

APPLICATION FORM

درخواست فارم

FOR Pakistan Tobacco Board (PTB) (334) **Ministry of Commerce**

PASTE PHOTO تصویرپیسٹ کریں

ذاتی معلومات PERSONAL DATA (Application Form with incomplete personal data or information will not be entertained)															
1. FULL NAME پورا نام Write all in CAPITAL		(74)				piete pe	Toonar a				50 50 5110		A	В	С
2. FATHER'S NAME والد كا نام Write all in CAPITAL													X	Y	Ζ
3. GENDER جنس	MALE	FEN	MALE		OF BIRTH پیدانش ک	d	d	•	m	m	•	У	У	У	У
5. CNIC NUMBER قومی شناختی کارڈ نمبر						-								-	
6. CNIC NUMBER Re-enter						•								-	
7. MOBILE NUMBER موبائل فون كالمبر	(+9	92)	0	3			-								8
9. E-MAIL ADDRESS								0							
10. PERMANENT ADDRESS Write all in CAPITAL مستقل پتہ															
11. DOMICILE PROVINCE ربانش گاه کا صویہ			Pr	ovir	ice			12. DOMIC DISTRIC س گاه کا ضلع	T			Distr	ict		
13. RELIGI	مذہب ON	MUSLI مسلم	М		NON MU بر مسلم				SABLITY (YES		NO	
15. CURRENT OCCUPATION (Please attach signed/ stamped NOC) GOVERNMENT SERVANT (Please attach signed/ stamped NOC) PRIVATE SERVICE IF JOBLESS IF JOBLESS															
16. ORPHAN يثيم YES NO If yes, please write down guardian's name with CNIC#															
پوسٹ / پوسٹ منتخب کریں A. POST SELECTION (براہ کرم صرف ایک پوسٹ کو منتخب کریں Please mark only one post)															
01. Assistant Chemist (BPS-17)															
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براہ کرم اس فارم کو فولڈ کرکے ڈیمج نہ کریں، اور بڑے لیٹرز کے ساتھ مکمل کریں

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Pakistan Tobacco Board (PTB) (334) Ministry of Commerce



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B. QUOTA SELECTION									
Merit									
C. SPECIAL ALLOCATION SELECTION (IF ANY) (Please attach relevant documents as proof)									
Disabled Person Only									
D. DESIRED TEST CENTER (PTS will decide your final test center)(Please mark only one box برائے مہربائی صرف ایک باکس منتخب کریں)									
Islamabad		Lahore			Karachi	Quetta			
Peshawar									
						"Subject to number of candidates"			
	D1. SP	ECIAL INSTRUCTION	NS FRO	M E	DEPARTMENT OR ORGAN	IIZATION			
In terms of Establishmen prescribed age limit.	nt Divisio	on O.M. No. 9/2/91-R-5 dated	28-11-20	00 th	e upper age limit is further relaxab	le by five years over and above the			
2. Candidates already in Gentertained.	overnme	nt Service should apply thro	ough prop	er cl	nannel. Advance copies and incom	plete applications will not be			
Testing Service (PTS) with	in 15 day		rtisement	. Car	. may send their applications on the didates must bring original certification ite (www.pts.org.pk).				
4. Applicants should indica Quetta.	ate the ce	enter of their choice where t	hey inten	d to a	appear for the test i.e. Islamabad, l	ahore, Karachi, Peshawar and			
5. Applications submit only Disable persons.									
6. Only short listed candidates will be called for test/interview.									
7. No TA/DA will be admissible for appearing in the tests/interview.									
E. AGE SELECTION & MARITAL STATUS DATA (برانے مہربانی صرف ایک باکس منتخب کریں Please mark only one box)									
Age 18-25		Age 25-35			Age 35-45	Age 45-50			
Single	П	Married			Divorced	Widow			

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Please do not damage this form by folding it and complete it with CAPITAL letters براه کرم اس فارم کو فولڈ کرکے ڈیمچ نہ کریں، اور بڑے لیٹرز کے ساتھ مکمل کریں



F. ACEDEMIC / QUALIFICATION SELECTION DATA (براه کرم مکمل طور پر اور مناسب طریقے سے بهرین Please complete it properly)								
Certificate /Degree Level	Degree Title	Year Passing	Obtained Marks / CGPA	Total Marks / CGPA	%age	Division	Institute/Board/University	
SSC / O-Level (10 Years)								
HSSC / DAE / A-Level (12 Years +)								
Bachelors (14 Years)								
Bachelors/BS (16 years)								
Masters (16+ years)								
M-Phil/MS								
Ph.D								

G. OTHER CERTIFICATION / DIPLOMA / COURSE / COMPUTER SKILLS DATA (براه کرم مکمل طور پر اور مناسب طریقے سے بهرین Please complete it properly)								
Certificate /Diploma	Institution Name	Name of Diploma/Course	Dura	ation	Total Duration			
Level		& Certificate	From	То				
Certificate								
Diploma								
Course								
Computer		-1						
Skills								

H. JOB / PROFESSIONAL EXPERIENCE DATA (Please complete it properly براہ کرم مکمل طور پر اور مناسب طریقے سے بھریں)							
S.No#	Organization / Employer Name	Position (Working as)		uration Nonth & Year	Total Period Of		
0.140#	Organization / Employer Name	1 osition (Working as)	From	То	Experience		
1							
2							
3							
4							
5							
6							

If more (experience or qualification) to mentioned, kindly attached another page 3A, next to page 3 & sign.

