

APPLICATION FORM Safe Blood Transfusion Service Project, Government of Pakistan Applying for: Technical Assistant (BS-16)

TAG # (For Official use)

(275)	(75) Applying for: Technical Assistant (BS-16)									
Bank Onli	ne D	eposit (*Note: Applica	ation For	m will	not be enterta	ained without Orig	inal Dep	posit Slip.)	
ALFA (ANY BRAN(́.Н)		HBL, (ANY BRANCH)		<u> </u>	Y BRANCH)	Branch Code		Deposit Date	Passport size
Test City: (Tick only one)	□ Isl	lamabad eshawar I. Khan	Lahor	re [ur [□ Kar □ Mι	achi Izaffarabad bottabad	☐Multan ☐ Hyderabad ☐ Gujranwala	□Qu	ietta iisalabad	Recent Photograph Affix with Gum
	Domicile District:					DATA FIELDS ARE	I CARE	FULLY.	پ کی تصویر اس خانے میں ہونا ضروری ہے	
Domicile		Punjab	ab 🗌 Balochistan			🛛 Sindh (U)			indh (R)	
Province: (Tick only		КРК	🗆 Isla	Islamabad Capit mu and Kashmir			tal Territory		ΑΤΑ	
one)		Azad Jaı	mmu and Kas				🛛 Gilgit Baltistan		other	

1. Personal Information (In Block Letters)							
Name (in Full):		Note: Tick Only One Circle in each Row.					
		Religion: OMuslim ONOn-Muslim					
Father's Name:		Are You Disable? O Yes O No					
CNIC/B-Form:		Gender: OMale Female					
L		Armed Forces: O Yes O 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: O Yes O No					
	(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 S	ubjects	Year of Passing	Marks Obtained	Total Marks	Grade/ Percentage	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 Inform	mation (Note: If you n	eed more rows	s to write your	information,	/ou can add an	additional p	bage with Applica	tion Form.)
Organization Type	Organization			gnation	Job Desc		Start Date	End Date
(Government / Semi Government / Private)	ent (Name of the Organization / Dep) (Your Designation / Positi Title)		n		(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
- $\hfill\square$ CNIC Copy is Attached on the back side of Application Form

Instructions:

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

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:

PCode: 275 **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
Amount in Figures:	Rs. 150
Amount in Words:	One Hundred Fifty Rupees Only
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		
Amount in Figures:	Rs. 150		
Amount in Words:	One Hundred Fifty Rupees Only		
Note: Bank Service Charges Free of Cost			

Allied Bank	Allied Bank Limited		
Remote Branch:	ABL Islamic Banking, PWD Branch (5133)		
Account Title:	Open Testing Service		
Account Number:	0020050208060021		
Amount in Figures:	Rs. 165		
Amount in Words:	One Hundred & Sixty 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:	

Open Testing Service

BANK Copy

Branch Code:

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Date: / 1

ONLINE DEPOSIT SLIP	PCode: 275
Branch Name:	

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

..... Applicant Signature

..... Applicant Signature

..... Cashier