

APPLICATION FORM Multan Development Authority Applying for: Sub-Engineer (BS-14)

TAG # (For Official use)

(310)

(310)												
Note: Test Center in	the desired city v	vill be ar	ranged for minimu	ım of 200 appli	icants. Once se	lected a test o	center c	annot be	changed.			
	☐ Islamabad		☐ Bahawalna	agar 🗌 🗆 L	☐ Lahore		☐ Bahawa			Passport size Recent		ize Recent
Test City:	☐ Khanewa	l	☐ Layyah		odhran.		☐ Multan			Photo	grapi	h Affix with
(Tick only one)	□Muzaffarg	garh	☐ Pakpattan	□R	☐ Rahim Yar Khan		☐ Rajan P		Pur		Gum (Latest By 6	
	☐ Sahiwal		☐ Vehari		era Ghazi K	han					-	•
Note: ALL DATA FIELDS ARE REQUIRED. FILL YOUR												
Domicile District: APPLICATION FORM CAREFULLY.												
Domicile	☐ Punjab)	☐ Balochist	an 🗆	Sindh (U)	□ S	Sindh (R)				اپ کی تصو ۱۰
Province:								ہے	ىرورى	میں ہونا ض		
(Tick only one)						Itistan	an 🗆 Other					
1. Personal	Informati	on (In	Rlock Letters)									
Name (in Full):		OII (III	Block Betters)					Note:	Tick Onl	y One Circle	e in e	ach Row.
Father's Name:								Religi	ou: () Muslim	∪ NO	n-Muslim
CNIC/B-Form:								Are Y	ou Disabl	e?	\bigcirc Y	'es \ \ \ No
-,		_						Gend	Gender:			
Age:	Date of	f Birth	:h (D-M-Y) Marital Status:					Armed Forces: Yes No				
_								_		nnel of Armed	_	1 -
Postal Address:							Deceased S			_		
								Decea	ased Civil	Servant wife	, son (or daughter
								Gove	rnment S	ervant:	\bigcirc Y	'es \ \ \ No
Phone #:		Cell	#:		(Do not giv	ve here Netwo	ork					
					converted	mobile Numb	bers)	Sched	duled Cas	t /Buddhist:	○ Y	'es \ \ \ No
2 Acadomi	c Informat	ion /	latar la casa after			·	. 11 12		D = =11 = ==1 \			
2. Academi						Year of		rks	Jeclined.) Total	Grade	/	Institution
Certificate	Degree	De	gree Title	Major S	ubjects	Passing		ained	Marks			Name
Primary												
SSC (10 years)												
HSSC / DAE / . (12 / 13 years)	A-Level											
Bachelor (14 ye	ears)											
Bachelor(Hor	ıs)/Master											
MS / M.Phil.	18 years)											
Other (Diploma												
3. Employment Information (If Applicable) (Note: If you need more rows to write your information, you can add an additional page with Application Form.)												
Organization Type			Organization Name		Designation			Job Description		Start Date		End Date
(Government / Semi Government		(Name of the Organization / Dept.)		(Your Designation / Position			222.10.00		(Starting Dat		(End Date)	
/ Private)					7	Title)						

4. Undertaking by Applicant							
Id/s/w of	do hereby solemnly						
affirm that I have read and understood the conditions for appl							
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.							
Signature & Date: Thumb Im	pression (Left Hand):						

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

Instructions:

- ALL DATA FIELDS ARE REQUIRED TO BE FILLED. FILL YOUR APPLICATION FORM CAREFULLY.
- Application Fee (Service Charges) is nonrefundable / nontransferable. Bank Online Deposit of Rs. 100/- 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.

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Send Registration Form to:

Manager Operation (MDA),
Open Testing Service (OTS),
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

Open Testing Service Innovation in Training & Assessment

BANK Copy

OTS Copy

		9.0							
Branch Code:	Date: / /	:	Branch Code:		Date:/				
Branch Name:			Branch Name:						
ON	LINE DEPOSIT SLIP	le: 310		NI IN	E DEPOSIT SLIP PCode: 31				
	It In only one bank & tick the relevant Bank				nly one bank & tick the relevant Bank				
HBL HABIB BANK	Habib Bank Limited	i	HBL HABIB BANK	П	Habib Bank Limited				
	Habib Bank Limited, PWD Branch (2328)	Remote Branch:	Habi	b Bank Limited, PWD Branch (2328)				
Account Title: 0	Open Testing Service		Account Title:	Oper	n Testing Service				
Account Number: 2	23287106336103	- i	Account Number: 23287106336103						
Amount in Figures: F	Rs. 100		Amount in Figures:	:: Rs. 100					
Amount in Words:	Hundred Rupees Only	}	Amount in Words:	: Hundred Rupees Only					
Note: Bank Service Cha	arges Free of Cost		Note: Bank Service Charges Free of Cost						
		_ [
A Bank Alfalah	Bank Alfalah Limited		A Bank Alfalah		Bank Alfalah Limited				
	Bank Alfalah, PWD Branch (0335)	\neg	Remote Branch:	Bank	Alfalah, PWD Branch (0335)				
Account Title: 0	Open Testing Service	:	Account Title:	Oper	n Testing Service				
Account Number: 0	0335001004927667		Account Number:	0335	001004927667				
Amount in Figures: F	Rs. 100		Amount in Figures:	Rs.	100				
Amount in Words:	Hundred Rupees Only		Amount in Words:		Hundred Rupees Only				
Note: Bank Service Cha	arges Free of Cost		Note: Bank Service Charges Free of Cost						
Allied Bank	Allied Bank Limited		Allied Bank	П	Allied Bank Limited				
Remote Branch: A	ABL Islamic Banking, PWD Branch	(5133)	Remote Branch:	ABL	Islamic Banking, PWD Branch (5133				
Account Title: 0	Open Testing Service		Account Title:	Oper	n Testing Service				
Account Number: 0	0020050208060021	:	Account Number:	0020	050208060021				
Amount in Figures: F	Rs. 115	- □ !	Amount in Figures:	Rs.	115				
Amount in Words:	One Hundred And Fifteen Rupees	Only	Amount in Words:	o	ne Hundred And Fifteen Rupees Only				
Note: Inclusive of Bank	Service Charges		Note: Inclusive of Bar	ık Servi	ice Charges				
 Application Form will not be ent FBP Endorsement is required of Deposit it in any online country Cash should always be deposit receipt printed through flatbed the counter, please be sure to 	silp. tertained without Original Deposit Silp. tertained other than against cash payment. In both the Deposit Silp.	aving luding	 FBP Endorsement is require Deposit it in any online coun Cash should always be depreceipt printed through flatby the counter, please be sure 	entertaine entertaine ed on both try wide b osited at t ed printer e to check	ed without Original Deposit Slip. ed other than against cash payment. the Deposit Slip.				
Applicant Name:			Applicant Name:						
Applicant Father Na	ame:		Applicant Father I	Name:					
CNIC No. / Form B	No.:		CNIC No. / Form	B No.:					
Applied For:			Applied For:						
Applicant Sign	ature Cashier		Applicant Sig	ınature	e Cashier				