

APPLICATION FORM Safe Blood Transfusion Service Project, Government of Pakistan Applying for: Laboratory Assistant (BS-05)

TAG # (For Official use)

(275)	75) Applying for: Laboratory Assistant (BS-05)									
Bank Onli	Bank Online Deposit (*Note: Application Form will not be entertained without Original Deposit Slip.)									
ALFA (ANY	,		HBL, NY		ABI (AN	y BRANCH)				
			RANCH) will be arrang	INCH)			Branch Code Deposit Date ts. Once selected a test center cannot be changed.			Passport size
Test City:	🗆 Isl	amabad	🗆 Lahoi	re 🗆	Ka	rachi	□Multan	□Qu	ietta	Recent Photograph
(Tick only] M ı	Auzaffarabad 🛛 🗆 Hyderaba		Faisalabad		Affix with Gum		
one)	🗆 D.I. Khan 🛛 Sahiwal 🗌 Ab		bottabad	🗆 Gujranwala 🛛 Gilgit		lgit				
Domicile D	Domicile District:					. DATA FIELDS ARE APPLICATION FORM			ب کی تصویر اس خانے میں ہونا ضروری ہے	
Domicile		Punjab	🗌 Bal	Balochistan		🛛 Sindh (U)		□ s	indh (R)	
Province:		КРК	🗆 Isla	Islamabad Capita			al Territory		ΑΤΑ	
(Tick only one)		Azad Jam	mu and Kashmir			Gilgit Baltistan			other	

1. Personal In	formation (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
		Armed Forces: OYes 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: OYes ONo
	(Do not give here Network	with Two Years Continuous Experience
Phone #:	Cell #: converted mobile Numbers)	Scheduled Cast /Buddhist: OYes ONo

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	Name	Desi	gnation	Job Desc	ription	Start Date	End Date
(Government / Semi Government / Private)	(Name of the Organiza	tion / Dept.)		ation / Positio ïtle)	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. 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 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. 100			
Amount in Words:	One Hundred Rupees Only			
Note: Bank Service Charges 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. 100			
Amount in Words:	One Hundred 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. 115		
Amount in Words:	One Hundred & Fifteen 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/challen should be obtained before leaving the counter, please be sure to check the receipt printed through flatbed printer on deposited are correctly printed 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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Branch Name:_

PCode: 275 **ONLINE DEPOSIT SLIP**

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Date:

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

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..... Applicant Signature

..... Cashier

..... Applicant Signature

..... Cashier