

**APPLICATION FORM(Cat-A)****Armed Forces Institute of Urology**

Reg No: \_\_\_\_\_



(official use only)

**Eligibility Criteria:**

A. Is your age according to the prescribed age limit for the desired post?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Do you have requisite Qualification & Experience as mentioned in Advertisement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. Is your Domicile according to the desired post as mentioned in Advertisement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**PASTE YOUR RECENT  
PASSPORT SIZE  
COLOR  
PHOTOGRAPH  
(with white  
background)**

If your reply is "Yes" to A, B & C above, only then please proceed further. Otherwise you are not eligible to apply.

**01. Bank Online Deposit of Rs: 350/- from Designated Bank Branches.**

\*Note: Application form will not be entertained without original deposit slip (UTS Copy)

Bank Code		Deposit Date	
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**02. Name of Post Applied For:** \_\_\_\_\_ **BPS:** \_\_\_\_\_

**03. Desired Test City:** Fill only one box (Mandatory).

01. <input type="checkbox"/> Islamabad	02. <input type="checkbox"/> Lahore	03. <input type="checkbox"/> Peshawar
04. <input type="checkbox"/> Karachi		

**04. Province of Domicile:** Fill only one box for Province of Domicile (Mandatory).

01. <input type="checkbox"/> Islamabad/Punjab	02. <input type="checkbox"/> Sindh (U)	03. <input type="checkbox"/> Sindh (R)	04. <input type="checkbox"/> KPK	05. <input type="checkbox"/> Baluchistan
06. <input type="checkbox"/> Fata/GB	07. <input type="checkbox"/> Azad Kashmir			

**Domicile District:** \_\_\_\_\_

**05. Personal Information:** Use CAPITAL letters and leave spaces between words.

01. Name in Full:	<input type="text"/>																														
02. Father's Name:	<input type="text"/>																														
03. Candidate CNIC #:	<input type="text"/>										--	<input type="text"/>										--									
04. Gender:	<input type="checkbox"/> Male		<input type="checkbox"/> Female																		05. Have you any disability?		<input type="checkbox"/> Yes	<input type="checkbox"/> No							
06. Date of Birth:	D	D		M	M		Y	Y													07. Email: _____										
08. Postal Address: _____																															
_____										City _____												District _____									
09. Phone No: (Res.) _____										(Mobile) _____																					
10. Religion:		<input type="checkbox"/> Muslim		<input type="checkbox"/> Non-Muslim																											
11. Are you a Govt serving employee?										<input type="checkbox"/> Yes		<input type="checkbox"/> No																			
12. Are you retired from Pakistan Armed Forces?										<input type="checkbox"/> Yes		<input type="checkbox"/> No																			

## 06.Academic Information:

**Note:** 1. UTS will not issue Roll No Slips to those who have not filled in their academic record properly.

2. Candidate should convert their grades into marks.

3. Write exact degree name & major subject mentioned in certificate/ transcript.

Certificate/ Degree Name	Degree Title	Major Subject	Year Passing	Obtained Marks/CGPA	Total Marks/CGPA	Board/ University
Middle (8 Years)						
Matric (10 Years)						
Intermediate (12 Years)						
Bachelor (14 Years)						
Bachelor (Hons)/ Master (16 Years)						
MS/MPhil						
Diploma/certificate (Computer /Medical)	Title:  Duration_____					
Diploma/certificate (Computer/ /Medical)	Title:  Duration_____					
Other						

## 07. Employment Record:

Sr. No	Organization/ Employer Name	Job Title	Duration	
			From	To
01				
02				

08. Total Job Experience: \_\_\_\_\_

09. CNIC No:

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10. Mobile No: (same as mentioned above) \_\_\_\_\_

11. Date of Birth:

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PASTE YOUR RECENT  
PASSPORT SIZE  
COLOR  
PHOTOGRAPH  
(with white  
background)

**12. Address as per Domicile:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**13. Please tick against one post you want to apply for:**

