

APPLICATION FORM Public Sector Organization, Government of Pakistan Applying for: Director Administration (OG-III)

TAG # (For Official use)

(300)							
Bank Online	Deposit (*No	te: Application Form	n will not be	e entertained v	without O	riginal Deposit Slip.)	
ALFALA (ANY BRA	ан, <mark>NCH)</mark> П (А	HBL,	AI (ANY BR	BL, RANCH) —	Branch Co	de Deposit Date	– Passport size Recent
Test City: (Tick only one)	· I Pesnawar I I Iviaroan I I Swat I I Apportabad I I D Knan		Photograph Affix with Gum (Latest By 6				
Note: ALL DATA FIELDS ARE REQUIRED. FILL YOUR Mote: The field of							
Domicile	Punjab Vok	Balochis		Sindh (U)		Sindh (R)	آپ کی تصویر اس خانے
Province: (Tick only one)	KPK Azad Jam	Islamaba Imu and Kashmir	ad Capital T	Gilgit Ba	altistan	FATA	آپ کی تصویر اس خانے میں بونا ضروری ہے

1. Personal Int	formation (In Block Letters)			
Name (in Full):			Note: Tick Only One Circ	le in each Row.
Father's Name:			Religion: OMuslim	○ Non-Muslim
CNIC/B-Form:			Are You Disable?	⊖ Yes ⊖ No
L			Gender:	Vale 🔿 Female
Age:	Date of Birth (D-M-Y)	Marital Status:	Armed Forces:	⊖Yes ⊖No
			Only for personnel of Arme	ed Forces of Pakistan
Postal Address:			Deceased Servant: O	′es 🔘 No
			Deceased Civil Servant with	fe, son or daughter
			Government Servant:	⊖ Yes ⊖ No
Phone #:	Cell #:	(Do not give here Network		1
		converted mobile Numbers)	Scheduled Cast /Buddhist	: 🔿 Yes 🔿 No

Certificate/Degree	Degree Title	Major S	ubjects	Year of Passing		arks ained	Total Marks	Grade/ Percentage	Institution 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 Inform Form.)	${f nation}$ (If Applicable) (Note: If you ne	ed more row	s to write you	r inforr	mation, y	ou can ad	d an additional pag	e with Application
Organization Type	Organization	Name	Des	ignation	J	lob Desc	ription	Start Date	End Date
(Government / Semi Government / Private)	(Name of the Organizat	tion / Dept.)		nation / Positi Title)	ion			(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. 250/-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 (PSO), 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:

Date:

PCode: 300 **ONLINE DEPOSIT SLIP**

Please deposit in only one bank & tick the relevant Bank

HABIB ВАИК	Habib Bank Limited		
Remote Branch:	Habib Bank Limited, PWD Branch (2328)		
Account Title:	Open Testing Service		
Account Number:	23287106336103		
Amount in Figures:	Rs. 250		
Amount in Words:	Two Hundred & Fifty 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. 250		
Amount in Words:	Two Hundred & Fifty 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. 265		
Amount in Words:	Two Hundred & Sixty Five 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 1

Branch Name:

PCode: 300 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:	
ż		

..... Applicant Signature

..... Cashier

..... Applicant Signature