



OPEN TESTING SERVICE

TEST & TRAINING CENTER REGISTRATION FORM

Phone #: 051-2375081

Email: info@ots.org.pk

Website: www.ots.org.pk

General Information

1. ORGANIZATION NAME: _____
2. CITY: _____ 3. PROVINCE / STATE: _____
4. COMPLETE MAILING ADDRESS: _____

5. WEBSITE (IF ANY): _____
6. CHIEF ADMINISTRATOR NAME: _____
7. TITLE: _____ CNIC #: _____
8. PHONE: _____ 9. MOBILE: _____ 10. E-MAIL: _____
11. OTHER EXAMS ADMINISTRED AT THE INSTITUTION: _____

Key Examiners and Proctors

12. CHIEF EXAMINER NAME: _____
13. TITLE: _____ CNIC #: _____
14. HIGHEST DEGREE EARNED: _____
15. FIELD OF STUDY: _____
16. EXPERIENCE IN TESTING: _____
17. NATIVE LANGUAGE: _____
18. PHONE: _____ 19. MOBILE: _____ 20. E-MAIL: _____

Exam / Training Administration Information

21. HOW MANY CANDIDATES CAN BE TESTED AT ONE TIME? _____
22. HOW MANY CANDIDATES CAN BE TRAINED AT ONE TIME? _____
23. NUMBER OF TEACHING STAFF: _____

Computer Lab Facility:

Yes	No
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24. If Yes: How Many Computers are in your Lab: _____

Internet Facility availability:

Yes	No
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IN ORDER TO BECOME AN OTS TEST CENTER/TRAINING CENTER, I AGREE TO THE FOLLOWING RULES AND REGULATIONS:

- ❖ I will not administer OTS examinations under any situation in which OTS or others might perceive a conflict of interest in my serving as examiner.
- ❖ I will not administer OTS examinations to any candidate whose performance on the test might lead to a financial or professional benefit to me. I will assure that any proctors I engage to assist with the administration of OTS tests have no personal or professional relationship with OTS candidates.
- ❖ I will keep all OTS materials secure and stored in a locked space between OTS administrations.
- ❖ I will not allow anyone other than official OTS candidates and proctors during official OTS administrations to see, hear of, nor otherwise gain any knowledge of the specific content of any OTS materials.
- ❖ I will return all OTS materials to the OTS office when my examiner's term has expired or when asked to do so by OTS.

I certify that the answers I have given to all the questions in this application are true and complete to the best of my knowledge.

CHIEF ADMINISTRATOR
SIGN & STAMP

Requirements:

- ❖ Attach 2 photo copies of Institution registration/incorporation certificate.
- ❖ Attach 2 passport size recent photographs of CHIEF EXAMINER and CHIEF ADMINISTRATOR.
- ❖ Attach photocopy of CNIC of CHIEF EXAMINER and CHIEF ADMINISTRATOR.

Send Application Forms to:

**Manager Operations
Open Testing Service (OTS)
OFFICE # 03, 1ST FLOOR, PLOT # 14, MPCHS, E11/3, ISLAMABAD.
Tel: +92-51-2375081 Fax: +92-51-2375080**