

## Application Form

# Independent Testing Agency Project No. 01

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Picture 1
تصویرلاز مأمنسلک کریں بصورت
ديگرفارم عمل مين نهيں لايا جائيگا۔

No

Yes

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Eligil	JIIIIV		:114.
		•	

A. Is your **Qualification / Experience** according to the required post?

Bank Code		
Deposit Date		
ote: Application Form will not be e	ntertained without Original Deposit Slip (ITA C	Copy)
	Only One Box for Desired Post. (Mandato ts, please use separate form with separate fe	ory) e. This form will be considered valid only for the first selected post in the sequence
I. HR Manager		02. Marketing Manager
3. Accounts & Finance	Manager	04. IT Specialist
5. Administrative Office	er	06. Legal Officer
7. Trainee		08. Administrative Assistant
Data Entry Operator		10. Receptionist
	tion: Use CAPITAL letters and	
ersonal Informa	tion: Use CAPITAL letters and	
ersonal Informa	tion: Use CAPITAL letters and	
ersonal Informa  2. Name in Full:  3. Father's Name:	tion: Use CAPITAL letters and	
ersonal Informa  2. Name in Full:  3. Father's Name:  4. Candidate CNIC #:  Write your own CNIC No. Or B Form No.	tion: Use CAPITAL letters and	leave spaces between words.
ersonal Informa  2. Name in Full:  3. Father's Name:  4. Candidate CNIC #: Write your ONIC No. Or B Form No.  5. Gender:  Male  7. Address:	Female	leave spaces between words.
ersonal Informa  2. Name in Full:  3. Father's Name:  4. Candidate CNIC #: Write your ONIC No. Or B Form No.  5. Gender:  Male  7. Address:	Female	leave spaces between words.
Prsonal Informa  2. Name in Full:  3. Father's Name:  4. Candidate CNIC #:  Write your own CNIC No. Or B Form No.  5. Gender:  Male  7. Address:  Only for Information: ITA will not issue B	Female	leave spaces between words.
Prsonal Informa  2. Name in Full:  3. Father's Name:  4. Candidate CNIC #: Write your own CNIC No. Or B Form No.  5. Gender:  Male  7. Address: Only for Information: ITA will not issue Fappearing in tests.	Female  toll No Slips through courier/postal services. Candidate m	leave spaces between words.
Prsonal Informa  2. Name in Full:  3. Father's Name:  4. Candidate CNIC #:  Write your own CNIC No. Or B Form No.  5. Gender:  Male  7. Address:  Only for Information: ITA will not issue Fappearing in tests.	Female  coll No Slips through courier/postal services. Candidate m	D D M M Y Y Y  Of. Date of Birth:  Write your Correct Date of Birth otherwise you will be rejected ust required to take electronic print out of Roll No. (having picture of candidate) from ITA website for

13. <b>A</b> (	cader	nic	Inf	formation:	(Please attach copies of your academic certificates.)	,
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Note: 1. ITA 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. (O Level / A Level or any other degree having grade).
- 3. Write exact degree name & major subject mention in certificate / transcript.

Certificate/ Degree Name	Degree Title	Major Subjects	Year Passing	Obtained Marks/CGPA	Total Marks/ CGPA	Board/ University
Matric (10 Years)						
Intermediate (12 Years)						
Bachelor (14 Years)						
M.A/ M.Sc (16 Years)						
Bachelors (Hons) /BS/LLB/ BBA/Pharm D (16 Years)						
MPhil/MS (18 Years)						
PhD						
Diploma						
Others						

Sr#	Organization / Employer Name	Job Title	Job Duration Write only Month & Year
		300 11110	From To
01			
02			
03			

	g /			
appearing in In case of a forged, my	D/S/Neclare and affirm that I have read in the ITA Test, and I have filled-up any information contained herein candidature can be cancelled at an eliable to legal action.	the application form as per ins is found at any stage to be mis	tructions given below. ssing, untrue, false or	Picture 2
Date:	Thumb Impression	Candidate's Signature	)	تصویرلاز مامنسلک کریں بصورت دیگر فارم عمل میں نہیں لایا جائیگا۔

