

# Careers Testing Agency Careers Testing Agency

Reg No. \_\_\_\_\_

To be filled by CTA

#### Picture 1

Paste Your Recent
Passport size color
Photograph not older then
6 Month Having Blue
Background with gum

ت<mark>ضویر</mark>لاز مأمنسلک کریں بصورت دیگرفارم عمل میں نہیں لایا جائیگا۔

# APPLICATION FORM FOR BALOCHISTAN CANDIDATES

| 01. Bank Online Deposit of Rs:400/- Designated  | d Bank Branches:        |  |  |  |  |
|---|-------------------------|--|--|--|--|
| Branch Code Deposi  | t Date                  |  |  |  |  |
| *Note: Application Form will not be entertained without Original Deposit S  | Slip CTA Copy           |  |  |  |  |
| 02. Post Applied For:   |                         |  |  |  |  |
| 03. Chose Test Center Location:   |                         |  |  |  |  |
| (Subject to a minimum of 200 candidates, other wise the candidates will be assigned next nearest test city)  Test Centers For Balochistan |                         |  |  |  |  |
| Test senters for Bale   |                         |  |  |  |  |
| Quetta Gwadar Ziarat Khuzd  | ar Jhalmagsi Jafarabad  |  |  |  |  |
| Dera Bugti Sabi Naseerabad Mastun   | g Lasbela Musakhel      |  |  |  |  |
| Loralai Kohlu Kalat Sohba   | tpur Kharan Pishin      |  |  |  |  |
| 04. Personal Information  |                         |  |  |  |  |
| Please use Captial Letter For All Fields  Full Name:  |                         |  |  |  |  |
|   |                         |  |  |  |  |
| ather Name:   |                         |  |  |  |  |
| Candidate CNIC No:  |                         |  |  |  |  |
| D D M M  Oate of Birth: Write your Correct Date of Birth  | 1 9 Gender: Male Female |  |  |  |  |
| otherwise you will be rejected  |                         |  |  |  |  |
| Ostal Address:  | service.                |  |  |  |  |
|   | City:District:          |  |  |  |  |
| ermanent Address:   |                         |  |  |  |  |
| ease write correct permanet address as written on your CNIC, otherwise you will be rejecte  | d.                      |  |  |  |  |
| (   | City:District:          |  |  |  |  |
| Phone No: Mobile  | Email                   |  |  |  |  |
| Are you Government Servant? Yes No If Yes then Total years of continuous Experience:  |                         |  |  |  |  |
| In case of yes, Please attach NOC  Are you Disable Person?  If Yes, Please attach Disability Certificate  Yes No If Yes State Nat         | ure of your Disability: |  |  |  |  |

| 04. Religion:  | Muslim           | Non Musli   | m 05    | . Are you    | fluent in E            | Englis   | Yes NO                                |  |
|--|------------------|-------------|---------|--------------|------------------------|----------|---------------------------------------|--|
| 06. Province / District of Domicile:   |                  |             |         |              |                        |          |                                       |  |
| Province / District Name   |                  |             |         |              |                        |          |                                       |  |
| 07. Employment Record: (please do not attach copies of your employment / experience certificates)  |                  |             |         |              |                        |          |                                       |  |
| Sr.# Organizati  | ion / Employer I | Name        |         | Job Title    |                        |          | ob Duration<br>nly Month & Year<br>To |  |
| 1.   |                  |             |         |              |                        |          |                                       |  |
| 2.   |                  |             |         |              |                        |          |                                       |  |
| 3.   |                  |             |         |              |                        |          |                                       |  |
|  | l                | /DI         |         |              |                        |          |                                       |  |
| <ul> <li>O8.Academic Information: (Please dn't attach attested copies of your academic certificates)</li> <li>Note: 1. CTA will not issue Roll No Slips to those who have not filled in their academic record properly.</li> <li>2.Cadidates should convert their grades into marks. O Level / A Level.</li> <li>3.Write exact degree name &amp; major subject mention in certificate / transcript.</li> </ul>   |                  |             |         |              |                        |          |                                       |  |
| Certificate/Degree<br>Name   | Degree Title     | Major Subje | cts     | Passing Year | Obtained Marks<br>CGPA | Total Ma |                                       |  |
| <b>Matric</b><br>Equivalent (10 Years)   |                  |             |         |              |                        |          |                                       |  |
| Intermediate<br>(12 Years)   |                  |             |         |              |                        |          |                                       |  |
| Bachelor<br>(14 Years)   |                  |             |         |              |                        |          |                                       |  |
| Bachelor (Hons)<br>Master (16 Years)   |                  |             |         |              |                        |          |                                       |  |
| MS / M.Phil<br>(18 Years)  |                  |             |         |              |                        |          |                                       |  |
| Diploma/<br>Certificate  |                  |             |         | Duration     |                        |          |                                       |  |
| Undertaking By The Applicant:  |                  |             |         |              |                        |          |                                       |  |
| Paste Your Recent Paste Your |                  |             |         |              |                        |          |                                       |  |
| Jate.  | Ca               | ndidata's   | Sianatu | rΔ           |                        |          | ويغرفارم ليك المانيك لأياجارية -      |  |

