ots™
OPEN TESTING SERVICE
(131)

APPLICATION FORM

Office Of The District & Session Judge-West, Islamabad

Applying for: Stenographer/Assistant Private Secretary (BPS-16)

..... OTS REG #
For Official Use Only

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

☐ ALFALAH, (ANY BRANCH)	☐ HBL, (ANY BRANCH)	☐ 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: *(Tick only one)*	☐ Islamabad	☐ Lahore	☐ Multan	☐ Karachi
	☐ Quetta	☐ Peshawar	☐ Sukkur	☐ Hyderabad
	☐ Faisalabad	☐ Gujranwala		

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)

آپ کی تصویر اس خانے میں ہونا ضروری ہے

1. Personal Information *(In Block Letters)*

Name (in Full): _____

Father's Name: _____

CNIC/B-Form: ☐☐☐☐☐■☐☐☐☐☐☐☐■☐

Family No.: ☐☐☐☐☐☐ (Family Number Mentioned on the back side of your CNIC)

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

Postal Address: _____

_____

Phone #: _____ Cell #: _____

Email (IF ANY): _____ (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: (with Two Years Continuous Experience)	◯ Yes	◯ No
Scheduled Cast /Buddhist:	◯ 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	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 (Government / Semi Government / Private)	Organization Name (Name of the Organization / Dept.)	Designation (Your Designation / Position Title)	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, 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. 199/- 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 Operations, (D&SJ-West)
Open Testing Service (OTS),
Office No 01, Central Avenue,
Phase 6, Bahria Town, Islamabad
Help Line: 051-2375081 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 HABIB BANK حبیب بینک	☐ Habib Bank Limited
Remote Branch:	Habib Bank Limited, PWD Branch (2328)
Account Title:	Open Testing Service
Account Number:	23287106336103
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
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
Note: Bank Service Charges Free of Cost	

- Application Form will not be entertained without Original Deposit Slip.
- Desired Bank Stamp is required on the Deposit Slip.
- Deposit it in any online country wide branches.

Applicant Name:	
Applicant Father Name:	
CNIC No. / Form B No.:	
Applied For:	

Amount in Figures:	Rs. **199**
Amount in Words:	**One Hundred & Ninety Nine**

.....
Applicant Signature

.....
Cashier

Open Testing Service

Innovation in Training & Assessment

BANK Copy

Branch Code:_____ Date:____/_____/_____

Branch Name:_____

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Please deposit in only one bank & tick the relevant Bank

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Allied Bank	☐ Allied Bank Limited
Remote Branch:	ABL Islamic Banking, PWD Branch (5133)
Account Title:	Open Testing Service
Account Number:	0020050208060021
Note: Bank Service Charges Free of Cost	

- Please Stamp both copies of deposit Slip.
- The Bank Must Return **OTS Copy** to the Candidate.
- Attach CNIC Copy with deposit slip.

Applicant Name:	
Applicant Father Name:	
CNIC No. / Form B No.:	
Applied For:	

Amount in Figures:	Rs. **199**
Amount in Words:	**One Hundred & Ninety Nine**

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Applicant Signature

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Cashier