APPLICATION FORM

Reg.	No.
	ed by CTSF



Government of Gilgit-Baltistan DRUG CONTROL ADMINISTRATION HEALTH DEPARTMENT GILGIT-BALTISTAN



CISP	Screen	ning Test	for va	rious r	nosts									
01. Eligibility Criteria:	Sercer	iiig rest	. TOT VEI	ious p)	•								
A. Is your age according to the prescribed ag	je limit for the de	sired Post as	on 10-04- 2	2020?			Yes		No					
B. Do you have relevant / prescribed Qualification	ation and Experi	<i>ience</i> as men	tioned in Ad	lvertiseme	ent?		Yes		No			ture		
C. Do you possess Local/Domicile of Gilgit-Ba	altistan?						Yes		No		-		recent e colo:	
If your reply is "Yes" to A & B above, only the	hen please proc	ceed further.	Otherwise	you are	not eli	igible	to app	ly.		III '	-		ith gun	
02. Bank Online Deposit of	 f Rs: 290/-	- from D	esigna	ated B	Bank	· Br	ancl	nes		مورت	نریں بھ	أمنسلك	تضوير لاز م	
Bank Code		Deposit Date								ائيگا۔	<i>ل</i> اياج	میں نہید ب میں ہیں	د گیر فارم عمل	
*Note: Application Form will not be entertained	without Original De	eposit Slip (CTS	P Copy)											
حتیاط سے پُر کریں، فارم جمع ہونے ارم کو مستر د کر دیا جائے گا۔	بن اور فارم کوا [.] نی در خواست فا	فورسے پڑھیہ تعلومات پر مب) ہدایات مل یاغلط [•]	م پردررز. گل- نا	ہلے فار جائے	<u>ہے۔</u> ںکی	ر نے۔ ضحیح نہیر	م پُر م کی	ٺ فار ي فش	دخواسٹ کے بعد ^ک	9 : -	نوط		
03. Post Applied for: Fill On To apply for more than one posts, please u	ily One Box for l	Desired Post	t. (Mandato	r y) idered val	lid only	/ for tl	he first s	selecte	oa be	st in the s	seaue	nce.		
01. Director	,		02.	_	entific				- -		- 1			
03. Analytical Chemist			04.	Adr	nin O	Office	er							
04. Personal Information	Use CAPI	TAL letters	and lea	ve spac	es be	twee	en wor	ds.						
01. Name in Full:														
02. Father's Name:														
03. Candidate CNIC #:	-				-		I							
04. Date of Birth: D D M	1 M	Year												
Write your Correct Date of Birth otherwise you will be rejected			05	. Email	:			(Mand	atory)				
								`	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	a.c. , ,				
06. Postal Address: All correspondence will be made on this address though	h courier service or o	ordinary postal se	rvice.											
07. Personal Mobile No:				Parent's										
Do not give your ported / converted mobile number, otherwise	e you will not receive SN	MS from CTSP.		Do not give yo	our ported	d / conve	erted mobil	e numbei	r, othen	wise you will r	ot receiv	ve SMS fi	rom CTSP.	
09. Gender: Male	Femal	le 10	. Marital	Status	S :		S	ingle	e		ı	Marri	ed	
11. Religion: Muslim	Non-Mus	slim 12	. Applyi	ng for \	Wom	en (Quota	?		Yes		N	0	
13. Government Employee?	Yes	No.		Continu closing						_				
14. Applying for Disability Quota?	Yes	No.		se of Yes se Speci										

05. District of Local/Domicile: Select your District of Local/Domicile (Mandatory)									
Gilgit		Daimer	Skardu		Astore	Ghizer			
Ghanch	ne K	harmang	Shigar		Nagar	☐ Hunza			
06. Desired	06. Desired Test City: Gilgit Skardu Islamabad On condition (at least 200 Applicants)								
	07. Academic Information:(Do not attach copies of your academic qualification certificates.) Note: 1. CTSP will not issue Roll No Slips to those who have not filled in their academic record properly								
 Candidate should convert their grades into marks. (O Level / A Level or any other degree having grade). Write exact degree name & major subject mention in certificate / transcript. Result awaiting candidates are not eligible. 									
Degree Level /Certificate	Degree Level Specialization / Major Subject Year Passing Obtained Marks Total Marks Percentage% Board / University / Institute								
Metric (10 Years)									

Degree Level /Certificate	Specialization / Major Subject	Year Passing	Obtained Marks / CGPA	Total Marks / CGPA	Percentage%	Board / University / Institute
Metric (10 Years)						
Intermediate (12 Years)						
Bachelor (14 Years)						
Bachelor(Hons) /Master (16 Years)						
MS/M.Phil (18 Years)						
Higher (If Any)						

08. Professional Qualification/Diploma/Courses:

S. #	Certificate/Degree	Passing Year	Obtained Marks	Total Marks	Board/University/Institute
1.					
2.					
3.					
4.					
5.					

