

(311)

APPLICATION FORM

Constitutional Organization, Government of Pakistan Applying for: Assistant Director (Research) (BPS-17) TAG # (For Official use)

Note: Test Center in	the desired city will be	arranged for minimum of 2	00 applicants. Once sele	cted a test center c	cannot be changed.	
	🗆 Islamabad	🗆 Bahawalnagar	□ Lahore	🗆 Bahaw	alpur	Passport size Recent
Test City:	🗆 Khanewal	🗆 Layyah	🗆 Lodhran	🗆 Multar	ו	Photograph Affix with
(Tick only one)	□Muzaffargarh	Pakpattan	🗌 Rahim Yar Kha	n 🛛 🗆 Rajan I	Pur	Gum (Latest By 6
	🗆 Sahiwal	🗆 Vehari	🗌 Dera Ghazi Kha	an		months)
Note: ALL DATA FIELDS ARE REQUIRED. FILL YOUR APPLICATION FORM CAREFULLY. APPLICATION FORM CAREFULLY.						
Domicile	🗌 Punjab	Balochistan	🔲 Sindh (U)	🛛 Sindh (R)	آپ کی تصویر اس خانے میں ہونا ضروری ہے
Province:	🗆 КРК	Islamabad Cap	ital Territory	🗆 FATA		میں ہونا ضروری ہے
(Tick only one)	Azad Jamm	u and Kashmir	🔲 Gilgit Balt	istan 🗆 C	Other	
1. Personal	Information (In Block Letters)				
Name (in Full):					Note: Tick Only	One Circle in each Row.
Father's Name:					Religion:	Muslim 🔿 Non-Muslim
CNIC/B-Form:					Are You Disable	? () Yes () No
					Gender:	○ Male ○ Female
Age:	Date of Birt	h (D-M-Y)	Marital Stat	us:	Armed Forces:	⊖Yes ⊖No
Postal Address:						nel of Armed Forces of Pakistan
Postal Address.						nt: OYes ONO
						Servant wife, son or daughter
Phone #:		l #:			Government Se	rvant: OYes ONO
1 Hone #			(Do not give	here Network obile Numbers)	Scheduled Cast	/Buddhist: ①Yes ①No
			converteu n	oblie Numbers)		

2. Academic Informat	tion (Note: In case of inc	complete acade	emic informat	tion, Your App	lication will b	e Declined	.)	
Certificate/Degree	Degree Title	Major S	ubjects	Year of	Marks Obtained	Tota Marl		Institution Name
Primary				Passing	Obtained	Mari	ks Percentage	Name
Filliary						_		
SSC (10 years)								
HSSC / DAE / A-Level (12 / 13 years)								
Bachelor (14 years)								
Bachelor(Hons)/Master (16 years)								
MS / M.Phil. (18 years)								
Other (Diploma / Certificate)								
3. Employment Inform	mation (If Applicable) (Note: If you ne	ed more row	s to write you	r information	you can a	dd an additional pag	e with Application
Organization Type	Organization I	Name	Des	ignation	Job De	scription	Start Date	End Date
(Government / Semi Government / Private)	(Name of the Organizat	ion / Dept.)		nation / Positi Title)	on		(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 at any stage.

	Signature & Date:	Thumb Impression (Left Hand):
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Document Check list:

Tick if Attached / selected:

- □ Photograph is Attached
- $\hfill\square$ CNIC Copy is Attached on the back side of Application Form
- $\hfill\square$ Original bank Deposit Slip 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. 250/- 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 (Latest by 6 Months), CNIC copy 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)
- In Person/By hand submission of Application form is not allowed.

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• 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 (PSO), 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

Branch Code: Branch Name: Date: /

1

PCode: 311

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Date: / /

Open Testing Service Innovation in Training & Assessment

BANK Copy

Branch Code:

Branch Name:

PCode: 311 ONLINE DEPOSIT SLIP

Please deposit in only one bank & tick the relevant Bank

HBL навів валк Стир чило	Habib Bank Limited		
Remote Branch:	Habib Bank Limited, PWD Branch (2328)		
Account Title:	Open Testing Service		
Account Number:	23287106336103		
Amount in Figures:	Rs. 250		
Amount in Words:	Two Hundred and Fifty 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. 250	
Amount in Words: Two Hundred and Fifty Rupees Only		
Note: Bank Service Charges Free of Cost		

Allied Bank	Allied Bank Limited		
Remote Branch:	ABL Islamic Banking, PWD Branch (5133)		
Account Title:			
Account Number:	Account Number: 0020050208060021		
Amount in Figures: Rs. 265			
Amount in Words: Two Hundred and Sixty Five Rupees Only			
Note: Inclusive of Bank Service Charges			

The Bank Must Return OTS Copy to the Candidate.
Attach CNIC Copy with deposit silp.
Application Form will not be enterfained without Original Deposit Silp.
Application Form will not be enterfained other than against cash payment.
FBP Endorsement is required on both the Deposit Silp.
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 silp/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. responsible.

•	Applicant Name:	
i	Applicant Father Name:	
i	CNIC No. / Form B No.:	
i	Applied For:	
ż		-

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ONLINE DEPOSIT SLIP

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