

APPLICATION FORM
Pakistan Oilseed Department Applying for: Key Punch Operator (PPS-04)

TAG # (For Official use)

(359)

| Bank Online Deposit (*Note: Application Form will not be entertained without Original Deposit Slip.) ALFALAH, (ANY BRANCH) HBL, (ANY BRANCH) Branch Code Deposit Date | | | | | | | | | | |
|--|---|------------------------------------|------------------|--|-------------------------------------|--|--|------------------------------------|---------------------------|--|
| Note: Test Cer Test City: (Tick only one) | Center in the desired city will be arranged for minimum of 200 applicants. Once selected a test center cannot be changed. Islamabad | | | | | | Passport size Recent Photograph Affix with Gum (Latest By 6 months) | | | |
| Domicile Dist | rict: | | | DATA FIELD | S ARE REQUIRE | D. FILL YO | UR | y:1 | ' 3ip | |
| Domicile | | | | | | y 3p3 ¹ | :p 1 | | | |
| Province: □ KPK □ Islamabad Capital Territory □ FATA (Tick only one) □ Azad Jammu and Kashmir □ Gilgit Baltistan □ Other | | | | | | | _ | | | |
| | | | | | | | | | | |
| 1. Personal Name (in Full): | | n (In Block Letters) | | | | Note: | Tick Onl | ly One Circle in e | ach Row. | |
| Father's Name: | , <u> </u> | | | | | Relig | | Muslim Non-Muslim | | |
| CNIC/B-Form: | | | A | | | | | Are You Disable? Yes \(\cap \) No | | |
| • | | (D: ul | | 4 : 16: 1 | | Gend | | ○ Male | ○ Female | |
| Age: Postal Address: | | Deceased Serv | | | | onnel of Armed Forces of Pakistan vant: Yes No | | | | |
| Phone #: | | Cell #: | | | ive here Network d mobile Number | Gove | rnment S | | or daughter Yes No Yes No | |
| 2. Academic | 2. Academic Information (Note: In case of incomplete academic information, Your Application will be Declined.) | | | | | | | | | |
| Certificate | | Degree Title | Major S | | Year of | Marks Obtained | Total Marks | , | Institution Name | |
| Primary | | | | | | | | | | |
| SSC (10 years) | A I assal | | | | | | | | | |
| (12 / 13 years) | HSSC / DAE / A-Level (12 / 13 years) | | | | | | | | | |
| Bachelor (14 years) | | | | | | | | | | |
| Bachelor(Hons)/Master (16 years) | | | | | | | | | | |
| MS / M.Phil. (18 years) | | | | | | | | | | |
| Other (Diploma | , , , | | | | | | | | | |
| 3. Employm Form.) | ent Inform | ation (If Applicable) (N | ote: If you need | more rows t | o write your infoi | mation, you | ı can add a | an additional page v | vith Application | |
| Organization Type (Government / Semi Government | | Organization Name | | Designation (Your Designation / Position | | Job Description | | Start Date (Starting Date) | End Date (End Date) | |
| / Private) | | (Name of the Organization / Dept.) | | Title) | | | | (Stai tillg Date) | (Liiu Date) | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| 4. Undertaking by Applicant | | | | | | |
|---|-------------------------------|--------|----------|--|--|--|
| Id/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 shallbe liable to disciplinary action which mayresultincancellation ofmy candidatureat 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

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. 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.



Send Registration Form to:

Manager Operation (POD),
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

Applicant Signature

Cashier

| Branch Code: | Date:// | Branch Code: Branch Name: | Date:/ | | | |
|---|---|---|---|--|--|--|
| | NLINE DEPOSIT SLIP PCode;359 posit in only one bank & tick the relevant Bank | • 120 | NLINE DEPOSIT SLIP PCode: 235 osit in only one bank & tick the relevant Bank | | | |
| HBL MEDIANK | Habib Bank Limited | HBL HARD SANK | 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 Title: Account Number: Amount in Figures: Amount in Words: | umber: 23287106336103 | | | |
| Amount in Figures: | Rs.150 | Amount in Figures: | Figures: Rs150 | | | |
| Amount in Words: | One Fifty Rupees Only | Amount in Words: | Words: One Fifty Rupees Only | | | |
| Note: Bank Service C | | Note: Bank Service C | harges Free of Cost | | | |
| | | | | | | |
| A Bank Alfalah | Bank Alfalah Limited | A Bank Alfalah | Bank Alfalah Limited | | | |
| Remote Branch: | Bank Alfalah, PWD Branch (0335) | Remote Branch: Account Title: | Bank Alfalah, PWD Branch (0335) | | | |
| Account Title: | Open Testing Service | Account Title: | Open Testing Service | | | |
| Account Number: | 0335001004927667 | Account Number: | 0335001004927667 | | | |
| Amount in Figures: | Rs150 | Amount in Figures: | Rs.150 | | | |
| Amount in Words: | One Fifty Rupees Only | Amount in Words: | One Fifty Rupees Only | | | |
| Note: Bank Service C | harges Free of Cost | Note: Bank Service C | harges Free of Cost | | | |
| | | | | | | |
| Allied Bank | 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.175 | Account Title: Account Number: Amount in Figures: Amount in Words: Note: Inclusive of Bar | Rs.175 | | | |
| Amount in Words: | One Seventy Five Rupees Only | Amount in Words: One Seventy Five Rupees Only | | | | |
| Note: Inclusive of Ban | k Service Charges | Note: Inclusive of Bar | k Service Charges | | | |
| Application Form will not be: FBP Endorsement is require. Deposit it is any ordine court Cash should always be deponded through flatbuthe counter, please be sun | ast sig., sentential without Original Deposit Sig. ententialmed other than against cash payment, d on both the Deposit Sig. | Application Form will not be FBP Endorsement is require Deposit it in any online cour Cash should always be deprecipely printed through faith the counter, please be sun | set slip. entertained without Original Deposit Slip. entertained other than against cash payment. d on both the Deposit Slip. | | | |
| Applicant Name: | | Applicant Name: | | | | |
| Applicant Father Name: | | Applicant Father I | Applicant Father Name: | | | |
| CNIC No. / Form B No.: | | CNIC No. / Form B No.: | | | | |
| Applied For: | | CNIC No. / Form Applied For: | | | | |
| | | ×. | | | | |

Applicant Signature

Cashier

Open Testing Service
Innovation in Training & Assessment

BANK Copy