ots™
OPEN TESTING SERVICE

APPLICATION FORM
Multan Development Authority
Applying for Computer Operator (BP-15)

(316)

TAG # (For Official use)

Note: Test Center in the desired city will be arranged for minimum of 200 applicants. Once selected a test center cannot be changed.

Test City: *(Tick only one)*

☐ Islamabad	☐ Bahawalnagar	☐ Lahore	☐ Faisalabad
☐ Khanewal	☐ Layyah	☐ Lodhran	☐ Multan
☐ Muzaffargarh	☐ Sargodha	☐ Rahim Yar Khan	☐ Rajan Pur
☐ Sahiwal	☐ Gujranwala	☐ Dera Ghazi Khan	☐ Sialkot

Domicile District: --------------------------------

Note: ALL DATA FIELDS ARE REQUIRED. FILL YOUR APPLICATION FORM CAREFULLY.

Domicile Province: *(Tick only one)*

☐ **Punjab**	☐ **Balochistan**	☐ **Sindh (U)**	☐ **Sindh (R)**
☐ **KPK**	☐ **Islamabad Capital Territory**	☐ **FATA**
☐ **Azad Jammu and Kashmir**	☐ **Gilgit Baltistan**	☐ **Other**

Passport size Recent Photograph Affix with Gum (Latest By 6 months)

آپ کی تصویر اس خانے
میں ہونا ضروری ہے

1. Personal Information *(In Block Letters)*

Name (in Full): _____

Father's Name: _____

CNIC/B-Form: [ ][ ][ ][ ][ ][■][ ][ ][ ][ ][ ][ ][ ][■][ ]

Age: _____   Date of Birth (D-M-Y) ____ - ____ - ____   Marital Status: _____

Postal Address: _____

Phone #: _____   Cell #: _____

(Do not give here Network converted mobile Numbers)

Note: Tick Only One Circle in each Row.

Religion:	◯ Muslim	◯ Non-Muslim
Are You Disable?	◯ Yes	◯ No
Gender:	◯ Male	◯ Female
Armed Forces:	◯ Yes	◯ No
Only for personnel of Armed Forces of Pakistan		
Deceased Servant:	◯ Yes	◯ No
Deceased Civil Servant wife, son or daughter		
Government Servant:	◯ Yes	◯ No
Scheduled Cast /Buddhist:	◯ Yes	◯ No

2. Academic Information (Note: In case of incomplete academic information, Your Application will be Declined.)

Certificate/Degree	Degree Title	Major Subjects	Year of Passing	Marks Obtained	Total Marks	Grade/ Percentage	Institution Name
Primary							
SSC *(10 years)*							
HSSC / DAE / A-Level *(12 / 13 years)*							
Bachelor *(14 years)*							
Bachelor(Hons)/Master *(16 years)*							
MS / M.Phil. *(18 years)*							
Other *(Diploma / Certificate)*							

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 / Private)	(Name of the Organization / Dept.)	(Your Designation / Position Title)		(Starting Date)	(End Date)

4. Undertaking by Applicant

I_____d/s/w of_____do 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.

Signature & Date: ……………………………………..   Thumb Impression (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.

✂ ···

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

OTS Copy

Branch Code:_____ Date:____/____/_____

Branch Name:_____

ONLINE DEPOSIT SLIP   PCode: 310

Please deposit in only one bank & tick the relevant Bank

HBL HABIB BANK	☐ **Habib Bank Limited**
Remote Branch:	Habib Bank Limited, PWD Branch (2328)
Account Title:	Open Testing Service
Account Number:	23287106336103
Amount in Figures:	Rs. 100
Amount in Words:	Hundred Rupees Only
Note: Bank Service Charges Free of Cost	

Bank Alfalah	☐ **Bank Alfalah Limited**
Remote Branch:	Bank Alfalah, PWD Branch (0335)
Account Title:	Open Testing Service
Account Number:	0335001004927667
Amount in Figures:	Rs. 100
Amount in Words:	Hundred Rupees Only
Note: Bank Service Charges Free of Cost	

Allied Bank	☐ **Allied Bank Limited**
Remote Branch:	ABL Islamic Banking, PWD Branch (5133)
Account Title:	Open Testing Service
Account Number:	0020050208060021
Amount in Figures:	Rs. 115
Amount in Words:	One Hundred And Fifteen Rupees Only
Note: Inclusive of Bank Service Charges	

- 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.
- FBP 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 flatbed 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:	
Applicant Father Name:	
CNIC No. / Form B No.:	
Applied For:	

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Applicant Signature   Cashier