### APPLICATION FORM

Reg	No:			



# OFFICE OF THE DEPUTY COMMISSIONER, HANGU GOVERNMENT OF KHYBER PAKHTUNKHWA

#### **Eligibility Criteria:**

Eligibility Criteria:				
A. Is your age according to the prescr	PASTE YOUR RECENT			
B. Do you have requisite Qualification Advertisement?	n Yes	□ No	PASSPORT SIZE	
C. Is your Domicile according to the c	lesired post as mentioned in	Yes	□ No	COLOR
Advertisement?				PHOTOGRAPH WITH
If your reply is "Yes" to A, B &C above, only	then please proceed further. Oth	nerwise you are no	ot eligible to apply.	
01.Bank Online Deposit of R	ks: 400/- from Designated	d Bank Branch	nes.	
*Note: Application form will not be en	tertained without original deposit	slip (ATS Copy)		
Bank Code		Deposit Date		
02. Desired Post: Fill out the boxe	es against the posts you want to a	pply. Deposit <b>Rs.4</b>	00/- against each	post you want to apply.
01. Office Assistant (BPS 16)	02. Computer Oper	ator (BPS-16)	03. Unior	Clerk (BPS-11)
04. Moharar (BPS 07)				
01. Hangu  04. Domicile Province  05. Personal Information: Us		icile Districts between words.		
01. Name in Full:				
02. Father's Name:				
03. Candidate CNIC #:				
04. Gender: Male	☐ Female	05. Have yo	u any disability?	Yes No
06. Date of Birth:	M M Y Y	07. Ema	ail:	
08. Postal Address:				
	City		District	
09. Phone No: (Res.)	(Mobile)			
10. Religion: Muslim	Non-Muslim 11. Are you	u a Govt serving	employee?	Yes No
12. Are you retired from Pakistan Ar	rmed Forces?	s No		

#### **06. Academic Information:**

Note: 1. ATS 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 Title	Major Subjects	Year Passing	Obtained	Total Marks/	Board/
Degree				Marks/CGPA	CGPA	University
Name						
Matric						
(10 Years)						
Intermediate						
(12 Years)						
Bachelor						
(14 Years)						
Bachelor						
(Hons)/						
Master						
(16 Years)						
Diploma						
Others						

Sr.	Organization/ Employer Name	Job Title	<u>Duration</u>	
No			From	То
01				
02				

08. Total Job Experience:	PASTE YOUR RECENT
os. Total Job Experience.	PASSPORT SIZE
09. CNIC No:	COLOR
	PHOTOGRAPH WITH
10. Mobile No: (Same as mentioned above)	GUM
11. Address as per Domicile:	

#### 12. Undertaking by the applicant:

certificates furnished alon I also declare that I have Government, autonomous	d/s/w of d/s/w of ation provided by me in this application form and a ng with it, are true to the best of my knowledge and never been dismissed or removed from Govt servis and semi-autonomous or state enterprise. If any isciplinary action which may result in cancellation of	d belief and nothing has been concealed. ice under any provincial, federal wrong or incorrect information is found
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 & attested copy of CNIC.
- By hand submission of application form is not allowed.
- Test fee is non-refundable and non-transferable.
  - ❖ Last Date of the submission of Application Form is **FRIDAY**, **4**<sup>TH</sup> **December**, **2020**.
  - Application Form should reach ATS office latest by last date of submission of Application form.
  - \* ATS will not be responsible for late receiving of application through courier/ Pakistan post etc.

Help Line: Please Send

Ph: 051-2153577- 9

Website: <a href="www.ats.org.pk">www.ats.org.pk</a>
Email: info@ats.org.pk

**Please Send Application Forms** 

(Only through courier or Pakistan Post within due date)

Manager Operations (Project: WLD-K)

Allied Testing Services (ATS) 171-G, Street # 36, F-10/1, Islamabad



## Allied Testing Services BANK COPY

Office of the Deputy Commissioner, Hangu

Branch Cod	le	Branch Nam	e		_ Date	
		ONLIN (Please deposit fee in only on	NE DEPOSIT SLIP	nt hank)		
HBL H	ABIB BANK	SILKBANK >	Dank and tick the relevan	Test Processing Fee:	400/-	Amount in Words: Four
A/C Title: Allied Testing Services		A/C Title: Allied T	esting Services			Hundred Rupees only.
A/C No: 50127000	_	A/C No: 5091500				Non Refundable/ Non Transferable
Note: Bank Service Charg Desired bank stamp is re		Note: Bank Service Cha Desired bank stamp is		Total:	400/-	Transierable
deposit slip (ATS Copy) a		deposit slip (ATS Copy)				
Form to ATS Office.		Form to ATS Office.				
Project Id:	DC-H	I		Applicant Signature		Cashier
Applicant's Name:				Applicant Signature		cusinei
Guardian's Name:						
CNIC No/ B Form No:					Officer	
Post Name:						
<b>~</b>						
		الم	ed Testing Ser	vicos		
ats	6	Aille	CANDIDATE CO			
Quality Assessment & Transpa	78 NO.	Office	of the Deputy Com			
Branch Cod	le	Branch Name	e		_ Date	
		ONLIN (Please deposit fee in only on	NE DEPOSIT SLIP	nt hank)		
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deposit slip (ATS Copy) a Form to ATS Office.	liong Application	deposit slip (ATS Copy) Form to ATS Office.	along Application			
Project Id:	DC-H	1				
Applicant's Name:				Applicant Signature		Cashier
Guardian's Name:						
CNIC No/ B Form No:					Officer	
Post Name:					Officer	
				, 		
ato	-	Allie	ed Testing Ser	vices		
	NAME:		ATS COPY			
			e Deputy Commissio	ner, Hangu		
Branch Cod	le	Branch Name	e NE DEPOSIT SLIP		Date	
		(Please deposit fee in only on		nt bank)		
HBL 🖽	ABIB BANK	SILKBANK >		Test Processing Fee:	400/-	Amount in Words: Four
A/C Title: Allied Te	sting Services	A/C Title: Allied T	esting Services			Hundred Rupees only.
A/C No: 50127000		A/C No: 5091500				Non Refundable/ Non
Note: Bank Service Charg	es: Free of Cost	Note: Bank Service Cha	rges: Free of Cost	Total:	400/-	Transferable
Desired bank stamp is re deposit slip (ATS Copy) a		Desired bank stamp is deposit slip (ATS Copy)				
Form to ATS Office.		Form to ATS Office.				
Project Id:	DC-H	ı				
Applicant's Name:				Applicant Signature		Cashier
Guardian's Name:						
CNIC No/ B Form No:				Off	icer	_
Post Name:						
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