

(289)

APPLICATION FORM

Extension of D-TALK & Insulin For Life Program Applying for: MIS / IT Officer (BPS-17)

TAG	#	(For	•	Official
		use)

Bank Online	Dep	osit (*Note	: App	lication	Form w	/ill no	t be enter	rtain	ed without C	Driginal	Deposit Slip.)		
ALFALAH, HBL,					ABL, NY BRANCH) Branch Code		 Deposit Date						
Note: Test Center in the desired city will be arranged for minimum of 200 applicants. Once selected a test center cannot be changed.								port size Recent					
Test City: Ardan Swat Peshawar				r	🗆 D.I. Khan		Photograph Affix with						
(Tick only one)					Gu	m (Latest By 6							
Domicile Dist	Domicile District: Note: ALL DATA FIELDS ARE REQUIRED. FILL YOUR APPLICATION FORM CAREFULLY. months)												
Domicile		Punjab		Balo	chistan	ו	🗌 Sin	dh (U) 🗆	Sind	h (R)	.1	
Province:		КРК		Islan	nabad (Capit	al Territo	ory		FATA	L		اپ کی تصویر اس خ میں ہونا ضروری ہ
(Tick only one)		Azad Jamm	u and	d Kashı	nir			Gilgi	t Baltistan		Other		
		_											
1. Personal	l Info	rmation (In Blo	ock Lett	ters)								
Name (in Full):	_										Note: Tick Only	One Circ	le in each Row.
Father's Name:	_										Religion:) Muslim	O Non-Muslim
CNIC/B-Form:	Γ										Are You Disable	?	⊖Yes ⊖No
			ı∟			IL		·.			Gender:	\bigcirc I	Vale 🔾 Female
Age:	Age: Date of Birth (D-M-Y) Marital Status: Armed Forces: O Yes O No												
Postal Address: Only for personnel of Armed Forces of Pakistan													
	Government Servant: O Yes O No												
Phone #:		Ce	II #: _				— (•	ot give here Ne erted mobile Ne				

Certificate/Degree	Degree Title	Major S	ubjects	Year of Passing	Marks Obtained	Total Marks	Grade/ Percentage	Institution Name
SSC (10 years)								
HSSC / DAE / A-Level (12 / 13 years)								
Bachelor (14 years)								
Bachelor(Hons)/Master (16 years)								
MS / M.Phil. (18 years)								
PhD								
Other (Diploma / Certificate)								
3. Employment Inform Form.)	nation (If Applicable) (I	Note: If you ne	ed more row	s to write you	r information, y	ou can ado	d an additional page	e with Applicati
Organization Type	Organization 1	Name	Des	ignation	Job Desc	ription	Start Date	End Date
(Government / Semi Government / Private)	(Name of the Organization / Dept.)		(Your Designation / Position Title)		on		(Starting Date)	(End Date)

4. Undertaking by Applicant

I _______d/s/w of ______do hereby solemnly affirm that I have read and understood the conditions for applying in the above mentioned Post and that I have filled the form as per instructions given above and in the event any information contained herein is found to be untrue, I shall be liable to disciplinary action which may result in cancellation of my candidature at any stage.

Signature & Date:	Thumb Impression (Left Hand):
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Document Check list:

Tick if Attached / selected:

- □ Photograph is Attached
- □ Original bank Deposit Slip is Attached on the back side of Application Form
- $\hfill\square$ CNIC Copy is Attached on the back side of Application Form

Instructions:

- ALL DATA FIELDS ARE REQUIRED TO BE FILLED. FILL YOUR APPLICATION FORM CAREFULLY.
- Application Fee (Service Charges) is nonrefundable / nontransferable. Bank Online Deposit of Rs. 199/-must be attached with application form.
- In case of more than one apply use separate application form along with original deposit slip.
- Application must reach OTS office latest by last date of submission of application form.
- OTS will not be responsible for late receiving of application through courier / Pakistan post etc
- Attach your recent photograph (Latest by 6 Months), CNIC copy, original bank deposit slip with this application form.
- Without Signature & Thumb impression, your application form will not be entertained.
- Without photograph your application form will not be entertained.
- In-complete forms will not be entertained. (All the fields are mandatory / Required)
- In Person/By hand submission of Application form is not allowed.
- 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 envelope.

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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

OTS Copy

Branch Code:

Branch Name:

PCode: 289 ONLINE DEPOSIT SLIP

Date:

Please deposit in only one bank & tick the relevant Bank

HBL навів валк	Habib Bank Limited	
Remote Branch:	Habib Bank Limited, PWD Branch (2328)	
Account Title:	Open Testing Service	
Account Number:	23287106336103	
Amount in Figures:	Rs. 199	
Amount in Words:	One Hundred & Ninety Nine Rupees Only	
Note: Bank Service Charges Free of Cost		

A Bank Alfalah	Bank Alfalah Limited	
Remote Branch:	Bank Alfalah, PWD Branch (0335)	
Account Title:	Open Testing Service	
Account Number:	0335001004927667	
Amount in Figures:	Rs. 199	
Amount in Words:	One Hundred & Ninety Nine Rupees Only	
Note: Bank Service Charges Free of Cost		

Allied Bank	Allied Bank Limited	
Remote Branch:	ABL Islamic Banking, PWD Branch (5133)	
Account Title:	Open Testing Service	
Account Number:	0020050208060021	
Amount in Figures:	Rs. 214	
Amount in Words:	Two Hundred & Fourteen Rupees Only	
Note: Inclusive of Bank Service 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. responsible

Applicant Name:	
Applicant Father Name:	
CNIC No. / Form B No.:	
Applied For:	

Open Testing Service

BANK Copy

Branch Code: Date: 1

Branch Name:

PCode: 289 ONLINE DEPOSIT SLIP

Please deposit in only one bank & tick the relevant Bank

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Applicant Name: Applicant Father Name CNIC No. / Form B No. Applied For:

..... Applicant Signature

..... Applicant Signature