

#### APPLICATION FORM

# Safe Blood Transfusion Service Project, Government of Pakistan Applying for: Phlebotomist / Technician (BS-14)

TAG # (For Official use)

(275

Bank Onli	ine D	eposit (*	Note: Applic	ation Fo	rm wi	ll not be e	nterta	ined w	ithout Orig	inal [	Deposit Sli	p.)			
	LAH,		HBL,		AB										
(ANY	an)		NY	Ш		Y BRANC	Н)		December Control				-		
BRAN Note: Test Ce			ity will be arranged for minimum of 20				Branch Code				Deposit Date			ssport size	
Test City: ☐ Islamabad			☐ Lahore		☐ Karachi			□Multan			□Quetta		Recei	nt Photograph	
(Tick only  Peshawar			Sukkur		☐ Muzaffaraba		nad	☐ Hyderabad		1	☐ Faisalabad		Aff	ix with Gum	
one)					☐ Abbottabad			+ <i>'</i>		+	Gilgit				
			Note: ALL DATA FIELDS ARE			1		LVOUR	انے	ب کی تصویر اس خ					
Domicile District:								APPLICATION FORM CA				L YOUR		میں ہونا ضروری ہ	
Domicile			☐ Balochistan ☐ S			☐ Sin	indh (U)				Sindh (R	<b>?</b> )			
Province: KPK			☐ Islamabad Capital Territ				ory	ry [			FATA				
(Tick only one) Azad Jai			mmu and Kashmir			☐ Gila	☐ Gilgit Baltistan				Other				
1. Perso	nal Ir	nformati	<b>on</b> (In Bloc	k Letter	s)										
Name (in F	ull):										Note: Tick Only One Circle in each Row.				
Father's Na	me:										• •			Non-Muslim	
							$\overline{}$					ou Disable	`	Yes No	
CNIC/B-Fori	m:							Gender:			Male Female				
Age:		Date of	Birth (D-M-Y	) -	Marital Status:						Armed Forces: Yes No Only for personnel of Armed Forces of Pakistan			-	
<u> </u>		-										sed Serva		Yes No	
Postal Addr	ess:										Decea	sed Civil S		on or daughter	
								Government Servant: Yes (			Yes \ \ \ No				
							(Do not give here Network					ears Continuous			
Phone #:			Cell #:			converted mobile Number			pers)	Sched	uled Cast ,	/Buddhist: (	Yes \ \ No		
2. Acade	mic I	nformat	On (Note: I	n case of	incomr	olete acade	emic inf	ormatic	on Vour Ann	dicatio	nn will he D	eclined )			
Certificate/Degree			Degree			Major S			Year of		Marks btained	Total Marks	Grade/ Percentage	Institution Name	
SSC (10 year	s)														
HSSC / DAE / A-Level															
(12 / 13 years) <b>Bachelor</b> (14 years)														+	
Bachelor (H) / Master															
(16 years)  MS / M.Ph	il (12 1	pars)													
PhD	(10 y	cursj													
Other (Diplo	oma / C	ertificate)													
			nation (N	oto: If	ı nood	more ve	r ta veni	.0 / 6	information	V/0	can add an	additional	nago with A not	cation Form	
Organization Type			mation (Note: If you need more rows Organization Name			s to writ	Designation					Start Date	End Date		
(Government / Semi Government			_			(Your Designation / Position				, ,		(Starting Date)			
/ Private)			(Hame of the organization / Dept.)				Title)						,	, , , , , , ,	
										_					

4. Undertaking by Applicant
Id/s/w ofdo 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>
<u>Instructions:</u>
• 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 need OTE office latest by lest data of submission of application forms.
<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)  Problem 1. The fields are mandatory / Required)  Required.
<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:						
ONI	LINE DEPOSIT SLIP PCode: 275	0	NLINE DEPOSIT SLIP PCode: 2					
	in only one bank & tick the relevant Bank	:	posit in only one bank & tick the relevant Bank					
HBL HABIB BANK	Habib Bank Limited	HBL HABIB BANK	Habib Bank Limited					
_	labib Bank Limited, PWD Branch (2328)	Remote Branch:	Habib Bank Limited, PWD Branch (2328					
Account Title: C	pen Testing Service	Account Title:	Open Testing Service					
Account Number: 2	3287106336103	Account Number:	23287106336103					
Amount in Figures: R	ls. 100	Amount in Figures:	Rs. 100					
Amount in Words:	One Hundred Rupees Only	Amount in Words:	One Hundred Rupees Only					
Note: Bank Service Cha	rges Free of Cost	Note: Bank Service C	Charges Free of Cost					
A Bank Alfalah	Bank Alfalah Limited	A Bank Alfalah	Bank Alfalah Limited					
	ank Alfalah, PWD Branch (0335)	Remote Branch:	Bank Alfalah, PWD Branch (0335)					
	Open Testing Service	Account Title:	Open Testing Service					
Account Number: 0	335001004927667	Account Number:	: 0335001004927667					
Amount in Figures: R	Rs. 100	Amount in Figures:	Rs. 100					
Amount in Words:	One Hundred Rupees Only	Amount in Words:	One Hundred Rupees Only					
Note: Bank Service Cha		Note: Bank Service C	Charges Free of Cost					
		<u> </u>						
A Allia d Danie C	Allied Bank Limited	Allied Bank	☐ Allied Bank Limited					
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	BL Islamic Banking, PWD Branch (5133)	Remote Branch:	ABL Islamic Banking, PWD Branch (513					
	Open Testing Service	Account Title:	Open Testing Service					
	020050208060021	Account Number:						
	ds. 115	Amount in Figures:						
Amount in Words:	One Hundred & Fifteen Rupees Only	Amount in Words:	One Hundred & Fifteen Rupees Onl					
Note: Inclusive of Bank \$	Service Charges	Note: Inclusive of Bar	nk Service Charges					
The Bank Must Return OTS Cop	by to the Candidate.	The Bank Must Return OTS	Copy to the Candidate.					
	siip. ortained without Original Deposit Slip. irtained other than against cash payment.	Attach CNIC Copy with deport Application Form will not be Application Form will not be	osit sip. e entertained without Original Deposit Slip. e entertained other than against cash payment.					
<ul> <li>FBP Endorsement is required or</li> <li>Deposit it in any online country v</li> </ul>	n both the Deposit Slip. vide branches.	FBP Endorsement is required on both the Deposit Slip.     Deposit it in any online country wide branches.						
receipt printed through flatbed p	ad at the respective counter and electronic computer generated rinter on deposit slip/challan should be obtained before leaving check the receipt and satisfy that complete details including	<ul> <li>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</li> </ul>						
account number and amount de responsible.	sposited are correctly printed failing which the bank will not be	account number and amount responsible.	int deposited are correctly printed failing which the bank will not be					
Applicant Name:		Applicant Name:						
Applicant Father Na		Applicant Father						
CNIC No. / Form B I	No.:	CNIC No. / Form Applied For:	B No.:					
Applied For:		Applied For:						
		Ž						
Applicant Signa	ature Cashier	Applicant Sig	gnature Cashier					