



APPLICATION FORM

PROVINCIAL ASSEMBLY OF THE PUNJAB

ASSISTANT SECRETARY (BS-17)

Please Staple
Your Recent
Passport Size
Photograph

1. Bank Deposit challan from designated Bank Branches

Bank Branch/Code		Deposit Date	
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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 Name:			
5.CNIC:			
6. Date of Birth: (DD-MM-YYYY)		Mobile No:	
7. Address:			

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: _____ Thumb Impression: _____

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 field 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.
- Government employee shall apply through proper channel.
- Please do not give your ported mobile number(which is converted from one network to another) so that SMS delivery is in showed

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Passport Size
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HELP LINE

051-2120100-272

www.cts.org.pk

Please Send application form to

Project Manager (PAOP)

M/s Candidates Testing Services

Office No.6, 2nd Floor

United Plaza, 96-E, Blue Area

Islamabad

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	☐		BankIslami Pakistan Ltd A/c No: 305300083970001	☐
Test Processing Fees including all Govt tax Rs.290/- B.S.Charges Rs.20/- Total Amount Rs.310/-			Test Processing Fees including all Govt tax Rs.290/- Total Amount Rs.290/-		
Amount in words: Rupees Three Hunderd and Ninty Only/-			Amount in words: Rupees Two Hunderd and Ninty only/-		

Applicant's Name:			
Father's Name:			
CNIC/B-Form No:			
Project ID:	PAOP-301	Post Name	Assistant Secretary

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

Ministry of Kashmir Affairs & Gilgit Baltistan

CTS Copy

Branch Name. _____

Branch Code. _____ **Date:** _____

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Candidates Testing Services Pakistan

Ministry of Kashmir Affairs & Gilgit Baltistan

Applicant's Copy

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