

(365)

Note: Test Center in the desired city will be arranged for minimum of 200 applicants. Once selected a test center cannot be changed.

Test City: (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"/> Sabinal	<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
Domicile District: -----		Note: ALL DATA FIELDS ARE REQUIRED. FILL YOUR APPLICATION FORM CAREFULLY.		
Domicile Province: (Tick only one)	<input type="checkbox"/> Punjab	<input type="checkbox"/> Balochistan	<input type="checkbox"/> Sindh (U)	<input type="checkbox"/> Sindh (R)
	<input type="checkbox"/> KPK	<input type="checkbox"/> Islamabad Capital Territory	<input type="checkbox"/> FATA	
	<input type="checkbox"/> Azad Jammu and Kashmir		<input type="checkbox"/> Gilgit Baltistan	<input type="checkbox"/> Other

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

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1. Personal Information (In Block Letters)

Name (in Full): _____
 Father's Name: _____
 CNIC/B-Form: _____
 Age: _____ Date of Birth (D-M-Y) _____ - _____ - _____ Marital Status: _____
 Postal Address: _____
 Email #: _____ Cell #: _____

Note: Tick Only One Circle in each Row.

Religion:	<input type="radio"/> Muslim	<input type="radio"/> Non-Muslim
Any Disability (If Yes Please Specify)	<input type="radio"/> Yes	<input type="radio"/> No
Gender:	<input type="radio"/> Male	<input type="radio"/> Female
Armed Forces:	<input type="radio"/> Yes	<input type="radio"/> No
<i>Only for personnel of Armed Forces of Pakistan</i>		
Deceased Servant:	<input type="radio"/> Yes	<input type="radio"/> No
<i>Deceased Civil Servant wife, son or daughter</i>		
Government Servant:	<input type="radio"/> Yes	<input type="radio"/> No

(Do not give here Network converted mobile Numbers)

Academic Information (Note: In Case Of Incomplete Academic Information, Your Application Will Be Declined.)

Certificate/Degree	Degree Title	Major Subjects	Year of Passing	Marks Obtained	Total Marks	Grade/Percentage	Institution Name
Qualification							

Note: Tick Mark The Appropriate Option.

Paper To Be Attempted	Paper 1	Paper 2	Both papers
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Course studied	2005	2013
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Number Of Attempt Already Made	1	2	3	4	None
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University Name And Address	
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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 candidate ureat any stage.

Signature & Date:

Thumb Impression (Left Hand):

Document Check list:

Tick if Attached / selected:

- Photograph Is Attached
- CNIC Copy Is Attached On The Back Side Of Application Form
- Attested Copies Of Educational Documents And Experience Letter Attached

Instructions:

- ALL DATA FIELDS ARE REQUIRED TO BE FILLED. FILL YOUR APPLICATION FORM CAREFULLY.
- 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.
- 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

<p>Send Registration Form to:</p> <p>Manager Operation (PCP), Open Testing Service (OTS), Office No 01, Central Avenue, Phase 6, Bahria Town, Islamabad</p> <p>Help Line: 051-111 687 222 Email: info@ots.org.pk, Website: www.ots.org.pk</p>
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