

(371)

## APPLICATION FORM CENTRAL POWER PURCHASING AGENCY

### Applying for: Receptionist

Note: Test Center	r in the desired city will	be arranged for minimum	of 200 applicants. Once se	elected a test center cannot be changed	
	🗆 Islamabad	🗆 Lahore	🗆 Multan	🗆 Karachi	Passport size Recent
Test City:	🗆 Quetta	🗆 Peshawar	🗆 D.I. Khan	🗌 Hyderabad	Photograph Affix with
(Tick only one)	🗆 Sahiwal	□ Abbottabad	🗌 Gujranwala	🗆 Muzaffarabad	Gum (Latest By 6
	🗌 Gilgit	🗆 Sargodha	🗆 Sukkur	🗌 Faisalabad	months)
		N	ote: ALL DATA FIELDS	ARE REQUIRED. FILL YOUR	montilisy
Domicile Dist	rict:	A	PPLICATION FORM CA	REFULLY.	
Domicile	🗌 Punjab	Balochistan	🗌 Sindh (U)	🗌 Sindh (R)	
Province:	🗆 КРК	🗌 Islamabad Cap	oital Territory	🗆 FATA	
(Tick only one)	Azad Jamm	u and Kashmir	🗌 🛛 Gilgit Balt	istan 🗌 Other	

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

Name (in Full):		Note: Tick Only One Circ	le in each R	ow.
Father's Name:		Religion: OMuslim	⊖ Non-M	uslim
CNIC/B-Form:		Any Disability (If Yes Please Specify)	⊖ Yes	⊖ No
Age:	_ Date of Birth (р-м-ү)Marital Status:			
Destal Address		 Gender:	Male 🛛 🔿	) Female
Postal Address:		Armed Forces:	$\bigcirc$ Yes	⊖No
		 Only for personnel of Arme	d Forces of Pa	kistan
		Deceased Servant:	/es 🛛 🔿 No	כ
<b>-</b> 1 <i>1</i>		Deceased Civil Servant wif	e, son or dau	ghter
Email #:	Cell #: (Do not give here Netwo converted mobile Numb	Government Servant:	⊖Yes	⊖No

2. Academic Information (Note: In case of incomplete academic information Your Application will be Declined ) Certificate / Degree Degree Title Major Subjects Year of Marks Total Grade/ Institution							
Certificate/Degree	Degree Title	Major Subjects	Passing	Obtained	Marks	Grade/ Percentage	Name
Primary							
SSC (10 years)							
HSSC / DAE / A-Level (12 / 13 years)							
Bachelor (14 years)							
Bachelor(Hons)/Master (16 years)							
MS / M.Phil. (18 years)							
<b>Other</b> (Diploma / Certificate)							
3. Employment Information (If Applicable) (Note: If you need more rows to write your information, you can add an additional pagewith Application					ith Application		

Form.)					
Organization Type	Organization Name	Designation	Job Description	Start Date	End Date
(Government / Semi Government / Private)	(Name of the Organization / Dept.)	(Your Designation / Position Title)		(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 liableto disciplinary action which may result in cancellation fmy candidate ureat any stage.

Signature & Date: ..... Thumb Impression (Left Hand): .....

### **Document Check list:**

Tick if Attached / selected:

- D Photograph Is Attached
- CNIC Copy Is Attached On The Back Side Of Application Form
- □ Attested Copies Of Educational Documents And Experience Letter Attached
- 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. 115/-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.
- 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.

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Send Registration Form to:

Manager Operation (CPPA), 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:

PCode: 363 **ONLINE DEPOSIT SLIP** 

Date:

Please deposit in only one bank & tick the relevant Bank

Habib Bank Limited
Habib Bank Limited, PWD Branch (2328)
Open Testing Service
23287106336103
Rs. 115
One Hundred And Fifteen Rupees Only

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. 115
Amount in Words:	One Hundred And Fifteen Rupees Only
Note: Bank Service C	harges Free of Cost

Allied Bank	Allied Bank Limited
Remote Branch:	ABL Islamic Banking, PWD Branch (5133)
Account Title:	Open Testing Service
Account Number:	0020050208060021
Amount in Figures:	Rs. 140
Amount in Words:	One Hundred And Fourty Rupees Only
Note: Inclusive of Bar	k Service Charges

The Bank Must Return OTS Copy to the Candidate.
 Attach CNIC Copy with depoint silp.
 Application Form will not be entertained without Original Deposit Silp.
 Application Form will not be entertained other than against cash payment.
 FBIP Endorsement is required on both the Deposit Silp.
 Deposit is in any online country wide branchos.
 Cash should always be deposited at the respective counter and electronic computer generated recoupt printed through flatbed printer on deposit silp/challan should before leaving the country ride tranchos.
 Cash should always be deposited at the respective counter and electronic computer generated recoupt printed through flatbed printer on deposit silp/challan should 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:	i.
Applicant Father Name:	
CNIC No. / Form B No.:	
Applied For:	

## **Open Testing Service**

Innovation in Training & Assessment

## **BANK Copy**

Branch Code:

Branch Name:

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PCode: 363 **ONLINE DEPOSIT SLIP** 

Date:

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

Applicant Signature

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**Applicant Signature** 

00000033400