

APPLICATION FORM Public Sector Organization, Government Of Pakistan Applying for: Section Officer (BS-17)

TAG # (For Official use)

(306)

Note: Test Center in			ranged for minimu					nnot be	changed.		
	☐ Islamabad		☐ Lahore		☐ Multan		☐ Karachi			Passport	size Recent
Test City:	☐ Quetta		☐ Peshawar	□ D	.I. Khan	☐ Hyde	rabad			Photogra	ph Affix with
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Province:	□ КРК	Г	☐ Islamaba	d Capital Te	erritory	□ F.	ATA			وری ہے	میں ہونا ضر
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4 D	I.T. C	~									
1. Personal		on (In	Block Letters)					Mada	Tiele Oeele	. Ou a Ciuala iu	anala Dave
Name (in Full):								Note:	TICK Only	y One Circle in	each Row.
Father's Name:								Religion:) Muslim Non-Muslim	
CNIC/B-Form:									ou Disable	e?	
A	D-44	. Diath						Gend	er:		○ Female
Age:	Date of	Birth ((D-M-Y)		Marital Sta	Marital Status:			Armed Forces: Yes No		
Postal Address:								y for persoi ased Serva	nnel of Armed Forces of Pakistan ant: Yes No		
										Servant wife, so	_
									rnment Se) Yes \(\cap \ No
Phone #:		Cell #	# :		(5)	. I Nice					,
					, ,	ve here Netwo mobile Numb		Sched	duled Cast	/Buddhist:	Yes No
					33	ozne manne	,			·	
2. Academi	ic Informat								Declined.)		
2. Academi Certificate			lote: In case of inc		lemic informati	Year of	Ma	rks	Total	Grade/	Institution Name
Certificate							Ma				Institution Name
Certificate Primary						Year of	Ma	rks	Total		
Primary SSC (10 years)	/Degree					Year of	Ma	rks	Total		
Primary SSC (10 years) HSSC / DAE /	/Degree					Year of	Ma	rks	Total		
Primary SSC (10 years)	/Degree A-Level					Year of	Ma	rks	Total		
Primary SSC (10 years) HSSC / DAE / (12 / 13 years) Bachelor (14 y Bachelor(Hon	A-Level					Year of	Ma	rks	Total		
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4. Undertaking by Applicant
Id/s/w ofdo hereby solemnly affirm that I have read and understood the conditions for applying in the above mentioned Post and that I have
filled the form as per instructions given above and in the event any information contained herein is found to be
untrue, I shall be liable to disciplinary action which may result in cancellation of my candidature at any stage.
and adjusted have to allow partially account made and a control of the control of
Signature & Date: Thumb Impression (Left Hand):
Document Check list:
Document Check list:
Tick if Attached / selected:
□ Photograph is Attached
☐ CNIC Copy is Attached on the back side of Application Form
☐ Original bank Deposit Slip Copy is Attached on the back side of Application Form
<u>Instructions:</u>
ALL DAMA FIREDCARE REQUIRED TO BE FILLED FILL VOLID ARRIVON FORM CARPELL LY
ALL DATA FIELDS ARE REQUIRED TO BE FILLED. FILL YOUR APPLICATION FORM CAREFULLY. Application For (Suprime Change) is a suprefixed black of processing the Process of Proce
 Application Fee (Service Charges) is nonrefundable / nontransferable. Bank Online Deposit of Rs. 250/-must be attached with application form.
 In case of more than one apply use separate application form along with original deposit slip.
 Application must reach OTS office latest by last date of submission of application form.
OTS will not be responsible for late receiving of application through courier / Pakistan post etc.
 Attach your recent photograph (Latest by 6 Months), CNIC copy with this application form.
Without Signature & Thumb impression, your application form will not be entertained.
Without photograph your application form will not be entertained.
 In-complete forms will not be entertained. (All the fields are mandatory / Required)
 In Person/By hand submission of Application form is not allowed.
 Mobile phones or other electronic gadgets are not allowed in test center premises.
Cut Address box given below and affix it with gum on the envelope.
×
Send Registration Form to:
Manager Operation (PSO),
Open Testing Service (OTS),
Office No. 04 Control Avenue

Office No 01, Central Avenue, Phase 6, Bahria Town, Islamabad

Help Line: 051-111 687 222 Email: info@ots.org.pk, Website: www.ots.org.pk

Open Testing Service Innovation in Training & Assessment

OTS Copy

Open Testing Service Innovation in Training & Assessment

BANK Copy

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Branch Code:	Date: / /	î	Branch Code:		Date:	, ,				
Branch Name:		i	Branch Name:							
ONLIN	IE DEPOSIT SLIP PCode: 306	i	0	NI IN	IE DEPOSIT SLIP	PCode: 306				
	only one bank & tick the relevant Bank	i			nly one bank & tick the releva	int Bank				
HBL HABIB BANK	Habib Bank Limited	١	HBL HABIB BANK	П	Habib Bank Lim	ited				
	ib Bank Limited, PWD Branch (2328)	i	Remote Branch:	Habil	b Bank Limited, PWD					
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Amount in Figures: Rs.	250	i	Amount in Figures:	Rs.	250					
Amount in Words:	Two Hundred & Fifty Rupees Only	i	Amount in Words:		Two Hundred & Fifty R	upees Only				
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		1								
A Bank Alfalah	Bank Alfalah Limited		A Bank Alfalah	П	Bank Alfalah Lin	nited				
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	5001004927667		Account Number:	<u> </u>	5001004927667					
Amount in Figures: Rs.	250	i	Amount in Figures:	Rs.	250					
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Allied Bank	Allied Bank Limited	١	Allied Bank	П	Allied Bank Limi	ited				
7 Crimou Durint	Islamic Banking, PWD Branch (5133)	}	Remote Branch:	_	Islamic Banking, PWD					
	n Testing Service		Account Title:	_	n Testing Service	2.2(0.00)				
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Note: Inclusive of Bank Serv	rice Charges		Note: Inclusive of Bar	ık Servi	ice Charges					
receipt printed through flatbed printer the counter, please be sure to cher	ed without Original Deposit Slip. ed other than against cash payment. the Deposit Slip.		The Bank Must Return OTS Copy to the Candidate. Attach CNIC Copy with deposit slip. Application Form will not be entertained without Original Deposit Slip. Application Form will not be entertained other than against cash payment. FIRE Endorsement is required on both the Deposit Slip. Deposit it in any online country wide branches. Cash should always be deposited at the respective counter and electronic computer generated receipt printed through flathed printer on deposit slip/challan should be obtained before leaving the counter, please be sure to check the receipt and satisfy that complete details including account number and amount deposited are correctly printed failing which the bank will not be responsible.							
Applicant Name:		i	Applicant Name:							
Applicant Father Name	:	i	Applicant Father	Name:	:					
CNIC No. / Form B No.	:	į	CNIC No. / Form	B No.:	:					
Applied For:		×	Applied For:							
Applicant Signatur	re Cashier	×	Applicant Sig	ınature		shier				