

APPLICATION FORM

Multan Development Authority

Applying for Assistant Director Administration
Estate Management (BS-17)

TAG # (For Official use)

<u>(210)</u>											
Note: Test Center in	the desired city w	ill be arı	ranged for minim	um of 200 appl	licants. Once se	elected a test co	enter c	annot be	e changed.		
☐ Islamaba				agar 🔲 I	Lahore	□ F	☐ Faisala			Passport	size Recent
Test City:	☐ Khanewa		☐ Layyah		Lodhran		/lultan	<u> </u>		Photogran	h Affix with
(Tick only one)	☐ Muzaffarg				Rahim Yar K		☐ Rajan Pur				
(Trek only one)	☐ Sahiwal	,um	☐ Gujranwa		Dera Ghazi k		ialkot			,	atest By 6
	Salliwal		Gujianwa		L DATA FIELD				LID	mo	nths)
Domicile Dist	rict:				TION FORM (		IKED. I	FILL TO	UK		
	☐ Punjab		☐ Balochist				indh (	DΙ		ر اس خانے	آپ کی تصوی
Domicile	La runjas La Balochistar La Sinuri (O) Sinuri (N)							_	میں ہونا ضہ		
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1. Personal	IIIIOI IIIaul	וון) אול	Biockletters)						<b>-</b> :	0 6: 1 :	
Name (in Full):								Note:	Tick Onl	y One Circle in e	each Row.
Father's Name:								Religi	ion: (	Muslim N	on-Muslim
								Ara V	ou Disabl	93 (	Yes O No
CNIC/B-Form:								Alei	ou Disabi		
Λαο:	Data of Di	rth /s ·	4.30		Marital Ctat			Gend		○ Male	Female
Age:	Date of BI	ı tii (D-N	Л-Y)		iviaritai Stati	12:			ed Forces:	$\sim$	Yes \ \ \ \ No
Postal Address:								<b>—</b>		onnel of Armed Force	
rostarAddress.									ased Serv	$\circ$	_
										Servant wife, son	T .
								Gove	rnment S	ervant:	Yes \ \ \ \ No
Phone #:	(	Cell #:			(Do not gi	ve here Netwo	ork			. /5	., .
					converted	l mobile Numb	ers)	Sched	duled Cas	t /Buddhist:	Yes \cap No
2. Academic	: Informatio	on (Not	te: In case of inco	omplete acade	mic information	on, Your Applic	cation w	vill be D	eclined.)		
Certificate	/Degree	Deg	gree Title	Major S	Subjects	Year of		rks	Total	/	Institution
						Passing	Obta	ined	Marks	Percentage	Name
Primary											
SSC (10 years)											
HSSC / DAE /	A-Level										
(12 / 13 years)	II Level										
Bachelor (14 y	oars)										
, ,	-										
Bachelor(Hor	isj/Master										
, ,											
MS / M.Phil.											
Other (Diploma	/ Certificate)										
3. Employm	ent Inform	ation	(If Applicable ) (N	ote: If you nee	ed more rows	to write vour i	informa	ation. vo	ou can ado	l an additional page	with Application
Form.)								,,,			
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								
Id/s/w ofdo hereby affirm that I have read and understood the conditions for applying in the above mentioned Post and filled the form as per instructions given above and in the event any information contained herein is								
untrue, Ishall be liable to disciplinary action which mayresultincancellation ofmy candidature at any stage.								
Signature & Date:	Thumb Impression (Left Hand):							
Document Check list:								
Tick if Attached / selected:								

Tick if Attached / selected:

- Photograph is Attached
- CNIC Copy is Attached on the back side of Application Form
- Original bank Deposit Slip 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. 100/- 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 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.

× ......

Send Registration Form to:

Manager Operation (MDA), 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

# Open Testing Service Innovation in Training & Assessment

**BANK Copy** 

### **OTS Copy**

Branch Code:	Date://	Branch Code: Date://								
Branch Name:		DESCRIPTION OF THE STREET	Branch	Name:	-010-	DIT OF THE MEDITES TOWNED IN				
		NE DEPOSIT SLIP  PCode: 310  polly one bank & tick the relevant Bank		293		NE DEPOSIT SLIP PCode: 31 only one bank & tlok the relevant Bank				
HBL HABIR BANK		Habib Bank Limited	HBL	HABIB BANK		Habib Bank Limited				
Remote Branch:	Hab	ib Bank Limited, PWD Branch (2328)	Remote	Branch:						
Account Title:	Ope	n Testing Service	Accoun	Account Title: Open Testing Service						
Account Number:	87106336103	Accoun	Account Number: 23287106336103							
Amount in Figures:	Amount in Figures: Rs. 100									
Amount in Words:	Amount in Words: Hundred Rupees Only									
Note: Bank Service C	harge	s Free of Cost	Note: Bar	nk Service C	harges	s Free of Cost				
A Bank Alfalah		Bank Alfalah Limited	A Ray	nk Alfalah	П	Bank Alfalah Limited				
Remote Branch:	Ban	k Alfalah, PWD Branch (0335)		Branch:	Bani	k Alfalah, PWD Branch (0335)				
Account Title:	-	n Testing Service	Accoun		-	n Testing Service				
Account Number:				Account Number: 0335001004927667						
Amount in Figures:				in Figures:	Rs.	100				
Amount in Words:		Hundred Rupees Only	:	in Words:	Hundred Rupees Only					
Note: Bank Service C	harge		Note: Bar	Note: Bank Service Charges Free of Cost						
Allied Bank		Allied Bank Limited	A All	ied Bank		Allied Bank Limited				
Remote Branch:	ABL	Islamic Banking, PWD Branch (5133)	Remote	Branch:	ABL	Islamic Banking, PWD Branch (5133				
Account Title:	count Title: Open Testing Service			t Title:	Open Testing Service					
Account Number:	ber: 0020050208060021			Account Number: 0020050208060021						
Amount in Figures:	Rs.	115	Amount	Amount in Figures: Rs. 115						
Amount in Words:	mount in Words: One Hundred And Fifteen Rupees Only			Amount in Words: One Hundred And Fifteen Rupees Only						
Note: Inclusive of Bar	nk Sen	vice Charges	Note: Inc	lusive of Bar	nk Serv	vice Charges				
<ul> <li>Application Form will not be</li> <li>FBP Endorsement is require</li> <li>Deposit it in any online coun</li> <li>Cash should always be depreceipt printed through flatb the counter, please be sun</li> </ul>	osit silp, entertain entertain ed on bot itry wilde osited at ed printe e to che	ned without Original Deposit Silp. sed other than against cash payment. In the Deposit Silp.	Attach CNI     Application     Application     Application     FIRE Endor     Deposit It in     Cash shoul     receipt print     the counter	Form will not be sement is require n any online coun id always be dep ted through flatb r, please be sur mber and amou	osit silp. entertain entertain ed on both try wide t tosited at ed printer e to chec	ed without Original Deposit Stlp. ed other than against cash payment. h the Deposit Stlp.				
Applicant Name:	Applicant Name:			nt Name:						
Applicant Father Name:			Applica Applica	A section at the section of the sect						
CNIC No. / Form B No.:			CNIC N Applied	CNIC No. / Form B No.:						
Applied For:			Applied	Applied For:						
Applicant Sig	matur	re Cashier	Ap	plicant Sig	matur	re Cashier				