

### APPLICATION FORM

# Safe Blood Transfusion Service Project, Government of Pakistan Applying for: Motivator (Male) (BS-14)

TAG # (For Official use)

(275

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Bank Onli	ine D	<b>eposit</b> (*N	ote: Applica	ation Fo	rm wil	I not be ente	ertained v	vithout Origi	inal D	eposit Sli	p.)		
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(ANY	arn.	(A		Ш		Y BRANCH)	_					-	
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			Lahore		☐ Karachi		□Multan			Quetta		Recent	Photograph
Test City: ☐ Islamabad (Tick only ☐ Peshawar			Sukkur		☐ Muzaffaraba			+		☐ Faisalabad		Affix	with Gum
one)					☐ Abbottabad		_	· · · · · · · · · · · · · · · · · · ·		☐ Gilgit			
one,		.I. KIIdII	□ Salliwai					<u> </u>				خانب	پ کی تصویر اس
Domicile District:					Note: ALL DATA FIELDS A APPLICATION FO								پ میں ہونا ضروری
Domicile		Punjab	☐ Balochistan ☐			☐ Sindh	Sindh (U)			Sindh (R	1)		
Province: (Tick only		КРК	☐ Islamabad Capital Te			tal Territory	itory [			☐ FATA			
one)		Azad Jamr	nu and Kas	hmir		☐ Gilgit	Baltistar	altistan 🗆			Other		
1 Dorco	nal Ir	nformatio	n (In Disal	. I obbox	·a)								
		mormatul0	<b>11</b> (111 Block	Letter	SJ					Note: 1	Tick Only	One Circle in	each Row
Name (in F	ull):									Tick Only One Circle in each Row. on: Muslim Non-Muslim			
Father's Na	me:									Religion: Muslim Non-Muslim  Are You Disable? Yes No			
CNIC/B-Fori	m·							Gender:			Male Female		
CIVIC/B-I OII											d Forces:		Yes \ \ \ \ No
Age:		Date of	Birth (D-M-Y)	-	_	N	1arital St	atus:				nel of Armed Ford	_
0		-	,								sed Servai		Yes \( \) No
Postal Addr	ess:									Deceased Civil Servant wife, son or daughter			
										Gover	nment Ser	vant:	Yes \( \cap \) No
							(Do not gi	ve here Netwo	ork	,	with Two Ye	ears Continuous E	xperience
Phone #:			Cell #:				converted mobile Numbers)					/Buddhist: 🔘	Yes
		_											
2. Acade	emic I	nformati						ion, Your App	_		eclined.)		
Certificate/Degree		egree	Degree '	Title	I	Major Sub	jects	Year of Passing		Aarks otained	Total Marks	Grade/ Percentage	Institution Name
SSC (10 year	s)												
HSSC / DA													
(12 / 13 years													
Bachelor (													
Bachelor (	laster												
MS / M.Ph	il. (18 y	rears)											
PhD													
Other (Diple	oma / Ce	ertificate)											
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			Job Description		Start Date	End Date
(Government / Semi Government / Private)			(Name of the Organization / Dept.)			Dept.) (	(Your Designation / Position					(Starting Date)	(End Date)
/ Private)								Title)					
											T		

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)  Probability of Analysis
<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:						
ONL	LINE DEPOSIT SLIP PCode: 275	О	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 Char	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 Char	· · ·	Note: Bank Service C	Charges Free of Cost					
Alliad Pank	Allied Bank Limited	Allied Bank	☐ Allied Bank Limited					
_	BL Islamic Banking, PWD Branch (5133)	Remote Branch:						
	Open Testing Service	Account Title:	ABL Islamic Banking, PWD Branch (513) Open Testing Service					
	020050208060021	Account Number:	· · · · · · · · · · · · · · · · · · ·					
		Amount in Figures:						
Amount in Words:	110	Amount in Words:	-					
Note: Inclusive of Bank S	One Hundred & Fifteen Rupees Only	Note: Inclusive of Bar	One Hundred & Fifteen Rupees Only					
Note. Inclusive of Bank s	Service Charges	Note: Inclusive of Bar	nk Service Charges					
The Bank Must Return OTS Cop     Attach CNIC Copy with deposit s	by to the Candidate.	The Bank Must Return OTS Attach CNIC Copy with deport	Copy to the Candidate.					
<ul> <li>Application Form will not be ente</li> <li>Application Form will not be ente</li> </ul>	ertained without Original Deposit Slip. ertained other than against cash payment.	<ul> <li>Application Form will not be</li> <li>Application Form will not be</li> </ul>	entertained without Original Deposit Slip. entertained other than against cash payment.					
FBP Endorsement is required or     Deposit it in any online country v	vide branches.	<ul> <li>Deposit it in any online coun</li> </ul>	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>receipt printed through flatb</li> </ul>	posited at the respective counter and electronic computer generated sed printer on deposit slip/challan should be obtained before leaving are to check the receipt and satisfy that complete details including					
account number and amount de responsible.	eposited are correctly printed failing which the bank will not be	account number and amour responsible.	nt deposited are correctly printed failing which the bank will not be					
Applicant Name:		Applicant Name:						
Applicant Father Na	me:	Applicant Father I	Name:					
CNIC No. / Form B I		: ———						
Applied For:	10.1	CNIC No. / Form Applied For:	B No					
Applied For:		/приначтон						
	·	<b>%</b>						
Applicant Signa	ature Cashier	Applicant Sig	gnature Cashier					