

APPLICATION FORM

COMMISSIONER OFFICE NASEERABAD DIVISION

Applying for: Stenographer (BPS-14)

TAG # (For Official use)

(269)

Bank Online Deposit (*Note: Application Form will not be entertained without Original Deposit Slip.)													
ALFALA		HBL,]	ABL,								
(ANY BRA	NCH) ter in the desired ci	(ANY BRA	NCH)	(AN)	BRANCH)		ranch Coo		Deposit		Passport s	size Recent	
Note: Test cer	☐ Islamaba		Laho		☐ Multan	. sciccica	Ta test ceri		arachi	.u.	1	h Affix with	
Test City:	☐ Quetta								☐ Hyderabad			itest By 6	
(Tick only one)	☐ Sahiwal	☐ Abl		ttabad	☐ Gujran\	ujranwala		☐ Muzaffarabad		oad		nths)	
		☐ Sargo		☐ Sukkur							767.37		
الم									آپ کی تصوب				
Domicile		Balochi						dh (R)		روری ہے	میں ہونا ض		
Province:					ital Territory			FATA	4				
(Tick only one)	mmu and	l Kashmii	☐ Gil	Gilgit Baltistan			Other						
					•								
1. Personal	Informati	on (In Blo	ck Letter:	s)									
Name (in Full):									Note:	Tick Onl	ly One Circle in e	each Row.	
Father's Name:									Religi	on: (Muslim N	on-Muslim	
CNIC/B-Form:									Are Y	ou Disabl	le?	Yes \cap No	
A	D-44					الـــاا			Gend	er:			
Age:	Date of	BILLU (D-W	-Y)	-	Mari	ai Stat	us:			d Forces:	_	Yes \ \ \ \ No	
Postal Address:										y for perso ased Serv	onnel of Armed Force vant: Yes		
											Servant wife, son		
										rnment S		Yes	
Phone #:		Cell #: _			— (Do	not give	here Net	twork			. /5		
					con	verted n	nobile Nu	mbers)	Sched	duled Cas	t /Buddhist:	Yes \ \ \ \ No	
2. Academi				_			n, Your A Year of		ion will be I	Declined.) Tot al		Institution	
Certificate/Degree		Degre	e Title	мај	or Subjec	ubjects			btained	Marks	,	Name	
SSC (10 years)													
HSSC / DAE / A-Level (12 / 13 years)													
Bachelor (14 ye	ears)												
Bachelor(Hor (16 years)	ıs)/Master												
MS / M.Phil. (1	18 years)												
PhD													
Other (Diploma	/ Certificate)												
3. Employn	nent Inforn	nation (f Applicable) (Note: If y	ou need mor	e rows t	o write y	our inf	ormation, y	ou can ad	d an additional page	e with Application	
Form.)	_						-						
Organization Type (Government / Semi Government		Organization Name (Name of the Organization / Dep			it) (Your	Designation (Your Designation / Position			Job Description		Start Date (Starting Date)	End Date (End Date)	
(Government / Semi Government / Private)		(Maine of the Organization / Dept		(1001	Title)					(Starting Date)	(Lina Date)		

4. Undertaking by Applicant	
d/s/w of	do hereby solemnly
affirm that I have read and understood the conditions for applying in the abo	
filled the form as per instructions given above and in the event any informati	
untrue, I shall be liable to disciplinary action which may result in cancellation of my	candidature at any stage.
Signature & Date: Thumb Impression (Left H	and):
Document Check list:	
Tick if Attached / selected:	
□ 2 Photograph is Attached	
☐ Original bank Deposit Slip is Attached on the back side of Application Form	
\square CNIC Copy is Attached on the back side of Application Form	
All Educational Degrees	
☐ Attested Domicile Certificate	
☐ Character Certificate	
Instructions:	
ALL DATA FIELDS ARE REQUIRED TO BE FILLED. FILL YOUR APPLICATION FOR	
 Application Fee (Service Charges) is nonrefundable / nontransferable. Bank Onli attached with application form. 	ine Deposit of Rs. 500/- must be
 In case of more than one apply use separate application form along with original 	
 Application must reach OTS office latest by last date of submission of applica 	
OTS will not be responsible for late receiving of application through courier /	
Attach your recent photograph (Latest by 6 Months), CNIC copy, original bank d	leposit slip, All educational documents,
Attested domicile Certificate, character certificate with this application form.	tained
 Without Signature & Thumb impression, your application form will not be entert Without photograph your application form will not be entertained. 	tained.
 In-complete forms will not be entertained. (All the fields are mandatory / Requirements) 	rad)
 In Person/By hand submission of Application form is not allowed. 	reuj
 Mobile phones or other electronic gadgets are not allowed in test center pren 	nises.
Cut Address box given below and affix it with gum on the envelope.	
X	
Send Registration Form to:	
Manager Operations	

Manager Operations
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

		Q.O)						
Branch Code:	Date:/	:	Branch Code:		Date:/				
Branch Name:	i	Branch Name:							
0		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						
HBL НАВІВ ВАНК	Habib Bank Limited		HBL HABIB BANK	П	Habib Bank Limited				
Remote Branch:	Habib Bank Limited, PWD Branch (2328)		Remote Branch:	Habi	b Bank Limited, PWD Branch (2328)				
Account Title:	Open Testing Service		Account Title:	_	n Testing Service				
Account Number:	23287106336103		Account Number:	23287106336103					
Amount in Figures:	Rs. 500		Amount in Figures:	Rs.	500				
Amount in Words:	Five Hundred Rupees Only		Amount in Words:		Five Hundred Rupees Only				
Note: Bank Service C	Note: Bank Service Charges Free of Cost			Note: Bank Service Charges Free of Cost					
		'							
A Bank Alfalah	Bank Alfalah Limited		A Bank Alfalah	П	Bank Alfalah Limited				
Remote Branch:	Bank Alfalah, PWD Branch (0335)		Remote Branch:	Bank	Alfalah, PWD Branch (0335)				
Account Title:	Open Testing Service		Account Title:	Oper	n Testing Service				
Account Number:	0335001004927667		Account Number:	0335	001004927667				
Amount in Figures:	Rs. 500	:	Amount in Figures:	Rs.	500				
Amount in Words:	Five Hundred Rupees Only	1	Amount in Words:		Five Hundred Rupees Only				
Note: Bank Service C	harges Free of Cost	:	Note: Bank Service C	harges	Free of Cost				
Allied Bank	Allied Bank Limited] .	Allied Bank	П	Allied Bank Limited				
Remote Branch:	ABL Islamic Banking, PWD Branch (5133)		Remote Branch:	_	Islamic Banking, PWD Branch (5133				
Account Title:	Open Testing Service		Account Title:	_	n Testing Service				
Account Number:	0020050208060021		Account Number:	0020	050208060021				
Amount in Figures:	Rs. 515		Amount in Figures:	Rs.	515				
Amount in Words:	Five Hundred & Fifteen Rupees Only		Amount in Words:		Five Hundred & Fifteen Rupees Only				
Note: Inclusive of Ban	k Service Charges		Note: Inclusive of Bar	ık Servi	ice 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 N	Name:	i	Applicant Father N	Name:					
CNIC No. / Form	B No.:	i	CNIC No. / Form	B No.:					
Applied For:		i	Applied For:						
 Applicant Sig	nature Cashier	×	Applicant Sig	ınature	 e Cashier				
, applicant oly			, ipplicant olg	,	- Gaoriioi				

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BANK Copy