09. Employment/Post Relevant Experience Record:

S. # Designation	Organization Type (Government / Semi Government	Organization Name	Job D	uration	Total Years of	
	Your Designation / Position Title	/ Private)	(Name of the Organization / Department)	From	То	Experience
1.						
2.						
3.						
4.						
5.						

10. Undertaking By The Applicant: do hereby solemnly Picture 2 declare and affirm that I have read and understood the instructions and conditions for appearing in the CTSP Test, and I have filled-up the application form as per instructions given below. In case of Affix your recent any information contained herein is found at any stage to be missing, untrue, false or forged, my passport size color candidature can be canceled at any stage (even after employment, if so revealed later), and photograph I shall be liable to legal action. with Open face تصويرلا زمأ منسلك كرين بصورت ديگرفارم مل مين نهيس لايا جائيگا ـ Candidate's Signature Date: Thumb Impression 11. Check List Provide the following documents other wise Application Form will not be entertained. 01. Original Bank Deposit Slip (CTSP Copy) 02. Three (03) Passport size color photograph to be attached with the form. 03. Attested Copy of CNIC 04. Copy of your Domicile. 12. GENERAL INSTRUCTION/ INFORMATION: Picture 3 1. Please fill the application form properly with complete and correct information. Affix your recent 2. Please do not leave any field blank in the form and do not OVERWRITE any information otherwise passport size color your application will be rejected. 3. Incorrect or false information may result in cancellation of your candidature at any stage, even photograph after employment, and also proceeding of a legal action. with Open face 4. Please submit the complete Application form to CTSP Office #.140, Sreet 9, Sector I-10/3, تصويرلا زمأ منسلك كريس بصورت Industrial Area, Islamabad. (along with 3 recent colour passport size Photographs, copy of ديگرفارممل ميننهيں لاياجائيگا۔ CNIC, your Local/Domicile Certificate and original bank deposit slip (CTSP's Copy). 5. By hand submission of application form is not allowed. 6. Mobile phones or any electronic gadgets are not allowed in test center premises. 7. Use separate application form for each post you are applying for. 8. Application Fee (Service Charges)/Bank charges is non-refundable/non-transferable to other category. 9. Information about Roll No Slip/Test date/Test Center will be provided by SMS, Website & Email. 10. If you do not receive you roll no slip or result online, you will follow CTSP's procedures and register your complaint on CTSP's complaint form. Last date for Fees Submission is 10-04-2020 🗸 اس در خواست فارم کوموڑ نااور ته کر نامنع ہے۔ انولپ (در خواست لفافه) کے اوپر پر وجیکٹ آئی ڈی اور پوسٹ کانام لازماً لکھیں۔

براہ مہر بانی اینے در خواست فارم کے ساتھ صرف (CTSP's COPY) والا چالان فارم لگائیں، بصورت دیگر آپ کا در خواست فارم قبول نہیں کیا جائے گا۔ فیں جمع کرنے کی آخری تاریخ 10 اپریل 2020 ہے۔ در بیل ہوگا۔ Career Testing Services Pakistan بذریعہ ڈاک یا پاکستان پوسٹ دیرسے موصول ہونے والی در خواست کاذمہ دار نہیں ہوگا۔

> Office Call Timing: From 9:00 AM To 5:00 PM Monday to Saturday

Cut Address box given below and affix it with gum on the envelope.



Project ID: (DCA/GB/46/20) CAREER TESTING SERVICES PAKISTAN Office #.140, St. # 9, Sec I-10/3, Industrial Area, Islamabad.



(051) 111 00 44 55

www.ctsp.com.pk



CAREER TESTING SERVICES PAKISTAN (Pvt) Ltd.

