

APPLICATION FORM Nishat Boarding School & College, Murree & Islamabad Scholarship Program (Drug Free Campus) Applying for: Class 6th

TAG # (For Official use)

(284)

Bank Online	Dep	osit (*	*Note: App	lication	Form will n	ot be entertain	ed without C	riginal	Deposit Slip.)			
			HBL (ANY BRA			ABL, NY BRANCH)						
Note: Test Center		esired cit			-	-	Branch Co Once selected		Deposit Date enter cannot be	1	rt size Recent	
changed.											aph Affix with	
	☐ Islamabad			☐ Lahore		☐ Multan		☐ Karachi			Latest By 6	
Test City:	☐ Quetta			☐ Peshawar		☐ D.I. Khan		☐ Hyderabad		m	nonths)	
(Tick only one)	☐ Sahiwal			☐ Abbottabad		☐ Gujranwala		☐ Muzaffarabad		اس خانے	آپ کی تصویر ا	
	□G	ilgit		☐ Sargodha		☐ Sukkur		☐ Faisalabad		ری ہے	آپ کی تصویر ا میں ہونا ضرو	
	□ Ва	☐ Bannu		☐ Kohat		☐ D.G. Khan						
Note: ALL DATA	FIELDS	ARE RE	QUIRED. FI	LL YOU	R APPLICATI	ON FORM CAR	EFULLY.					
Campus: (Tick only one)		Murree	1			☐ Islamaba	d					
1. Persona	l Info	rmati	i on (In Blo	ock Let	ters)							
									Note: Tick O	nly One Circle	in each Row.	
Name (in Full)	: <u> </u>								Religion:	○ Muslim	○ Non-Muslim	
Father's Name	: _								Are You Disa	ble? Yes	○ No	
B-Form:				Gender			Gender:	○ Ma	le			
Age:		Date o	of Rirth (D.)	4 V\								
		Date 0	יויט וויט וויט וויט ווי	''-1 <i>'</i>								
Postal Address	: _											
Phone #:			Guardi	an Cel	l #:							
(Do not give here I	Network	converte	ed mobile Nu	imbers)								
2. Academ	ic Info	ormat	tion (Note	: In case	of incomple	te academic info	rmation, Your <i>i</i>	Applicat	ion will be Declined.)		
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2. Academic Information (Note: In case of incomplete academic information, Your Application will be Declined.)							
Certificate/Degree	Major Subjects	Year of Passing	Marks Obtained	Total Marks	Grade/ Percentage	Institution Name	
Primary							
Middle							

3. 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 incancellation of my candidature at any stage.
Guardian 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
- \square B-Form Copy is Attached on the back side of Application Form

Instructions:

- ALL DATA FIELDS ARE REQUIRED TO BE FILLED. FILL YOUR APPLICATION FORM CAREFULLY.
- Application Fee (Service Charges) is nonrefundable / nontransferable. Bank Online Deposit of Rs. 600/- must be attached with application form.
- 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 (Latest by 6 Months), B-Form copy, original bank deposit slip with this application form.
- Without Guardian Signature, 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)
- In Person/By hand submission of Application form is not allowed.
- Mobile phones or other electronic gadgets are not allowed in test center premises.

Cut Address box given below and affix it with gum on the envelope.

Send Registration Form to:

Manager Operation (NBSC)
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

OTS Copy

Open Testing Service Innovation in Training & Assessment

BANK Copy

Remote Branch: Account Title: Amount in Figures: Amount in Words: Note: Bank Service Charles Bank Alfalah Remote Branch: Account Title: Accou			:	Dianon C	,oue		/_Date://			
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Remote Branch: Account Title: (Account Number: Amount in Figures: Amount in Words: Note: Bank Service Characteristics Bank Alfalah Remote Branch: Account Title: (Caracteristics)	sit in on	ly one bank & tick the relevant Bank			Please dep	osit in o	only one bank & tick the relevant Bank			
Account Title: 0 Account Number: 2 Amount in Figures: F Amount in Words: Note: Bank Service Cha Bank Alfalah Remote Branch: E Account Title: 0		Habib Bank Limited		HBL	HABIB BANK حبیب بیتات		Habib Bank Limited			
Account Number: 2 Amount in Figures: F Amount in Words: Note: Bank Service Cha Bank Alfalah Remote Branch: E Account Title: C	Branch: Habib Bank Limited, PWD Branch (2328)			Remote	Branch:	Habib Bank Limited, PWD Branch (232				
Amount in Figures: Figures: Amount in Words: Note: Bank Service Chair Bank Alfalah Remote Branch: Example Chair Account Title: Commonwealth	Account Title: Open Testing Service			Account	Title:	Open Testing Service				
Amount in Words: Note: Bank Service Cha Bank Alfalah Remote Branch: Account Title:	Account Number: 23287106336103				Account Number: 23287106336103					
Note: Bank Service Charles Bank Alfalah Remote Branch: E Account Title: (ount in Figures: Rs. 600			Amount in	Figures: Rs. 600					
Bank Alfalah Remote Branch: B Account Title: 0	Amount in Words: Six Hundred Rupees Only			Amount in Words: Six Hundred Rupees Only						
Remote Branch: E Account Title: 0	Note: Bank Service Charges Free of Cost				k Service C	harges	Free of Cost			
Remote Branch: E Account Title: 0										
Account Title:		Bank Alfalah Limited		A Banl	k Alfalah		Bank Alfalah Limited			
	Bank	Alfalah, PWD Branch (0335)		Remote	Branch:	Bank	k Alfalah, PWD Branch (0335)			
Assessment Nivershore C	Open	Testing Service		Account	Title:	Ope	n Testing Service			
Account Number: (03350	001004927667		Account	Number:	0335	5001004927667			
Amount in Figures: F	Rs.	600		Amount in	n Figures:	Rs.	600			
Amount in Words:		Six Hundred Rupees Only		Amount in	n Words:		Six Hundred Rupees Only			
Note: Bank Service Cha	arges	Free of Cost		Note: Bank Service Charges Free of Cost						
			i							
Allied Bank		Allied Bank Limited		A Allie	ed Bank		Allied Bank Limited			
Remote Branch:	ABL I	slamic Banking, PWD Branch	(5133)	Remote	Branch:	ABL	Islamic Banking, PWD Branch (5133			
Account Title: 0			;	Account	Title:	Ope	n Testing Service			
Account Number: (0020	050208060021		Account	Number:	0020	0050208060021			
Amount in Figures: F	Rs.	615		Amount in	n Figures:	Rs.	615			
Amount in Words:	Amount in Words: Six Hundred		Only	Amount in	n Words:		Six Hundred & Fifteen Rupees Only			
Note: Inclusive of Bank Service Charges				Note: Inclu	usive of Ban	ık Serv	rice Charges			
 FBP Endorsement is required of Deposit it in any online country Cash should always be deposited through flatbed the counter, please be sure to 	it slip. Intertained Intertain	without Original Deposit Slip. I other than against cash payment. he Deposit Slip.	eaving duding	Attach CNIC Application F Application F FBP Endorse Deposit in is Cash should receipt printe the counter,	form will not be ement is require any online count always be depoted through flatbe please be sure	esit slip. entertaine entertaine d on both try wide b osited at t ed printer e to chec	ed without Original Deposit Slip. ed other than against cash payment. the Deposit Slip.			
Applicant Name:				Applican	nt Name:					
Applicant Father Name:		me:		Applicant Father Name		Name	:			
CNIC No. / Form B No.:				CNIC No	CNIC No. / Form B No.:		:			
Applied For:				Applied	For:					
 Applicant Sign			×							

X