

(341)

## APPLICATION FORM PROVINCIAL ASSEMBLY OF THE PUNJAB Applying For Security Constable BS-07



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Domicile	Attock	🗆 Bahawalnagar	🗌 Bahawalpur	🗌 Bhakka	ar			
District:	🗌 Chakwal	🗆 Chiniot	🗆 D.G.khan	🗆 Faisala	bad	Passpo	rt size Red	cent
	🗆 Gujranwala	🗌 Gujrat	🗌 Hafiz Abad	🗆 Jhang		Photogr	aph Affix	with
	🗆 Jhelum	🗆 Kasur	🗆 Khanewal	🗌 Khusha	ab	Gum	(Latest By	<sup>,</sup> 6
	🗌 Layyah	🗆 Lodhran	🗌 Mandi Baha ud din	🗌 Lahore		n	nonths)	
	Multan	Muzaffargarh	🗌 Nankana sahib	🗌 Mianw	rali 🛛	س خانے	کی تصنویر ا ں بونا ضنر و	آپ
	🗌 Okara	Pakpattan	🗌 Rahim yar khan	□ Narow	al	ری ہے	ں ہوتا ضر و	مد
	🗌 Rawalpindi	🗆 Sahiwal	Sargodha	🗌 Rajanp	ur			
	Sialkot	🗌 Toba tek Singh	🗆 Sheikhupura	🗌 Vehari				
1. Personal li	nformation (In B	lock Letters)						
					Note: Tick	Only One Circ	le in each	Row.
Name (in Full)	:				Religion:		⊖ Muslim	
Father's Name	•							Muslim
					Are You D	isable?	⊖Yes	() No
CNIC/B-Form:					Gender:		OMale	) Female
Age:		D-IVI-Y) ————	— Marital Status:		Armed Fo Only For Pers	rces: onnel Of Armed For	○ Yes ces of Pakistan	⊖ No
r Ostar address	·				Deceased Deceased Civ	Servant: il Servant Wife, Son	○Yes or daughter	⊖ No
Phone #:	Cell #	:	(Do not give he Converted mob		Governme	ent Servant:	⊖ Yes	⊖ No
Vour Hoight (	Your Height (For Male & Female): (feet) (Inches) Chest (For Males Only): (Inches)					⊖ No		
TOUL HEIGHT (FO	i ividie & Ferridie):	(ieet)(inche	s) Chest (For Wales Only):	_(incries)				

2. Academic Informatio	on (Note: In case of incon	nplete academic	informatio	n, Your Appl	ication 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)							
<b>Other</b> (Diploma / Certificate)							
3. Employment Inform	mation (If Applicable) (Note. If	You Need More Rows T	o Write Your Info	ormation You Can	Add An Additio	nal Page With Ap	plication Form.)
Organization Type	Organization Name	Designati	on	Job Descri	ption	Start Date	End Date
Government / Semi Government / Private)	(Name of the Organization / Dept.)	(Your Designation Title)	/ Position			(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):		
Signature & Date	Signature & Date:	Thumh Impression (Left Hand)
	Signature & Date.	

### Document Check list:

Tick if Attached / selected:

- Photograph is Attached
- □ CNIC Copy is Attached on the back side of Application Form
- $\hfill\square$  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.

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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 MADE BANK	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 C	harges Free of Cost

A Bank Alfalah	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 C	harges Free of Cost

Allied Bank	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 Bar	k Service Charges

The Bank Must Return OTS Copy to the Candidate. Attach CNIC Copy with depical sign. Application Form will not be enterhained without Original Deposit Skp. Application Form will not be enterhained other than against cash payment. FBP Ecolosement is explained on both the Deposit Skp. Deposit 4 in any online country wide transform. Cash should always be deposited at the respective nounter and electronic computer generated receipt printed through faitbed printer on deposit slipchalao should be obtained before learning the counter, please be sure to check the receipt and sately that complete details including account rundeer and amount deposited are contectly printed taking which the bars 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:

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Date:

#### Branch Name: ONLINE DEPOSIT SLIP

HBL	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
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Account Title:	Open Testing Service
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HBL MABELBANK	Habib Bank Limited	
Remote Branch:	Habib Bank Limited, PWD Branch (2328	
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Allied Bank	Allied Bank Limited	
Allied Bank	Allied Bank Limited	
Allied Bank Remote Branch:	Allied Bank Limited ABL Islamic Banking, PWD Branch (513)	
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A Allied Bank Remote Branch: Account Title: Account Title: Account Number: Amount in Figures: Amount in Words Note: Inclusive of Bar The Bank Must Return OTS Attach CAIC Copy with dept Application Form will not be CBP Endocement is require population Form will not be CBP Endocement is require copported in any online coun Cash should always be dep percent in amy online coun cash should always be dep memory present by require flatts the counter, please be sur- account number and amoun responsible.	Allied Bank Limited ABL Islamic Banking, PWD Branch (513) Open Testing Service 0020050208060021 Rs. 300 Three Hundred K Service Charges Copy to the Canditate of bio check the respective counter and electronic computer generated of pointer on deposit stock and electronic computer generated of pointer on deposi	

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