

APPLICATION FORM
Banking Mohtasib Pakistan Secretariat

TAG # (For Official use)

(255)

Applying for: Assistant Director - IT (Karachi Secretariat) Equivalent to BPS-17

| Bank Online | Deposit (* | Note: Appl | ication Forr | m will not be | entertain | ed wit | hout Or | iginal | Deposit SI | ip.) | | | |
|--|---------------------|---|----------------------------------|---------------|---|-----------|-----------|----------------|--------------------------------------|------------------------|-------------------------------|------------------------|--|
| ALFALA | | HBL, | | AB | | | | | | | | | |
| (ANY BRA | NCH) the desired of | (ANY BRA | NCH) | (ANY BR | - | | anch Cod | | Deposit | | Passport | size Recent | |
| | ☐ Islamaba | | ☐ Lahore | | Multan | | | | arachi | | Photogra | oh Affix with | |
| Test City: | ☐ Quetta | | ☐ Peshav | war 🗆 | D.I. Khan | | | □н | yderabad | | Gum (L | atest By 6 | |
| (Tick only one) | ☐ Sahiwal | ☐ Abbott | | tabad 🗆 | Gujranwa | ujranwala | | ☐ Muzaffarabad | | oad | | onths) | |
| | ☐ Gilgit | | ☐ Sargodha | | ☐ Sukkur ote: ALL DATA FIELDS ARE REQU | | | | | | | , | |
| Domicile Dist | rict: | | | | .L DATA F TION FOR | | | | D. FILL YOU | JR | | آپ کی تصویر | |
| Domicile | | | Balochist | Sindh (U) | | | Sindh (R) | | وری ہے | میں ہونا ضر | | | |
| Province: | □ КРК | | Islamaba | d Capital To | erritory | | | FAT/ | 4 | | | | |
| (Tick only one) | ☐ Azad J | ammu and | Kashmir | | Gilgi | t Balti | stan | | Other | | | | |
| | | | | • | | | | | | | | | |
| 1. Personal | Informati | on (In Blo | ck Letters) | | | | | | | | | | |
| Name (in Full): | | | | | | | | | Note: | Tick On | lly One Circle in | each Row. | |
| Father's Name: | | | | | | | | | Religi | Religion: | | | |
| CNIC/B-Form: | | | | | | | | Are Y | Are You Disable? | | | | |
| Age: | Data o | f Dirth (5.4 | | | Marita | l Ctat | | | Gend | er: | | ○ Female | |
| Age | Date 0 | I DII (II (D-M | -Y) = | | Marita | ı Stati | us: | | _ | d Forces | _ | Yes \ \ \ No | |
| Postal Address: | | | | | | | | | | y tor pers ased Ser | onnel of Armed Forevant: Yes | | |
| | | | | | | | | | | | il Servant wife, so | _ | |
| 5 1 " | | o !! " | | | | | | | Gove | | _ | Yes \ \ \ No | |
| Phone #: | | Cell #: _ | | | | | here Net | | with Two Years Continuous Experience | | | | |
| | | converted mobile Numbers) | | | Scheduled Cast /Buddhist: Yes No | | | | | | | | |
| 2. Academic Information (Note: In case of incomplete academic information, Your Application will be Declined.) | | | | | | | | | | | | | |
| Certificate/Degree | | | | | jor Subjects | | Year of | | Marks Total | | l Grade/ | Institution | |
| | 8 | | | | | | Passing | 0 | btained | Mark | s Percentage | Name | |
| SSC (10 years) | | | | | | | | | | | | | |
| HSSC / DAE / (12 / 13 years) | A-Level | | | | | | | | | | | | |
| Bachelor (14 ye | ears) | | | | | | | | | | | | |
| Bachelor(Hon | | | | | | | | | | | | | |
| (16 years) MS / M.Phil. (1 | 18 vears) | | | | | | | | | | | | |
| PhD | io yeursj | | | | | | | - | | | | | |
| Other (Diploma | / Certificate) | | | | | | | | | | | | |
| 3. Employment Information (If Applicable) (Note: If you need more rows to write your information, you can add an additional page with Application | | | | | | | | | | | | | |
| Form.) | | | | <u> </u> | | | | | | | 5 15 | | |
| Organization Type (Government / Semi Government | | Organization Name (Name of the Organization / D | | | Designation ept.) (Your Designation / Po | | | Job Desci | | ription | Start Date (Starting Date) | End Date (End Date) | |
| / Private) | | (Harrie Of | and of the organization / Dept.) | | | Title) | | | | | (Starting Date) | (Lina Date) | |
| | | | | | | | | | | | | | |
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| Id/s/w ofaffirm that I have read and understood the conditions for applying i 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 cancella | ation of my candidature at any stage. |
| Signature & Date: Thumb Impression | on (Left Hand): |
| Document Check list: | |
| Tick if Attached / selected: | |
| □ Photograph is Attached | |
| □ Original bank Deposit Slip is Attached on the back side of Application Fo□ CNIC Copy is Attached on the back side of Application Form | orm |
| | |
| Instructions: | |
| ALL DATA FIELDS ARE REQUIRED TO BE FILLED. FILL YOUR APPLICATION | ATION FORM CAREFULLY. |
| Application Fee (Service Charges) is nonrefundable / nontransferable attached with application form. | e. Bank Online Deposit of Rs. 99/- must be |
| • In case of more than one apply use separate application form along w | ith original deposit slip. |
| In case of more than one apply use separate envelope. Application must reach OTS office letest by last data of submission. | of application form |
| Application must reach OTS office latest by last date of submission OTS will not be responsible for late receiving of application throug | |
| Attach your recent photograph (Latest by 6 Months), CNIC copy, orig | · |
| Without Both Signature & Thumb impression, your application form v | |
| Without photograph your application form will not be entertained. | |
| | |
| • In-complete forms will not be entertained. (All the fields are mandato | |
| In Person/By hand submission of Application form is not allowed. | |
| | |

