

(289)

# APPLICATION FORM

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

TAG # (For Officia	I
use)	

Bank Online Deposit (*Note: Application Form will not be entertained without Original Deposit Slip.)													
(ANY BRA	ALFALAH, (ANY BRANCH)       HBL, (ANY BRANCH)       ABL, (ANY BRANCH)       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       Deposit Date								Recent				
Test City:						Phot	ograph Afj	fix with					
	(Tick only one)       Abbottabad       Gum (Latest By 6         Domicile District:       Application Form Carefully.       months)							-					
Domicile	🗆 Pu	ınjab		Balochis	tan 🛛	] Sindh	(U)		Sind	n (R)	-1		C Ĩ
Province:	🗆 КР	РК		Islamaba	nd Capita	l Territory			FATA	<b>`</b>		ں تصویر اس خ ہونا ضروری ہ	
(Tick only one)	🗌 Az	ad Jammi	u and	Kashmir		🗌 Gil	git Balti	istan		Other	~	, 0, , , , , , , , , , , , , , , , , ,	0
1 Domona	Inform	nation (	- ות	-1-1-++)									
<b>1. Personal</b> Name (in Full):		nauon (/	n B10	CK Lettersj						Note: Tick Only	One Cire	cle in each	Row.
Father's Name:					1			1			) Muslim	O Non-M	
										Are You Disable		⊖ Yes	() No
CNIC/B-Form:										Gender:			Female
Age:	Da	ate of Birth	ו (D-M-	Y)		Marit	al Statu	JS:		Armed Forces:	0		
					1					Only for persor	nnel of Arm	0	$\smile$
Postal Address:										Government Se	ervant:	⊖ Yes	⊖ No
Phone #:		Cel	#:			- (D0	not give verted m			L			

2. Academic Information (Note: In case of incomplete academic information, Your Application will be Declined.)								
Certificate/Degree	Degree Title	Major S		Year of Passing	Marks Obtained	Tota Mark	l Grade/	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								
<b>Other</b> (Diploma / Certificate)								
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	Des	ignation	Job Des	cription	Start Date	End Date
(Government / Semi Government / Private)	(Name of the Organiza	tion / Dept.)		nation / Positi 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:	ch: Habib Bank Limited, PWD Branch (2328)				
Account Title:	Open Testing Service				
Account Number: 23287106336103					
Amount in Figures:	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:	mount 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

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

..... Applicant Signature

..... Applicant Signature