

#### APPLICATION FORM

# Safe Blood Transfusion Service Project, Government of Pakistan Applying for: Quality Control Officer (BS-17)

TAG # (For Official use)

(275

2/3)														
Bank Onli	ne De	eposit (* No	ote: Applic	ation Fo	rm wil	I not be en	tertained <sup>,</sup>	without Orig	inal De	posit Sli	ip.)			
ALFALAH, (ANY			HBL,		ABL,									
BRANCH)			BRANCH)			(ANY BRANCH)		Branch Code		Deposit Da		Pas	ssport size	
Note: Test Cer		ne desired city v									be changed.	Recen	t Photograph	
Test City:		amabad	☐ Lahore		☐ Karachi					□Quetta			• .	
(Tick only	(Tick only  Peshawar		☐ Sukkur		☐ Muzaffarabad		nd 🗆 F	☐ Hyderabad ☐ I		Faisalabad		AJJI	k with Gum	
one) 🗆 D.I. Khan		I. Khan	☐ Sahiwal		☐ Abbottabad			☐ Gujranwala ☐ G		iilgit				
Domicile D	istrict	:				Note: ALL DATA FIELDS ARE R APPLICATION FORM					L YOUR		پ کی تصویر اس م میں ہونا ضروری	
Domicile			☐ Balochistan			☐ Sindh (U)				Sindh (F	R)			
Province:				amaba	d Capit	al Territory			□ F	ATA				
(Tick only one) Azad Ja			mu and Kashmir			☐ Gilgit Baltistan				Other				
-														
1. Perso	nal In	formatio	<b>n</b> (In Bloci	k Letter	s)									
Name (in Fu	اار):									Note:	Tick Only	One Circle in	each Row.	
Father's Nar	mo:									Religio	on: 🔘	Muslim 0	Non-Muslim	
ratilet S Nat	iie.									Are You Disable? Yes No				
CNIC/B-Forr	n:							Gender:			er:			
Armed Forces:  Age: Date of Birth (D-M-Y) Marital Status: Only for personnel of Armed Forces										Yes \ \ \ No				
Age:		Date of E	SIFTFI (D-M-Y	)			Marital St	atus:				nel of Armed For		
Postal Addre	٥									Deceased Servant: Yes No Deceased Civil Servant wife, son or daughter				
Postal Addit	<b>ESS.</b>												Yes No	
Government Servant:									_					
Phone #:			Cell #:				(Do not give here Network converted mobile Numbers)			with Two Years Continuous Experience Scheduled Cast /Buddhist: Yes No				
2. Acade	mic I	nformatio	<b>n</b> (Note: Ir	n case of	incomp	olete acaden	nic informa	tion, Your App	lication	will be D	Declined.)			
Certifica	te/De	egree	Degree	Title	ľ	Major Su	bjects	Year of Passing		arks tained	Total Marks	Grade/ Percentage	Institution Name	
SSC (10 years	s)													
HSSC / DAI	,	Level												
Bachelor (	)													
Bachelor (H) / Master (16 years)														
MS / M.Phi	i <b>l.</b> (18 ye	ears)												
PhD														
Other (Diplo	oma / Ce	ertificate)						1	1					
3. Emplo	ovmei	nt Inform	ation (No	nte: If vo	ıneed	more rows t	o write vo	r information	VOLLCS	n add an	additional	nage with Applic	ration Form )	
Organiz			mation (Note: If you need more row 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
Ido 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:
Document Check list:
Tick if Attached / selected:
<ul> <li>□ Photograph is Attached</li> <li>□ Original bank Deposit Slip is Attached on the back side of Application Form</li> <li>□ CNIC Copy is Attached on the back side of Application Form</li> </ul>
Instructions:
• Application Fee (Service Charges) is nonrefundable / nontransferable. Bank Online Deposit of Rs. 150/- 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 letest by last date of submission of application form.
<ul> <li>Application must reach OTS office latest by last date of submission of application form.</li> <li>OTS will not be responsible for late receiving of application through courier / Pakistan post etc</li> </ul>
<ul> <li>Attach your recent photograph, CNIC copy, original bank deposit slip with this application form.</li> </ul>
<ul> <li>Without Signature &amp; Thumb impression, your application form will not be entertained.</li> </ul>
Without photograph your application form will not be entertained.
In-complete forms will not be entertained. (All the fields are mandatory / Required)  Publication of Application of Appli
<ul> <li>By hand submissionn of Application form is not allowed.</li> <li>Mobile phones are not allowed in test center premises.</li> </ul>
<ul> <li>Please visit OTS website according to the test schedule to check your Status</li> </ul>
Cut Address box given below and affix it with gum on the envelope.
×
Send Registration Form to:
Manager Operations
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

