

**APPLICATION FORM (Phase 3)**

Reg No: \_\_\_\_\_


**DIRECTORATE GENERAL POPULATION WELFARE,  
KHYBER PAKHTUNKHWA**
**Eligibility Criteria:**

|                                                                                    |                              |                             |
|------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| A. Is your age according to the prescribed age limit for the desired post?         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. Do you have requisite Qualification & Experience as mentioned in Advertisement? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. Is your Domicile according to the desired post as mentioned in Advertisement?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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PHOTOGRAPH WITH  
GUM**

If your reply is "Yes" to A, B & C above, only then please proceed further. Otherwise you are not eligible to apply.

**01. Bank Online Deposit of Rs: 450/- from Designated Bank Branches.**

\*Note: Application form will not be entertained without original deposit slip (ATS Copy)

|           |  |              |  |
|-----------|--|--------------|--|
| Bank Code |  | Deposit Date |  |
|-----------|--|--------------|--|

**02. Desired Post:** Fill out the boxes against the posts you want to apply. Deposit Rs.450/- against each post you want to apply.

|                                                                         |                                                                       |
|-------------------------------------------------------------------------|-----------------------------------------------------------------------|
| 01. <input type="checkbox"/> Family Welfare Worker (Female) (BPS-09)    | 02. <input type="checkbox"/> Family Welfare Assistant (Male) (BPS-07) |
| 03. <input type="checkbox"/> Family Welfare Assistant (Female) (BPS-07) |                                                                       |

**03. Desired Test City:** Fill only one box (Mandatory).

|                                        |                                       |                                        |                                         |                                   |
|----------------------------------------|---------------------------------------|----------------------------------------|-----------------------------------------|-----------------------------------|
| 01. <input type="checkbox"/> Islamabad | 02. <input type="checkbox"/> Peshawar | 03. <input type="checkbox"/> D.I. Khan | 04. <input type="checkbox"/> Abbottabad | 05. <input type="checkbox"/> Swat |
| 06. <input type="checkbox"/> Mardan    | 07. <input type="checkbox"/> Kohat    | 08. <input type="checkbox"/> Bannu     |                                         |                                   |

**04. Domicile Province** \_\_\_\_\_ **Domicile District:** \_\_\_\_\_

|                                    |                                     |                                     |                                     |                                     |                                     |
|------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| 01. <input type="checkbox"/> Merit | 02. <input type="checkbox"/> Zone 1 | 03. <input type="checkbox"/> Zone 2 | 04. <input type="checkbox"/> Zone 3 | 05. <input type="checkbox"/> Zone 4 | 06. <input type="checkbox"/> Zone 5 |
|------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|

**05. Personal Information:** Use CAPITAL letters and leave spaces between words.

|                              |                                 |  |                                 |  |  |  |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |    |
|------------------------------|---------------------------------|--|---------------------------------|--|--|--|--|--|--|--|-------------------------------------|--|--|--|--|--|--|--|--|--|--|----|
| 01. Name in Full:            |                                 |  |                                 |  |  |  |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |    |
| 02. Father's Name:           |                                 |  |                                 |  |  |  |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |    |
| 03. Candidate CNIC #:        |                                 |  |                                 |  |  |  |  |  |  |  | --                                  |  |  |  |  |  |  |  |  |  |  | -- |
| 04. Gender:                  | <input type="checkbox"/> Male   |  | <input type="checkbox"/> Female |  |  |  |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |    |
|                              | D D M M Y Y                     |  |                                 |  |  |  |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |    |
| 06. Date of Birth:           |                                 |  |                                 |  |  |  |  |  |  |  | --                                  |  |  |  |  |  |  |  |  |  |  |    |
| 07. Email:                   |                                 |  |                                 |  |  |  |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |    |
| 05. Have you any disability? | <input type="checkbox"/> Yes    |  |                                 |  |  |  |  |  |  |  | <input type="checkbox"/> No         |  |  |  |  |  |  |  |  |  |  |    |
| 08. Postal Address:          |                                 |  |                                 |  |  |  |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |    |
|                              | City                            |  |                                 |  |  |  |  |  |  |  | District                            |  |  |  |  |  |  |  |  |  |  |    |
| 09. Phone No: (Mobile)       |                                 |  |                                 |  |  |  |  |  |  |  | (Res.)                              |  |  |  |  |  |  |  |  |  |  |    |
| 10. Religion:                | <input type="checkbox"/> Muslim |  |                                 |  |  |  |  |  |  |  | <input type="checkbox"/> Non-Muslim |  |  |  |  |  |  |  |  |  |  |    |

