

REGISTRATION FORM

Registration No: _____

To be filled by BTS

Picture 1

Paste you (3 Months Old) passport size with white background color photograph with gluestick

BALOCHISTAN RESIDENTIAL COLLEGE, LESBELA AT UTHA.

WARDEN

Are You Disable?	Yes	NO
Are You Government Servant? (Attach NOC)	Yes	NO

1. Fees Deposit Slip of Rs: 750/- (Jazz Cash, UBL, Soneri Bank, NBP)

Payment Method used		Deposit Date:	
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*Note: Application Form will not be entertained without Original Fees Deposit Slip (BTS Copy)

Personal Information: Use CAPITAL letters and leave spaces between words.

2. Name:	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>																								
3. Father's Name:	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>																								
4. Candidate CNIC: (Without Dash)	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>																								
5. Gender:	Male: <input type="checkbox"/>		Female: <input type="checkbox"/>																						
	D	D	M	M	Year																				
6. Date of Birth:	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>																								
7. Marital Status:	Married: <input type="checkbox"/>				Unmarried: <input type="checkbox"/>																				
									8. Religion:																
									Muslim: <input type="checkbox"/> Non Muslim: <input type="checkbox"/>																
9. Permanent Address:																									
10. Current Address:																									
Note: (All correspondence will be made on Current living address though courier service or ordinary postal service)																									
11. Landline No:	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 100%;"></td> </tr> </table>							Mobile: <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 100%;"></td> </tr> </table>																	
12. District of Local/Domicile(compulsory):	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 100%;"></td> </tr> </table>																								

13. Academic Information: (Please attach your attested complete documents)

Certificate /Degree Level	Degree Name	Major Subject	Passing Year	Obtained Marks / CGPA	Total Marks / CGPA	Institute/Board
Matric						
Intermediate						
Bachelors						
Masters						
Professional Qualification						

14. Employment Record: (Please attach your attested complete required documents)

S.No#	Organization / Employer Name	Job Title	Job Duration Write only Month & Year	
			From	To
1				
2				
3				

Days:

Months:

Years:

16. Total Job Experience:**Undertaking By The Applicant:**

I hereby certify that information given in this form is absolutely true. Any information found false, may be treated as breach of trust and **I shall be liable for cancellation of my application.** It is certified that I have carefully read the form and personally filled it and I understood all the contents / columns that I have filled up.

Date: _____

Signature of the Candidate: _____

Picture 2
Affix your
3 months old
passport size (white
background)
color
photograph with stapler

General Instructions:

- Please send your application form through TCS, Hand submission of Application Form is strictly not allowed.
- Please attach your attested CNIC Copy, all required attested documents/certificates/Photographs & Original Fees Deposit Slip (BTS Copy) only.
- Please fill the Application Form properly with complete information. Incomplete Forms Will not be accepted.
- BTS will not be responsible for late receiving of applications through other couriers.
- Bank demand draft/Cross Cheque are not acceptable, if attached with application form, it would not be accepted.











Help line:**Please Send Application Forms to:**

Phone Number: 081-2301696

Website: www.bts.org.pk

Balochistan Testing Service
Office # 2, Ainy Centre, near Al-Hamd university, Airport
Road, Quetta.

Fee will not be refundable.

 Balochistan Testing Service			 Balochistan Testing Service		
<div style="background-color: black; color: white; padding: 2px; display: inline-block;">BTS Copy</div>			<div style="background-color: black; color: white; padding: 2px; display: inline-block;">Bank Copy</div>		
Date: _____			Date: _____		
Branch Name/Code (if paid through bank): _____			Branch Name/Code (if paid through bank): _____		
<div style="border: 1px solid black; padding: 2px; display: inline-block;">FEES DEPOSIT SLIP</div>			<div style="border: 1px solid black; padding: 2px; display: inline-block;">FEES DEPOSIT SLIP</div>		
		Jazz Cash <input type="checkbox"/>			Jazz Cash <input type="checkbox"/>
Goto Payments, Select "Balochistan Testing Services" and enter Test Id & Amount.			Goto Payments, Select "Balochistan Testing Services" and enter Test Id & Amount.		
Test ID	0060	Transaction ID:	Test ID	0060	Transaction ID:
		United Bank Limited <input type="checkbox"/>			United Bank Limited <input type="checkbox"/>
Branch:	Hali Road Quetta (Branch Code 1055)		Branch:	Hali Road Quetta (Branch Code 1055)	
A/C Title:	Balochistan Testing Service	A/C NO# 219823113	A/C Title:	Balochistan Testing Service	A/C NO# 219823113
		Soneri Bank <input type="checkbox"/>			Soneri Bank <input type="checkbox"/>
Branch:	Islamic Banking F-8 Markaz Islamabad (Branch Code 0205)		Branch:	Islamic Banking F-8 Markaz Islamabad (Branch Code 0205)	
A/C Title:	Balochistan Testing Service	A/C No# 01550003200	A/C Title:	Balochistan Testing Service	A/C No# 01550003200
		National Bank of Pakistan <input type="checkbox"/>			National Bank of Pakistan <input type="checkbox"/>
Branch:	Prime Minister Sectt, Islamabad (Branch code 1732)		Branch:	Prime Minister Sectt, Islamabad (Branch code 1732)	
A/C Title:	Balochistan Testing Service	A/C NO# 4001521844	A/C Title:	Balochistan Testing Service	A/C NO# 4001521844
Note: 1. Please Stamp all copies of deposit Slip. 2. The Bank Must Return "BTS Copy & Candidate copy" to the Candidate. 3. Deposit Slip will not be accepted without Candidate CNIC/ B Form No.			Note: 1. Please Stamp all copies of deposit Slip. 2. The Bank Must Return "BTS Copy & Candidate copy" to the Candidate. 3. Deposit Slip will not be accepted without Candidate CNIC/ B Form No.		
Applicant's Name:			Applicant's Name:		
Father Name:			Father Name:		
CNIC No/ B Form No:			CNIC No/ B Form No:		
Amount As: Rs.750/-	Amount in words:	Seven hundred & fifty Rupees Only/- Non Refundable/ Non Transferable	Amount As: Rs.750/-	Amount in words:	Seven hundred & fifty Rupees Only/- Non Refundable/ Non Transferable
Applicant Signature	Cashier	Officer	Applicant Signature	Cashier	Officer

Candidate Copy

Date: _____

Branch Name/Code (if paid through bank): _____

FEES DEPOSIT SLIP



Jazz Cash

Goto Payments, Select "Balochistan Testing Services" and enter Test Id & Amount.

Test ID

0060

Transaction ID:



United Bank Limited

Branch: Hali Road Quetta (Branch Code 1055)

A/C Title: Balochistan Testing Service

A/C NO# 219823113



Soneri Bank

Branch: Islamic Banking F-8 Markaz Islamabad (Branch Code 0205)

A/C Title: Balochistan Testing Service

A/C No# 01550003200



National Bank of Pakistan

Branch: Prime Minister Sectt, Islamabad (Branch code 1732)

A/C Title: Balochistan Testing Service

A/C NO# 4001521844

Note:

1. Please Stamp all copies of deposit Slip.
2. The Bank Must Return "BTS Copy & Candidate copy" to the Candidate.
3. Deposit Slip will not be accepted without Candidate CNIC/ B Form No.

Applicant's Name:

Father Name:

CNIC No/ B Form No:

Amount As: Rs.750/-

Amount
in
words:

Seven hundred & fifty Rupees Only/-
Non Refundable/ Non Transferable

Applicant Signature

Cashier

Officer