

**(284)**
**Bank Online Deposit** (\*Note: Application Form will not be entertained without Original Deposit Slip.)

<input type="checkbox"/> ALFALAH, (ANY BRANCH)	<input type="checkbox"/> HBL, (ANY BRANCH)	<input type="checkbox"/> ABL, (ANY BRANCH)	_____	_____
			Branch Code	Deposit Date
<b>Note:</b> Test Center in the desired city will be arranged for minimum of 200 applicants. Once selected a test center cannot be changed.				
<b>Test City:</b> (Tick only one)	<input type="checkbox"/> Islamabad	<input type="checkbox"/> Lahore	<input type="checkbox"/> Multan	<input type="checkbox"/> Karachi
	<input type="checkbox"/> Quetta	<input type="checkbox"/> Peshawar	<input type="checkbox"/> D.I. Khan	<input type="checkbox"/> Hyderabad
	<input type="checkbox"/> Sahiwal	<input type="checkbox"/> Abbottabad	<input type="checkbox"/> Gujranwala	<input type="checkbox"/> Muzaffarabad
	<input type="checkbox"/> Gilgit	<input type="checkbox"/> Sargodha	<input type="checkbox"/> Sukkur	<input type="checkbox"/> Faisalabad
	<input type="checkbox"/> Bannu	<input type="checkbox"/> Kohat	<input type="checkbox"/> D.G. Khan	
<b>Note:</b> ALL DATA FIELDS ARE REQUIRED. FILL YOUR APPLICATION FORM CAREFULLY.				
<b>Campus:</b> (Tick only one)	<input type="checkbox"/> Murree	<input type="checkbox"/> Islamabad		

Passport size Recent  
 Photograph Affix with  
 Gum (Latest By 6  
 months)

آپ کی تصویر اس خانے  
 میں ہونا ضروری ہے

**1. Personal Information** (In Block Letters)

Name (in Full): \_\_\_\_\_

Father's Name: \_\_\_\_\_

B-Form: 

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Age: \_\_\_\_\_ Date of Birth (D-M-Y) \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Postal Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Guardian Cell #: \_\_\_\_\_

(Do not give here Network converted mobile Numbers)

**Note: Tick Only One Circle in each Row.**

Religion:	<input type="radio"/> Muslim	<input type="radio"/> Non-Muslim
Are You Disable?	<input type="radio"/> Yes	<input type="radio"/> No
Gender:	<input type="radio"/> Male	<input type="radio"/> Female

**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

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 at any stage.

Guardian Signature & Date: .....

#### **Document Check list:**

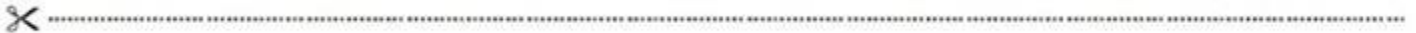
Tick if Attached / selected:

- Photograph is Attached
- Original bank Deposit Slip is Attached on the back side of Application Form
- 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](mailto:info@ots.org.pk), Website: [www.ots.org.pk](http://www.ots.org.pk)**

# Open Testing Service

Innovation in Training & Assessment


## OTS Copy


Branch Code: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_


Branch Name: \_\_\_\_\_

**ONLINE DEPOSIT SLIP** PCode: 284

Please deposit in only one bank & tick the relevant Bank

 <b>HABIB BANK</b> حبيب بنک	<input type="checkbox"/> <b>Habib Bank Limited</b>
Remote Branch:	Habib Bank Limited, PWD Branch (2328)
Account Title:	Open Testing Service
Account Number:	23287106336103
Amount in Figures:	Rs. 600
Amount in Words:	Six Hundred Rupees Only
Note: Bank Service Charges Free of Cost	

 <b>Bank Alfalah</b>	<input type="checkbox"/> <b>Bank Alfalah Limited</b>
Remote Branch:	Bank Alfalah, PWD Branch (0335)
Account Title:	Open Testing Service
Account Number:	0335001004927667
Amount in Figures:	Rs. 600
Amount in Words:	Six Hundred Rupees Only
Note: Bank Service Charges Free of Cost	

 <b>Allied Bank</b>	<input type="checkbox"/> <b>Allied Bank Limited</b>
Remote Branch:	ABL Islamic Banking, PWD Branch (5133)
Account Title:	Open Testing Service
Account Number:	0020050208060021
Amount in Figures:	Rs. 615
Amount in Words:	Six 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/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 deposited are correctly printed failing which the bank will not be responsible.

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

.....  
Applicant Signature

.....  
Cashier

# Open Testing Service

Innovation in Training & Assessment


## BANK Copy


Branch Code: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_


Branch Name: \_\_\_\_\_

**ONLINE DEPOSIT SLIP** PCode: 284

Please deposit in only one bank & tick the relevant Bank

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

.....  
Applicant Signature

.....  
Cashier