

APPLICATION FORM

Drug Regulatory Authority Of Pakistan

Applying for: Deputy Director (RO-13)

TAG # (For Official Use)

(204)

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Bank Onli	Bank Online Deposit (*Note: Application Form will not be entertained without Original Deposit Slip.)												
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Note: Test Center in the desired city will be arranged for minimum of 200 applicants. Once selected a test center cannot be changed.											nd l	•	
□ Islamabad □ Lahore □ Karachi □ Multan □ Quetta											t Photograph		
Test City:											Λffi	k with Gum	
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(Tick only			☐ Sahiwal ☐ Abbottaba			bottabad	☐ Gu	jranwala					
one) Gilgit			☐ Sargodha								خانے	آپ کی تصویر اس	
□ Single □ Sungound													
بونا ضروری ہے Note: ALL DATA FIELDS ARE REQUIRED. FILL YOUR APPLICATION FORM CAREFULLY.											- 333 3, 0		
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Province:	Province: KPK			☐ Islamabad Capital Terri			ory			ATA			
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Name (in Fu	ıll):									Note: Tick Onl	y One Circle in	each Row.	
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Father's Nar	ne:									Are You Disable? Yes No			
CNIC/B-Form:								Gender:				Male Female	
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Age:		. Date 0	I DII (II (D-M-Y) =		IV	idi ildi Slai	:us:			nnel of Armed For		
										Deceased Serv	-	Yes \ \ \ No	
Postal Addre	ess:									Deceased Civil	Servant wife, so	n or daughter	
										Government Se	ervant:	Yes \ \ No	
							(Do not give	hara Natwo	rk	with Two	Years Continuous	Experience	
Phone #:			Cell #:	6 H #				o not give here Network nverted mobile Numbers)				Yes \(\) No	
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			101 (Note: I	n case o	f incomp	lete academi	c informatic		ication	will be Declined.)			
Certifica	te/De	egree	Degree 7	Title	N	lajor Sub	ects	Year of		rks Total	Grade/Percenta	Institution	
								Passing	Obta	ined Marks	,	Name	
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HSSC / DAI	-	ovol			+							1	
,	,	Level											
(12 / 13 years)					+							+	
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PhD													
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Other (Diplo	oma / Ce	ertificate)			<u> </u>			<u> </u>	<u> </u>				
3 Emr	olovn	ent Info	rmation	(If Annl	icable) (A	lote: If you nee	d more rows	to write vour i	nformat	ion, you can add an a	additional page with	Application Form)	
_							Designation		b Description	Start Date	End Date		
	Organization Type (Government / Semi Government			Organization Name				ition / Positio		מוטוועו וויטטע טע	(Starting Date)	(End Date)	
•	(Government / Semi Government / Private)			(Name of the Organization / Dept.)					"1"		(Starting Date)	(Eliu Date)	
/ P	iivaicj						Title)						
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4. Undertaking by Applicant									
Id/s/w ofdo 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 &test.									
Signature & Date:	Thumb Impression (Left Hand):								
Document Chack list:									

Tick if Attached / selected:

- Photograph is Attached
- ☐ Original bank Deposit Slip is Attached on the back side of Application Form
- Attached Attested Copy of CNIC on the back side of Application Form

Instructions:

- Application Fee (Service Charges) is nonrefundable / nontransferable. Bank Online Deposit of Rs. 150/- 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, Attested CNIC copy, Academic certificates/Degree& Domicile Certificate with this application form.
- Attach original bank deposit slip 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)
- By hand submissionn of Application form is not allowed.
- Mobile phones are not allowed in test center premises.
- Please visit OTS website according to the test schedule to check your status.

Cut Address box given below and affix it with gum on the envelope.



Send Registration Form to:

Manager Operations, (DRAP) **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

Open Testing Service Innovation in Training & Assessment

BANK Copy

OTS Copy

Branch Code:		Date: <u>////</u>	: '	Branon Code		Dute					
Branch Name:			: 1	Branch Name:							
01	NI IN	E DEPOSIT SLIP	ONLINE DEPOSIT SLIP								
	ly one bank & tick the relevant Bank	Please deposit in only one bank & tick the relevant Bank									
HBL HABIBBANK		Habib Bank Limited		HBL HABIB BANK	Ш	Habib Bank Limited					
Remote Branch:	Habib	Bank Limited, PWD Branch (2328)	1	Remote Branch:	_	bib Bank Limited, PWD Branch (2328)					
Account Title:	Open Testing Service		!	Account Title:		en Testing Service					
Account Number:	int Number: 23287106336103			Account Number: 23287106336103							
Amount in Figures:	n Figures: Rs. 150			Amount in Figures:	. 150						
Amount in Words:	lundred & Fifty Rupees Only		Amount in Words: One Hundred & Fifty Rupees Only								
Note: Bank Service C	Note: Bank Service Charges Free of Cost					Note: Bank Service Charges Free of Cost					
			•								
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Remote Branch:	Bank	Alfalah, PWD Branch (0335)	: [Remote Branch:	Bank Alfalah, PWD Branch (0335)						
Account Title:		Testing Service	Account Title: Open			en Testing Service					
Account Number:	The Court of the C			Account Number:	033	35001004927667					
Amount in Figures:				Amount in Figures:	. 150						
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Note: Bank Service C	harges	Free of Cost	:[Note: Bank Service Charges Free of Cost							
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Allied Bank		Allied Bank Limited		Allied Bank		Allied Bank Limited					
Remote Branch:		slamic Banking, PWD Branch (5133)	:[Remote Branch:	AB	L Islamic Banking, PWD Branch (5133					
Account Title:		Testing Service	:[Account Title:	Op	en Testing Service					
Account Number:		050208060021	<u>:</u> [Account Number:	002	20050208060021					
Amount in Figures:	Rs. 1	65	:[Amount in Figures:	Rs.	. 165					
Amount in Words:	One	Hundred & Sixty Five Rupees Only	• [Amount in Words:	O	ne Hundred & Sixty Five Rupees Only					
Note: Inclusive of Bank	k Servic	e Charges	<u> </u>	Note: Inclusive of Ban	k Ser	vice 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.				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:		i	•	Applicant Name:							
Applicant Father Name:				Applicant Father N		e:					
CNIC No. / Form I	3 No.:			CNIC No. / Form	B No	o.:					
Applied For:				Applied For:							
 Applicant Sigi	nature		i. L	Applicant Sig	natu	ire Cashier					