Send Registration Form to:

Manager Operations, (MOR-RB)
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

OTS Copy

Branch Code: _____Date: ___/ _/

| Branch Name: | Branch Name: | | | | | | |
|--|--|--|--|--|--|--|--|
| ONLINE DEPOSIT SLIP | ONLINE DEPOSIT SLIP | | | | | | |
| Please deposit in only one bank & tick the relevant Bank | Please deposit in only one bank & tick the relevant Bank | | | | | | |
| Habib Bank Limited | HBL طعب المعالم Habib Bank Limited | | | | | | |
| Remote Branch: Habib Bank Limited, PWD Branch (2328) | Remote Branch: Habib Bank Limited, PWD Branch (2328) | | | | | | |
| Account Title: Open Testing Service | Account Title: Open Testing Service | | | | | | |
| Account Number: 23287106336103 | Account Number: 23287106336103 | | | | | | |
| Amount in Figures: Rs. 99 | Amount in Figures: Rs. 99 | | | | | | |
| Amount in Words: Ninety Nine Rupees Only | Amount in Words: Ninety Nine Rupees Only | | | | | | |
| Note: Bank Service Charges Free of Cost | Note: Bank Service Charges Free of Cost | | | | | | |
| Note. Balik Service Charges Free Grooss | | | | | | | |
| Bank Alfalah Bank Alfalah Limited | Bank Alfalah Bank Alfalah Limited | | | | | | |
| Remote Branch: Bank Alfalah, PWD Branch (0335) | Remote Branch: Bank Alfalah, PWD Branch (0335) | | | | | | |
| Account Title: Open Testing Service | Account Title: Open Testing Service | | | | | | |
| Account Number: 0335001004927667 | Account Number: 0335001004927667 | | | | | | |
| Amount in Figures: Rs. 99 | Amount in Figures: Rs. 99 | | | | | | |
| Amount in Words: Ninety Nine Rupees Only | Amount in Words: Ninety Nine Rupees Only | | | | | | |
| Note: Bank Service Charges Free of Cost | Note: Bank Service Charges Free of Cost | | | | | | |
| reac. Balin estition charges 1100 st coa | | | | | | | |
| Allied Bank Allied Bank Limited | Allied Bank | | | | | | |
| Remote Branch: ABL Islamic Banking, PWD Branch (5133) | Remote Branch: ABL Islamic Banking, PWD Branch (5133 | | | | | | |
| Account Title: Open Testing Service | Account Title: Open Testing Service | | | | | | |
| Account Number: 0020050208060021 | Account Number: 0020050208060021 | | | | | | |
| Amount in Figures: Rs. 114 | Amount in Figures: Rs. 114 | | | | | | |
| Amount in Words: One Hundred & Fourteen Rupees Only | Amount in Words: One Hundred & Fourteen Rupees Only | | | | | | |
| Note: Inclusive of Bank Service Charges | Note: Inclusive of Bank 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 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: | Applicant Name: | | | | | | |
| Applicant Father Name: | Applicant Father Name: | | | | | | |
| CNIC No. / Form B No.: | CNIC No. / Form B No.: | | | | | | |
| Applied For: | Applied For: | | | | | | |
| Applicant Signature Cashier | Applicant Signature Cashier | | | | | | |

Open Testing Service
Innovation in Training & Assessment

BANK Copy