected and submitted to the Board's Office in the prescribed **Proforma II** and no name of Teachers teaching **Std. XII** is excluded.
- 2) Total number of Teachers on roll in my Institution teaching **Std. XII** is \_\_\_\_\_ for academic year **2012-13**
- 3) The names of all the Teachers who teach **Std. XII** for the academic year 2011-12 are as under :

Sr. No.	Name of the Head of the Institution/Teacher	Designation	Date of appointment (DD/MM/YY)	Nature of appointment Permanent/Temporary/ Lect. Basis/Full-time/ Part-time/ Cont. Basis	Date of Birth (DD/MM/YY)	Class Teacher of	Subject/s taught *
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							

*\*Please use a separate row for every subject taught by the same Teacher.*

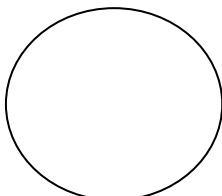
- 4) The total number of batches for **Std. XII** practical examination required in my school are as under :

Sr. No.	Subject	Total no. of candidates	No. of batches (Minimum 16 candidates per Batch)
1			
2			
3			
4			

The above information is true and factual.

Place : \_\_\_\_\_

Date : \_\_\_\_\_



Seal of the Institution.

-----  
Signature of the Head of the Institution

(Name: \_\_\_\_\_)

Cell phone No.:

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## PROFORMA IA

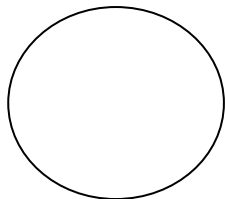
The names of the Teachers who teach Std. XII for the academic year 2011-12 and are either disqualified or on Long Leave as under:

Sr. No.	Name of the Teacher with designation	Designation	Whether on Long Leave OR Disqualified	If Disqualified, Reason for Disqualification	If on Long Leave			Remarks
					Type of Leave	Period of Leave	Expected date of return	
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								

The above information is true and factual.

Place : \_\_\_\_\_

Date : \_\_\_\_\_



Seal of the Institution.

-----  
Signature of the Head of the Institution

(Name: \_\_\_\_\_)

Cell phone No.

# PROFORMA IV

Academic Year : \_\_\_\_\_

Name of the Institution: \_\_\_\_\_

School Index No.: \_\_\_\_\_

Sr. No.	Floor	Room No	Number of benches (26 inches and above)			Remarks
			One Seater	Two Seater	Three Seater	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						

N.B. For each Building one sheet is to be used. Please use additional sheets, if required

Certified that the above information is true and factual.

\_\_\_\_\_  
Signature of Head of Institution

(Name:-----)

Cell phone Number:

Date: \_\_\_\_\_

Place: \_\_\_\_\_

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## PROFORMA III

The names of the Head of the Institution/Teachers who teach Std. **XI** for the academic year **2011-12** are as under:

Sr. No.	Name of the Head of the Institution/Teacher with designation	Date of Appointment (DD/MM/YY)	Nature of appointment Permanent/ Temporary/ Lect. Basis/ Full-time/ Part- time/ Cont. Basis	Date of Birth (DD/MM/YY)	Classes Taught in Std. XI only	Class Teacher of	Names of Subject/s taught
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							

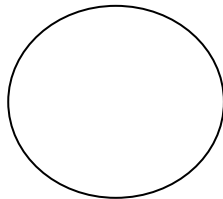
N.B.: 1) Please use a separate row for every subject taught by the same Teacher.

2) Please insert required number of rows wherever necessary.

The above information is true and factual.

Place : \_\_\_\_\_

Date : \_\_\_\_\_



Seal of the Institution.

-----  
Signature of the Head of the Institution

(Name: \_\_\_\_\_)

Cell phone No.

