

APPLICATION FORM (A)

Reg No: _____



KHYBER PAKHTUNKHWA TECHNICAL EDUCATION &
VOCATIONAL TRAINING AUTHORITY (TEVTA)



Eligibility Criteria: **BPS-17 & Above Management Cadre**

A. Is your age according to the prescribed age limit for the desired post on the closing date of Application Form?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Do you have requisite Qualification & Experience as mentioned in Advertisement on the closing date of Application Form?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. Are you domiciled in KPK and Newly Merged Tribal Districts?	<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. Desired Post: Deposit test fee against the post you want to apply

01. <input type="checkbox"/> Administrator BPS-18 (Male)	02. <input type="checkbox"/> Administrator BPS-17 (Female)
03. <input type="checkbox"/> Monitoring & Evaluation Officer BPS-17 (COE)	04. <input type="checkbox"/> Labour Market Information (LMI) Officer BPS-17 (COE)
05. <input type="checkbox"/> Admin Officer BPS-17 (COE)	

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

01. <input type="checkbox"/> Islamabad	02. <input type="checkbox"/> Peshawar	03. <input type="checkbox"/> Bannu
04. <input type="checkbox"/> Dera Ismail Khan	05. <input type="checkbox"/> Swat	06. <input type="checkbox"/> Abbottabad

03. District of Domicile: Fill only one box (Mandatory).

01. <input type="checkbox"/> Abbotabad	02. <input type="checkbox"/> Bannu	03. <input type="checkbox"/> Battagram	04. <input type="checkbox"/> Buner	05. <input type="checkbox"/> Charsadda
06. <input type="checkbox"/> Chitral	07. <input type="checkbox"/> D.I Khan	08. <input type="checkbox"/> Hangu	09. <input type="checkbox"/> Haripur	10. <input type="checkbox"/> Karak
11. <input type="checkbox"/> Kohat	12. <input type="checkbox"/> Kohistan	13. <input type="checkbox"/> Lakki Marwat	14. <input type="checkbox"/> Lower Dir	15. <input type="checkbox"/> Malakand
16. <input type="checkbox"/> Mansehra	17. <input type="checkbox"/> Mardan	18. <input type="checkbox"/> Nowshera	19. <input type="checkbox"/> Peshawar	20. <input type="checkbox"/> Shangla
21. <input type="checkbox"/> Swabi	22. <input type="checkbox"/> Swat	23. <input type="checkbox"/> Tank	24. <input type="checkbox"/> Tor Ghar	25. <input type="checkbox"/> Upper Dir
26. <input type="checkbox"/> Bajaur	27. <input type="checkbox"/> Mohmand	28. <input type="checkbox"/> Khyber	29. <input type="checkbox"/> Orakzai	30. <input type="checkbox"/> Kurram
31. <input type="checkbox"/> North Waziristan	32. <input type="checkbox"/> South Waziristan			

04. Age Relaxation Claim: Proof to be provide at the time of selection. (Only 1 will be admissible)

A. Are you Govt. Employee and have completed 2 years continuous service on the closing date for receipt of Applications? (10 Years)

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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B. Are you a disabled person/ **Divorced Woman/ Widow?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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C. Do you belong to Backward areas of Khyber Pakhtunkhwa?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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D. Are you Employee/ Ex-Employee of Govt. Departmental Project?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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(If yes, then specify your duration of service in Govt. Project: _____ years, _____ Months.)

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

01. Name in Full:

02. Father's Name:

03. Candidate CNIC #:

04. Gender: Male Female

05. Have you any disability? Yes No

If yes, then attach certificate of Disability

D D M M Y Y

06. Date of Birth:

07. Email:

08. Postal Address:

City District

09. Phone No: (Mobile) (Residence Ph#)

10. Religion: Muslim Non-Muslim

11. Are you retired from Pakistan Armed Forces? Yes No

12. Are you a Govt serving employee and applying through proper channel? Yes No

(In case of Yes, NOC will be required)

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/ Degree Name	Degree Title	Major Subjects	Year Passing	Obtained Marks/CGPA	Total Marks/ CGPA	Board/ University
Matric (10 Years)	<input type="checkbox"/> Matric <input type="checkbox"/> Other _____	<input type="checkbox"/> Science <input type="checkbox"/> Arts <input type="checkbox"/> Other _____				
Intermediate (12 Years)	<input type="checkbox"/> F. A <input type="checkbox"/> F. Sc <input type="checkbox"/> D.A.E <input type="checkbox"/> ICS <input type="checkbox"/> Other _____					
Bachelor (14 Years)	<input type="checkbox"/> B.A <input type="checkbox"/> B. Sc <input type="checkbox"/> Other _____					
Bachelor (Hons)/ Master (16 Years)	<input type="checkbox"/> M.A <input type="checkbox"/> M.Sc <input type="checkbox"/> BS(Hons) <input type="checkbox"/> Other _____					
MS/ M. Phil (18 Years)	<input type="checkbox"/> MS <input type="checkbox"/> M.Phil <input type="checkbox"/> Other _____					
Ph.D	<input type="checkbox"/> Ph.D <input type="checkbox"/> Other _____					
Diploma/ Course Certificate	<input type="checkbox"/> Diploma <input type="checkbox"/> Course <input type="checkbox"/> Certificate	<input type="checkbox"/> DIT <input type="checkbox"/> Other _____	Duration in Months			

07. Employment Record:

Sr. No	Organization/ Employer Name	Job Title	Duration	
			From	To
01				
02				
03				

08. Total Job Experience as on closing date: Years – Months

Attach duly attested experience certificate

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09. CNIC No:

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10. Mobile No: (Do not write portable number) _____

11. 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: _____ Thumb Impression: _____ 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 photographs, attested copy of CNIC and Experience Certificate.
- Attach Nadra issued Certificate of Disability (In case of any disability).
- 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 **TUESDAY, 22nd March, 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

Email: info@ats.org.pk

Please Send Application Forms

(Only through courier or Pakistan Post within due date)

Manager Operations

(Project: TEVTA-KPK)

Allied Testing Services (ATS)

111-B, Street # 30, F-10/1, Islamabad.



Allied Testing Services



BANK COPY

Khyber Pakhtunkhwa Technical Education & Evaluation Authority

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"/>		Test Processing Fee: 199/- GST 16%: 32/- Bank Charges (For Transaction Verification): 14/- Total: 245/- GST#: 3277876150963	Amount in Words: Two Hundred and Forty Five Rupees Only. Non Refundable/ Non Transferable NTN#: 5013176-5
A/C Title: Allied Testing Services A/C No: 50127000600355 Note: Bank Service Charges: Free of Cost Desired bank stamp is required on the deposit slip (ATS Copy) along Application Form to ATS Office.		A/C Title: Allied Testing Services A/C No: 00150981013676011 Note: Bank Service Charges: Free of Cost Desired bank stamp is required on the deposit slip (ATS Copy) along Application Form to ATS Office.			
Project Id:	TEVTA-KPK				
Applicant's Name:					
Guardian's Name:					
CNIC No/ B Form No:					
Post Name:					
			Applicant Signature _____	Cashier _____	
			Officer _____		



Allied Testing Services



CANDIDATE COPY

Khyber Pakhtunkhwa Technical Education & Evaluation Authority

Branch Code _____ Branch Name _____ Date _____

ONLINE DEPOSIT SLIP

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

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			Officer _____		



Allied Testing Services



ATS COPY

Khyber Pakhtunkhwa Technical Education & Evaluation Authority Branch

Code _____ Branch Name _____ Date _____

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