

To  
Manager Operations,  
Open Testing Service, Islamabad.

Subject: **Request for Original Result Card**

It is requested that I need my Original result card, my name and other necessary information are included in this application. Please send the result card to the address below.

<b>Applicant name</b>	
<b>Father name</b>	
<b>CNIC / passport number</b>	
<b>Roll number</b>	
<b>Applied for:</b>	
<b>Postal address</b>	
<b>City</b>	
<b>Province</b>	
<b>Mobile number</b>	
<b>Challan Deposit Date</b>	

Looking forward for your positive response.

Yours Sincerely,

Applicant Signature: .....

Date: ...../...../.....

Note:

- Send Original bank deposit slip with this application. Without original bank deposit slip your application will not be entertained.
- Application fee is non transferrable and non-refundable.
- By hand collection of Result Cards is not allowed. Result cards will be dispatched through Courier Service by OTS.



Send Application to:	<b>Manager Operations, Open Testing Service Office # 03, FF, Plot # 14, E-11/3, Islamabad Phone: 051-2375081 Fax: 051-2375031</b>
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Branch Code: ..... Branch Name: ..... Date: .....

**ONLINE DEPOSIT SLIP**

<b>Bank:</b>	Bank Alfalah Limited	<b>Branch:</b>	PWD Branch
<b>Account Title:</b>	OPEN TESTING SERVICE	<b>Account No: (AKK)</b>	0335-1004927667
<b>Amount</b>	Rs: 300 /-	<b>In Words</b>	Three Hundred Only

Applicant Name:		Father Name:	
CNIC/Form B No:		Date:	

*Note: Application form will not be entertained without original deposit slip. Bank Service Charges, Free of Cost.*

.....  
Applicant Signature

.....  
Cashier Signature & Stamp



Branch Code: ..... Branch Name: ..... Date: .....

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