ots
OPEN TESTING SERVICE

APPLICATION FORM

National Electric Power Regulatory Authority (NEPRA)

Applying for: Assistant Director (Technical)

TAG # (For Official use)

(346)

Note: Test Center in the desired city will be arranged for minimum of 200 applicants. Once selected a test center cannot be changed.

Test City: *(Tick only one)*	☐ Islamabad	☐ Lahore	☐ Multan	☐ Karachi
	☐ Quetta	☐ Peshawar	☐ D.I. Khan	☐ Hyderabad
	☐ Sahiwal	☐ Abbottabad	☐ Gujranwala	☐ Muzaffarabad
	☐ Gilgit	☐ Sargodha	☐ Sukkur	☐ Faisalabad

Domicile District: ----------

Note: ALL DATA FIELDS ARE REQUIRED. FILL YOUR APPLICATION FORM CAREFULLY.

Domicile Province: *(Tick only one)*	☐ **Punjab**	☐ **Balochistan**	**Sindh (U)**	☐ **Sindh (R)**
	☐ **KPK**	☐ **Islamabad Capital Territory**		☐ **FATA**
	☐ **Azad Jammu and Kashmir**		☐ **Gilgit Baltistan**	☐ **Other**

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

1. Personal Information *(In BlockLetters)*

Name (in Full): _____

Father's Name: _____

CNIC/B-Form: ☐☐☐☐ ☐■☐☐☐☐☐☐ ☐■☐

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

Postal Address: _____

Phone #:_____ Cell #: _____

(Do not give here Network converted mobile Numbers)

Note: Tick Only One Circle in each Row.

Religion:	◯ Muslim	◯ Non-Muslim
Are You Disable?	◯ Yes	◯ No
Gender:	◯ Male	◯ Female
Armed Forces: Only for personnel of Armed Forces of Pakistan	◯ Yes	◯ No
Deceased Servant: Deceased Civil Servant wife, son or daughter	◯ Yes	◯ No
Government Servant:	◯ Yes	◯ No
Scheduled Cast /Buddhist:	◯ Yes	◯ No
Registration with PEC:	◯ Yes	◯ 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 yourinformation, you can add an additional pagewith Application Form.)

Organization Type (Government / Semi Government / Private)	Organization Name (Name of the Organization / Dept.)	Designation (Your Designation / Position Title)	Job Description	Start Date (Starting Date)	End 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, Ishall be liable todisciplinary action which mayresultincancellation ofmy candidatureat 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

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. 150/-must be attached with application form.
- In case of more than one apply use separate application form along with original depositslip.
- 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 (NEPRA),
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

PCode:332

Please deposit in only one bank & tick the relevant Bank

HBL HABIB BANK	☐ Habib Bank Limited
Remote Branch:	Habib Bank Limited, PWD Branch (2328)
Account Title:	Open Testing Service
Account Number:	23287106336103
Amount in Figures:	Rs. 150
Amount in Words:	One Hundred & Fifty Rupees Only
Note: Bank Service Charges Free of Cost	

Bank Alfalah	☐ Bank Alfalah Limited
Remote Branch:	Bank Alfalah, PWD Branch (0335)
Account Title:	Open Testing Service
Account Number:	0335001004927667
Amount in Figures:	Rs. 150
Amount in Words:	One Hundred & Fifty Rupees Only
Note: Bank Service Charges 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. 165
Amount in Words:	One Hundred & Sixty Five Rupees Only
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 flatbed printer on deposit slip/challan 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:_____

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CNIC No. / Form B No.:	
Applied For:	

Applicant Signature Cashier Applicant Signature Cashier