## 06. Academic Information:

**Note:** 1. ATS will not issue Roll No Slips to those who have not filled in their academic record properly.  
2. Candidate should convert their grades into marks.  
3. Write exact degree name & major subject mentioned in certificate/ transcript.

| Certificate/<br>Degree<br>Name                       | Degree Title | Major Subjects | Year Passing | Obtained<br>Marks/CGPA | Total Marks/<br>CGPA | Board/<br>University |
|------------------------------------------------------|--------------|----------------|--------------|------------------------|----------------------|----------------------|
| <b>Matric</b><br>(10 Years)                          |              |                |              |                        |                      |                      |
| <b>Intermediate</b><br>(12 Years)                    |              |                |              |                        |                      |                      |
| <b>Bachelor</b><br>(14 Years)                        |              |                |              |                        |                      |                      |
| <b>Bachelor<br/>(Hons)/<br/>Master</b><br>(16 Years) |              |                |              |                        |                      |                      |
| <b>Diploma</b>                                       |              |                |              |                        |                      |                      |
| <b>Others</b>                                        |              |                |              |                        |                      |                      |

## 07. Employment Record:

| Sr.<br>No | Organization/ Employer Name | Job Title | <u>Duration</u> |    |
|-----------|-----------------------------|-----------|-----------------|----|
|           |                             |           | From            | To |
| 01        |                             |           |                 |    |
| 02        |                             |           |                 |    |

08. Total Job Experience: \_\_\_\_\_

09. CNIC No: 

|  |  |  |  |  |    |  |  |  |  |  |  |    |  |
|--|--|--|--|--|----|--|--|--|--|--|--|----|--|
|  |  |  |  |  | -- |  |  |  |  |  |  | -- |  |
|--|--|--|--|--|----|--|--|--|--|--|--|----|--|

10. Mobile No: (Same as mentioned above) \_\_\_\_\_

PASTE YOUR RECENT  
PASSPORT SIZE  
COLOR  
PHOTOGRAPH WITH  
GUM

## 12. Undertaking by the applicant:

I \_\_\_\_\_ d/s/w of \_\_\_\_\_ do hereby solemnly declare that all the information provided by me in this application form and all the additional particulars/documents/certificates furnished along with it, are true to the best of my knowledge and belief and nothing has been concealed. I also declare that I have never been dismissed or removed from Govt service under any provincial, federal Government, autonomous and semi-autonomous or state enterprise. If any wrong or incorrect information is found later, I shall be liable to disciplinary action which may result in cancellation of my candidature and even my employment.

Date: \_\_\_\_\_ Signature of the candidate: \_\_\_\_\_

### Instructions:

- Fill the application form properly with complete and correct information.
- Do not leave any field blank, otherwise your application shall be rejected.
- Incorrect, false or forged information may result in cancellation of your candidature at any stage.
- Attach two recent passport size photograph & attested copy of CNIC.
- By hand submission of application form is not allowed.
- Test fee is non-refundable and non-transferable.

- ❖ Last Date of the submission of Application Form is **Thursday, 13<sup>TH</sup> January, 2022.**
- ❖ Application Form should reach ATS office latest by last date of submission of Application form.
- ❖ ATS will not be responsible for late receiving of application through courier/ Pakistan post etc.



### Help Line:

Ph: **051-2153577-9**

Website: [www.ats.org.pk](http://www.ats.org.pk)

Email: [info@ats.org.pk](mailto:info@ats.org.pk)

### Please Send Application Forms

(Only through courier or Pakistan Post within due date)

### Manager Operations

(Project: DGPW3-KPK)

