

tunkhwa

OTS REG # For Official Use

ots [™]	APPLICATION FORM
OPEN TESTING SERVICE	Government Organization of Khyber Pakh
(211)	Applying for: Urdu Reporter (BPS-17

Note: Test Center in the desired city will be arranged for minimum of 200 applicants. Once selected a test center cannot be changed				
Note: Test center in the desired city will be arranged for minimum of 200 applicants. Once selected a test center cannot be changed.	assport size			
	Recent Photograph Affix with Gum			
NOLE: ALL DATA FIELDS ARE REQUIRED. FILL YOUR	آپ کی تصویر اس خ میں ہونا ضروری ہ			
Domicile Province: (Tick only one)				
1. Personal Information (In Block Letters)				
Name (in Full): Note: Tick Only One Circle in	n each Row.			
Religion: Muslim	Non-Muslim			
Father's Name: Are You Disable? (Yes No			
CNIC/B-Form: Gender: OM	ale Female			
Armed Forces: (⊃ Yes ○ No			
Age: Date of Birth (D-M-Y) Marital Status: Only for personnel of Armed Fo				
	Deceased Servant: O Yes O No			
Postal Address: Deceased Civil Servant wife, so Covernment Servant				
with Tue Vege Continues	Yes No			
Phone #: Cell #: converted mobile Numbers) Scheduled Cast /Buddhist: (
Converted mobile Numbersy	<u> </u>			
2. Academic Information (Note: In case of incomplete academic information, Your Application will be Declined.)				
Certificate/Degree Degree Title Major Subjects Year of Passing Obtained Marks Obtained Marks	Institution Name			
SSC (10 years)	Nume			
HSSC / DAE / A-Level (12 / 13 years)				
Bachelor (14 years)				
P. I. I. (II) (IV.)				
Bachelor (H) / Master				
MS / M.Phil. (18 years)				
(16 years)				
(16 years) MS / M.Phil. (18 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 Appl	ication Form.)			
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 Appl Organization Type Organization Name Designation Job Start Date	ication Form.) End Date			
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 Appl				
MS / M.Phil. (18 years)	End Date			
MS / M.Phil. (18 years)	End Date			

4. Undertaking by Applicant I	tion contained herein is found to be
Signature & Date: Thumb Impression (Left I	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	
 Application Fee (Service Charges) is nonrefundable / nontransferable. Bank On attached with application form. In case of more than one apply use separate application form along with original Application must reach OTS office latest by last date of submission of application of OTS will not be responsible for late receiving of application through courier. Attach your recent photograph, CNIC copy, original bank deposit slip with the Without Signature & Thumb impression, your application form will not be entered. Without photograph your application form will not be entertained. In-complete forms will not be entertained. (All the fields are mandatory / Require By hand submission of Application form is not allowed. Mobile phones are not allowed in test center premises. Please visit OTS website according to the test schedule to check your status. 	al deposit slip. cation form. / Pakistan post etc is application form. rtained. ired)
Send Registration Form to:	

Manager Operations, (Project)
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

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Branch Code:		Date://	:	Branch Code:		Date://		
Branch Name:			i	Branch Name:				
ONLINE DEPOSIT SLIP			•	ONLINE DEPOSIT SLIP				
		ly one bank & tick the relevant Bank	i			nly one bank & tick the relevant Bank		
HBL HABIB BANK	П	Habib Bank Limited	١١	HBL HABIB BANK	П	Habib Bank Limited		
Remote Branch:	Habib	Bank Limited, PWD Branch (2328)	11	Remote Branch:	Habit	b Bank Limited, PWD Branch (2	2328)	
Account Title:		Testing Service	11	Account Title:		Testing Service		
Account Number:	23287	7106336103	1	Account Number:	2328	7106336103		
Amount in Figures:	Rs. 30	00	1	Amount in Figures:	s: Rs. 300			
Amount in Words:	1	Three Hundred Rupees Only	11	Amount in Words: Three Hundred Rupees Only				
Note: Bank Service C	harges I	Free of Cost	1 🗄	Note: Bank Service Charges Free of Cost				
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A Bank Alfalah	П	Bank Alfalah Limited	1 .	A Bank Alfalah	П	Bank Alfalah Limited		
Remote Branch:	Bank	Alfalah, PWD Branch (0335)	11	Remote Branch:	Bank	Alfalah, PWD Branch (0335)		
Account Title:	Open	Testing Service	11	Account Title:	Open	Testing Service		
Account Number:	03350	001004927667	1 🖁	Account Number:	0335	001004927667		
Amount in Figures:	Rs. 3	00	11	Amount in Figures:	Rs. 3	300		
Amount in Words:	1	Three Hundred Rupees Only	11	Amount in Words:		Three Hundred Rupees Only		
Note: Bank Service C	harges I	Free of Cost	1 🗄	Note: Bank Service C	harges	Free of Cost		
			1					
Allied Bank		Allied Bank Limited	1 !	Allied Bank	П	Allied Bank Limited		
Remote Branch:		slamic Banking, PWD Branch (5133)	1	Remote Branch:		Islamic Banking, PWD Branch	(5133)	
Account Title:	_	Testing Service	1	Account Title:		Testing Service	(0.00)	
Account Number:	-	050208060021	┧┋	Account Number:	_	050208060021		
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Note: Inclusive of Bar			┧┋	Note: Inclusive of Ban		· · · · · · · · · · · · · · · · · · ·	·y	
 FBP Endorsement is require Deposit it in any online coun Cash should always be depreceipt printed through flatbethe counter, please be sure 	osit slip. entertained enterta	without Original Deposit Slip. I other than against cash payment. be Deposit Slip.		 FBP Endorsement is require Deposit it in any online coun Cash should always be deported in the country please be sure 	entertaine entertaine d on both try wide br osited at the d printer of to check	d without Original Deposit Slip. d other than against cash payment. the Deposit Slip.	eaving luding	
Applicant Name:				Applicant Name:				
Applicant Father	Name:			Applicant Father N	Name:			
CNIC No. / Form	B No.:			CNIC No. / Form	B No.:			
Applied For:			×	Applied For:				
Applicant Sig	anature	Cashier	ż	Applicant Sig	ınature	e Cashier		
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