

(184)

## APPLICATION FORM Armed Force Institute of Nutrition Lahore Applying for: Lower Divisional Clerk (BPS-09)

..... OTS REG # For Official Use

Bank Onli	ne D	eposit (*	*Note: Applica	tion Forn	n will	not be entertai	ned without Origi	inal De	posit Slip.)	
ALFA (ANY BRAN(	CH)	Ē	HBL, ANY BRANCH)		· .	BRANCH)	Branch Code		 Deposit Date	Passport size
Note: Test Cer	nter in t	he desired ci	ty will be arrang				. Once selected a tes	t center	cannot be changed.	Recent Photograph
		ttock	🗌 Bahawal	nagar	🗆 Ba	ahawalpur	Chiniot		era Ghazi Khan	5.
Test City:	🗆 Fa	aisalabad	🗌 Gujranw	ala	🗆 Jh	ang	🗆 Kasur	🗆 La	hore	Affix with Gum
(Tick only one)		lultan	🗌 Muzaffa	rgarh	□ O	kara	□Rawalpindi	🗆 Ra	ahim Yar Khan	
oney	🗆 Sa	ahiwal	Sargodh	а	🗆 Sł	neikhupura	□ Sialkot		ehari	پ کی تصویر اس خانے میں ہونا ضروری ہے
Domicile D	oistric	t:					DATA FIELDS ARE			میں ہونا ضروری ہے
Domicile		Punjab	🗆 Ba	lochistar	۱		Sindh (U)		Sindh (R)	
Province:		КРК	🗆 Isla	mabad	Capit	al Territory			FATA	
(Tick only one)		Azad Jan	nmu and Kas	hmir			Gilgit Baltistan		Other	

1. Personal In	formation (In Block Letters)	
Name (in Full):		Note: Tick Only One Circle in each Row.
Father's Name:		Religion: OMuslim ONOn-Muslim
Father's Name:		Are You Disable? O Yes O No
CNIC/B-Form:		Gender: OMale Female
I		Armed Forces: OYes No
Age:	Date of Birth (D-M-Y) Marital Status:	Only for personnel of Armed Forces of Pakistan
		Deceased Servant: OYes ONO
Postal Address:		Deceased Civil Servant wife, son or daughter
		Government Servant: OYes ONo
	(Do not give here Network	with Two Years Continuous Experience
Phone #:	Cell #: converted mobile Numbers)	Scheduled Cast /Buddhist: O Yes O No

Certificate/Degree	Degree Title	Major Subjects	Year of Passing	Marks Obtained	Total Marks	Institution Name
SSC (10 years)						
HSSC / DAE / A-Level (12 / 13 years)						
Bachelor (14 years)						
Bachelor (H) / Master (16 years)						
MS / M.Phil. (18 years)						
PhD						
<b>Other</b> (Diploma / Certificate)						

3. Employment Information (Note: If you need more rows to write your information, you can add an additional page with Application Form.)						
Organization Type	Organization Name	Designation	Start Date	End Date		
(Government / Semi Government /	(Name of the Organization / Dept.)	(Your Designation / Position	(Starting Date)	(End Date)		
Private)		Title)				

### 4. Undertaking by Applicant

Id/s/w of	do	hereby	solemnly
affirm that I have read and understood the conditions for applying in the above menti	oned	Post and	that I have
filled the form as per instructions given above and in the event any information conta untrue, I shall be liable to disciplinary action which may result in cancellation of my candidate			ound to be
and ac, i shan be hable to disciplinary action which may result in cancenation of my candida	uica	itest.	

Signature & Date: ..... Thumb Impression (Left Hand): .....

### **Document Check list:**

Tick if Attached / selected:

- □ Photograph is Attached
- Original bank Deposit Slip is Attached on the back side of Application Form
- $\hfill\square$  CNIC Copy is Attached on the back side of Application Form

### **Instructions:**

- Application Fee (Service Charges) is nonrefundable / nontransferable. Bank Online Deposit of Rs. 100/- must be attached with application form.
- In case of more than one apply use separate application form along with original deposit slip.
- Application must reach OTS office latest by last date of submission of application form.
- OTS will not be responsible for late receiving of application through courier / Pakistan post etc
- Attach your recent photograph, CNIC copy, original bank deposit slip with this application form.
- Without Signature & Thumb impression, your application form will not be entertained.
- Without photograph your application form will not be entertained.
- In-complete forms will not be entertained. (All the fields are mandatory / Required)
- By hand submissionn of Application form is not allowed.
- Mobile phones are not allowed in test center premises.
- Please visit OTS website according to the test schedule to check your status.

Cut Address box given below and affix it with gum on the envelope.

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Send Registration Form to:

Manager Operations, (AFIN)

### **Open Testing Service (OTS),**

Office No 01, Central Avenue, Phase 6, Bahria Town, Islamabad

Help Line: 051 111 687 222 Email: info@ots.org.pk, Website: www.ots.org.pk

# Open Testing Service

### **OTS Copy**

Branch Code:

Branch Name:

#### ONLINE DEPOSIT SLIP

Date:

Please deposit in only one bank & tick the relevant Bank

HBL навів валк	Habib Bank Limited
Remote Branch:	Habib Bank Limited, PWD Branch (2328)
Account Title:	Open Testing Service
Account Number:	23287106336103
Note: Bank Service C	harges Free of Cost

A Bank Alfalah	Bank Alfalah Limited
Remote Branch:	Bank Alfalah, PWD Branch (0335)
Account Title:	Open Testing Service
Account Number:	0335001004927667
Note: Bank Service C	harges Free of Cost

Allied Bank	Allied Bank Limited
Remote Branch:	ABL Islamic Banking, PWD Branch (5133)
Account Title:	Open Testing Service
Account Number:	0020050208060021
Note: Bank Service C	harges Free of Cost

Application Form will not be entertained without Original Deposit Slip.
Desired Bank Stamp is required on the Deposit Slip.
Deposit it in any online country wide branches.

Applicant Name:	
Applicant Father Name:	
CNIC No. / Form B No.:	
Applied For:	

Amount in Figures:	Rs. 100
Amount in Words:	One Hundred Rupees Only

# Open Testing Service

### **BANK Copy**

Date:

Branch Code:\_

Branch Name:

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#### ONLINE DEPOSIT SLIP

Please deposit in only one bank & tick the relevant Bank

НВС навів валк	Habib Bank Limited
Remote Branch:	Habib Bank Limited, PWD Branch (2328)
Account Title:	Open Testing Service
Account Number:	23287106336103
Note: Bank Service C	harges Free of Cost

A Bank Alfalah	Bank Alfalah Limited
Remote Branch:	Bank Alfalah, PWD Branch (0335)
Account Title:	Open Testing Service
Account Number:	0335001004927667
Note: Bank Service C	harges Free of Cost

Allied Bank	Allied Bank Limited
Remote Branch:	ABL Islamic Banking, PWD Branch (5133)
Account Title:	Open Testing Service
Account Number:	0020050208060021
Note: Bank Service C	harges Free of Cost

Please Stamp both copies of deposit Slip.
The Bank Must Return OTS Copy to the Candidate.
Attach CNIC Copy with deposit slip.

Applicant Name:	
Applicant Father Name:	
CNIC No. / Form B No.:	
Applied For:	

inount in riguroo.	Rs. 100
Amount in Words:	One Hundred Rupees Only

..... **Applicant Signature** 

..... Cashier

..... **Applicant Signature** 

..... Cashier