

(341)

Applying For Interpreter BS-17

| | | | | |
|---------------------------|-------------------------------------|---|--|-------------------------------------|
| Domicile District: | <input type="checkbox"/> Attock | <input type="checkbox"/> Bahawalnagar | <input type="checkbox"/> Bahawalpur | <input type="checkbox"/> Bhakkar |
| | <input type="checkbox"/> Chakwal | <input type="checkbox"/> Chiniot | <input type="checkbox"/> D.G.khan | <input type="checkbox"/> Faisalabad |
| | <input type="checkbox"/> Gujranwala | <input type="checkbox"/> Gujrat | <input type="checkbox"/> Hafiz Abad | <input type="checkbox"/> Jhang |
| | <input type="checkbox"/> Jhelum | <input type="checkbox"/> Kasur | <input type="checkbox"/> Khanewal | <input type="checkbox"/> Khushab |
| | <input type="checkbox"/> Layyah | <input type="checkbox"/> Lodhran | <input type="checkbox"/> Mandi Baha ud din | <input type="checkbox"/> Lahore |
| | <input type="checkbox"/> Multan | <input type="checkbox"/> Muzaffargarh | <input type="checkbox"/> Nankana sahib | <input type="checkbox"/> Mianwali |
| | <input type="checkbox"/> Okara | <input type="checkbox"/> Pakpattan | <input type="checkbox"/> Rahim yar khan | <input type="checkbox"/> Narowal |
| | <input type="checkbox"/> Rawalpindi | <input type="checkbox"/> Sahiwal | <input type="checkbox"/> Sargodha | <input type="checkbox"/> Rajanpur |
| | <input type="checkbox"/> Sialkot | <input type="checkbox"/> Toba tek Singh | <input type="checkbox"/> Sheikhupura | <input type="checkbox"/> Vehari |

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

آپ کی تصویر اس خانے
میں چسبنا ضروری ہے

1. Personal Information (In Block Letters)

Name (in Full): _____

Father's Name: _____

CNIC/B-Form:

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Age: _____ Date of Birth (D-M-Y) _____ Marital Status: _____

Postal address: _____

Phone #: _____ Cell #: _____

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 |
| Gender: | <input type="radio"/> Male | <input type="radio"/> Female |
| Armed Forces: | <input type="radio"/> Yes | <input type="radio"/> No |
| <i>Only For Personnel Of Armed Forces of Pakistan</i> | | |
| Deceased Servant: | <input type="radio"/> Yes | <input type="radio"/> No |
| <i>Deceased Civil Servant Wife, Son or daughter</i> | | |
| Government Servant: | <input type="radio"/> Yes | <input type="radio"/> No |
| Scheduled Cast /Buddhist: | <input type="radio"/> Yes | <input type="radio"/> No |

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

| Certificate/Degree | Degree Title | Major Subjects | Year of Passing | Marks Obtained | Total Marks | Grade/ Percentage | Institution 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) | | | | | | | |
| Other (Diploma / Certificate) | | | | | | | |

3. Employment Information (If Applicable) (Note: If You Need More Rows To Write Your Information You Can Add An Additional Page With 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 liable to disciplinary action which may result in cancellation of my candidature at any stage.

Signature & Date:

Thumb Impression (Left Hand):

Document Check list:

Tick if Attached / selected:

- Photograph is Attached
- CNIC Copy is Attached on the back side of Application Form
- Original bank Deposit Slip Copy is Attached on the back side of Application Form
- Academic Documents

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. 285/- 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 (OTS),
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: _____ Date: ___/___/___


Branch Name: _____

ONLINE DEPOSIT SLIP

Please deposit in only one bank & tick the relevant Bank

| | |
|---|--|
|  HBL | <input type="checkbox"/> Habib Bank Limited |
| Remote Branch: | Habib Bank Limited, PWD Branch (2328) |
| Account Title: | Open Testing Service |
| Account Number: | 23287106336103 |
| Amount in Figures: | Rs. 285 |
| Amount in Words: | Two Hundred eighty Five |
| Note: Bank Service Charges Free of Cost | |

| | |
|--|--|
|  Bank Alfalah | <input type="checkbox"/> Bank Alfalah Limited |
| Remote Branch: | Bank Alfalah, PWD Branch (0335) |
| Account Title: | Open Testing Service |
| Account Number: | 0335001004927667 |
| Amount in Figures: | Rs. 285 |
| Amount in Words: | Two Hundred eighty Five |
| Note: Bank Service Charges Free of Cost | |

| | |
|---|---|
|  Allied Bank | <input type="checkbox"/> Allied Bank Limited |
| Remote Branch: | ABL Islamic Banking, PWD Branch (5133) |
| Account Title: | Open Testing Service |
| Account Number: | 0020050208060021 |
| Amount in Figures: | Rs. 300 |
| Amount in Words: | Three Hundred |
| 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.
- 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 barbed printer on deposit slip/chaalan 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.

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

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

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|--|--|
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| Amount in Words: | Two Hundred eighty Five |
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| Applicant Name: | |
| Applicant Father Name: | |
| CNIC No. / Form B No.: | |
| Applied For: | |