



APPLICATION FORM

(465)

LAHORE ELECTRIC SUPPLY COMPANY LIMITED (LESCO) Offline

Applying for: Line Superintendent Grade-I

OTs REG #
For Official Use

1. Bank Online Deposit (*Note: Application Form will not be entertained without Original Deposit Slip.)

<input type="checkbox"/> ALFALAH (ANY BRANCH)	<input type="checkbox"/> HBL (ANY BRANCH)	<input type="checkbox"/> ABL (ANY BRANCH)	<input type="checkbox"/> Habib Metro	Deposit Date _____	
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"/> Faisalabad	<input type="checkbox"/> Gujranwala	<input type="checkbox"/> Mirpur	<input type="checkbox"/> Sukkur	
	<input type="checkbox"/> Muzafarabad	<input type="checkbox"/> Kohat	<input type="checkbox"/> Mardan	<input type="checkbox"/> Bannu	
	<input type="checkbox"/> Okara	<input type="checkbox"/> GB	<input type="checkbox"/> Shaheed Benazir Abad		
	<input type="checkbox"/> Chiniot	<input type="checkbox"/> Multan	<input type="checkbox"/> Kasur		
	<input type="checkbox"/> Shiekupura	<input type="checkbox"/> Khanewal	<input type="checkbox"/> Jhang		
	<input type="checkbox"/> Gujrat	<input type="checkbox"/> Hafizabad	<input type="checkbox"/> Toba Tek Singh		
	<input type="checkbox"/> Sialkot	<input type="checkbox"/> Narowal	<input type="checkbox"/> Nankana Sahib		
	<input type="checkbox"/> Abbottabad	<input type="checkbox"/> Swat	<input type="checkbox"/> Mandi Bahauddin		
	Domicile Province: _____				
	Domicile District: (Tick only one)	<input type="checkbox"/> Lahore	<input type="checkbox"/> Kasur	<input type="checkbox"/> Sheikhpura	<input type="checkbox"/> Okara
	<input type="checkbox"/> Other _____				

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

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: _____

CITY: _____ DISTRICT: _____

Phone #: _____ Cell #: _____ (Do not give here network converted mobile Number)

Email (IF ANY): _____

Note: Tick Only One Circle in each Row.

Religion:	<input type="radio"/> Muslim	<input type="radio"/> Non-Muslim
Are You Disable?	<input type="radio"/> Yes	<input type="radio"/> No
If YES Nature of Disability _____		
Gender:	<input type="radio"/> Male	<input type="radio"/> Female
Government Servant:	<input type="radio"/> Yes	<input type="radio"/> No
with Two Years Continuous Experience		
Scheduled Cast /Buddhist:	<input type="radio"/> Yes	<input type="radio"/> No
LESCO employee's children quota:	<input type="radio"/> Yes	<input type="radio"/> No
Status:	1. Died after Retirement <input type="checkbox"/> 2. Retired on Medical Ground <input type="checkbox"/> 3. Retired <input type="checkbox"/> 4. Working <input type="checkbox"/>	
Last Office	_____	

2. Academic Information (Note: In case of incomplete academic information, Your Application will be Declined.)

Certificate/Degree	Degree Title	Major Subjects	Year of Passing (D-M-Y)	Marks Obtained/CGPA	Total Marks	Percentage %	Institution/Board Name
SSC (10 years)							
HSSC / DAE / A-Level (12 / 13 years)							
Bachelors							
Masters							

3. Employment Information/Experience of trade (At least 03-years) in a Supervisory post in Electrical Organization of repute

Organization Name (Name of the Organization / Dept.)	Job Description Nature of JOB	Designation (Title of JOB)	Start Date (D-M-Y)	End Date (D-M-Y)

4. Undertaking by Applicant

I, _____ S/D/W/o _____ is hereby solemnly confirmed that;
(I) I have read and understood the conditions for applying for above post and I have filled the form as per instructions
(II). I am neither dismissed /screened out employee of any organization nor having criminal record.
In the event any information contained in my application is found to be untrue. I shall be liable to disqualification at any stage of employment.

Signature & Date: Thumb Impression (Left Hand):

Document Check list:

<u>Tick if attached / selected:</u>	<u>In Case of LESCO Employee Child Quota Following Additional Documents are also required:</u>
<input type="checkbox"/> Photograph is Attached <input type="checkbox"/> Domicile certificate <input type="checkbox"/> Experience certificate <input type="checkbox"/> Original bank Deposit Slip is Attached on the back side of Application Form <input type="checkbox"/> CNIC Copy is Attached on the back side of Application Form <input type="checkbox"/> Attested photocopies of educational Testimonials. <input type="checkbox"/> Certificate Of disability is mandatory (Only for disable) <input type="checkbox"/> NOC for current employer in case of GOVT servant.	<input type="checkbox"/> Attested Copy of CNIC of Father & Mother <input type="checkbox"/> Certificate duly signed by Dy. Manager concerned regarding employment of father (Died after retirement/ Retired /working in LESCO) by certifying that no child / Dependents of the employee has been appointed against 20% employee's children quota. <input type="checkbox"/> Affidavit from the applicant on stamp paper certifying that his/her brother /sister or widowed mother is not already employed in this quota.

