## APPLICATION FORM





## CAGE CULTURE CLUSTER DEVELOPMENT PROJECT,



## FISHERIES DEVELOPMENT BOARD, ISLAMABAD

## **Eligibility Criteria:**

A. Is your age according to the prescribed age limit for the desired post?	Yes	No No	P	ASTE YOUR RECENT		
. Do you have requisite Qualification & Experience as mentioned in Ves No PASSPORT advertisement?						
C. Is your Domicile according to the desired post as mentioned in Advertisement? Advertisement COLOR						
If your reply is "Yes" to A, B &C above, only then please proceed further. Otherwise		HOTOGRAPH WITH GUM				
01.Bank Online Deposit of Rs: 60/- from Designated Bank	Branche	s.				
*Note: Application form will not be entertained without original deposit slip (A	*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.25/**- against each post you want to apply.

01. Field Research Officer (PPS 6)

## 03. Desired Test City:

01. 🗌 Islamabad		02.	Karachi												
04. Domicile Prov	ince				_ Don	nicile	Dist	rict:							
05. Personal Infor	mation	Use CAPI	TAL letter	s and le	ave spac	es betw	veen w	ords.							
01. Name in Full:															
02. Father's Name:															
03. Candidate CNIC #:															
04. Gender:	🗌 Mal	e 🗆 I	Female			05	. Have	you ai	ny disa	ability	י 🗌 י	íes 🛛	N	0	
06. Date of Birth: 08. Postal Address:	D D	M			Y			Email:							-
09. Phone No: (Res.)					Mobile)	1								_	
10. Religion: Mu	uslim m Pakistan		n-Muslim orces?	n 11.	Are yo			ving em No	ploye	e?		<b>Y</b>	es		No

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

## 07. Employment Record:

Sr.	Organization/ Employer Name	Job Title	Dura	tion_
No			From	То
01				
02				

00 Total Jah I		PASTE YOUR RECENT
08. Total Job I	-xperience:	PASSPORT SIZE
09. CNIC No:		COLOR
10 Mobile No	Same as mentioned above)	PHOTOGRAPH WITH
		GUM
11. Undertakir	ng by the applicant:	

I d/s/w of declare that all the information provided by me in this application form and all the certificates furnished along with it, are true to the best of my knowledge and belie I also declare that I have never been dismissed or removed from Govt service ur Government, autonomous and semi-autonomous or state enterprise. If any wron later, I shall be liable to disciplinary action which may result in cancellation of my employment.	ef and nothing has been concealed. nder any provincial, federal ig or incorrect information is found
Date: Signature of the candidate:	

#### Instructions:

Г

• 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 **FRIDAY**, **18<sup>TH</sup> 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:

#### **Please Send Application Forms**

Ph: 051-2153577-9

#### Website: <u>www.ats.org.pk</u> Email: <u>info@ats.org.pk</u>

(Only through courier or Pakistan Post within due date)

Manager Operations (Project: CCCD-ISB) Allied Testing Services (ATS) 111-B, Street # 30, F-10/1, Islamabad



# Allied Testing Services BANK COPY

Fisheries Development Board, Islamabad

Branch Code	Branch Name	Date	
	ONLINE DEPOSIT SLIP (Please deposit fee in only one bank and tick the relevan	it bank)	
	Bank AL Habib Limited		Amount in Words: Sixty Rupees Only.
A/C Title: Allied Testing Services A/C No: 50127000600355	A/C Title: Allied Testing Services A/C No: 00150981013676011	Test Processing Fee: 60/-	Non Refundable/ Non Transferable
Note: Bank Service Charges: Free of Cost Desired bank stamp is required on the	Note: Bank Service Charges: Free of Cost Desired bank stamp is required on the	Total: 60/-	
leposit slip (ATS Copy) along Application orm to ATS Office.	deposit slip (ATS Copy) along Application Form to ATS Office.	-	

Project Id:	CCCD-ISB		
Applicant's Name:		Applicant Signature	Cashier
Guardian's Name:			
CNIC No/ B Form No:		0 <sup>,</sup>	ficer
Post Name:			

Branch Name\_

⊁	_	-	-	-	-	-	-	-	-	-	-	
					2	Ì	t	5	5			

## **Allied Testing Services** CANDIDATE COPY Fisheries Development Board, Islamabad

Branch Code\_

ats

Branch Co	Branch Name	Date				
		ONLINE DEPOSIT SLIP (Please deposit fee in only one bank and tick the relev	ant bank)			
A/C Title: Allied Testing Services A/C No: 50127000600355		A/C Title: Allied Testing Services A/C No: 00150981013676011	Test Processing Fee:	60/-	Amount in Words: Sixty Rupees Only. Non Refundable/ Non Transferable	
Note: Bank Service Char Desired bank stamp is r	equired on the	Note: Bank Service Charges: Free of Cost Desired bank stamp is required on the	Total:	60/-		
deposit slip (ATS Copy) Form to ATS Office.	along Application	deposit slip (ATS Copy) along Application Form to ATS Office.				
Project Id:	ccc	D-ISB	Analisant Siznatura		Cashier	
Applicant's Name:			Applicant Signature		Cashier	
				055		
Applicant's Name: Guardian's Name: CNIC No/ B Form No:				Officer		

## Allied Testing Services ATS COPY Fisheries Development Board, Islamabad Branch Name\_\_\_\_\_

Branch Code

ONLINE DEPOSIT SLIP

	(Please deposit fee in only one bank and tick the relevant	nt bank)
	Bank AL Habib Limited	
A/C Title: Allied Testing Services	A/C Title: Allied Testing Services	Test Processing Fee:
A/C No: 50127000600355	A/C No: 00150981013676011	
Note: Bank Service Charges: Free of Cost Desired bank stamp is required on the	Note: Bank Service Charges: Free of Cost Desired bank stamp is required on the deposit slip (ATS Copy) along Application	Total:
deposit slip (ATS Copy) along Application Form to ATS Office.	Form to ATS Office.	

Test Processing I	Fee: 60/-	Amount in Words: Sixty Rupees Only. Non Refundable/ Non Transferable
Total:	60/-	

Date\_

Project Id:	CCCD-ISB	
Applicant's Name:		
Guardian's Name:		
CNIC No/ B Form No:		
Post Name:		

Applicant Signature	Cashier

Officer