

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

<input type="checkbox"/> ALFALAH, (ANY BRANCH)	<input type="checkbox"/> HBL, (ANY BRANCH)	<input type="checkbox"/> ABL, (ANY BRANCH)	Branch Code	Deposit Date
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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)	<input type="checkbox"/> Islamabad	<input type="checkbox"/> Lahore	<input type="checkbox"/> Quetta	<input type="checkbox"/> Karachi
	<input type="checkbox"/> Peshawar			

Domicile District: ----- **Note: ALL DATA FIELDS ARE REQUIRED. FILL YOUR APPLICATION FORM CAREFULLY.**

Domicile Province: (Tick only one)	<input type="checkbox"/> Punjab	<input type="checkbox"/> Balochistan	<input type="checkbox"/> Sindh (U)	<input type="checkbox"/> Sindh (R)
	<input type="checkbox"/> KPK	<input type="checkbox"/> Islamabad Capital Territory	<input type="checkbox"/> FATA	
	<input type="checkbox"/> Azad Jammu and Kashmir		<input type="checkbox"/> Gilgit Baltistan	<input type="checkbox"/> 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 #: _____ (Do not give here Network converted mobile Numbers)

Note: Tick Only One Circle in each Row.

Religion:	<input type="radio"/> Muslim	<input type="radio"/> Non-Muslim
Are You Disable?	<input type="radio"/> Yes	<input type="radio"/> No
Gender:	<input type="radio"/> Male	<input type="radio"/> Female
Armed Forces:	<input type="radio"/> Yes	<input type="radio"/> No
Only for personnel of Armed Forces of Pakistan		
Deceased Servant:	<input type="radio"/> Yes	<input type="radio"/> No
Deceased Civil Servant wife, son or daughter		
Government Servant:	<input type="radio"/> Yes	<input type="radio"/> No
with Two Years Continuous Experience		
Scheduled Cast /Buddhist:	<input type="radio"/> Yes	<input type="radio"/> 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	Organization Name	Designation	Start Date	End Date
(Government / Semi Government / Private)	(Name of the Organization / Dept.)	(Your Designation / Position Title)	(Starting 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:

- 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, 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 <small>HABIB BANK</small>	<input type="checkbox"/> 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	<input type="checkbox"/> 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	<input type="checkbox"/> 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. 270
Amount in Words:	Two Hundred & Seventy

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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

 HBL <small>HABIB BANK</small>	<input type="checkbox"/> 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	<input type="checkbox"/> 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	<input type="checkbox"/> 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. 270
Amount in Words:	Two Hundred & Seventy

.....
Applicant Signature

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Cashier