#### General Instructions/Information:

- > Please fill the application form properly with complete and correct information.
- > Please do not leave any field blank, otherwise your application may not be considered.
- Incorrect, false or forget information may result in cancellation of your candidature at any stage, even after employment, and also proceeding of a legal action.
- Attach your recent passport size photograph, copy of CNIC and bank deposit slip.
- > Use separate envelop and separate application form for each post you are applying for.

#### CAREER TESTING AGENCY

Mazanine Floor #FL -7 Block A, Gulshan-e-Jamal main Stadium Road Karachi Pakistan, Post Code 75260: Phone No, 02134680507 or 02134680513



# **Careers Testing Agency**



**Deposit Slip - Bank Copy** 

(Please Deposit at any UBL Branch)

| (Flease Deposit at any ODE Dranen) |                   |      |  |  |  |  |
|------------------------------------|-------------------|------|--|--|--|--|
| <b>UBL Account Number</b>          | 246767802         | Date |  |  |  |  |
| Branch Name & Code                 |                   |      |  |  |  |  |
| (PV#)/ CNIC/ B. Form No.           |                   |      |  |  |  |  |
| (Buyer Code) Father Name           |                   |      |  |  |  |  |
| (Buyer Name) Applicant Name        |                   |      |  |  |  |  |
| Amount                             | Amount in Words   |      |  |  |  |  |
| RS. 400/-                          | Four Hundred Only |      |  |  |  |  |

**Applicant Signature** 

**Bank Officer/Teller** 



## **Careers Testing Agency**

Deposit Slip – CTA Copy (Please Deposit at any UBL Branch)



| UBL Account Number          | 246767802 | Date            |  |  |
|-----------------------------|-----------|-----------------|--|--|
| Branch Name & Code          |           |                 |  |  |
| (PV#)/ CNIC/ B. Form No.    |           |                 |  |  |
| (Buyer Code) Father Name    |           |                 |  |  |
| (Buyer Name) Applicant Name |           |                 |  |  |
| Amount                      | Amo       | Amount in Words |  |  |
| RS. 400/-                   | Four      | Hundred Only    |  |  |

**Applicant Signature** 

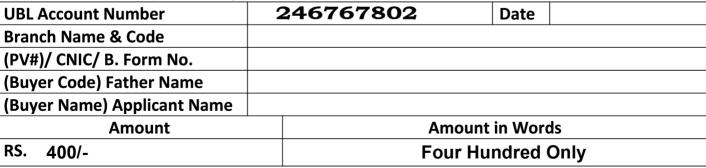
**Bank Officer/Teller** 



## **Careers Testing Agency**

Deposit Slip - Applicant Copy

(Please Deposit at any UBL Branch)



**Applicant Signature** 

**Bank Officer/Teller**