

APPLICATION FORM

Safe Blood Transfusion Service Project, Government of Pakistan Applying for: Receptionist (BS-07)

TAG # (For Official use)

(275

2/3)														
Bank Onli	ne D	eposit (*N	ote: Applic	ation Fo	rm wil	I not be ente	ertained w	rithout Origi	inal De	eposit Sli	p.)			
ALFA			HBL,											
(ANY BRANCH)			ANY BRANCH)		ABL, (ANY BRANCH)		_	Branch Code		Deposit Date		- Pas	sport size	
Note: Test Cer	nter in tl	he desired city	will be arran	ged for m	inimun	of 200 applic	cants. Once	selected a tes	t cente	er cannot l	oe changed		-	
Test City: ☐ Islamabad		lamabad	☐ Lahore		☐ Karachi		□Мι	□Multan		□Quetta			Photograph	
(Tick only Peshawar		eshawar	☐ Sukkur		☐ Muzaffarabad		d 🗆 Hy	☐ Hyderabad ☐		☐ Faisalabad		Affix	with Gum	
one) 🗆 D.I. Khan		.I. Khan	☐ Sahiwal		☐ Abbottabad		□ Gı	☐ Gujranwala ☐		Gilgit				
						Note:	Note: ALL DATA FIELDS ARE REC						پ کی تصویر اس میں ہونا ضروری	
Domicile District: Domicile District:			☐ Balochistan			☐ Sindh (U)				Sindh (R	a)			
Province: KPK			☐ Islamabad Capital Terri				ory			☐ FATA				
(Tick only one) Azad Jan			mu and Kashmir			☐ Gilgit	t Baltistan			Other				
1. Perso	nallx	oformatio	n (In Dlac	lr I attaw	a)									
		mormauo	II (III BIOCI	K Letter.						Note: 1	ick Only	One Circle in	each Row	
Name (in Fu	ıll):													
Father's Nar	me:									Religion: Muslim Non-Muslim				
CNIC /D Forms									Are You Disable? Gender:				Yes No Male Female	
CNIC/B-Form:													0 0	
Age: Date of			of Birth (D-M-Y)				Marital Status:			Armed Forces: Yes No Only for personnel of Armed Forces of Pakistan				
Age Date (sed Servai			
Postal Address:											ervant wife, son or daughter			
——————————————————————————————————————									Government Serva				Yes \(\cap \) No	
							(Do not give here Network			with Two Years Continuous Experience				
Phone #:			Cell #:				converted mobile Numbers)			Scheduled Cast /Buddhist: Yes \(\)			Yes	
2. Acade	mic I	nformatio)n (Note: Ii	n case of	incomp	lete academi	ic informati	on, Your App	licatior	n will be D	eclined.)			
Certifica	te/Do	egree	Degree	Title	ľ	Major Sub	ojects	Year of Passing		arks tained	Total Marks	Grade/ Percentage	Institution Name	
SSC (10 years	s)													
HSSC / DAI	,	Level												
Bachelor (14 years)		5)												
Bachelor (H) / Master (16 years)		laster												
MS / M.Phi	i l. (18 y	ears)												
PhD														
Other (Diplo	oma / Ce	ertificate)												
3. Emplo	yme	nt Inform	ation (No	ote: If you	need i	nore rows to	write your	information,	you ca	n add an	additional	page with Applica	ntion Form.)	
Organization Type			Organization Name				Designation					Start Date	End Date	
(Government / Semi Government / Private)		overnment	(Name of the Organization / I			Dept.) (Your Designation / Positi		on		(Starting Date)	(End Date)			
/ riivale)								ide)						

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:
 □ Photograph is Attached □ Original bank Deposit Slip is Attached on the back side of Application Form □ CNIC Copy is Attached on the back side of Application Form
<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.
 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) Problem 1. In the complete forms will not be entertained. (All the fields are mandatory / Required) Problem 1. In the complete forms will not be entertained. (All the fields are mandatory / Required) Problem 2. In the 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.
×
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					
_			<u> </u>					
	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.					
 FBP Endorsement is required or Deposit it in any online country v 	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	 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 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					