

APPLICATION FORM Safe Blood Transfusion Service Project, Government of Pakistan **Applying for: Record Keeper (BS-05)**

TAG # (For Official use)

2/3)														
Bank Onli	ne D	eposit (*)	lote: Applic	ation Fo	rm wil	I not be ente	rtained v	vithout Origi	inal D	eposit Sli	p.)			
ALFA			HBL,					<u> </u>			<u></u>			
(ANY	,		NY		ABI	-, Y BRANCH)	_					_		
BRANCH)			BRANCH				Branch Code					Pas	sport size	
Note: Test Center in the desired city will be arranged for minimum of 200 applicants. Once selected a test center cannot be									be changed	. Recent	Photograph			
Test City:		lamabad	☐ Lahore		☐ Karachi		□Мі	□Multan [□Quetta				
(Tick only			☐ Sukkur		☐ Muzaffarabad		□н	☐ Hyderabad ☐		☐ Faisalabad		AJJIX	with Gum	
one) 🗆 D.I. Khan			☐ Sahiwal		☐ Abbottabad		□G	☐ Gujranwala ☐		☐ Gilgit				
						N-4 A	LL DATA FIELDS ARE REQUIRED. FILL YOUR				پ کی تصویر اس			
Domicile D				<u>Note:</u> A	E: ALL DATA FIELDS ARE REC APPLICATION FORM CA					ئے۔	میں ہونا ضروری			
Domicile			☐ Balochistan			☐ Sindh (U)				Sindh (R	1)			
Province:	☐ KPK ☐ Islam			amabad	oad Capital Territory					FATA				
(Tick only one)		Azad Jam	mu and Ka	shmir		☐ Gilgit E	Baltistan	altistan			Other			
,	1													
1. Perso	nal In	nformatio	n (In Bloc	k Letter	s)									
Name (in Fu	:(الد											One Circle in		
Father's Nar	ma.									Religion: Muslim Non-Muslim				
rather s Name:										Are You Disable? Yes No			Yes O No	
CNIC/B-Forr	n:							Gender:			er:			
										Armed	forces:	0	Yes O No	
Age:		. Date of	Birth (D-M-Y)		M	arital Sta	atus:		Only	for person	nel of Armed Ford	es of Pakistan	
										Decea	sed Serva	nt:	Yes \cap No	
Postal Addre	ess:									Deceased Civil Servant wife, son or daughter				
										Gover	nment Ser	rvant:	Yes O No	
							(Do not give here Network with Two Years Continuous Exper			xperience				
Phone #:			_ Cell #:				converted mobile Numbers)			Sched	uled Cast,	/Buddhist: 🔘	Yes O No	
2 A d -	T	- C 1:	/											
Z. Acade Certifica			tion (Note: In case of incomplete aca Degree Title Major			lete academic Major Sub				ation will be Declined.) Marks Total		Grade/	Institution	
Certifica	te/De	egree	Degree	Title	1	viajoi sub	jecis	Passing		tained	Marks	Percentage	Name	
SSC (10 years)														
HSSC / DAI	•	Level												
Bachelor (2		;)												
Bachelor (
(16 years)														
MS / M.Phil. (18 years)														
PhD Other (D. L. (C. (C. (C. (C. (C. (C. (C. (C. (C. (C														
Other (Diploma / Certificate)														
3. Employment Information (Note: If you need more rows to write your information, you can add an additional page with Application Form.) Overange tion Type Overange tion Name Overange														
Organization Type			Organization Name				Designation			Job Description		Start Date	End Date	
(Government / Semi Government			(Name of the Organization / Dept			Dept.) (Y						(Starting Date)	(End Date)	
/ Private)								Γitle)						
													1	

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) Probability of Analysis
 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:	
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.
 Application Form will not be ente Application Form will not be ente 	ertained without Original Deposit Slip. ertained other than against cash payment.	 Application Form will not be Application Form will not be 	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.	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	 receipt printed through flatb 	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
прина гог.		/приначтон	
	· ·	%	
Applicant Signa	ature Cashier	Applicant Sig	gnature Cashier