Sr. No	Name of Post Applied for	BPS	<input checked="" type="checkbox"/>	Sr. No	Name of Post Applied for	BPS	<input checked="" type="checkbox"/>
1	Assistant	15	<input type="checkbox"/>	2	Computer Operator	11	<input type="checkbox"/>
3	Medical Record Keeper	9	<input type="checkbox"/>	4	UDC	11	<input type="checkbox"/>
5	ECG Technician	9	<input type="checkbox"/>	6	Analyst/ Medical Transcriptionist	9	<input type="checkbox"/>
7	Store Men	9	<input type="checkbox"/>	8	LDC	9	<input type="checkbox"/>
9	Nursing Assistant	7	<input type="checkbox"/>	10	Receptionist	7	<input type="checkbox"/>
11	Telephone Operator	7	<input type="checkbox"/>	12	Vehicle Mechanic	6	<input type="checkbox"/>
13	Lift Operator	6	<input type="checkbox"/>	14	Plumber	5	<input type="checkbox"/>

#### 14. Undertaking by the applicant:

I \_\_\_\_\_ d/s/w of \_\_\_\_\_ do hereby solemnly declare that all the information provided by me in this application form and all the additional particulars/documents/ certificates furnished alongwith it are true to the best of my knowledge and belief and nothing has been concealed. I also declare that I have never been dismissed or removed from Govt service under any provincial, federal government autonomous and semi-autonomous or state enterprise. If any wrong or incorrect is found later, I shall be liable to disciplinary action which may result in cancellation of my candidature and even my employment.

Date: \_\_\_\_\_ Signature of the candidate: \_\_\_\_\_

#### Instructions:

- Fill the application form properly with complete and correct information.
- Do not leave any field blank, otherwise your application shall be rejected.
- Incorrect, false or forged information may result in cancellation of your candidature at any stage.
- Attach two recent passport size photograph (**with white background**) and attested copy of CNIC.
- By hand submission of application form is not allowed.
- Test fee is non-refundable and non-transferable.

- ❖ Last Date for application submission is **Monday, 3rd Jun, 2019**.
- ❖ Application should reach UTS office latest by last date of submission of Application form.
- ❖ UTS will not be responsible for late receiving of application through courier/ Pakistan post etc.



#### Please Send Application Forms to:

Manager Operations (**PID: AFIU-1**)  
Universal Testing Services (UTS),  
278-A, Main Nazim-Ud-Din Road, F-10/1,  
Islamabad.  
Help line: 051-2112240, 051-2152815 and 051-2100749



## Universal Testing Services

**UTS Copy**

Date: \_\_\_\_\_ Branch Code: \_\_\_\_\_ Branch Name: \_\_\_\_\_

نوٹ: برائے مہربانی فیس صرف ایک بینک میں جمع کروائیں اور اس بینک کے دیئے ہوئے باکس پر نشان لگائیں۔ بینک مہر ہر کاپی پر ضروری ہے۔ برائے مہربانی اصلی بینک سلپ یوٹی ایس کے پتہ پر پہنچو ادیں۔ یوٹی ایس کاپی کے بغیر درخواست نامکمل سمجھی جائے گی۔



**Bank Alfalah**



**Branch:** Online Branches Nationwide  
**A/C Title:** Universal Testing Services  
**A/C No:** 0131-1005509175



**Habib Bank Ltd.**



**Branch:** Online Branches Nationwide  
**A/C Title:** Universal Testing Services  
**A/C No:** 2269-79303678-03



**United Bank Ltd.**



**Branch:** Online Branches Nationwide  
**A/C Title:** Universal Testing Services  
**A/C No:** 228600116

**Applicant Name:** \_\_\_\_\_ **S/D of:** \_\_\_\_\_ **Cell No:** \_\_\_\_\_

**CNIC No:** \_\_\_\_\_ **Post Applied For:** \_\_\_\_\_

**Amount RS:** 350/-- **Amount in Words:** Three Hundred Fifty only. **Project ID:** AFIU-1

**This Fee is non refundable and non transferable.**



## Universal Testing Services

**Customer Copy**

Date: \_\_\_\_\_ Branch Code: \_\_\_\_\_ Branch Name: \_\_\_\_\_

نوٹ: برائے مہربانی فیس صرف ایک بینک میں جمع کروائیں اور اس بینک کے دیئے ہوئے باکس پر نشان لگائیں۔



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## Universal Testing Services

**Bank Copy**

Date: \_\_\_\_\_ Branch Code: \_\_\_\_\_ Branch Name: \_\_\_\_\_

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