BANK'S COPY

Government of Gilgit-Baltistan Drug Control Administration HEALTH DEPARTMENT GILGIT-BALTISTAN

Branch Code:	Branch Name:			Date: _	
		ONLINE DE	EPOSIT SLIP ne bank & tick the relevant bank	*)	
	A/C No: 00427991886203	where you come file. A/C Title: Career Testing Ser C/A/C 1055-23i	rvices Pakistan (Pvt) Ltd. A/C Title:	KARAKORAM COOPERATIVE BANK LTD GILGIT-BALTISTAN Career Testing Services Pakistan (Pro) Ltd. Cant Branch: Bank Code(3025) A/C#(6106)	
	Form will not be entertained witl t and manual system, and only t			Challan form can be deposit throught.	Jh
Project ID:		DCA/G	B/46/20		
Name:			Father Name:		
CNIC:		Mobile No:		Applied for:	
Test Fee: 250 Bank Charges: 40	— I ULAI EDD. KE	290/-	Total Amount in words: Rs.	Two Hundred & Ninety Only	
the counter, please be	flatbed printer on deposit slip/challar sure to check the receipt and satisfy eposited are correctly printed failing pited.	that complete details inclu	مہدارنہ ہوگا۔	ل کوائف بمدر قماوراکاؤنٹ نبرچیک کرلیں بصورت دیگر بیک ذ دte for fee submission: Friday	
Applicant'	s Signature	Bank C	Cashier	Bank Office	 er
		/			
CAREER TE	STING SERVICES PAKISTA CANDIDATE'S COPY	AN(PVT) LTD	CTSP CAREE	R TESTING SERVICES PAKE CTSP's COPY	STAN _{(PVT) LTD}
Dru	Government of Gilgit-Baltistan IG Control Administration EPARTMENT GILGIT-BALTIS	TAN		Government of Gilgit-Baltistan Drug Control Administration	
nch Code:		Date:	Branch Code:	TH DĒPARTMENT GILGIT-BAL 	Date:
nch Name:	ONLINE DEPOSIT SLIP		Branch Name:	ONLINE DEPOSIT SLIP	
PI HABIB BANK	leposit fee in only one bank & tick the relevant ba	INK*)	HBL HABIB BANK	Please deposit fee in only one bank & tick the releva	nt bank*) ** ** ** ** ** ** ** ** ** ** ** **
Career Testing Services Pakistan (Prolist.) 00427991886203	Where you come first A/C Title: Career Testing Services Pakistan (Pollut.) A/C Title: Career	r Testing Services Pakistan (Prol) LL ranch: Bank Code(3025) AIC#(6106)	A/C Career Testing Services Pakist A/C 00427001886203	an (Pro Lide: Career Testing Services Pakistan (Pro Lide: Title: CAPC Title: C	Career Testing Services Pakistan (Parl Branch: Bank Code (3025) A/C#(6106)
te: Application Form will n	ot be entertained without Original Deposisit through cash management and man	sit Slip (CTSP Copy).	*Note: Application Form	m will not be entertained without Original Dope deposit through cash management and reptable no other instrument.	eposit Slip (CTSP Copy
Project ID:	DCA/GB/46/20		Project ID:	DCA/GB/46/20	
Name:			Name:		
Father Name:			Father Name:		
Applied for:	-		CNIC: Applied for:		
Mobile No:			Mobile No:		
Fee for Drug Co	ntrol Administration (Health Dep.) G-B Jobs	Fee for Dr	ug Control Administration (Health D	ep.) G-B Jobs
TF: 250 BC: 40 Total Fee: 2	290/- Amount in word: Rs. Two Hundred & Ninety	Only	TF: 250 BC: 40 Total Fee	290/- Amount in word: Rs. Two Hundred & N	inety Only
Cash should always be deposited at the respective receipt printed through flathed printer on deposit slight the counter please be sure to check the receipt and number and amount deposited are correctly printed Manual stamp is prohibited.	promailian should be obtained before leaving a satisfy that complete details including account ميك كريش العورت ومكروتك ومدارت الالتجاء	ن آن آن شائل ۱۳ ریز کار این این این با شده با بر خشان با بر می خشان این بر آن این الآن این بر آن الآن این بر آ پیشان النظام این بر کامل کارند بر آن الآن این بر آن الآن این بر آن الآن الذین بر آن الآن الآن بر الآن الآن الذی	 the counter, please be sure to check 	on deposit slip/challan should be obtained before leaving the receipt and satisfy that complete details including account	ر قبیث کاناع مثل وائیل اولان سایده فلید بینی عرب الفادی باب کشور عکسه بدر قباده کانان فیدیک کرشار ا و submission: Friday 10th April, 2020
Applicant's Signature	Bank Cashier	Bank Officer	Applicant's Signature	Bank Cashier	Bank Officer