



# PEIMA CHANGE EXAM CENTER FORM PUNJAB EXAMINATION COMMISSION

## CURRENT/EXISTING EXAM/CLUSTER CENTER DETAILS

DISTRICT	_____	TEHSIL	_____
EMIS CODE	_____	SCHOOL	_____
LICENSEE NAME	_____	CNIC NUMBER	_____
CONTACT NO.	_____	EMAIL	_____
EXAM CENTER	_____	CENTER CODE	_____
CHANGE REASON	_____		

## PROPOSED/NEW CENTER / CLUSTER DETAILS

PROPOSED TEHSIL	_____
NAME OF PROPOSED CENTER	_____
EMIS CODE OF PROPOSED CENTER	_____

**SIGN & STAMP OF LICENSEE** \_\_\_\_\_

**DATE** \_\_\_\_\_