CTS
CANDIDATES TESTING SERVICES

1

APPLICATION FORM

GOVERNMENT OF BALOCHISTAN

Directorate of Litracy and Non-formal Education, Balochistan

Picture
Please Paste your recent passport size cologyphotograph with gum

Post applied for:	**Account Assistant (BS-14)**

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.	- -
6. Gender	☐ Male ☐ Female
7. Date of Birth	Day Month Year
8. Religion	☐ Muslim ☐ Non-Muslim
	In case of Non-Muslim, specify your Religion_____
9. Disable	☐ Yes ☐ No
	If yes, specify type of disability_____

10. Postal Address:					
			City	**District**	
Phone (Res)		**Office**		**Mobile**	
11. District of Domicile (as mentioned in domicile certificate)					

12. Quota	**Balochistan Merit Only**
13. Desire Test City: (Fill only one Box (Mandatory) (Subject to a minimum of 200 candidates, otherwise the candidates will be assigned next nearest test city).	**Quetta Only**

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? (In case of Yes, NOC will be required at the time of interview) ☐ **Yes** ☐ **No**

17. Employment/Experience Record:

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

18. Total Job relevant post qualification experience as on closing date of applications — **Days** ☐ **Months** ☐ **Years** ☐

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** ☐ **No**

If yes please mention your age relaxation category:

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.

Date_____ Candidate's Signature_____

Picture 2
Affix your recent photograph with stapler

General Instructions/Information:

◊ 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 (L&NFE)
M/s Candidates Testing Services
Office No.2, Block No.3, Civic Hardware Market
near Chilton Ghee Mils Sirki Road, Quetta

Candidate's Signature_____

Candidates Testing Services Pakistan

Directorate of Literacy and Non Formal Education, Balochistan

Bank Copy

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 for Life	**MCB Bank Ltd** **A/c No: 0807641201007160**	☐	BankIslami	**BankIslami Pakistan Ltd** **A/c No: 305300083970001**	☐
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:	L&NFE-1906	**Post Name**	Account Assisant (BS-14)

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.

Candidates Testing Services Pakistan

Directorate of Literacy and Non Formal Education, Balochistan

CTS Copy

Branch Name._____

Branch Code._____**Date:**_____

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Candidate's Signature_____