

APPLICATION FORM

Extension of D-TALK & Insulin For Life Program Applying for: Procurement Officer (BPS-17) TAG # (For Official use)

(289)					, ,						,		,					
Bank Online	Depo	Osit (*Note:	: Appl	lication	Form w	/ill not	be ent	tertaine	d with	nout C	riginal	Depo	osit Slip.)					
ALFALA (ANY BRA	\Н, <mark>NCH)</mark>		HBL (BRA	, NCH)		(ANY	ABL, BRANG	CH)	Bra	nch Co	de	D)eposit Date		Pass	port si	ze R	ecent
Test City: Mardan (Tick only one) Abbottabad			rranged for minimum of 200 applicants. Once selected a test center cannot Swat Peshawar D.I.				Photograph Affix with Gum (Latest By 6											
Note: ALL DATA FIELDS ARE REQUIRED. FILL YOUR APPLICATION FORM CAREFULLY. APPLICATION FORM CAREFULLY.							mon	ths)										
Domicile		Punjab		Balo	chistan	ם ו	S	indh (L	J)		Sind	h (R)			1	ویر اس خ	in in	آر ب
Province: (Tick only one)		KPK Azad Jamm	u and		nabad (mir	Capita	al Terri	itory Gilgit	Balti	stan		۹ Otl	her			ویر اس م ضروری ب		
1. Personal	Info	rmation (In Blo	ock Lett	ters)													
Name (in Full):												N	lote: Tick (Only	One Cire	cle in ea	ich R	low.
Father's Name:													Religion:	0	Muslim	⊖ No	n-Mu	slim
CNIC/B-Form:												1 [Are You Dis	sable	?	ΟY	es	⊖ No
Age:		Date of Birt	n (D-N	1-Y)	I		ſ	Marital	Statu	s:		-	Gender: Armed Ford Only for p		nel of Arm	Male V ed Forces	es	Female ONO kistan
Postal Address: Phone #:								,					Governmer			ΟY		⊖ No
Filone #		Cei	· #				_	(Do no conver	0		etwork umbers))						

Certificate/Degree	Degree Title	Major Sub	jects Year o Passin			/	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	${f nation}$ (If Applicable) (Note: If you need	more rows to write	your informati	on, you can ad	d an additional pag	e with Applicati
Form.)							1
Organization Type	Organization 1	Name	Designation	Job	Description	Start Date	End Date
,	Organization 1 (Name of the Organizat		Designation Your Designation / Po Title)		Description	Start Date (Starting Date)	End Date (End Date)
Organization Type Government / Semi Government	Q		Your Designation / P		Description		
Organization Type Government / Semi Government	Q		Your Designation / P		Description		

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