

(270)

APPLICATION FORM Fatima Jinnah Medical University (FJMU), Lahore Applying for: MBBS

Bank Online Deposit (*Note: Application Form will not be entertained without Original Deposit Slip.)													
ALFALA (ANY BRA	\Н, . <mark>NCH)</mark>		HBL Y BRA	, NCH)		(AN	ABI I <mark>Y BRA</mark>	, NCH)	Bra	anch Co	de	Deposit Date	– Passport size Recent
				Lahore Multan				🗆 Karachi		Photograph Affix with			
Test City:		uetta		🗆 Pe	shawar).I. Khan			ПН	yderabad	Gum (Latest By 6
(Tick only one)	(Tick only one) 🗌 Sahiwal		□ Abbottabad		🗌 Gujranwala		Muzaffarabad		months)				
🗆 Gilgit		Sargodha		🗆 Sukkur				monthoy					
Note: ALL DATA FIELDS ARE REQUIRED. FILL YOUR Domicile District: APPLICATION FORM CAREFULLY.						آپ کی تصویر اس خانے میں ہونا ضروری ہے							
Domicile		Punjab		Balo	chistan			Sindh (U)		Sind	h (R)	میں ہوتا ضروری ہے
Province:		КРК		Islan	nabad (Capit	tal Te	rritory			FAT	4	
(Tick only one)	(Tick only one) 🔲 Azad Jammu and Kashmir 🔲 Gilgit Baltistan 🗌 Other												

1. Personal Information (In Block Letters)					
Name (in Full):		Note: Tick Only One Circ	le in each Row.		
Father's Name:		Religion: OMuslim	○ Non-Muslim		
CNIC/B-Form:		Are You Disable?	⊖Yes ⊖No		
Age:	Date of Birth (D-M-Y) Marital Status:	Gender: ON	Vale 🔿 Female		
Postal Address:					
Phone #:	Cell #: (Do not give here Network converted mobile Numbers)				

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	Grade/ Percentage	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 Inform Form.)	mation (If Applicable) (Note: If you ne	ed more rows to write your info	ormation, you can a	idd an additional page	e with Application
Organization Type	Organization Name	Designation	Job Description	Start Date	End Date
(Government / Semi Government	(Name of the Organization / Dept.)	(Your Designation / Position		(Starting Date)	(End Date)
/ Private)		Title)			

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
- $\hfill\square$ Original bank Deposit Slip is Attached on the back side of Application Form
- \Box CNIC Copy is Attached on the back side of Application Form
- □ Attach Domicile Certificate.
- $\hfill\square$ Attach Matric, Fsc Certificate and Detail Marks Sheet.

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. 300/- must be attached with application form.
- 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.

Cut Address box given below and affix it with gum on the envelope.

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Send Registration Form to:

Manager Operations (FJMU)

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

OTS Copy

Date:

Branch Code:

Branch Name:

ONLINE DEPOSIT SLIP

Please deposit in only one bank & tick the relevant Bank

HBL навів валк	Habib Bank Limited			
Remote Branch:	Habib Bank Limited, PWD Branch (2328)			
Account Title:	Open Testing Service			
Account Number:	23287106336103			
Amount in Figures:	Rs. 300			
Amount in Words:	Three Hundred Rupees Only			
Note: Bank Service Charges Free of Cost				

A Bank Alfalah	Bank Alfalah Limited	
Remote Branch:	Bank Alfalah, PWD Branch (0335)	
Account Title:	Open Testing Service	
Account Number:	0335001004927667	
Amount in Figures:	Rs. 300	
Amount in Words:	Amount in Words: Three Hundred Rupees Only	
Note: Bank Service Charges Free of Cost		

Allied Bank	Allied Bank Limited		
Remote Branch:	anch: ABL Islamic Banking, PWD Branch (5133)		
Account Title:	Open Testing Service		
Account Number:	0020050208060021		
Amount in Figures:	Rs. 315		
Amount in Words:	Three Hundred & Fifteen Rupees On		
Note: Inclusive of Bank Service Charges			

The Bank Must Return OTS Copy to the Candidate. Attach CNIC Copy with deposit sip. Application Form will not be entertained without Original Deposit Slip. Application Form will not be entertained other than against cash payment. FBP Endorsement is required on both the Deposit Slip. Deposit it in any online country wide branches. Cash should always be deposited at the respective counter and electronic computer generated receipt printed through flatbed printer on deposit slip/challan should be obtained before leaving the counter, please be sure to check the receipt and satisfy that complete details including account number and amount deposited are correctly printed failing which the bank will not be responsible. 1

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

Open Testing Service

Innovation in Training & Assessment

BANK Copy

Date: / /

Branch Code:

×

Branch Name:

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

Applicant Signature

..... Applicant Signature