

Post applied for:	
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1. Bank Deposit challan from designated Bank Branches

Bank Branch/Code		Deposit Date	
Note: Application Form will not be entertained without original Deposit Slip of CTS copy.			

2. Personal Information: Use CAPITAL letters only (Mandatory)

3. Name			
4. Father's Name			
5. CNIC No.	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	7. Date of Birth Day Month Year
8. Religion	<input type="checkbox"/> Muslim	<input type="checkbox"/> Non-Muslim	In case of Non-Muslim, specify your Religion <input type="text"/>
9. Disable	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, specify type of disability <input type="text"/>

10. Postal Address:			
Phone (Res)		Office	City
			District
			Mobile

11. District of Domicile (as mentioned in domicile certificate)	
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12. Quota	Balochistan Only
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13. Desire Test City: <small>(Fill only one Box (Mandatory) (Subject to a minimum of 200 candidates, otherwise the candidates will be assigned next nearest test city).</small>	Quetta Only
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14. Academic Information: Note CTS will not issue Roll No. Slips to those who have not filled in their academic record properly. Write exact degree name & major subject mention in certificate/transcript.

Certificate/Degree level	Degree Title	Specialization/Major Subjects	Passing Year	Grade/ Div	Board/University/ Institute
Matric (10 years)					
Intermediate (12 years)					
Bachelor (14/16 years)					
Higher (if any)					

15. Professional Qualification/Courses:

Certificate/Degree	Marks Obtained	Total Marks	Grade/Division	Board/University/ Institute

16. Are you a Government servant and applying through proper channel? <small>(In case of Yes, NOC will be required at the time of interview)</small>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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17. Employment/Experience Record:

Sr.No	Organization/Employer Name	Job Title	Job Duration	
			From	To
1				

18. Total Job relevant post qualification experience as on closing date of applications		Days	<input type="text"/>	Months	<input type="text"/>	Years	<input type="text"/>
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19. Age Relaxation Claim: As per government rules, as mentioned in the advertisement (The information provided for age relaxation claim will be verified and a certificate shall be required at the time of interview)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes please mention your age relaxation category:	
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Candidate's Signature _____

Under taking by the applicant:	
I, _____ d/s/w of _____ do hereby solemnly declare and affirm that I have read and understood the instructions and conditions for appearing in the CTS test and I have filled-up the application form as per instructions given below. In case of any information contained herein is found at any stage to be missing, untrue, false, my candidature can be cancelled at any stage (even after employment, if so revealed later) and I shall be liable to legal action.	Picture 2 Affix your recent photograph with stapler
Date _____ Candidate's Signature _____	
General Instructions/Information:	
<ul style="list-style-type: none"> ◇ Applications received after the closing date will not be entertained. ◇ Please fill the Application Form properly with complete and correct information/answers. ◇ Please do not leave any filed blank, otherwise your application may not be considered. ◇ Incorrect or false information may result in cancellation of your candidature at any stage, even after employment, and also proceeding of a legal action. ◇ Attach your two recent Passport size photographs, copy of CNIC and Original Bank Deposit Slip (CTS Copy). ◇ By hand submission of Application Form is not allowed. ◇ Mobile Phones or any Electronic Gadgets are not allowed in Test Center premises. ◇ Application Fee (Service Charges) is non-refundable/non-transferable. ◇ Quota will be observed as per Government rules (as mention in advertisement). ◇ Government employee shall apply through proper channel. 	
HELP LINE 081-2442424 www.cts.org.pk	Please Send application form to Project Manager (DG, SW) M/s Candidates Testing Services Office No.2, Block No.3, Civic Hardware Market near Chilton Ghee Mills Sirki Road, Quetta



Candidate's Signature _____

Branch Name. _____

Branch Code. _____ **Date:** _____

ONLINE DEPOSITE SLIP (* Please deposit fee any MCB Bank Ltd or BankIslami Pakistan Ltd online Branches)

Remote Branch : F-6 Markaz Super Market Islamabad A/C Title : Candidates Testing Services

	MCB Bank Ltd A/c No: 0807641201007160	<input type="checkbox"/>		BankIslami Pakistan Ltd A/c No: 305300083970001	<input type="checkbox"/>
Test Processing Fees including all Govt tax Rs.300/- Total Amount Rs.300/-			Test Processing Fees including all Govt tax Rs.300/- Total Amount Rs.300/-		
Amount in words: Rupees Three-Hunderd only/-			Amount in words: Rupees Three-Hunderd only/-		
Applicant's Name: _____					
Father's Name: _____					
CNIC/B-Form No: _____					
Project ID: _____		DG, SW-1905		Post Name _____	

Applicant's Signature _____

Cashier _____

Officer _____



The receipt of cash/cheque/instrument by the bank evidenced through this deposit slip will be valid only when this deposit slip has been signed and stamped by an authorized officer of the Bank.

Branch Name. _____

Branch Code. _____ **Date:** _____

ONLINE DEPOSITE SLIP (* Please deposit fee any MCB Bank Ltd or BankIslami Pakistan Ltd online Branches)

Remote Branch : F-6 Markaz Super Market Islamabad A/C Title : Candidates Testing Services

	MCB Bank Ltd A/c No: 0807641201007160	<input type="checkbox"/>		BankIslami Pakistan Ltd A/c No: 305300083970001	<input type="checkbox"/>
Test Processing Fees including all Govt tax Rs.300/- Total Amount Rs.300/-			Test Processing Fees including all Govt tax Rs.300/- Total Amount Rs.300/-		
Amount in words: Rupees Three-Hunderd only/-			Amount in words: Rupees Three-Hunderd only/-		
Applicant's Name: _____					
Father's Name: _____					
CNIC/B-Form No: _____					
Project ID: _____		DG, SW-1905		Post Name _____	

Applicant's Signature _____

Cashier _____

Officer _____



The receipt of cash/cheque/instrument by the bank evidenced through this deposit slip will be valid only when this deposit slip has been signed and stamped by an authorized officer of the Bank.

Branch Name. _____

Branch Code. _____ **Date:** _____

ONLINE DEPOSITE SLIP (* Please deposit fee any MCB Bank Ltd or BankIslami Pakistan Ltd online Branches)

Remote Branch : F-6 Markaz Super Market Islamabad A/C Title : Candidates Testing Services

	MCB Bank Ltd A/c No: 0807641201007160	<input type="checkbox"/>		BankIslami Pakistan Ltd A/c No: 305300083970001	<input type="checkbox"/>
Test Processing Fees including all Govt tax Rs.300/- Total Amount Rs.300/-			Test Processing Fees including all Govt tax Rs.300/- Total Amount Rs.300/-		
Amount in words: Rupees Three-Hunderd only/-			Amount in words: Rupees Three-Hunderd only/-		
Applicant's Name: _____					
Father's Name: _____					
CNIC/B-Form No: _____					
Project ID: _____		DG, SW-1905		Post Name _____	

Applicant's Signature _____

Cashier _____

Officer _____

The receipt of cash/cheque/instrument by the bank evidenced through this deposit slip will be valid only when this deposit slip has been signed and stamped by an authorized officer of the Bank.

Candidate's Signature _____