

(366)

Bank Online Deposit (*Note: Application Form will not be entertained without Original Deposit Slip.)

☐ ALFALAH (ANY BRANCH)	☐ HBL (ANY BRANCH)	☐ ABL (ANY BRANCH)	Branch Code		Deposit Date	
Note: Test Center in the desired city will be arranged for minimum of 200 applicants. Once selected a test center cannot be changed.						
Test City: <i>(Tick only one)</i>	☐ Islamabad	☐ Lahore	☐ Multan	☐ Karachi		
	☐ Quetta	☐ Peshawar	☐ D.I. Khan	☐ Hyderabad		
	☐ Faisalabad	☐ Gujranwala	☐ Bahawalpur	☐ Sukkur		
	☐ Larkana	☐ Kohat	☐ Mardan	☐ Bannu		
	☐ Swat	☐ GB	☐ Shaheed Benazir Abad			
Domicile District: -----						
Domicile Province: <i>(Tick only one)</i>	☐ Punjab	☐ Balochistan	☐ Sindh (U)		☐ Sindh (R)	
	☐ KPK	☐ Islamabad Capital Territory			☐ FATA	
	☐ Azad Jammu and Kashmir			☐ Gilgit Baltistan	☐ Other	

Passport size Recent
Photograph Affix
with
Gum (Latest By 6

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1. Personal Information *(In Block Letters)*

Name (in Full): _____

Father's Name: _____

CNIC/B-Form:

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Age: _____ Date of Birth (D-M-Y) ----- Marital Status: _____

Postal Address: _____

Phone #: _____ Cell #: _____

Email (IF ANY): _____

(Do not give here Network converted mobile Numbers)

Note: Tick Only One Circle in each Row.

Religion:	☐ Muslim	☐ Non-Muslim
Are You Disable?	☐ Yes	☐ No
Gender:	☐ Male	☐ Female
Armed Forces:	☐ Yes	☐ No
Only for personnel of Armed Forces of Pakistan		
Deceased Servant:	☐ Yes	☐ No
Deceased Civil Servant wife, son or daughter		
Government Servant:	☐ Yes	☐ No
with Two Years Continuous Experience		
Scheduled Cast /Buddhist:	☐ Yes	☐ No

2. Academic Information (Note: In case of incomplete academic information, Your Application will be Declined.)

Certificate/Degree	Degree Title	Major Subjects	Year of Passing (D-M-Y)	Marks Obtained	Total Marks	Institution Name
Primary						
Middle						
SSC <i>(10 years)</i>						
HSSC / DAE / A-Level <i>(12 / 13 years)</i>						
Bachelor <i>(14 years)</i>						
Bachelor(Hons)/Master <i>(16 years)</i>						
MS / M.Phil. <i>(18 years)</i>						

3. Employment Information

(Note: If you need more rows to write your information, you can add an additional page with Application Form.)

Organization Type	Organization Name	Designation	Start Date	End Date
(Government / Semi Government / Private)	(Name of the Organization / Dept.)	(Your Designation / Position Title)	((D-M-Y))	((D-M-Y))

4. Undertaking by Applicant

I _____ d/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 shall be liable to disciplinary action which may result in cancellation of my candidature at 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. 300/- 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.
- Please visit OTS website according to the test schedule to check your status.

Cut Address box given below and affix it with gum on the envelope.



Send Registration Form to:

**Manager Operation,
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

Branch Code: _____ Date: ____/____/____

Branch Name: _____

ONLINE DEPOSIT SLIP

Please deposit in only one bank & tick the relevant Bank

 HBL HABIB BANK	☐ Habib Bank Limited
Remote Branch:	Habib Bank Limited, PWD Branch (2328)
Account Title:	Open Testing Service
Account Number:	23287106336103
Amount in Figures:	Rs. 300
Amount in Words:	Three hundred only
Note: Bank Service Charges Free of Cost	

 Bank Alfalah	☐ Bank Alfalah Limited
Remote Branch:	Bank Alfalah, PWD Branch (0335)
Account Title:	Open Testing Service
Account Number:	0335001004927667
Amount in Figures:	Rs. 300
Amount in Words:	Three hundred only
Note: Bank Service Charges Free of Cost	

 Allied Bank	☐ Allied Bank Limited
Remote Branch:	ABL Islamic Banking, PWD Branch (5133)
Account Title:	Open Testing Service
Account Number:	0020050208060021
Amount in Figures:	Rs. 325
Amount in Words:	Three hundred and twenty five only
Note: Inclusive of Bank Service Charges	

- 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 flatbed 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 Father Name:	
CNIC No. / Form B No.:	
Applied For:	

Applicant Signature

Cashier

Open Testing Service

Innovation in Training & Assessment

BANK Copy

Branch Code: _____ Date: ____/____/____

Branch Name: _____

ONLINE DEPOSIT SLIP

Please deposit in only one bank & tick the relevant Bank

 HBL HABIB BANK	☐ Habib Bank Limited
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Account Title:	Open Testing Service
Account Number:	23287106336103
Amount in Figures:	Rs. 300
Amount in Words:	Three hundred only
Note: Bank Service Charges Free of Cost	

 Bank Alfalah	☐ Bank Alfalah Limited
Remote Branch:	Bank Alfalah, PWD Branch (0335)
Account Title:	Open Testing Service
Account Number:	0335001004927667
Amount in Figures:	Rs. 300
Amount in Words:	Three hundred only
Note: Bank Service Charges Free of Cost	

 Allied Bank	☐ Allied Bank Limited
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Applicant Name:	
Applicant Father Name:	
CNIC No. / Form B No.:	
Applied For:	

Applicant Signature

Cashier