

(204)

APPLICATION FORM Drug Regulatory Authority Of Pakistan

TAG # (For Official Use)

Applying for: Assistant Director (Public Relation Officer) (RO-12)

Bank Onli	ne D	eposit (*N	lote: Applic	ation F	orm wil	l not be enterta	ained without Origi	inal De	posit Slip.)	
ALFA (ANY BRANC Note: Test Cer	CH)	BI	HBL, NY RANCH) will be arran	ged for		Y BRANCH)	Branch Code		Deposit Date	Passport size
	🗆 Islamabad 🛛 Lahore 🗌 Kar			rachi	□Multan	ΩQι	ietta	Recent Photograph		
Test City:	🗆 Pe	eshawar	🗆 Sukk	ur	🗆 Mu	ızaffarabad	□ Hyderabad	🗆 Fa	nisalabad	Affix with Gum
(Tick only one)	□ D.	I. Khan	🗆 Sahiv	val	🗆 Ab	bottabad	🗌 Gujranwala			
oney	🗆 Gilgit 🛛 Sargodha							آپ کی تصویر اس خانے میں ہونا ضروری ہے		
						میں ہونا ضروری ہے				
Domicile D	Domicile District: APPLICATION FORM CAREFULLY.									
Domicile		Punjab	🗆 Ba	Balochistan				□ S	indh (R)	
Province:		КРК	🗆 Isla	🔲 Islamabad Capita				E F.	ΑΤΑ	
(Tick only one)	🔲 Azad Jammu and Kashmir 🛛 Gilgit Baltista			ltistan		ther				

1. Personal Inf	formation (In Block Letters)	
Name (in Full):		Note: Tick Only One Circle in each Row.
Father's Name:		Religion: OMuslim ONOn-Muslim
		Are You Disable? Ores ONo
CNIC/B-Form:		Gender: OMale Female
L		Armed Forces: OYes No
Age:	Date of Birth (D-M-Y) Marital Status:	Only for personnel of Armed Forces of Pakistan
		Deceased Servant: OYes ONO
Postal Address:		Deceased Civil Servant wife, son or daughter
		Government Servant: OYes ONo
	(Do not give here Network	with Two Years Continuous Experience
Phone #:	Cell #: converted mobile Numbers)	Scheduled Cast /Buddhist: OYes ONO

2. Academic Informa Certificate/Degree	Degree Title	Major Subjects	Year of Passing	Marks Obtained	Total Marks	Grade/Percentage	Institution Name
SSC (10 years)			Tassing	obtaineu	Marks		Name
HSSC / DAE / A-Level (12 / 13 years)							
Bachelor (14 years)							
Bachelor (H) / Master (16 years)							
MS / M.Phil. (18 years)							
PhD							
Other (Diploma / Certificate)							

3 Employment Info	Drmation (If Applicable) (Note: If you	need more rows to write your infor	mation, you can add an a	dditional page with A	pplication Form.)
Organization Type	Organization Name	Designation	Job Description	Start Date	End Date
(Government / Semi Government	(Name of the Organization / Dept.)	(Your Designation / Position		(Starting Date)	(End Date)
/ Private)		Title)			

4. Undertaking by Applicant

I _______do 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 Check list:

Tick if Attached / selected:

- □ Photograph is Attached
- □ Original bank Deposit Slip is Attached on the back side of Application Form
- $\hfill\square$ 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.

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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: <u>info@ots.org.pk</u>, Website: www.ots.org.pk

Open Testing Service

Innovation in Training & Assessment

OTS Copy

Date:

Branch Code:

Branch Name:

ONLINE DEPOSIT SLIP

Please deposit in only one bank & tick the relevant Bank

HBL НАВІВ ВАЛК Стир и или	Habib Bank Limited	
Remote Branch:	Habib Bank Limited, PWD Branch (2328)	
Account Title:	Open Testing Service	
Account Number:	23287106336103	
Amount in Figures:	Rs. 150	
Amount in Words:	One Hundred & Fifty Rupees Only	
Note: Bank Service Charges Free of Cost		

Å Bank Alfalah	Bank Alfalah Limited
Remote Branch:	Bank Alfalah, PWD Branch (0335)
Account Title:	Open Testing Service
Account Number:	0335001004927667
Amount in Figures:	Rs. 150
Amount in Words: One Hundred & Fifty Rupees Only	
Note: Bank Service C	Charges Free of Cost

Allied Bank	Allied Bank Limited		
Remote Branch:	ABL Islamic Banking, PWD Branch (5133)		
Account Title:	Open Testing Service		
Account Number: 0020050208060021			
Amount in Figures:	Rs. 165		
Amount in Words:	One Hundred & Sixty Five Rupees Only		
Note: Inclusive of Ban	k Service 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 fatbed printer on deposit slip/challan should be dotained 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:	
Applicant Father Name:	
CNIC No. / Form B No.:	
Applied For:	

Open Testing Service

BANK Copy

Date:

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x : Branch Code:

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Branch Name:

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Applicant Name:	
Applicant Father Name:	
CNIC No. / Form B No.:	
Applied For:	

..... Applicant Signature

..... Cashier

..... Applicant Signature