

### APPLICATION FORM

#### SENATE SECRETARIAT OF PAKISTAN

OTS REG # For Official Use

Applying for: Assistant Sergeant-at-Arms (BPS-16)

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|   |                               | ote: Application Form will no                                   |   | without Or | riginal Dep                     | osit Slip.) |                    |                      |                     |  |
|---|-------------------------------|---|---|------------|---------------------------------|-------------|--------------------|----------------------|---------------------|--|
| ALFALA (ANY BRA   | AH,<br>INCH) 🗆 (AN            | $igcup_{	extsf{y BRANCH}}^{	ext{HBL}} igg  igcup_{	extsf{any}}$ | ABL,<br>BRANCH) -                       | Branch Coo | <u> </u>                        | Deposit Da  | ato.               |                      |                     |  |
| Note: Test Cer  | nter in the desired city will | pe arranged for minimum of 200 app                              | olicants. Once selected                 |            | cannot be cha                   | nged.       | ate                |                      |                     |  |
|   | ☐ Islamabad                   | Lahore  | ☐ Multan                                |            |                                 | ☐ Karachi   |                    | Passport size Recent |                     |  |
| Test City:  | Quetta                        | ☐ Peshawar  | ☐ D.I. Kha                              | 1          | ☐ Hyde                          |             |                    | Photograph Affix     |                     |  |
| (Tick only one)   | ☐ Faisalabad                  | ☐ Gujranwala  | ☐ Mirpur                                |            | Sukkı                           |             |                    | _                    | vith                |  |
| (,,   | ☐ Muzafarabad☐ Sawat          | ☐ Kohat☐ GB   | ☐ Mardan                                | L          | Bannu                           |             |                    | Gum (Latest By 6     |                     |  |
| Domicile District:  |                               |   |   |            |                                 |             | y:¹ '<br>y 3p3 ¹:p |                      |                     |  |
| Domicile  | -                             |   | • |            | •                               |             |                    | J - P                | - ·F                |  |
| Province:   | ☐ KPK ☐ Azad Jamm             | •   | Gilgit Ba                               | L L        | FATA O                          | her         |                    |                      |                     |  |
| (Tick only one)   | □ Azau Jamm                   | u and Kashmir   | U Gligit ba                             | iitistan   |                                 | ner         |                    |                      |                     |  |
| Name (in Full):  Father's Name:  CNIC/B-Form:  Date of Birth (D-M-Y)  Phone #:Cell #:  Cell #:  Note: Tick Only One Circle in each Row.  Religion: Muslim Non-Muslim  Are You Disable? Yes No |                               |   |   |            |                                 |             |                    |                      |                     |  |
| Email (IF ANY): (Do not give here Network converted mobile Numbers)  2. Academic Information (Note: Incase of incompleteacademicinformation, Your Application will be Declined.)              |                               |   |   |            |                                 |             |                    |                      |                     |  |
|   | te/Degree                     | Degree Title  | Major Subjects                          |            | Year of                         |             | Marks<br>Obtained  | Total<br>Marks       | Institution<br>Name |  |
| SSC (10 years)  | )                             |   |   |            |                                 |             |                    |                      |                     |  |
| HSSC / DAE<br>(12 / 13 years)   |                               |   |   |            |                                 |             |                    |                      |                     |  |
| Bachelor (1   | 4 years)                      |   |   |            |                                 |             |                    |                      |                     |  |
| Bachelor(H  | Ions)/Master                  |   |   |            |                                 |             |                    |                      |                     |  |
| MS / M.Phi  | <b>l.</b> (18 years)          |   |   |            |                                 |             |                    |                      |                     |  |
| PhD   |                               |   |   |            |                                 |             |                    |                      |                     |  |
| Other (Diplo  | ma / Certificate)             |   |   |            |                                 |             |                    |                      |                     |  |
| 3. Employ   | ment Informat                 | tion (Note: If you need more                                    | rows to write youri                     | nformation | , you can <u>a</u> c            | ld anaddit  | ional pagew        | ith Applicatio       | n Form.)            |  |
| Organi  |                               |   | · ·                                     |            | Start Da                        |             |                    |                      |                     |  |
| <u> </u>  |                               | (Name of the Organizat  |   |            | esignation / Position<br>Title) |             | ((D-M-Y))          |                      | ((D-M-Y))           |  |
|   |                               |   |   |            |                                 |             |                    |                      |                     |  |

| 4. Undertaking by Applicant  |
|--|
| Id/s/w ofdo hereby solemn  |
| affirm that I have read and understood the conditions for applying in the above mentioned Post and that I have fill the form as per instructions given above and in the event any information contained herein is found to be untruled Ishall be liabletodisciplinary action which mayresultin cancellation of my candidatureat any stage. |
| Signature & Date: Thumb Impression (Left Hand):  |
| Document Check list:   |
| Tick if Attached / selected:   |
| □ Photograph is Attached   |
| □ Original bank Deposit Slip is Attached on the back side of Application Form  |
| ☐ CNIC Copy is Attached on the back side of Application Form   |
|  |
| Instructions:  |
| ALL DATA FIELDS ARE REQUIRED TO BE FILLED. FILL YOUR APPLICATION FORM CAREFULLY.   |
| <ul> <li>Application Fee (Service Charges) is nonrefundable / nontransferable. Bank Online Deposit of Rs. 300/- must be</li> </ul>   |
| attached with application form.  |
| <ul> <li>In case of more than one apply use separate application form along with original deposit slip.</li> </ul>   |
| 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.   |
| <ul> <li>Attach your recent photograph (Latest by 6 Months), CNIC copy, original bank deposit slip with this application form</li> </ul>   |
| Without Signature & Thumb impression, your application form will not be entertained.   |
| Without photograph your application form will not be entertained.  |
| <ul> <li>In-complete forms will not be entertained. (All the fields are mandatory / Required)</li> </ul>   |
| <ul> <li>In Person/By hand submission of Application form is not allowed.</li> </ul>   |
| <ul> <li>Mobile phones or other electronic gadgets are not allowed in test center premises.</li> </ul>   |
| Please visit OTS website according to the test schedule to check your status.  |
|  |
| Cut Address box given below and affix it with gum on the envelope.   |
|  |
|  |
| Send Registration Form to:   |
| Sena negistration Form to.   |

