

APPLICATION FORM

Pakistan Institute Of Medical Sciences Islamabad (PIMS)

OTS REG# For Official Use

(156)

Applying for: Supervisor (BPS-11)

ALFALAH, (ANY BRANCH) HBL, (ANY BRANCH) (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. Passport size Recent											
Test City:	☐ Islamaba	d □ La	ahore	☐ Karad	☐ Karachi		☐ Peshawar		Photograph Affix with Gum (Latest By 6		
(Tick only one)	☐ Quetta										
Note: ALL DATA FIELDS ARE REQUIRED. FILL											
Domicile District: YOUR APPLICATION FORM CAREFULLY.											
Domicile	☐ Punjab				(-,		Sindh (R)		پ کی کریر کی ہے میں ہونا ضروری ہے		
Province:	□ КРК		·	oital Territory			FATA				
(Tick only one)											
1. Persona	Informatio	on (In Block Le	tters)								
Name (in Full):							Note: Ti	ck Only	One Circle in	each Row.	
Father's Name:							Religion			Non-Muslim	
CNIC/B-Form:	Are You Disable?								Yes No		
Family No.:			(Fam	ily Number Ment	ioned on the	back	Gender:			Yes No	
railily No			side o	of your CNIC)			Only fo	or person	nel of Armed Fo	rces of Pakistan	
Age: Date of Birth (D-M-Y) Marital Status: Deceased Servant: Yes No Deceased Civil Servant wife, son or daughter											
Postal Address:							Governr			Yes \ \ \ No	
Postal Address.									ears Continuous		
Phone #: Cell #: Scheduled Cast /Buddhist:											
(Do not give here Network											
Email (IF ANY): _				conve	rted mobile N	umbers)					
2. Academi	ic Informati	ion (Note: In cas	e of incompl	ete academic infor	mation, Your	Applicatio	on will be Dec	clined.)			
Certificate		Degree '		Major Si		Yea	ar of	Marks btained	Total Marks	Institution Name	
SSC (10 years)						144		<u> </u>	7744710	1141110	
HSSC / DAE /											
(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.)											
	tion Type		Organization Name (Name of the Organization / Dept.			Designation (Your Designation / Position			art Date arting Date)	End Date (End Date)	
(Government / Semi Government / Private)		(Ivaille C	(Name of the Organization / Dept.)			Title)			(Starting Date) (Ellu Dati		

4. Undertaking by Applicant								
Id/s/w ofdo hereby solemn 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 l								
untrue, I shall be liable to disciplinary action which may result in cancellation of my candidature at any stage.								
Signature & Date:								
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:								
• Application Fee (Service Charges) is nonrefundable / nontransferable. Bank Online Deposit of Rs. 270/- 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 requiring of application through solution. (Policitan post etc.)								
 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, (PIMS)								
Open Testing Service (OTS).								

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 Name: ONLINE DEPOSIT SLIP Please deposit in only one bank & tick the relevant Bank HBL Mayer Book 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 MB 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 MB Bank Alfalah Bank Alfalah, PWD Branch (0335) Account Title: Open Testing Service Account Number; 0335001004927667 Note: Bank Service Charges Free of Cost MB 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 Account Title: Open Testing Service Account Number; 03200200202050600021 Note: Bank Service Charges Free of Cost Account Title: Open Testing Service Account Number; 03020052080600021 Note: Bank Service Charges Free of Cost Application Form will not be entertained without Original Deposit Silp. Deposit in any ordine country wide branches. Applicant Name: Applicant Name: Applicant Father Name: CNIC No. / Form B No.: Applicant Father Name: CNIC No. / Form B No.: Application Form will not be entertained without Original Deposit Silp. Deposit in any ordine country wide branches. Applicant Father Name: CNIC No. / Form B No.: Applicant Father Name: CNIC No. / Form B No.: Applicant Father Name: CNIC No. / Form B No.: Applicant Father Name: CNIC No. / Form B No.: Applicant Father Name: CNIC No. / Form B No.: Applicant in Words: Two Hundred & Seventy	Innovation in Training & Assessment	X Innovation in Training & Assessment					
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