

(341)

APPLICATION FORM PROVINCIAL ASSEMBLY OF THE PUNJAB Applying For Telecasting Assistant BS-14

TAG # (For
Official use)

Domicile	□ Attock	🗌 Bahawalnagar	🗌 🗆 Bahawalpu	ır	🗌 Bhakka	r				
District:	🗌 Chakwal	Chiniot	🗆 D.G.khan		🗌 Faisalal	bad	Pa	issport si	ize Red	cent
	🗆 Gujranwala	🗌 Gujrat	🗌 Hafiz Abad		🗌 Jhang		Pho	otograph	ו Affix	with
	🗆 Jhelum	🗆 Kasur	🗆 Khanewal		🗌 Khusha	b	(Gum (Lat	test By	<i>'</i> 6
	🗌 Layyah	Lodhran	🗌 🗆 Mandi Bah	na ud din	□ Lahore			топ	ths)	
	🗆 Multan	🗌 Muzaffargarh	🗌 🗆 Nankana s	ahib	🗌 Mianwa	ali	_	ریر اس خان	کی نصبو	آپ
	🗌 Okara	Pakpattan	🗌 Rahim yar	khan	🗆 Narowa	al		نىرورى <u>ب</u>		
	🗌 Rawalpindi	🗆 Sahiwal	□ Sargodha		🗌 Rajanp	ur				
	Sialkot	🗌 Toba tek Singh	🗌 🗆 Sheikhupu	ira	🗌 Vehari					
1. Personal I	nformation (In	Block Letters)								
						Note: Tick	Only On			-
Name (in Full)):					Religion:		0	Muslim	○ Non- Muslim
Father's Name	2:									WIGSHITT
_						Are You D	isable?	С) Yes	⊖ No
CNIC/B-Form:						Gender:		C) Male	0
Age:	Date of Birt	n (D-M-Y)	— Marital Statu	IS:						Female
-						Armed Fo		ned Forces of) Yes f Pakistan	⊖ No
Postal address	:					Deceased			Yes	() No
						Deceased Ci	vil Servant W	/ife, Son or da	ughter)
Phone #·	Cel	#:		Do not give here		Governm	ent Servar	nt: C) Yes	⊖ No
	001		(Converted mobil	le Numbers)	Schedule	d Cast /Bu	ddhist: ()	Yes	() No
						I		0		
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		te: In case of incomp			-				-	
Certificate/Deg	ree	Degree Title	Major Subjects	Year of	Marks		arks Gra	ade/	Institu	ution Name

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 Infor	mation (If Applicable) (Note. If Y	ou Need More Rows T	o Write Your Inf	formation You Can	Add An Additio	nal Page With Ap	plication Form.)
Organization Type	Organization Name	Designati	on	Job Descri	ption	Start Date	End Date

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):
Signature & Date.	
0	

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
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Applied For:	