

(244)

Bank Online Deposit (*Note: Application Form will not be entertained without Original Deposit Slip.)

<input type="checkbox"/> ALFALAH, (ANY BRANCH)	<input type="checkbox"/> HBL, (ANY BRANCH)	<input type="checkbox"/> ABL, (ANY BRANCH)	Branch Code	Deposit Date
Note: Test Center in the desired city will be arranged for minimum of 200 applicants. Once selected a test center cannot be changed.				
Test City: (Tick only one)	<input type="checkbox"/> Islamabad	<input type="checkbox"/> Lahore	<input type="checkbox"/> Karachi	<input type="checkbox"/> Quetta
	<input type="checkbox"/> Peshawar			
Domicile District:			Note: ALL DATA FIELDS ARE REQUIRED. FILL YOUR APPLICATION FORM CAREFULLY.	
Domicile Province: (Tick only one)	<input type="checkbox"/> Balochistan			

Passport size
Recent
Photograph Affix
with Gum

آپ کی تصویر اس خانے
میں ہونا ضروری ہے

1. Personal Information (In Block Letters)

Name (in Full):

Father's Name:

CNIC/B-Form:

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Age: Date of Birth (D-M-Y) ____ - ____ - ____ Marital Status:

Postal Address:

Phone #: Cell #: (Do not give here Network converted mobile Numbers)

Note: Tick Only One Circle in each Row.

Religion:	<input type="radio"/> Muslim	<input type="radio"/> Non-Muslim
Gender:	<input type="radio"/> Male	<input type="radio"/> Female

2. Academic Information (Note: In case of incomplete academic information, Your Application will be Declined.)

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						
Other (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	Description	Start Date	End Date
(Government / Semi Government / Private)	(Name of the Organization / Dept.)	(Your Designation / Position Title)		(Starting Date)	(End Date)

4. Undertaking by Applicant

I _____ d/s/w of _____ do hereby solemnly affirm that I have read and understood the conditions for applying in the above mentioned Post and that I have filled the form as per instructions given above and in the event any information contained herein is found to be untrue, I shall be liable to disciplinary action which may result in cancellation of my candidature & test.

Signature & Date: Thumb Impression (Left Hand):

Document Check list:

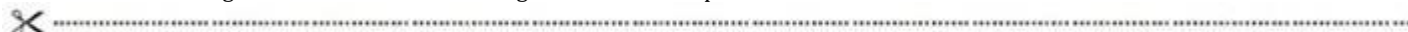
Tick if Attached / selected:

- ☐ Photograph is Attached
- ☐ Original bank Deposit Slip is Attached on the back side of Application Form
- ☐ CNIC Copy is Attached on the back side of Application Form

Instructions:

- Application Fee (Service Charges) is nonrefundable / nontransferable. Bank Online Deposit of Rs. 110/- 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 submission 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.



Send Registration Form to:

Manager Operations, (SECP)

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

Innovation in Training & Assessment


OTS Copy


Branch Code: _____ Date: ____ / ____ / ____


Branch Name: _____

ONLINE DEPOSIT SLIP

Please deposit in only one bank & tick the relevant Bank

 HABIB BANK	<input type="checkbox"/> Habib Bank Limited
Remote Branch:	Habib Bank Limited, PWD Branch (2328)
Account Title:	Open Testing Service
Account Number:	23287106336103
Amount in Figures:	Rs. 110
Amount in Words:	One Hundred & Ten Rupees Only
Note: Bank Service Charges Free of Cost	

 Bank Alfalah	<input type="checkbox"/> Bank Alfalah Limited
Remote Branch:	Bank Alfalah, PWD Branch (0335)
Account Title:	Open Testing Service
Account Number:	0335001004927667
Amount in Figures:	Rs. 110
Amount in Words:	One Hundred & Ten Rupees Only
Note: Bank Service Charges Free of Cost	

 Allied Bank	<input type="checkbox"/> Allied Bank Limited
Remote Branch:	ABL Islamic Banking, PWD Branch (5133)
Account Title:	Open Testing Service
Account Number:	0020050208060021
Amount in Figures:	Rs. 125
Amount in Words:	One Hundred & Twenty Five Rupees Only
Note: Inclusive of Bank Service Charges	

- The Bank Must Return OTS Copy to the Candidate.
- Attach CNIC Copy with deposit slip.
- Application Form will not be entertained without Original Deposit Slip.
- Application Form will not be entertained other than against cash payment.
- FBP Endorsement is required on both the Deposit Slip.
- Deposit it in any online country wide branches.
- Cash should always be deposited at the respective counter and electronic computer generated receipt printed through flatbed printer on deposit slip/challan should be obtained before leaving the counter, please be sure to check the receipt and satisfy that complete details including account number and amount deposited are correctly printed failing which the bank will not be responsible.

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

.....
Applicant Signature

.....
Cashier

Open Testing Service

Innovation in Training & Assessment


BANK Copy


Branch Code: _____ Date: ____ / ____ / ____


Branch Name: _____

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CNIC No. / Form B No.:	
Applied For:	

.....
Applicant Signature

.....
Cashier