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GENERAL INSTRUCTION FOR APPLICATION FORM TESTING

PAKISTAN TESTING SERVICE



CHECK LIST

GENERAL INSTRUCTIONS

Please fill this form as per instructions give below:	L		I have signed & thumb i	my application form.						
Application form is free of charge and it's not for sale.	Γ		I have provided all the i	nformation required						
Application form received after due date will not be considered.	L		Thave provided all the h	mormation required.						
Application form which is incomplete or submitted by hand will not be enter	ertained.									
Applicant age shall be calculated from the closing date of application.			I have attached the copy	y of my NADRA CNIC.						
• Candidates must attach clear photocopy of their CNIC (NADRA).										
• Candidates must attach clear photocopy of their CNIC (NADRA). • Computer literacy is a must for all position except support staff. I have paid & attached the fee challan form.										
• Applications carrying incorrect information shall be instantly rejected.	L		i nave paid & attached t	ne ree chanan form.						
Candidate should bring their original testimonials at the time of interview.										
Original signed letter from your employer stating name, position, salary, duration of employment, address and contact numbers of employer if already in job or jobless.										
	required or mentioned in	the a	advertisement (e a							
	Candidates should also attach photocopies of all supporting documents if required or mentioned in the advertisement {e.g. (SSC/Intermediate certificates recognized by board),(Degrees recognized by HEC), Domicile, Local Certificate or NOC etc.}									
 Candidature could be determined on the basis of applicants' personal data in test/s to be conducted by P.T.S. 	a, domicile, qualification,	profe	essional experience and	d performance						
 No TA / DA would be admissible for test/interview. However, test & intervi 	ew is devised by the emp	ploye	r within their legal criter	ia & policy.						
Hence, only shortlisted candidates will be intimated for test, exam or interv	/iew.									
Please make sure that if any other person attempts to take the test, exam										
prosecution. And details relating to the situation will be forwarded to the re	levant employer and app	oropri	ate regulatory authoritie	es.						
 In case of any bogus/ false information or criminal record, selection shall s 		ed imr	mediately.							
 Disabled persons in females, orphans, minorities or non-Muslims are ence 										
 Employer has right to alter/cancel the test, post, position and distribution of 	of advertised vacancies.									
Deposited Test Fee is non-refundable / nor-transferable.										
UNDERTAKING E	BY THE CANDIDA	TE								
By signing below and submitting this Form, I			s/d/w of							
by signing below and submitting this rollin, r	ereby declares that	l bo								
QUT	lereby declares that	ı na	ve read General							
Instructions, and the information I am providing in this form is				PASTE						
of any information comprise herein found at any stage to be co			•	PHOTO						
my candidature can be cancelled at any stage (even after emp	ployment, if so revea	aled I	later), and I shall	تصویرپیسٹ کریں						
be liable to any legal action against me. And I am using P.T.S	as Service Provide	r onl	ly so P.T.S. will							
not stand liable for what I have signed in this form & result I ob										
not starte hasto for what i have signed in this form a result i se	tani ni anoi colocno	,,,,	toot.							
Date & Left Thumb Impression	Ca	nd	idate's Signa	ature						
			-							
	BY POST MAIL									
HELP LINE To,										
051 111 111 787	PAKISTAN	T	ESTING SE	ERVICE						
The second secon	www.pts.org.pk PTS Head Quarter, 3rd Floor, Adeel Plaza, Fazal-e-Haq Road, Blue Area, ISLAMABAD.									
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5	Online Mobil	le Paisa	Bank		(334)
	Bank Deposit Slip (PTS Copy) kistan Tobacco Board (PTB) (334) Ministry of Commerce	Branch Name: Branch Code: Payment Date:			
	Jnited Bank Limited kistan Testing Service (Pvt) Ltd-MCA	Ha A/C Title: Pakis	abib Ban stan Testin		
	C Number: 225701041 ank Stamp is required on the Deposit Slip or attach electronic receipt of the Deposit Slip or attach electronic re				79916572-03
Applicant Full Name		Bank Charges Or/lf/Any Other Applicable Charges	30-	mount in ords PKR	Thirty Rupees Only
Father's Name		Test Fee	145-	mount in ords PKR	One hundred & forty five Rupees Only
Mobile Number		Deposited Amount		PK	(R 175-
CNIC Number (FRC, CRC or PV#)		Total Fee		mount in ords PKR	One hundred & seventy five Rupees only
Post/Position Applied (Only for One Position)		Applicant's Signa	Cashier's Stamp		
	~	 თ	~		
	Bank Deposit Slip (Bank Copy) kistan Tobacco Board (PTB) (334) Ministry of Commerce	Branch Name: Branch Code: Payment Date:			
	Jnited Bank Limited kistan Testing Service (Pvt) Ltd-MCA	Ha A/C Title: Pakis	abib Ban stan Testin		
	C Number: 225701041 ank Stamp is required on the Deposit Slip or attach electronic receipt v				79916572-03
Applicant Full Name	ank stainp is required on the Deposit Stip or attach electronic receipt t	Bank Charges Or/lf/Any Other Applicable Charges	30- A	mount in	Thirty Rupees Only
Father's Name		Test Fee	145- A	mount in ords PKR	One hundred & forty five Rupees Only
Mobile Number		Deposited Amount	,	PK	R 175-
CNIC Number (FRC, CRC or PV#)		Total Fee	1/5-	mount in ords PKR	One hundred & seventy five Rupees only
Post/Position Applied (Only for One Position)		Applicant's Signa	ature		Cashier's Stamp
5	If payment made through following transaction online Mobile	n, mark checker box and a	ttach proof Bank		it.

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