### Allied Testing Services (ATS)

171-G, Street # 36, F-10/1, Islamabad



## Allied Testing Services

**BANK COPY**

Directorate General Population Welfare, Govt of Khyber Pakhtunkhwa

Branch Code \_\_\_\_\_ Branch Name \_\_\_\_\_ Date \_\_\_\_\_

### ONLINE DEPOSIT SLIP

(Please deposit fee in only one bank and tick the relevant bank)

|                                                                                                                                                                                                                 |                                                                                                                                                                                                                    |                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
|  <input type="checkbox"/>                                                                                                      |  <input type="checkbox"/>                                                                                                         | <b>Amount in Words:</b><br><b>Four Hundred and Fifty Rupees Only.</b><br>Non Refundable/ Non Transferable |
| A/C Title: Allied Testing Services<br>A/C No: 50127000600355<br>Note: Bank Service Charges: Free of Cost<br>Desired bank stamp is required on the deposit slip (ATS Copy) along Application Form to ATS Office. | A/C Title: Allied Testing Services<br>A/C No: 00150981013676011<br>Note: Bank Service Charges: Free of Cost<br>Desired bank stamp is required on the deposit slip (ATS Copy) along Application Form to ATS Office. |                                                                                                           |
| Test Processing Fee: 450/-                                                                                                                                                                                      |                                                                                                                                                                                                                    | Total: 450/-                                                                                              |

|                     |           |
|---------------------|-----------|
| Project Id:         | DGPW3-KPK |
| Applicant's Name:   |           |
| Guardian's Name:    |           |
| CNIC No/ B Form No: |           |
| Post Name:          |           |

Applicant Signature \_\_\_\_\_ Cashier \_\_\_\_\_  
Officer \_\_\_\_\_



## Allied Testing Services

**CANDIDATE COPY**

Directorate General Population Welfare, Govt of Khyber Pakhtunkhwa

Branch Code \_\_\_\_\_ Branch Name \_\_\_\_\_ Date \_\_\_\_\_

### ONLINE DEPOSIT SLIP

(Please deposit fee in only one bank and tick the relevant bank)

|                                                                                                                                                                                                                 |                                                                                                                                                                                                                    |                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
|  <input type="checkbox"/>                                                                                                      |  <input type="checkbox"/>                                                                                                         | <b>Amount in Words:</b><br><b>Four Hundred and Fifty Rupees Only.</b><br>Non Refundable/ Non Transferable |
| A/C Title: Allied Testing Services<br>A/C No: 50127000600355<br>Note: Bank Service Charges: Free of Cost<br>Desired bank stamp is required on the deposit slip (ATS Copy) along Application Form to ATS Office. | A/C Title: Allied Testing Services<br>A/C No: 00150981013676011<br>Note: Bank Service Charges: Free of Cost<br>Desired bank stamp is required on the deposit slip (ATS Copy) along Application Form to ATS Office. |                                                                                                           |
| Test Processing Fee: 450/-                                                                                                                                                                                      |                                                                                                                                                                                                                    | Total: 450/-                                                                                              |

|                     |           |
|---------------------|-----------|
| Project Id:         | DGPW3-KPK |
| Applicant's Name:   |           |
| Guardian's Name:    |           |
| CNIC No/ B Form No: |           |
| Post Name:          |           |

Applicant Signature \_\_\_\_\_ Cashier \_\_\_\_\_  
Officer \_\_\_\_\_



## Allied Testing Services

**ATS COPY**

Directorate General Population Welfare, Govt of Khyber Pakhtunkhwa

Branch Code \_\_\_\_\_ Branch Name \_\_\_\_\_ Date \_\_\_\_\_

### ONLINE DEPOSIT SLIP

(Please deposit fee in only one bank and tick the relevant bank)

|                                                                                                                                                                                                                 |                                                                                                                                                                                                                    |                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
|  <input type="checkbox"/>                                                                                                    |  <input type="checkbox"/>                                                                                                       | <b>Amount in Words:</b> Four Hundred and Fifty Rupees Only.<br>Non Refundable/ Non Transferable |
| A/C Title: Allied Testing Services<br>A/C No: 50127000600355<br>Note: Bank Service Charges: Free of Cost<br>Desired bank stamp is required on the deposit slip (ATS Copy) along Application Form to ATS Office. | A/C Title: Allied Testing Services<br>A/C No: 00150981013676011<br>Note: Bank Service Charges: Free of Cost<br>Desired bank stamp is required on the deposit slip (ATS Copy) along Application Form to ATS Office. |                                                                                                 |
| Test Processing Fee: 450/-                                                                                                                                                                                      |                                                                                                                                                                                                                    | Total: 450/-                                                                                    |

|                     |           |
|---------------------|-----------|
| Project Id:         | DGPW3-KPK |
| Applicant's Name:   |           |
| Guardian's Name:    |           |
| CNIC No/ B Form No: |           |
| Post Name:          |           |

Applicant Signature \_\_\_\_\_ Cashier \_\_\_\_\_  
Officer \_\_\_\_\_