

#### APPLICATION FORM

# Safe Blood Transfusion Service Project, Government of Pakistan Applying for: Laboratory Technician (BS-12)

TAG # (For Official use)

(275)

Bank Onli	ne D	<b>eposit</b> (* N	ote: Applica	ation Form	n will not be e	ntertained <sup>,</sup>	without Orig	inal De	eposit Sli	ip.)			
ALFALAH,			HBL,		ABL,								
L (ANY	CID	(Al		Ш	(ANY BRANCI	н) -	Branch Code			nosit Data	-		
	BRANCH) BRANCH) Branch Code Deposit Date Ote: Test Center in the desired city will be arranged for minimum of 200 applicants. Once selected a test center cannot be changed.											sport size	
Test City:       □ Islamabad       □ Lahore       □ Karachi       □ Multan       □ Quetta									Recent	Photograph			
(Tick only	□ Pe	eshawar			Muzaffarab				Faisalabad		Affix	with Gum	
one)		.I. Khan			Abbottabac	-			Gilgit				
			<u> </u>				<u> </u>				خانے	پ کی تصویر اس	
Domicile D	District	t:	<u>Note</u>				ALL DATA FIELDS ARE REQU APPLICATION FORM CAR					میں ہونا ضروری	
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Province: (Tick only				☐ Islamabad Capital Territo			ry		FATA				
one)		Azad Jamn	mmu and Kashmir 🔲 Gilg			git Baltista	altistan		Other				
1. Personal Information (In Block Letters)													
		nor maulo	II (III DIUCK	Lettersj					Note:	Tick Only	One Circle in	each Row	
ivame (in Fi	Name (in Full):								Note: Tick Only One Circle in each I  Religion: Muslim Non-Mu			on-Muslim	
Father's Nai	Father's Name:												
CNIC/B-Form:								Gender:				Male Female	
CITIC/ B TOTAL										Armed Forces: Yes No			
Age:		Date of E	of Birth (D-M-Y) N				:atus:		Only for personnel of Armed Forces of Pakistan			. –	
									Deceased Servant: Yes No				
Postal Addr	ess:								Decea	sed Civil S	ervant wife, son	or daughter	
							Governmen			nment Ser	Servant: Yes No		
							(Do not give here Network		with Two Years Continuous Experience			· .	
Phone #:			Cell #:			converte	converted mobile Numbers)		Scheduled Cast /Buc		Buddhist: ()	Yes \( \cap \ No	
2 Agada	mai a I	fo											
					Complete acade		Year of	1	i will be L larks	Total	Grade/	Institution	
Certifica	ite/Di	egree	Degree '	riue	Major S	ubjects	Passing		tained	Marks	Percentage	Name	
SSC (10 years	-												
HSSC / DAE / A-Level (12 / 13 years)		Level											
Bachelor (14 years)		5)											
Bachelor (H) / Master (16 years)		laster		_									
MS / M.Phi	i <b>l.</b> (18 y	ears)											
PhD													
Other (Diplo	oma / Ce	ertificate)											
3. Emplo	oyme	nt Inform	ation (No	te: If <u>you n</u>	eed mo <u>re rows</u>	to wr <u>ite yo</u> u	ır infor <u>mation,</u>	you ca	n ad <u>d an</u>	addit <u>ional</u> i	page with Applica	ation Form.)	
Organization Type			Organization Name				Designation		Job Description		Start Date	End Date	
(Government / Semi Government			· ·			(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					
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	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					
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_	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.	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 or     Deposit it in any online country v	vide branches.	FBP Endorsement is require     Deposit it in any online coun	ntry 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>	<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.	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					