

APPLICATION FORM

Multan Development Authority Applying for Assistant Director (TP/UP)(BS-17)

TAG # (For Official use)

| (316) | | Applying | g ior Assist | ant Direc | tor (TP/U | РЈ(В | 3-1/) | | | | |
|--|--------------------|---|---|-----------------------------|--|------------|-------------|----------------------------------|-----------------------|---|--|
| Note: Test Center in | the desired city w | vill be arranged for minim | um of 200 appli | cants. Once sel | ected a test ce | nter car | not be ch | anged. | | | |
| | ☐ Islamabad | d 🔲 Bahawalr | nagar 🗆 L | ahore | ☐ Fa | aisalab | ad | | Passport | size Recent | |
| Test City: | ☐ Khanewa | I ☐ Layyah | ا 🗆 ا | ☐ Lodhran | | ☐ Multan | | | Photograph Affix with | | |
| (Tick only one) | ☐ Muzaffarg | garh 🛮 🗆 Sargodha | | tahim Yar Kh | nan 🗆 Ra | ajan Pı | ur | | Gum (Lo | atest By 6 | |
| | ☐ Sahiwal | ☐ Gujranwa | ala 🗆 🗆 | era Ghazi K | han 🗆 Si | alkot | | | • | nths) | |
| Domicile Dist | rict: | | | L DATA FIELD TION FORM O | S ARE REQUI | RED. FI | ILL YOUR | | 1110 | ittiisj | |
| Domicile | ☐ Punjab | ☐ Balochis | □ Balochistan □ Sindh (U) □ Sindh (R) | | | | | | ر اس خانے | آپ کی تصوی | |
| Province: | □ КРК | ں ہونا ضروری ہے ۔ Islamabad Capital Territory | | | | | | میں ہونا ض | | | |
| (Tick only one) | ☐ Azad Ja | ammu and Kashmir | | | | | | | | | |
| | | | | | | | - | | | • | |
| 1. Personal | Informatio | on (In BlockLetters) | | | | | | | | | |
| Name (in Full): | | | | | | [| Note: Ti | ck Only | One Circle in e | ach Row. | |
| Father's Name: | | | Religion: | | | | | | Muslim Non-Muslim | | |
| CNIC/B-Form: | | | | | | | | Are You Disable? Yes No | | | |
| Age: Date of Birth (D-M-Y) Marital Status: Armed Forces: | | | | | | | | Female | | | |
| | | , , | | | | _ | | | nel of Armed Force | Yes \ \ \ \ \ No \ \ \ \ \ \ \ \ No \ \ \ \ | |
| Postal Address: Deceased Servant: O Yes O No | | | | | | | | $\overline{}$ | | | |
| | | | | | | - | | | ervant wife, son | | |
| Phone #· | (| Cell #: | | | | | Governi | ment Sei | rvant: | Yes \ \ \ \ No | |
| 1 Hone # | | cen | (Do not give here Network converted mobile Numbers) | | | | | Scheduled Cast /Buddhist: Yes No | | | |
| | | | | | | | | | | | |
| 2 Academic | Information | On (Note: In case of inc | comploto acado | mic informatio | n Vour Applic | ation w | rill bo Doc | linad \ | | | |
| Certificate/Degree | | Degree Title | | Subjects | Year of | Marks Tota | | Total | Grade/ | Institution | |
| Primary | | | | , | Passing | Obtai | ined | Marks | Percentage | Name | |
| SSC (10 years) | | | | | | | | | | | |
| HSSC / DAE / | A-Level | | | | | | | | | | |
| (12 / 13 years) | | | | | | | | | | | |
| Bachelor (14 y | | | | | | | | | | | |
| (16 years) | ** | | | | | | | | | | |
| MS / M.Phil. (18 years) Other (Diploma / Certificate) | | | | | | | | | | | |
| | | | | | | | | | | | |
| 3. Employm Form.) | ent Inform | ation (If Applicable) (N | lote: If you nee | d more rows t | o write your ir | nformat | tion, you c | an add a | ın additional page | with Application | |
| Organization Type | | Organization | Organization Name | | Designation | | | tion | Start Date | End Date | |
| (Government / Semi Government / Private) | | (Name of the Organiza | (Name of the Organization / Dept.) | | (Your Designation / Position Title) | | | | (Starting Date) | (End Date) | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

