

### APPLICATION FORM CENTRAL POWER PURCHASING AGENCY

TAG # (For Official use)

(371)

Applying for: Audit Associate

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1. Persona	al Inf	ormation	(In Blo	ock Letters)										
Name (in Fu								Note: Tic	k Only	Only One Circle in each Row.				
Father's Name:									Religion:	$\bigcirc$	○ Muslim ○ Non-Muslim			
CNIC/R Form	CNIC/B-Form:					$\frac{-}{1}$		<b></b>	Any Disal				Yes	○ No
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Age:		_ Date of	Birth (D	irth (D-M-Y) Marital Status:						_		_	_	
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. Undertaking by Applicant
d/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 liableto disciplinary action which may result in cancellationof my candidate ureat any stage.
Signature & Date:
Document Check list:
Fick if Attached / selected:
Photograph Is Attached
Photograph Is Attached CNIC Copy Is Attached On The Back Side Of Application Form
Photograph Is Attached CNIC Copy Is Attached On The Back Side Of Application Form
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 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.

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

# Open Testing Service Innovation in Training & Assessment

**BANK Copy** 

#### **OTS Copy**

Branch Code:	Date: / /	Branch Code:	Date: / /					
Branch Name:		Branch Name:						
0	NLINE DEPOSIT SLIP  PCode: 363  osit in only one bank & tick the relevant Bank	0	NLINE DEPOSIT SLIP  PCode: 36: osit in only one bank & tick the relevant Bank					
HBL HABIO BANK	Habib Bank Limited	HBL MARGEMAN	Habib Bank Limited					
Remote Branch:	Habib Bank Limited, PWD Branch (2328)	Remote Branch:	Habib Bank Limited, PWD Branch (2328)					
Account Title:	Open Testing Service	Account Title:	Open Testing Service					
Account Number:		Account Number:	23287106336103					
Amount in Figures:	Rs. 115	Amount in Figures:	Rs. 115					
Amount in Words:	One Hundred And Fifteen Rupees Only	Amount in Words: One Hundred And Fifteen Rupee:						
Note: Bank Service C	Charges Free of Cost	Note: Bank Service C	Charges Free of Cost					
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Remote Branch:	Bank Alfalah, PWD Branch (0335)	Remote Branch:	Bank Alfalah, PWD Branch (0335)					
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Account Number:		Account Number:						
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Amount in Words:	One Hundred And Fifteen Rupees Only	Amount in Words:	One Hundred And Fifteen Rupees Only					
Note: Bank Service C	Charges Free of Cost	Note: Bank Service C	Charges Free of Cost					
Allied Bank	Allied Bank Limited	Allied Bank	Allied Bank Limited					
Remote Branch:	ABL Islamic Banking, PWD Branch (5133)	Remote Branch:	ABL Islamic Banking, PWD Branch (5133					
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Applicant Father	Name:	Applicant Father I	Name:					
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Applied For:		CNIC No. / Form B No.: Applied For:						
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Applicant Sig	gnature Cashier	Applicant Sig	nature Cashier					