

APPLICATION FORM

National Electric Power Regulatory Authority (Sukkur Region), Government Of Pakistan

Applying for: Sanitary Worker / Janitor

TAG # (For Official use)

(295)

Bank Online Deposit (*Note: Application Form will not be entertained without Original Deposit Slip.) HBL, ALFALAH, (ANY BRANCH) (ANY BRANCH) (ANY BRANCH) Branch Code Deposit Date Passport size Recent Note: Test Center in the desired city will be arranged for minimum of 200 applicants. Once selected a test center cannot be changed. ☐ Islamabad ☐ Lahore ☐ Multan ☐ Karachi Photograph Affix with ☐ Quetta ☐ Peshawar ☐ D.I. Khan ☐ Hyderabad **Test City:** Gum (Latest By 6 (Tick only one) ☐ Sahiwal ☐ Abbottabad ☐ Gujranwala \square Muzaffarabad months) ☐ Gilgit □ Sargodha ☐ Sukkur ☐ Faisalabad Note: ALL DATA FIELDS ARE REQUIRED. FILL YOUR آپ کی تصویر اس خانے Domicile District: -----APPLICATION FORM CAREFULLY. میں ہونا ضروری ہے Punjab **Balochistan** Sindh (U) Sindh (R) **Domicile Province: KPK Islamabad Capital Territory FATA** (Tick only one) Azad Jammu and Kashmir Gilgit Baltistan Other 1. Personal Information (In Block Letters) Note: Tick Only One Circle in each Row. Name (in Full): Religion: () Muslim Non-Muslim Father's Name: Are You Disable? Yes \bigcirc No CNIC/B-Form: Gender: ○ Female Date of Birth (D-M-Y) ____ -___-Marital Status: Armed Forces: Only for personnel of Armed Forces of Pakistan Postal Address: Deceased Servant: Yes No Deceased Civil Servant wife, son or daughter Government Servant: () Yes \bigcirc No Phone #: _____ Cell #: _____ (Do not give here Network Scheduled Cast /Buddhist: () Yes \bigcirc No converted mobile Numbers) 2. Academic Information (Note: In case of incomplete academic information, Your Application will be Declined.) Certificate/Degree **Degree Title Major Subjects** Year of Marks Total Grade/ Institution Passing **Obtained** Marks Percentage Name **Primary** SSC (10 years) HSSC / DAE / A-Level (12 / 13 years) Bachelor (14 years) Bachelor(Hons)/Master (16 years) MS / M.Phil. (18 years) **Other** (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** Job Description Organization Name Designation Start Date End Date (Government / Semi Government (Name of the Organization / Dept.) (Your Designation / Position (Starting Date) (End Date) / Private) Title)

4. Undertaking by Applicant							
Id/s/w ofdo 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):							
Document Check list: Tick if Attached / selected:							
□ Photograph is Attached							
☐ Original bank Deposit Slip is Attached on the back side of Application Form							
□ CNIC Copy is Attached on the back side of Application Form							
Givic copy is retactica on the back side of replication form							
<u>Instructions:</u>							

- 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. 150/-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 (NEPRA- Sukkur), 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

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Applicant Signature

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Cashier

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Applicant Signature

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Cashier

OTS Copy					BANK Copy			
Branch Code:		Date:	/ /	X ■ Branch (Code:		Date://	
Branch Name:			·——	:	Name:			
		EPOSIT SLIP	PCode: 295	Branon			IE DEPOSIT SLIP PCode: 29	
•		e bank & tick the relevant					only one bank & tick the relevant Bank	
HBL HABIB BANK	<u></u> На	bib Bank Lim	ited	HBL	HABIB BANK		Habib Bank Limited	
Remote Branch:	Habib Bank Limited, PWD Branch (2328)			Remote	Branch:	Habib Bank Limited, PWD Branch (2328)		
Account Title:	Open Testing Service			Accoun		Open Testing Service		
Account Number:	23287106336103			Accoun	t Number:	23287106336103		
Amount in Figures:	Rs. 150	Rs. 150			in Figures:	: Rs. 150		
Amount in Words:	One Hundred & Fifty Rupees Only			Amount	in Words:	Seventy Five Rupees Only		
Note: Bank Service Charges Free of Cost				Note: Bar	Note: Bank Service Charges Free of Cost			
A Bank Alfalah	Ва	nk Alfalah Lii	nited	A Bar	ık Alfalah		Bank Alfalah Limited	
Remote Branch:	Bank Alfa	lah, PWD Branc	h (0335)	Remote	Branch:	Banl	k Alfalah, PWD Branch (0335)	
Account Title:	Open Testing Service			Accoun	t Title:	Open Testing Service		
Account Number:	: 0335001004927667			Accoun	t Number:	: 0335001004927667		
Amount in Figures:	Rs. 150			Amount	in Figures:	Rs. 150		
Amount in Words:	One Hundred & Fifty Rupees Only			Amount	in Words:	One Hundred & Fifty Rupees Only		
Note: Bank Service Charges Free of Cost					Note: Bank Service Charges Free of Cost			
Allied Bank	☐ All	ied Bank Lim	ited	Alli	ied Bank		Allied Bank Limited	
Remote Branch:	ABL Islamic Banking, PWD Branch (51		D Branch (5133)	Remote	Branch:	ABL Islamic Banking, PWD Branch (51		
Account Title:	Open Testing Service			Accoun	ccount Title: Open Testing Service			
Account Number: 0020050208060021			Accoun	Account Number: 0020050208060021				
Amount in Figures:	Figures: Rs. 165			Amount in Figures: Rs. 165				
Amount in Words:	One Hundred & Sixty Five Rupees Only			Amount	Amount in Words: One Hundred & Sixty Five Rupees Only			
Note: Inclusive of Bank Service Charges			Note: Incl	lusive of Bar	nk Serv	rice 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.				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.				
Applicant Name:			Applica	Applicant Name:				
Applicant Father Name:			Applica	Applicant Father Name:				
CNIC No. / Form B No.:		CNIC N	CNIC No. / Form B No.:		:			
Applied For:				Applied	Applied For:			
				X				

Open Testing Service
Innovation in Training & Assessment