CTS
CANDIDATES TESTING SERVICES

APPLICATION FORM

Reg. No._____
For CTS use only

Picture
Please paste your recent passport size color photograph with gum

(BPS 09)

GOVERNMENT OF SINDH
DR. RUTH K.M. PFAU, CIVIL HOSPITAL KARACHI

Screening Test conduct by CTS
Apply for the post of

11. Anesthetist Technician (BS-9) ☐	12. Angiography Technician (BS-9) ☐	13. Bronchoscope Tech. (BS-9) ☐
14. Cardiology Technician (BS-9) ☐	15. Computer Oprtr/Typist (BS-9) ☐	16. C.T Scan Technician (BS-9) ☐
17. Dental Technician (BS-9) ☐	18. Dispenser/Dresser (BS-9) ☐	19. E.M.G Technician (BS-9) ☐
20. E.C.G Technician (BS-9) ☐	21. ECHO Technician (BS-9) ☐	22. E.C.T Technician (BS-9) ☐
23. E.E.G. Technician (BS-9) ☐	24. Endoscopy Technician (BS-9) ☐	25. ENT Technician (BS-9) ☐
26. Eye Technician (BS-9) ☐	27. ICU Technician (BS-9) ☐	28. Lab Technician (BS-9) ☐
29. Lady Health Visitors (BS-9) ☐	30. Laser Technician (BS-9) ☐	31. Neuro Radiographer (BS-9) ☐
32. O.T Technician (BS-9) ☐	33. Ophthalmologist Tech. (BS-9) ☐	34. Physiotherapy Thech. (BS-9) ☐
35. X-Ray Technician (BS-9) ☐		

1. Bank Online Deposit of Rs.289/- from Designated Bank Branches.

Bank Branch/Code		Deposit Date	

Note: Application Form will not be entertained without Original Deposit Slip of CTS copy.

2. Personal Information: Use CAPITAL letters only(Mandatory).

3. Name in Full: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

4. Father's Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

5. Candidate CNIC #: ☐☐☐☐☐-☐☐☐☐☐☐☐-☐

6. Gender ☐ Male ☐ Female

7. Date of Birth: D D M M Y Y
☐☐-☐☐-☐☐☐☐

8. Religion ☐ Muslim ☐ Non Muslim
In case of Non Muslim, specify your Religion._____

9. Postal Address:_____
_____
_____City: _____District:_____
Phone (Res.)_____ (Office)_____ (Mobile)_____

10. Regional Quota/ Domicile: (SINDH ONLY).

11. Desired Test City: Fill only one Box (Mandatory).

☐ Karachi ☐ Hyderabad ☐ Sukkur

12. Academic Information: (Do not attach copies of your academic certificates at this stage).

Note: CTS will not issue Roll No. Slips to those who have not filled in their academic record properly. Write exact degree name & major subject mention in certificate/transcript.

Certificate/ Degree level	Degree Title	Specialization/Major Subjects	Passing Year	Board/University/Institute
Matric/ (10 Years)				
Intermediate/ D.A.E (12/13 years)				
Bachelor (14 Years)				
Master/ (16 years)				
Higher (if any)				

13. Professional Qualification/Technical Courses. etc

Certificate/Degree	Marks Obtained	Total Marks	Grade/Division	Board/University/Institute

14. Are you a Government Servant and applying through proper channel? ☐ **Yes** ☐ **No**
In case of Yes, NOC will be required at the time of interview

15. Total Job relevant Post Qualification Experience as on closing date of applications: Days ☐ - Months ☐ - Years ☐

16. Age Relaxation Claim: As per government rules.
The information provided for age relaxation claim will be verified and a certificate shall be required at the time of interview.

Undertaking By the Applicant:

I_____ d/s/w of _____do here by solemnly declare and affirm that I have read and understood the instructions and conditions for appearing in the CTS Test, and I have filled-up the application form as per instructions given below. In case of any information contained herein is found at any stage to be missing, untrue, false, my candidature can be cancelled at any stage (even after employment, if so revealed later), and I shall be liable to legal action.

Date_____ Candidate's Signature_____

Picture 2

Affix your recent photograph with stapler

GENERAL INSTRUCTION/ 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 or false 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, Copy of CNIC and Original Bank Deposit Slip (CTS Copy)
- ✓ By Hand submission of Application Form is not allowed.
- ✓ Mobile Phones or any Electronic Gadgets are not allowed in Test Center premises.
- ✓ Application Fee (Service Charges) is non-refundable/non-transferable.

Candidate's Signature_____

HELP LINE **051-2120100-272** **www.cts.org.pk** Email: support@cts.org.pk	Please Send Application Forms to **Project Manager (CHK)** **M/s Candidates Testing Services** **Office No.6, 2nd Floor** **United Plaza, 96-E, Blue Area** **Islamabad**

Candidates Testing Services Pakistan

GOVERNMENT OF SINDH
DR. RUTH K.M. PFAU, CIVIL HOSPITAL KARACHI

Branch Name: _____
Branch Code : _____ **Date:** _____

ONLINE DEPOSITE SLIP (* Please deposit fee any MCB Bank Ltd online branch)

Bank Copy

MCB Bank Ltd

Remote Branch : F-6 Markaz Super Market Islamabad **A/C Title :** Candidates Testing Services
A/c No: 0807641201007160 (**Note:** Desired Bank Stamp is required on the Deposit Slip)
(Note : No Bank Charges)

Applicant's Name:	
Father's Name:	
CNIC No/ B Form No:	
Post Name:	
Test Processing Fees Amount Rs: 289/-	**Amount in words: Two-Hundred Eighty-Nine Rupees Only** (Non Refundable/ Non Transferable)

_____ Applicant Signature
_____ Cashier
_____ Officer

The receipt of cash/cheque/instrument by the bank evidenced through this deposit slip will be valid only when this deposit slip has been signed and stamped by an authorized officer of the Bank.

Candidates Testing Services Pakistan

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