APPLICATION FORM



Project Management Unit (PMU), Fisheries Development Board, Islamabad



Reg No:

| Eligibility Criteria: | | | | | |
|--|---|--------------------------|--|--|--|
| A. Is your age according to the prescribed age limit for the d | esired post? Yes | No PASTE YOUR RECENT | | | |
| B. Do you have requisite Qualification & Experience as ment Advertisement? | No PASSPORT SIZE | | | | |
| C. Is your Domicile according to the desired post as mentioned in Yes No COLOR | | | | | |
| | Advertisement? PHOTOGRAPH WITH f 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: 150/- from Desig | · | GUM | | | |
| *Note: Application form will not be entertained without original | | | | | |
| Bank Code | Deposit Date | | | | |
| 02. Desired Post: Deposit Rs.150/ - against the post you wa | nt to apply. | | | | |
| 01. Assistant Director (Coordination) (PPS-07) | | | | | |
| 03. Desired Test City: Fill only one box (Mandatory). | | | | | |
| 01. Islamabad | | | | | |
| | | | | | |
| 04.Domicile : | Tehsil: | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | | |
| 05. Personal Information: Use CAPITAL letters and lea | ve spaces between words. | | | | |
| 01. Name in Full: | | | | | |
| 02. Father's Name: | | | | | |
| 03. Candidate CNIC #: | | | | | |
| 04. Gender: Male Female | 05. Have you ar | y disability? Yes No | | | |
| D D M M | Y Y | y disability: — Tes — No | | | |
| 06. Date of Birth: | 07. Email: _ | | | | |
| 08. Postal Address: | | | | | |
| City | Dis | trict | | | |
| 09. Phone No: (Mobile) | (Res.) | | | | |
| 10. Religion: Muslim Non-Muslim 11. | Are you a Govt serving em | ployee? | | | |
| 12. Are you retired from Pakistan Armed Forces? | | | | | |
| - | | | | | |

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

| 07. Empl | oyment Record: |
|----------|----------------|
|----------|----------------|

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

| | PASTE YOUR RECENT |
|--|---------------------|
| 08. Total Job Experience: | PASSPORT SIZE |
| 09. CNIC No: | COLOR |
| 10. Mobile No: (Same as mentioned above) | PHOTOGRAPH WITH GUM |

11. Undertaking by the applicant:

| certificates furnished alor I also declare that I have Government, autonomou | d/s/w of nation provided by me in this application form and all ng with it, are true to the best of my knowledge and be never been dismissed or removed from Govt. servicus as and semi-autonomous or state enterprise. If any was disciplinary action which may result in cancellation of | belief and nothing has been concealed. ce under any provincial, federal wrong or incorrect information is found |
|--|---|---|
| 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 Tuesday, 1th November, 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.

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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: FDB-02)

Allied Testing Services (ATS) 111-B, Street # 30, F-10/1, Islamabad.



Allied Testing Services BANK COPY

| Deanet Co | do | Fisheries Development Board, Is | | |
|---|---|--|--|--|
| Branch Coo | e | Branch Name ONLINE DEPOSIT SLIP | Date | |
| | | Please deposit fee in only one bank and tick the relevan | nt bank) 1 | 1 |
| A/C Title: Allied Te A/C No: 50127000 Note: Bank Service Charg Desired bank stamp is re deposit slip (ATS Copy) a | 600355 ges: Free of Cost equired on the | Bank AL Habib Limited 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. | Test Processing Fee: 150/- Total: 150/- | Amount in Words: One Hundred and Fifty Rupees Only. Non Refundable/ Non Transferable |
| | I: | | Í | |
| Project Id: | FDB- | ISB | Applicant Signature | Cashier |
| Applicant's Name: | | | | |
| Guardian's Name: CNIC No/ B Form No: | | | Officer | |
| Post Name: | | | - | |
| *ats | <u>S</u> | Allied Testing Ser CANDIDATE CO Fisheries Development Boar | PY | |
| December Co. | | Barrat Name | 5-4- | |
| Branch Coo | ie | Branch Name ONLINE DEPOSIT SLIP | Date | |
| | | Please deposit fee in only one bank and tick the relevan | nt bank) | T and a second s |
| A/C Title: Allied Te A/C No: 50127000 Note: Bank Service Charg Desired bank stamp is re | 600355 ges: Free of Cost | Bank AL Habib Limited A/C Title: Allied Testing Services A/C No: 00150981013676011 Note: Bank Service Charges: Free of Cost Desired bank stamp is required on the | Test Processing Fee: 150/- Total: 150/- | Amount in Words: One Hundred and Fifty Rupees Only Non Refundable/ Non Transferable |
| deposit slip (ATS Copy) a Form to ATS Office. | | deposit slip (ATS Copy) along Application Form to ATS Office. | | |
| Project Id: | FDB- | ISB | Applicant Signature | Cashier |
| Applicant's Name: Guardian's Name: | | | | |
| CNIC No/ B Form No: | | | Officer | |
| Post Name: | | | | |
| × | S | Allied Testing Ser ATS COPY Fisheries Development Board Branch Name | | |
| | | ONLINE DEPOSIT SLIP | | |
| A/C Title: Allied Te | esting Services | Please deposit fee in only one bank and tick the relevant Bank AL Habib Limited A/C Title: Allied Testing Services A/C No: 00150981013676011 | Test Processing Fee: 150/- | Amount in Words: One Hundred and Fifty Rupees Only Non Refundable/ Non |
| Note: Bank Service Charg Desired bank stamp is re deposit slip (ATS Copy) a Form to ATS Office. | ges: Free of Cost equired on the | Note: Bank Service Charges: Free of Cost Desired bank stamp is required on the deposit slip (ATS Copy) along Application Form to ATS Office. | Total: 150/- | Transferable |
| | I | | 1 | |
| Project Id: | FDB- | ISB | Applicant Signature | Cashier |
| Applicant's Name: | | | 100 N | |
| Guardian's Name: | | | Officer | |
| CNIC No/ B Form No: Post Name: | | | | |
| | | | | |