| 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 incancellation of my candidature at any stage. |
| Signature & Date: |
| Document Check list: Tick if Attached / selected: □ Photograph is Attached □ CNIC Copy is Attached on the back side of Application Form □ Original bank Deposit Slip Copy is Attached on the back side of Application 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. 100/- must be attached with application form. |
| In case of more than one apply use separate application form along with original depositslip. |

- OTS will not be responsible for late receiving of application through courier / Pakistan post etc.
- Application must reach OTS office latest by last date of submission of application form.
- Attach your recent photograph (Latest by 6 Months), CNIC copy 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.

×-----

Send Registration Form to:

Manager Operation (MDA), **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

OTS Copy

Open Testing Service Innovation in Training & Assessment

BANK Copy

| Branch Code: Date:/ | Branch Code: Date:/ | | | | | | |
|--|---|--|--|--|--|--|--|
| Branch Name: | Branch Name: | | | | | | |
| ONLINE DEPOSIT SLIP Please deposit in only one bank & tick the relevant Bank | ONLINE DEPOSIT SLIP Please deposit in only one bank & tick the relevant Bank | | | | | | |
| HBL HABIB BARK 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. 100 | Amount in Figures: Rs. 100 | | | | | | |
| Amount in Words: Hundred Rupees Only | Amount in Words: Hundred Rupees Only | | | | | | |
| Note: Bank Service Charges Free of Cost | Note: Bank Service Charges Free of Cost | | | | | | |
| A Bank Alfalah Bank Alfalah Limited | 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: 0335001004927667 | | | | | | |
| Amount in Figures: Rs. 100 | Amount in Figures: Rs. 100 | | | | | | |
| Amount in Words: Hundred Rupees Only | Amount in Words: Hundred Rupees Only | | | | | | |
| Note: Bank Service Charges Free of Cost | Note: Bank Service Charges Free of Cost | | | | | | |
| | | | | | | | |
| Allied Bank Limited | Allied Bank Allied Bank Limited | | | | | | |
| 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: 0020050208060021 | | | | | | |
| Amount in Figures: Rs. 115 | Amount in Figures: Rs. 115 | | | | | | |
| Amount in Words: One Hundred And Fifteen Rupees Only | Amount in Words: One Hundred And Fifteen Rupees Only | | | | | | |
| Note: Inclusive of Bank Service Charges | Note: Inclusive of Bank Service Charges | | | | | | |
| The Bank Must Return OTS Copy to the Candidate. Attach CNIC Copy with deposit silp. Application Form will not be entertained without Original Deposit Silp. Application Form will not be entertained other than against cash payment. FRIP Endorsement is required on both the Deposit Silp. 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 silpichalian 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 falling which the bank will not be responsible. | The Bank Must Return OTB Copy to the Candidate. Attach CMC Copy with depost silp. Application Form will not be entertained without Original Deposit Silp. Application Form will not be entertained other than against cash payment. FIBP Endorsement is required on both the Deposit Silp. 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 silp/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 falling which the bank will not be responsible. | | | | | | |
| Applicant Name: | Applicant Name: | | | | | | |
| Applicant Father Name: | Applicant Father Name: | | | | | | |
| CNIC No. / Form B No.: | CNIC No. / Form B No.: | | | | | | |
| Applied For: | Applicant Father Name: CNIC No. / Form B No.: Applied For: | | | | | | |
| | | | | | | | |
| Applicant Signature Cashier | | | | | | | |

x