Manager Operation,
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**

# Open Testing Service Innovation in Training & Assessment

#### **BANK Copy**

| Branch Code:   | Date://                                | %<br>: B₁ | ranch Code:   |                           | Date:             | 1        | 1           |  |  |
|--|--|-----------|---|---------------------------|-------------------|----------|-------------|--|--|
|  |  | •         | Branch Name:  |                           |                   |          |             |  |  |
| ONLINE DEPOSIT SLIP  |  |           | ONLINE DEPOSIT SLIP   |                           |                   |          |             |  |  |
| Please deposit in only one bank & tick the relevant Bank   |  |           | Please deposit in only one bank & tick the relevant Bank  |                           |                   |          |             |  |  |
| HBL HABIBBANK  | Habib Bank Limited                     | Ĭ         | HBL HABIBBANK   |                           | Habib Bank        | Limite   | d           |  |  |
| Remote Branch:   |  | ij        | Remote Branch:  |                           | b Bank Limited,   | PWD Bra  | anch (2328) |  |  |
| Account Title:   | Open Testing Service                   | #         | Account Title:  | Oper                      | n Testing Service | Э        | ***         |  |  |
| Account Number:  | 23287106336103                         | 1 7       | Account Number:   | 2328                      | 7106336103        |          |             |  |  |
| Amount in Figures:   | Rs. 300                                | 1 7       | Amount in Figures:  | nount in Figures: Rs. 300 |                   |          |             |  |  |
| Amount in Words:   | Three Hundred Only                     | <u> </u>  | Amount in Words:  | Three Hundred Only        |                   |          |             |  |  |
| Note: Bank Service Charges Free of Cost  |  |           | Note: Bank Service Charges Free of Cost   |                           |                   |          |             |  |  |
|  |  | : -       |   |                           |                   |          |             |  |  |
| A Bank Alfalah   | Bank Alfalah Limited                   | Ϊſ        | A Bank Alfalah  |                           | Bank Alfala       | h Limit  | ed          |  |  |
| Remote Branch:   | Bank Alfalah, PWD Branch (0335)        | ijſ       | Remote Branch:  | Bank                      | Alfalah, PWD B    | ranch (0 | 335)        |  |  |
| Account Title:   | Open Testing Service                   |           | Account Title:  | Oper                      | Testing Service   | Э        | 70          |  |  |
| Account Number:  | 0335001004927667                       | # 7       | Account Number:   | 0335                      | 001004927667      |          |             |  |  |
| Amount in Figures:   | Rs. 300                                |           | Amount in Figures:  | Rs. 3                     | 800               |          |             |  |  |
| Amount in Words:   | Three Hundred Only                     | #         | Amount in Words:  | Three                     | e Hundred Only    |          |             |  |  |
| Note: Bank Service C   | Charges Free of Cost                   | 1         | Note: Bank Service Charges Free of Cost   |                           |                   |          |             |  |  |
|  |  | -         |   |                           |                   |          |             |  |  |
| Allied Bank  | Allied Bank Limited                    | İ         | Allied Bank   |                           | Allied Bank       | Limite   | d           |  |  |
| Remote Branch:   | ABL Islamic Banking, PWD Branch (5133) |           | Remote Branch:  |                           |                   |          |             |  |  |
| Account Title:   | Open Testing Service                   |           | Account Title:  | Oper                      | n Testing Service | Э        |             |  |  |
| Account Number:  | 0020050208060021                       |           | Account Number:   | 0020                      | 050208060021      |          |             |  |  |
| Amount in Figures:   | Rs. 350                                | i [       | Amount in Figures:  | Rs. 3                     | 350               |          |             |  |  |
| Amount in Words:   | Three Hundred Fifty Only               |           | Amount in Words:  | Three                     | e Hundred Fifty   | Only     |             |  |  |
| Note: Inclusive of Bank Service Charges  |  |           | 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.  FIP 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 falling which the bank will not be responsible. |  | •         | 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. 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. PCode: 382 |                           |                   |          |             |  |  |
| Applicant Name:  |  | Ţ         | Applicant Name:   |                           |                   |          |             |  |  |
| Applicant Father I   | Applicant Father Name:                 |           | Applicant Father Name:  |                           |                   |          |             |  |  |
| CNIC No. / Form B No.:   |  |           | CNIC No. / Form B No.:  |                           |                   |          |             |  |  |
| Applied For:   |  |           | Applied For:  |                           |                   |          |             |  |  |
| Applicant Sig  | mature Cashier                         | ׯ         | Applicant Sig   |                           |                   | Cashie   |             |  |  |