## Open Testing Service Innovation in Training & Assessment

**BANK Copy** 

#### **OTS Copy**

Branch Code:	Date:/	Branch Code:	Date:/			
Branch Name:		Branch Name:				
O	NLINE DEPOSIT SLIP PCode: 275	o	NLINE DEPOSIT SLIP PCode: 275			
Please depo	sit in only one bank & tick the relevant Bank	Please dep	osit in only one bank & tick the relevant Bank			
HBL HABIB BANK	Habib Bank Limited	HBL HABIB BANK	Habib Bank Limited			
Remote Branch:	Habib Bank Limited, PWD Branch (2328)	Remote Branch:	Habib Bank Limited, PWD Branch (2328)			
Account Title:	Open Testing Service	Account Title:	Open Testing Service			
Account Number:	23287106336103	Account Number:	23287106336103			
Amount in Figures:	Rs. 150	Amount in Figures:	Rs. 150			
Amount in Words:	One Hundred Fifty Rupees Only	Amount in Words:	One Hundred Fifty Rupees Only			
Note: Bank Service Ch	narges Free of Cost	Note: Bank Service C	tharges Free of Cost			
A Bank Alfalah	Bank Alfalah Limited	A Bank Alfalah	Bank Alfalah Limited			
_	Bank Alfalah, PWD Branch (0335)	Remote Branch:	Bank Alfalah, PWD Branch (0335)			
Account Title:	Open Testing Service	Account Title:	Open Testing Service			
	0335001004927667	Account Number:	<u>'</u>			
Amount in Figures:	Rs. 150	Amount in Figures:	Rs. 150			
Amount in Words:	One Hundred Fifty Rupees Only	Amount in Words:	One Hundred Fifty Rupees Only			
Note: Bank Service Ch		Note: Bank Service Charges Free of Cost				
Allied Bank	Allied Bank Limited	Allied Bank	Allied Bank Limited			
	ABL Islamic Banking, PWD Branch (5133)	Remote Branch:	ABL Islamic Banking, PWD Branch (5133			
Account Title:	Open Testing Service	Account Title:	Open Testing Service			
	0020050208060021	Account Number:	, ,			
	Rs. 165	Amount in Figures:				
Amount in Words:	One Hundred & Sixty Five Rupees Only	Amount in Words:	One Hundred & Sixty Five Rupees Only			
Note: Inclusive of Bank		Note: Inclusive of Bar				
<ul> <li>Application Form will not be e</li> <li>FBP Endorsement is required</li> <li>Deposit it in any online count</li> <li>Cash should always be deporeceipt printed through flatber</li> <li>the counter, please be sure</li> </ul>	sit slip. ntertained without Original Deposit Slip. ntertained other than against cash payment. on both the Deposit Slip.	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 Name:				
Applicant Father N	lame:	Applicant Father I	Name:			
CNIC No. / Form E	3 No.:	CNIC No. / Form	B No.:			
Applied For:		Applied For:				
 Applicant Sigi		Applicant Sig	inature Cashier			
, wpmoant olgi	- Cuolifor	Applicant Oig	, Cusinci			