

APPLICATION FORM

Extension of D-TALK & Insulin For Life Program Applying for: MIS / IT Assistant (BPS-16)

TAG # (For Official use)

(289)

Test City:	Mardan Abbottabad Punjab KPK Azad Jamn	HBL, IY BRANCH) I be arranged for minim Swat Balochist Islamaba nu and Kashmir	ABI (ANY BRA um of 200 applica P Note: ALI APPLICAT	eshawar L DATA FIELI FION FORM Sindh (U)	Branch Code ted a test center DS ARE REQU CAREFULLY. S F	D.I. Findh (FATA	Deposit e changed (han	Date I.	Photo Gu خانے	ngrapi m (La mor پر اس.	ize Recent h Affix with test By 6 oths) آپ کی تصو میں ہونا ض
Name (in Full):	ioi mauvii	(III DIOCK LELLEIS)					Note:	Tick Only	One Circ	le in e	ach Row.
Father's Name:) Muslim O Non-Muslim		
CNIC/B-Form:								ou Disable	e?		
·						Gende	er:	○ Male ○ Female			
Age:	Date of Bir	th (D-M-Y)		Marital St	atus:		Armed Forces: Yes No				
Postal Address:	Postal Address:					Only for personnel of Armed Forces of Pakistan Government Servant: Yes No					
Phone #: Cell #: (Do not give here Network converted mobile Numbers) 2. Academic Information (Note: In case of incomplete academic information, Your Application will be Declined.)											
Certificate/Degree		(Note: In case of inc Degree Title					Marks Total		Grade/		Institution
•	ogree I	regree ritie	rajor 5	abjects	Passing	Obta	ined	Marks	Percen	tage	Name
SSC (10 years) HSSC / DAE / A-L	ovol										
(12 / 13 years)	evei										
Bachelor (14 years)											
Bachelor(Hons)/ (16 years)	/Master										
MS / M.Phil. (18 ye	ears)										
PhD											
Other (Diploma / Cer	rtificate)										
3. Employment Information (If Applicable) (Note: If you need more rows to write your information, you can add an additional page with Application Form.)											
Organization Type		Organization Name		Designation / Resition			Job Description		Start Date		End Date
(Government / Semi Go / Private)	overnment (N	(Name of the Organization / Dept.)		(Your Designation / Position Title)					(Starting Date)		(End Date)

4. Undertaking by Applicant Id/s/w of	_do	hereby solemnly
Id/s/w of affirm that I have read and understood the condition filled the form as per instructions given above and untrue, I shall be liable to disciplinary action which may	in the event any information contained h	erein is found to be
Signature & Date:	Thumb Impression (Left Hand):	
Document Check list:		
Tick if Attached / selected: ☐ Photograph is Attached ☐ Original bank Deposit Slip is Attached on the back sid ☐ CNIC Copy is Attached on the back side of Application	* *	
Instructions:		
ALL DATA FIELDS ARE REQUIRED TO BE FILLED. F	ILL YOUR APPLICATION FORM CAREFULLY.	
 Application Fee (Service Charges) is nonrefundable attached with application form. 	e / nontransferable. Bank Online Deposit of Rs.	199/-must be
In case of more than one apply use separate applications and applications are applied to the separate applications.		
Application must reach OTS office latest by last d OTS will not be regnerable for late receiving of a		a to
 OTS will not be responsible for late receiving of a Attach your recent photograph (Latest by 6 Month) 		
Without Signature & Thumb impression, your applied.		uns application form.
Without photograph your application form will not		
• In-complete forms will not be entertained. (All the		
In Person/By hand submission of Application for		
Mobile phones or other electronic gadgets are not	allowed in test center premises.	
Cut Address box given below and affix it with gum on the env	-	

Send Registration Form to:

Manager Operation (ED-Talk), 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

Open Testing Service Innovation in Training & Assessment

BANK Copy

OTS Copy

Branch Code:	Date://	×	Branch Code:		Date:	1	1		
Branch Name:			Branch Name:						
	ILINE DEPOSIT SLIP PCode: 289				E DEPOSIT SI	IP	PCode: 289		
	sit in only one bank & tick the relevant Bank	i	Please deposit in only one bank & tick the relevant Bank						
HBL HABIB BANK	Habib Bank Limited		HABIB BANK	П	imite	d			
	Habib Bank Limited, PWD Branch (2328)	:	Remote Branch:	Habil	anch (2328)				
	Open Testing Service	1	Account Title:	Open Testing Service			(/		
Account Number:	23287106336103	1	Account Number:	-	7106336103				
Amount in Figures:	Rs. 199	:	Amount in Figures:	Rs.					
Amount in Words:	One Hundred & Ninety Nine Rupees Only	}	Amount in Words:	One Hundred & Ninety Nine Rupee					
Note: Bank Service Ch	narges Free of Cost	i	Note: Bank Service C	Charges Free of Cost					
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	Open Testing Service		Account Title:		Testing Service				
	0335001004927667		Account Number:	-	001004927667				
Amount in Figures:	Rs. 199		Amount in Figures:	Rs.	199				
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Allied Deals	Allied Bank Limited	ı	Allied Bank		Allied Bank L	imito	d		
Allied Bank									
	ABL Islamic Banking, PWD Branch (5133) Open Testing Service	ł₿	Remote Branch: Account Title:	_	Islamic Banking, F	-WD B	ranch (5133		
	0020050208060021	∤ i	Account Number:	<u> </u>					
-	Rs. 214		Amount in Figures:						
Amount in Words:	Two Hundred & Fourteen Rupees Only	∤ i	Amount in Words:	+			Pupasa Only		
Note: Inclusive of Bank			Note: Inclusive of Bar	Two Hundred & Fourteen Rupe			Rupees Only		
Note. Inclusive of Balli	C Service Charges	1 :	Note. Inclusive of Bal	ik Selvi	ce Charges				
The Bank Must Return OTS C Attach CNIC Copy with depos	Copy to the Candidate.	i	The Bank Must Return OTS Attach CNIC Copy with deport		ne Candidate.				
 Application Form will not be en Application Form will not be en 	ntertained without Original Deposit Slip. ntertained other than against cash payment.	i	 Application Form will not be Application Form will not be 	entertaine entertaine	d other than against cash pay				
FBP Endorsement is required Deposit it in any online countr Cash should always be deposed.	on both the Deposit Slip. y wide branches. sited at the respective counter and electronic computer generated	i	 FBP Endorsement is require Deposit it in any online coun Cash should always be deposited 	try wide br	ranches.	etronic com	mnuter generated		
receipt printed through flatbed the counter, please be sure	d printer on deposit slip/challan should be obtained before leaving to check the receipt and satisfy that complete details including	i	 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 responsible.	deposited are correctly printed failing which the bank will not be		account number and amour responsible.	nt deposite	ed are correctly printed failing	which the	bank will not be		
Applicant Name:			Applicant Name:						
Applicant Father N	lame:	i	Applicant Father I	Name:					
CNIC No. / Form B		i	CNIC No. / Form						
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Applied For:		i	Applied For.						
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Applicant Sign	nature Cashier		Applicant Sig	mature	a	Cashie	er		