# PROFORMA-I

(FORM TO BE FILLED ONLY BY THE GRADE – I TEACHERS TEACHING STD. XII ONLY)

Name of the Teacher: Shri/Smt/Kum \_\_\_\_\_

Date of appointment: \_\_\_\_\_ (DD/MM/YYYY)

Birth date: \_\_\_\_\_ (DD/MM/YYYY) Residential address: \_\_\_\_\_ Tel.No. (Res. / Mobile) : \_\_\_\_\_

Index No: \_\_\_\_\_ School Tel. No./s: \_\_\_\_\_

Subject(s) offered at Graduation & Class obtained \_\_\_\_\_ Subject(s) offered at Post graduation & Class obtained: \_\_\_\_\_

Teachers training qualification, Subject offered & Class obtained: \_\_\_\_\_

Whether any near relative\* is appearing for Std. XII in March/April, 2013: - Yes / No. (In case, Yes the following detail be given):

Name of relative & his/her School name & address : \_\_\_\_\_ Relationship \_\_\_\_\_

Teacher's e-mail address : \_\_\_\_\_.

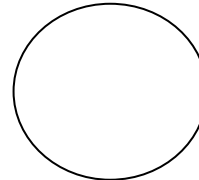
Sr. No	Name/s of Subject/s taught in Std. XII only in the current academic year. In order of preference	Teaching Experience in years such subject	Experience of working for Board examination <b>with number of turns along with month and year in the subject taught in Std. XII</b>											Remarks	
			Exam	Ass. Exam	Sr. Exam	Mod	Ass. Mod	Sr. Mod	Scruti-nizer	Chief Mod	Paper Setter	Chief P. Setter	Others		
1															
2															
3															

This is to certify that the information given above is true and factual. No information in this respect is withheld or concealed.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Seal of the Institution



.....  
Signature of the Teacher

Countersigned by

\* The term near relative means “ Wife, Husband, Son, Daughter, Brother & Sister.

**N.B. : While mentioning subjects, please specify whether English Lang. I, English Lang. II, Marathi Lang. I, Marathi Lang. II, etc.**

-----  
Signature of the Head of the Institution

(Name: \_\_\_\_\_)

PROFORMA- III

Name of the Institution: \_\_\_\_\_ School Index No.: \_\_\_\_\_ e-mail address: \_\_\_\_\_

Sr. No.	Name of the Head of Institution/Teaching Staff	Designation	Experience as Supervisor	Experience as Dy.Conductor	Experience as Conductor	Experience as Observer	Remark

NB: 1) Please insert row/s if required.

2) In the remarks column, the Head of the Institution should recommend the names of three senior Teachers having adequate experience as Conductor/ Dy. Conductor for appointment as Conductor.

Sr. No.	Name of the Non-Teaching Staff	Designation	Post on which worked during Public Exam.	Experience in years	Remark/s

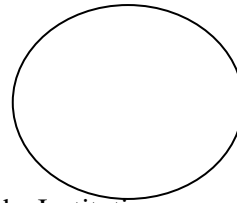
NB: 1) Please insert row/s if required.

2) For each building, one sheet is to be used. Please use additional Sheets if required

Certified that the above information is true and factual.

Date : \_\_\_\_\_

Place : \_\_\_\_\_



Seal of the Institution

Signature of the Head of the Institution:

(Name \_\_\_\_\_)

Cell phone Number: \_\_\_\_\_

PROFORMA- II

Academic Year: \_\_\_\_\_

School Index No: \_\_\_\_\_

Name & Address of the Institution: \_\_\_\_\_

\_\_\_\_\_

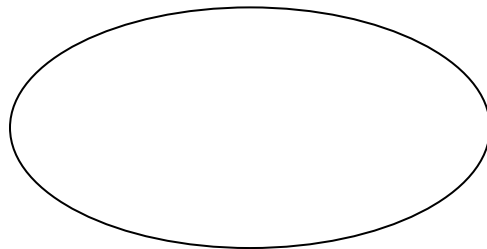
Sr.No.	Floor	Room No.	Number of benches (26 inches and above)			Remarks
			One Seater	Two Seater	Three Seater	
1						
2						
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6						
7						
8						

N. B. For each Building one sheet is to be used . Please use additional sheets, if required

Certified that the above information is true and factual

Place : \_\_\_\_\_

Date : \_\_\_\_\_



Seal of the Institution

-----  
Signature of the Head of the Institution

(Name : \_\_\_\_\_)

Cell phone Number