

APPLICATION FORM

National Electric Power Regulatory Authority (NEPRA) Applying for: Deputy Director (Market / Research & Development)

TAG # (For Official use)

(304)											
Note: Test Center in		be arranged for minimu				er cannot be chang	ged.				
	☐ Islamabad			ultan	☐ Karachi			•	size Recent		
Test City:	Quetta	☐ Peshawar		I. Khan		☐ Hyderabad		Photograph Affix with			
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	☐ Gilgit	1 0		☐ Sukkur ☐ Faisalab e: ALL DATA FIELDS ARE REQUIRE				mo	nths)		
Domicile District: APPLICATION FORM CAREFULLY.											
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Province:					□ FATA			میں ہونا ضروری ہے			
(Tick only one)	☐ Azad Jam	mu and Kashmir		Gilgit Ba	ltistan 🗆	Other					
1. Personal	Information	(In Block Letters)									
Name (in Full):								One Circle in e			
Father's Name:						Religion:	() I	Muslim O No	on-Muslim		
CNIC/B-Form:						Are You Dis	able?		Yes \ \ \ No		
Age:	Date of B	irth (D-M-Y)		Marital Sta	atus:	Gender:		○ Male	○ Female		
Age				iviai itai 3ta	itus	Alliled Fold		el of Armed Force	Yes No		
Postal Address:						Deceased S					
						Deceased C	Civil Se	ervant wife, son	_		
DI "	,	5 H #				Governmer	nt Ser	vant:	Yes \ \ \ \ No		
Phone #: Cell #: (Do not give here Network											
converted mobile Numbers) Scheduled Cast /Buddhist: Yes No											
		n (Note: In case of inc			ion, Your Applica Year of		ed.) otal	Grade/	Institution		
Certificate/Degree		Degree Title	Major S	ubjects			rks	Percentage	Name		
Primary											
SSC (10 years)											
HSSC / DAE / A-Level											
(12 / 13 years) Bachelor (14 years)	aars)										
Bachelor (Hor	-										
(16 years) MS / M.Phil. (2)											
Other (Diploma											
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Form.)	nent miorma	ition (If Applicable) (Note: If you ne	ed more rows	to write your inf	ormation, you can	i add a	ın addıtıonal page	e with Application		
Organization Type		Organization Name		Designation		Job Description		Start Date	End Date		
(Government / Semi Government / Private)		(Name of the Organization / Dep) (Your Designation / Position Title)				(Starting Date)	(End Date)		
/ Priva	ie)				iuej						
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4. Undertaking by Applicant Id/s/w of	do hereby solemnly
affirm that I have read and understood the conditions for applying filled the form as per instructions given above and in the event ar untrue, I shall be liable to disciplinary action which may result in cancel	g in the above mentioned Post and that I have by information contained herein is found to be
Signature & Date: Thumb Impres	sion (Left Hand):
Document Check list:	
Tick if Attached / selected:	
☐ Photograph is Attached	
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☐ CNIC Copy is Attached on the back side of Application Form	
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☐ Original bank Deposit Slip Copy is Attached on the back side of Applic	CATION FORM CAREFULLY.
 Original bank Deposit Slip Copy is Attached on the back side of Applic Instructions: ALL DATA FIELDS ARE REQUIRED TO BE FILLED. FILL YOUR APPLI Application Fee (Service Charges) is nonrefundable / nontransfer 	CATION FORM CAREFULLY. erable. Bank Online Deposit of Rs. 150/-must be
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Send Registration Form to:

Manager Operation (NEPRA),
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

Open Testing Service Innovation in Training & Assessment

BANK Copy

OTS Copy

Applicant Signature

Cashier

Branch Code:	/Date://	Branch Code: Date:/					
Branch Name:		Branch Name:					
O	NLINE DEPOSIT SLIP PCode: 304	0	NLINE DEPOSIT SLIP PCode: 304				
Please depo	osit in only one bank & tick the relevant Bank	Please deposit in only one bank & tick the relevant Bank					
HBL HABIB BANK	Habib Bank Limited	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	Account Title:	Open Testing Service				
Account Number:	23287106336103	Account Number:	23287106336103				
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 C	harges Free of Cost	Note: Bank Service Charges Free of Cost					
A Bank Alfalah	Bank Alfalah Limited	A Bank Alfalah	Bank Alfalah Limited				
Remote Branch:	Bank Alfalah, PWD Branch (0335)	Remote Branch:	Bank Alfalah, PWD Branch (0335)				
Account Title:	Open Testing Service	Account Title:	Open Testing Service				
Account Number:	0335001004927667	Account Number:					
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 C	, , ,	Note: Bank Service Charges Free of Cost					
Alliad Dank	Allied Bank Limited	Allied Donk	Allied Bank Limited				
Allied Bank Remote Branch:	ABL Islamic Banking, PWD Branch (5133)	Remote Branch:	ABL Islamic Banking, PWD Branch (5133)				
Account Title:	Open Testing Service	Account Title:	Open Testing Service				
Account Number:	0020050208060021	Account Number:	, ,				
Amount in Figures:	n	Amount in Figures:	Rs. 165				
		<u> </u>					
Amount in Words:	One Hundred & Sixty Five Rupees Only	Amount in Words: One Hundred & Sixty Five Rupees Only					
Note: Inclusive of Ban	k Service Charges	Note: Inclusive of Bank Service Charges					
 Application Form will not be FBP Endorsement is require Deposit it in any online count Cash should always be deporeceipt printed through flatbe the counter, please be sure 	sit slip. entertained without Original Deposit Slip. entertained other than against cash payment. d on both the Deposit Slip.	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 flatibed 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:		Applicant Name:					
Applicant Father Name:		Applicant Father I	Name:				
CNIC No. / Form I	3 No.:	CNIC No. / Form	B No.:				
Applied For:		Applied For:					
		Ż					

Applicant Signature

Cashier

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