

(366)

Bank Online Deposit (*Note: Application Form will not be entertained without Original Deposit Slip.)

| | | | | |
|--|--|--|---|------------------------------------|
| <input type="checkbox"/> ALFALAH, (ANY BRANCH) | <input type="checkbox"/> HBL, (ANY BRANCH) | <input type="checkbox"/> ABL, (ANY BRANCH) | Branch Code _____ | Deposit Date _____ |
| 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: <i>(Tick only one)</i> | <input type="checkbox"/> Islamabad | <input type="checkbox"/> Lahore | <input type="checkbox"/> Multan | <input type="checkbox"/> Karachi |
| | <input type="checkbox"/> Quetta | <input type="checkbox"/> Peshawar | <input type="checkbox"/> D.I. Khan | <input type="checkbox"/> Hyderabad |
| | <input type="checkbox"/> Faisalabad | <input type="checkbox"/> Gujranwala | <input type="checkbox"/> Bahawalpur | <input type="checkbox"/> Sukkur |
| | <input type="checkbox"/> Larkana | <input type="checkbox"/> Kohat | <input type="checkbox"/> Mardan | <input type="checkbox"/> Bannu |
| | <input type="checkbox"/> Sawat | <input type="checkbox"/> GB | <input type="checkbox"/> Shaheed Benazir Abad | |
| Domicile District: _____ | | | | |
| Domicile Province: <i>(Tick only one)</i> | <input type="checkbox"/> Punjab | <input type="checkbox"/> Balochistan | <input type="checkbox"/> Sindh (U) | <input type="checkbox"/> Sindh (R) |
| | <input type="checkbox"/> KPK | <input type="checkbox"/> Islamabad Capital Territory | | <input type="checkbox"/> FATA |
| | <input type="checkbox"/> Azad Jammu and Kashmir | | <input type="checkbox"/> Gilgit Baltistan | <input type="checkbox"/> Other |

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

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y 3p3 1:p i

1. Personal Information *(In Block Letters)*

Name (in Full): _____

Father's Name: _____

CNIC/B-Form:

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

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 |
| Only for personnel of Armed Forces of Pakistan | | |
| Deceased Servant: | <input type="radio"/> Yes | <input type="radio"/> No |
| Deceased Civil Servant wife, son or daughter | | |
| Government Servant: | <input type="radio"/> Yes | <input type="radio"/> No |
| with Two Years Continuous Experience | | |
| Scheduled Cast /Buddhist: | <input type="radio"/> Yes | <input type="radio"/> No |

(Do not give here Network converted mobile Numbers)

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

| Certificate/Degree | Degree Title | Major Subjects | Year of Passing (D-M-Y) | Marks Obtained | Total Marks | Institution Name |
|--------------------------------------|--------------|----------------|-------------------------|----------------|-------------|------------------|
| SSC (10 years) | | | | | | |
| HSSC / DAE / A-Level (12 / 13 years) | | | | | | |
| Bachelor (14 years) | | | | | | |
| Bachelor(Hons)/Master (16 years) | | | | | | |
| MS / M.Phil. (18 years) | | | | | | |
| PhD | | | | | | |
| Other (Diploma / Certificate) | | | | | | |

3. Employment Information (Note: If you need more rows to write your information, you can add an additional page with Application Form.)

| Organization Type <small>(Government / Semi Government / Private)</small> | Organization Name <small>(Name of the Organization / Dept.)</small> | Designation <small>(Your Designation / Position Title)</small> | Start Date <small>((D-M-Y))</small> | End Date <small>((D-M-Y))</small> |
|--|--|---|--|--------------------------------------|
| | | | | |
| | | | | |
| | | | | |

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:

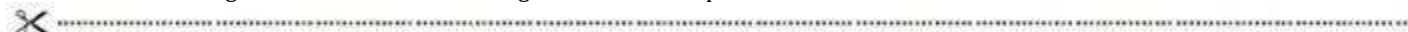
Tick if Attached / selected:

- Photograph is Attached
- Original bank Deposit Slip is Attached on the back side of Application Form
- CNIC 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. 300/- 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, original bank deposit slip 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.
- Please visit OTS website according to the test schedule to check your status.

Cut Address box given below and affix it with gum on the envelope.



Send Registration Form to:

**Manager Operation,
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 <small>HABIB BANK</small> | <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. 300 |
| Amount in Words: | Three hundred only |
| 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. 300 |
| Amount in Words: | Three hundred only |
| 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. 325 |
| Amount in Words: | Three hundred and twenty five 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/chanan 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: | |

Applicant Signature

Cashier

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

| | |
|--|--|
|  HBL <small>HABIB BANK</small> | <input type="checkbox"/> Habib Bank Limited |
| Remote Branch: | Habib Bank Limited, PWD Branch (2328) |
| Account Title: | Open Testing Service |
| Account Number: | 23287106336103 |
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| Amount in Words: | Three hundred only |
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| | |
|---|--|
|  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. 300 |
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| | |
|------------------------|--|
| Applicant Name: | |
| Applicant Father Name: | |
| CNIC No. / Form B No.: | |
| Applied For: | |

Applicant Signature

Cashier