

(341)

APPLICATION FORM PROVINCIAL ASSEMBLY OF THE PUNJAB Applying For Telecom Technician BS-12

TAG # (For
Official	use)

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	🗌 🗆 Sialko	-	🗌 🗆 Toba tek Sing	gh 📔 🗆 Sheikhupu	ra	🗌 Vehari					
1. Personal I	nformat	ion (In Bl	lock Letters)								
Name (in Full)).						Note: Tick Religion:	Only		e in each	~
Father's Name							0			0	Muslim
Father's Name	:						Are You D)isahla)	⊖Yes	○ No
CNIC/B-Form:								isabic:		С.	-
		of Pirth (— Marital Statu			Gender:			⊖ Male	⊖ Female
							Armed Fo Only For Pers		f Armed Force	○ Yes es of Pakistar	O No
i ostal address							Deceased Deceased Cir		nt: nt Wife, Son o	⊖Yes r daughter	◯ No
Phone #:		Cell #	:		Do not give here Converted mobile		Governme	ent Ser	vant:	⊖Yes	◯ No
						/	Schedule	d Cast ,	/Buddhist:	⊖ Yes	⊖ No
2 Acadomicu	oformatic	n (Note	In case of incor	nnloto acadomic	informatio	n Vour-Ar	nlication	للانبر	ha dadir		
			gree Title	nplete academic Major Subjects	Year of	Marks	•		Grade/	-	tution Name
Certificate/Deg	gree	Dej	gree rice	iviajor subjects	Passing	Obtained		arks	Grade/		.ution Name

Certificate/Degree	Degree Inte	Major Subjects	Passing	Obtained	TOLATIVIATKS	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 Inform	mation (If Applicable) (Note. If '	You Need More Rows T	o Write Your Inf	ormation You Car	ı Add An Additio	nal Page With Ap	oplication Form.)
Organization Type	Organization Name	Designati	on	Job Descr	iption	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

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