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. 80/- must be attached with application form.
- In case of more than one applies 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, original bank deposit slip with this application form.
- Without Signature & Thumb impression, 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.
- Please visit OTS website according to the test schedule to check your status.
- The candidates having domicile from districts of Lahore, Kasur, Sheikhupura, Okara & Nankana Sahib shall be eligible to apply. (for applying against Open Merit, 5% Minority Quota & 2% Disability Quota)

Cut Address box given below and affix it with gum on the envelope.



Send Registration Form to:

Manager Operation, (LESCO)
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: _____ Date: ____ / ____ / ____


Branch Name: _____


ONLINE DEPOSIT SLIP

Please deposit in only one bank & tick the relevant Bank

 HABIB BANK	<input type="checkbox"/> Habib Bank Limited
Remote Branch:	Habib Bank Limited, All Branch
Account Title:	Open Testing Service
Account Number:	23287106336103
Amount in Figures:	Rs. 80
Amount in Words:	Eighty Only
Note: Bank Service Charges Free of Cost	

 Bank Alfalah	<input type="checkbox"/> Bank Alfalah Limited
Remote Branch:	Bank Alfalah, All Branch
Account Title:	Open Testing Service
Account Number:	03351004927667
Amount in Figures:	Rs. 80
Amount in Words:	Eighty Only
Note: Bank Service Charges Free of Cost	

 Allied Bank	<input type="checkbox"/> Allied Bank Limited
Remote Branch:	ABL All Branch
Account Title:	Open Testing Service
Account Number:	51330020050208060021
Amount in Figures:	Rs. 110
Amount in Words:	One Hundred Ten Only
Note: Inclusive of Bank Service Charges	

 HABIBMETRO	<input type="checkbox"/> Habib Metropolitan Bank
Remote Branch:	Habib Metro Bank, All Branch
Account Title:	Open Testing Service
Account Number:	6-98-77-29319-714-100675
Amount in Figures:	Rs. 80
Amount in Words:	Eighty Only
Note: Bank Service Charges Free of Cost	

- 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.
- 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.
- P Code: 465

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

.....
Applicant Signature

.....
Cashier

Open Testing Service

Innovation in Training & Assessment


BANK Copy


Branch Code: _____ Date: ____ / ____ / ____


Branch Name: _____

ONLINE DEPOSIT SLIP

Please deposit in only one bank & tick the relevant Bank

 HABIB BANK	<input type="checkbox"/> Habib Bank Limited
Remote Branch:	Habib Bank Limited, All Branch
Account Title:	Open Testing Service
Account Number:	23287106336103
Amount in Figures:	Rs. 80
Amount in Words:	Eighty Only
Note: Bank Service Charges Free of Cost	

 Bank Alfalah	<input type="checkbox"/> Bank Alfalah Limited
Remote Branch:	Bank Alfalah, All Branch
Account Title:	Open Testing Service
Account Number:	03351004927667
Amount in Figures:	Rs. 80
Amount in Words:	Eighty Only
Note: Bank Service Charges Free of Cost	

 Allied Bank	<input type="checkbox"/> Allied Bank Limited
Remote Branch:	ABL All Branch
Account Title:	Open Testing Service
Account Number:	51330020050208060021
Amount in Figures:	Rs. 110
Amount in Words:	One Hundred Ten Only
Note: Inclusive of Bank Service Charges	

 HABIBMETRO	<input type="checkbox"/> Habib Metropolitan Bank
Remote Branch:	Habib Metro Bank, All Branch
Account Title:	Open Testing Service
Account Number:	6-98-77-29319-714-100675
Amount in Figures:	Rs. 80
Amount in Words:	Eighty Only
Note: Bank Service Charges Free of Cost	

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- P Code: 465

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

.....
Applicant Signature

.....
Cashier



2025

LAHORE ELECTRIC SUPPLY COMPANY
HR DIRECTORATE, RECRUITMENT CELL, 22-A QUEENS ROAD, LAHORE

CERTIFICATE

It is certified that Mr/Miss/Mst. _____ S/D/Wd/o _____
CNIC # _____ Desig. _____ ERP # _____ is/was
working in _____ Sub Division / Division and
Died after retirement **Retired on Medical Ground** **Retired** **Working**
from his/her service on/since _____.

Mr/Miss/Mst. _____ is his/her real son/daughter/widow
and no child/dependent of late Mr/Miss. _____ has been appointed in
LESCO / WAPDA.

Deputy Manager (Op)
Division LESCO
Sign & Stamp

Assistant Manager (Op)
Sub Division LESCO
Sign & Stamp

Endst: No. _____

Dated: _____

Deputy Manager (Op)
Division LESCO
Sign & Stamp

Forwarded in original to M/s Open Testing Service accompanying OTS Application Form & following documents:

1. Attested copy of CNIC of Father & Mother
2. Affidavit on stamp paper