

APPLICATION FORM

Establishment of Seed Certification Laboratory in

(364)

Khuzdar and Turbat

TAG # (For Official use)

			Арріуінг	g for: Low	er Divisi	ш стегк (PP3-	<u></u>					
Note: Test Center in t	the desired city w	vill be a	rranged for minimur	n of 200 applic	ants. Once sel	ected a test cer	nter car	nnot be c	hanged.				
	☐ Islamabad		☐ Lahore	□ M:	☐ Multan		☐ Karachi			· ·		rt size Recent	
Test City: ☐ Quetta			☐ Peshawar	□ D.	☐ D.I. Khan		☐ Hyderabad			Phot	Photograph Affix with		
(Tick only one) Sahiwal			☐ Abbottabad	☐ Gı	☐ Gujranwala		☐ Muzaffarabad			Gum (Lat			В <i>у 6</i>
☐ Gilgit			☐ Sargodha	☐ Su	☐ Sukkur		☐ Faisalabad			months)			
Domicile Dist	dat.				DATA FIELDS ARE REQUIRED. FILL YOUR TION FORM CAREFULLY.								
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Domicile	☐ Punjak)	☐ Balochista	l l	Sindh (U)		indh (K)		_	y 3p3	3 ¹:p i	i
Province:				d Capital Te	<u>, </u>								
(Tick only one)	☐ Azad J	ammu and Kashmir					<u> </u>	ther					
1. Personal I	nformatio	n (In	Block Letters)										
Name (in Full):		(1111	510 cm 200001 5j					Note:	Tick O	nly One Circ	le in e	each R	ow.
• • •								Religio		() Muslim			
Father's Name:							<u> </u>						
CNIC/B-Form:									isability Please	Specify)	\circ) Yes	○No
Ago	Dato	f Dirt	1 (D-M-Y)		Agrital State	7							
Age:	Date 0	ii bii ti	I (D-M-Y)	N	viai itai Statt	ıs. <u> </u>		Gende		\cap	Male	\top) Female
Postal Address:							_		d Force:) Yes	○ No
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									sed Ser			○ No	
Fmail #·		Cell #	:					Decea	sed Civ	vil Servant wi	fe, son	or dau	ghter
Liliali #		CCII #	•		, ,	ve here Netwoi mobile Numbe		Gover	nment	Servant:) Yes	○No
							,						
2. Academic	Informatio	n (No	te: In case of incom	pleteacademi	cinformation	Your Applicat	tion wil	ll be Decl	ined.)				
Certificate			egree Title	Major S		Year of	Ma	rks	Tota				itution
Desires					•	Passing	Obta	ined	Marl	ks Percei	itage	N	ame
Primary													
SSC (10 years)													
HSSC / DAE / (12 / 13 years)	A-Level												
Bachelor (14 ye	ears)												
Bachelor(Hor	ıs)/Master												
(16 years) MS / M.Phil. (1	10 years)												
Other (Diploma													
	<u> </u>	atio	1 (IfApplicable) (Not	o: If you pood	moro roves to	writovousins	ormati	on vous	anadd	an additional	nagovi	th App	lication
Form.)		ativi	I (ITApplicable) (NOU	e: ii you needi	more rows to	write your init	Offilatio	on, you c	.dII duu (an additional	pagewii	tii Appi	ication
Organization Type		Organization Na		Vame	me Desi		Jo	Job Description		Start Date		End Date	
(Government / Semi Government / Private)		(Na	(Name of the Organization / Dept.)		(Your Designation / Position Title)					(Starting Date)		(End Date)	
7	,					-,							
												 	

4. Undertaking by Applicant						
	do					
affirm that I have read and understood the conditi	ons for applying in the above mentioned	d 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 liableto disciplinary action which may result in cancellationof my candidate ureat any stage.						
Signature & Date:	Thumb Impression (Left Hand):					

Document Check list:

Tick if Attached / selected:

- ☐ Photograph Is Attached
- ☐ CNIC Copy Is Attached On The Back Side Of Application Form
- ☐ Attested Copies Of Educational Documents And Experience Letter Attached

Instructions:

- ALL DATA FIELDS ARE REQUIRED TO BE FILLED. FILL YOUR APPLICATION FORM CAREFULLY.
- 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 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.

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Send Registration Form to:

Manager Operation (ESCLKT), 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