## GENERAL INSTRUCTIONS / INFORMATION:

- Please fill the Application Form properly with complete and correct information / answers.
- Please DO NOT leave any field blank, otherwise your application may not be considered.
- Incorrect, false or forged information may result in cancellation of your candidature at any stage, even after employment, and also proceeding of a legal action.
- Attach your Two recent Passport Size Photographs, photocopies of Academic Degrees, Domicile Certificate and Original Bank Deposit Slip (ITA Copy)
- > By Hand submission of Application Form is NOT allowed.
- Mobile Phones or any Electronic Gadgets are NOT allowed in Test Center premises.
- > Use separate Application form and bank deposit slips for applying more than one post.
- Last date for submission of application form is **Thursday**, 15<sup>th</sup> October 2020.
- > Application should reach ITA office latest by last date of submission of Application Form.
- > ITA will NOT be responsible for late receiving of application through courier / Pakistan Post etc.

## **HELP LINE:**

Undertaking by The Applicant:

**Phone**: 051-8749676

051-8749683

Website: www.ita.org.pk

# **Please Send Application Forms to:**

**INDEPENDENT TESTING AGENCY - PAKISTAN** 

Independent Testing Agency (Project No.01)

Flat No.103, Street # 5, First Floor Akbar Heights, MPCHS E11/2,

Islamabad



## **Independent Testing Agency**

Established to Enhance the Quality of Testing

### Candidate Copy

#### **Independent Testing Agency Project No.01**

Branch Code:	Date:
Branch Name:	

#### ONLINEDEPOSITSLIP

(\*Please deposit fee in only one bank & tick the relevant bank)

HBL HAB	IB BANK	
A/C Title: Indepe	endent Testino	g Agency
A/C No: 002329	7901896503	
Note: Bank Serv	rices Charges	Free of cost

A	Allied Bank Limited Formely: Allied Bank of Pakistan Limited	
A/C Ti	tle: Independent Testing Agency	
A/C N	o: 0010072538650015	
Note:	Bank Services Charges Free of c	cost

\*Note: Desired Bank Stamp is required on the Deposit Slip & Send Original Deposit Slip (ITA Copy) along with application Form to ITA Office.

Application Form will not be entertained without Original Deposit Slip (ITA Copy)

#### Candidate will not send "Candidate Copy" to ITA

Project ID:	ITA-01- Pakistan	
Applicant's		
Name:		
Father		
Name:		
CINC No/		
B Form No:		
Post name:		

GST INVOICE			
NTN#	8267785-7		
GST#	3277876206450		
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ITA Test fee:	310/-	Amount in word: Rs.	Three Hundred and Sixty Rupees Only Non Refundable/ Non Transferable
GST:	50/-		
Total:	360/-		
		•	

Applicant Signature Cashier	Officer
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Branch Name:

# A/C Title: Independent Testing Agency A/C No: 0023297901896503

Branch Code: \_\_\_\_\_

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A/C Title: Independent Testing Agency	,
A/C No: 0023297901896503	,
Note: Bank Services Charges Free of cost	1
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ONLINEDEPOSITSLIP

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**Independent Testing Agency** 

Established to Enhance the Quality of Testing

ITA Copy

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GST INVOICE		
NTN#	8267785-7	
GST#	3277876206450	
174.T-146-11 240/		

ITA Test fee: <b>310/-</b>		Three Hundred and Sixty Rupees Only	
GST:	50/-	word: Rs.	Non Refundable/ Non Transferable
Total:	360/-	]	

Applicant Signature Cashier Officer



## **Independent Testing Agency**

Established to Enhance the Quality of Testing

Bank Copy

#### **Independent Testing Agency Project No.01**

Branch Code:	 Date:	
Branch Name:		

#### ONLINEDEPOSITSLIP

HABIB BANK مبيت بيت	Allied Bank Limited Formely: Allied Bank of Pakistan Limited
/C Title: Independent Testing Agency	A/C Title: Independent Testing Agency
/C No: 0023297901896503	A/C No: 0010072538650015
ote: Bank Services Charges Free of cost	Note: Bank Services Charges Free of cost

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