



#### 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:**

- 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 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, (CDA)**

**Open Testing Service (OTS),**

**Office No 01, Central Avenue,**

**Phase 6, Bahria Town, Islamabad**

**Help Line: 051-2375081 Email: [info@ots.org.pk](mailto:info@ots.org.pk), Website: [www.ots.org.pk](http://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

|  |  |
|--|--|
|  <b>HBL</b> <small>HABIB BANK</small> | <input type="checkbox"/> <b>Habib Bank Limited</b> |
| Remote Branch:   | Habib Bank Limited, PWD Branch (2328)              |
| Account Title:   | Open Testing Service                               |
| Account Number:  | 23287106336103                                     |
| Note: Bank Service Charges Free of Cost  |  |

|   |  |
|---|--|
|  <b>Bank Alfalah</b> | <input type="checkbox"/> <b>Bank Alfalah Limited</b> |
| Remote Branch:  | Bank Alfalah, PWD Branch (0335)                      |
| Account Title:  | Open Testing Service                                 |
| Account Number:   | 0335001004927667                                     |
| Note: Bank Service Charges Free of Cost   |  |

|  |   |
|--|---|
|  <b>Allied Bank</b> | <input type="checkbox"/> <b>Allied Bank Limited</b> |
| 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. 270               |
| Amount in Words:   | Two Hundred & Seventy |

.....  
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

|  |  |
|--|--|
|  <b>HBL</b> <small>HABIB BANK</small> | <input type="checkbox"/> <b>Habib Bank Limited</b> |
| Remote Branch:   | Habib Bank Limited, PWD Branch (2328)              |
| Account Title:   | Open Testing Service                               |
| Account Number:  | 23287106336103                                     |
| Note: Bank Service Charges Free of Cost  |  |

|   |  |
|---|--|
|  <b>Bank Alfalah</b> | <input type="checkbox"/> <b>Bank Alfalah Limited</b> |
| Remote Branch:  | Bank Alfalah, PWD Branch (0335)                      |
| Account Title:  | Open Testing Service                                 |
| Account Number:   | 0335001004927667                                     |
| Note: Bank Service Charges Free of Cost   |  |

|  |   |
|--|---|
|  <b>Allied Bank</b> | <input type="checkbox"/> <b>Allied Bank Limited</b> |
| 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. 270               |
| Amount in Words:   | Two Hundred & Seventy |

.....  
Applicant Signature

.....  
Cashier