

APPLICATION FORM

Prime Minister's Office

BOARD OF INVESTMENT PAKISTAN

OTS REG # For Official Use

(383)

Applying for: Despatch Rider (BS-04) Bank Online Deposit (*Note: Application Form will not be entertained without Original Deposit Slip.) HBL, (ANY BRANCH) ABL, (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 □ Lahore ☐ Multan ☐ Islamabad ☐ Karachi Photograph Affix with ☐ Quetta ☐ Peshawar ☐ D.I. Khan ☐ Hyderabad Gum (Latest By 6 **Test City:** ☐ Faisalabad ☐ Gujranwala □ Bahawalpur □ Sukkur months) (Tick only one) □ Larkana ☐ Kohat ☐ Mardan □ Bannu ☐ Shaheed Benazir Abad ☐ Swat \square GB y:1 ' 3ip y 3p3 1:p i **Domicile District: -----**Punjab П Balochistan Sindh (U) Sindh (R) **Domicile** KPK **Islamabad Capital Territory FATA Province: Gilgit Baltistan** Other (Tick only **Azad Jammu and Kashmir** one) 1. Personal Information (In Block Letters) Note: Tick Only One Circle in each Row. Name (in Full): Religion: Non-Muslim Father's Name: Are You Disable? CNIC/B-Form: Gender: Female Armed Forces: ____Date of Birth (D-M-Y) ----- Marital Status: Age:___ Only for personnel of Armed Forces of Pakistan Deceased Servant: Yes No Postal Address: Deceased Civil Servant wife, son or daughter Government Servant: Phone #: Cell #: with Two Years Continuous Experience Scheduled Cast / Buddhist: Yes ○ No (Do not give here Network Email (IF ANY): converted mobile Numbers) **Driving License** Yes ○ No 2. Academic Information (Note: Incase of incompleteacademicinformation, Your Application will be Declined.) Year of Marks Total Institution Certificate/Degree **Degree Title Major Subjects Passing** Obtained Marks Name (D-M-Y) **Primary** Middle SSC (10 years) HSSC / DAE / A-Level (12 / 13 years) **Bachelor** (14 years) Bachelor(Hons)/Master MS / M.Phil. (18 years) 3. Employment Information (Note: If you need more rows to write your information, you can add anadditional pagewith Application Form.) **Organization Type Organization Name** Designation Start Date **End Date** (Government / Semi Government / (Name of the Organization / Dept.) (Your Designation / Position ((D-M-Y)) ((D-M-Y)) Private) Title)

4. Undertaking by Applicant	
Id/s/w of	do hereby solemnly
affirm that I have read and understood the conditions for applying in filled the form as per instructions given above and in the event any untrue, Ishall be liabletodisciplinary action which may result in cancellate	information contained herein is found to be
Signature & Date: Thumb Impression	on (Left Hand):
Document Check list:	
Tick if Attached / selected:	
□ Photograph is Attached	
☐ Original bank Deposit Slip is Attached on the back side of Application Fo	rm
☐ CNIC Copy is Attached on the back side of Application Form	
Instructions:	
ALL DATA FIELDS ARE REQUIRED TO BE FILLED. FILL YOUR APPLICA	ΓΙΟΝ FORM CAREFULLY.
 Application Fee (Service Charges) is nonrefundable / nontransferable. attached with application form. 	Bank Online Deposit of Rs. 500/- must be
• In case of more than one apply use separate application form along with	th original deposit slip.
 Application must reach OTS office latest by last date of submission 	• •
OTS will not be responsible for late receiving of application through	
Attach your recent photograph (Latest by 6 Months), CNIC copy, origin While the Company of the Compan	
Without Signature & Thumb impression, your application form will not be entertained. Without photograph your application form will not be entertained.	t be entertained.
 Without photograph your application form will not be entertained. In-complete forms will not be entertained. (All the fields are mandator 	y / Required)
 In Person/By hand submission of Application form is not allowed. 	y / Required)
 Mobile phones or other electronic gadgets are not allowed in test ce 	nter premises.
Please visit OTS website according to the test schedule to check you	_
Cut Address box given below and affix it with gum on the envelope.	

Send Registration Form to:

Manager Operation, (PMOBOI)

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

ONLINE DEPOSIT SLIP Please deposit in only one bank & tick the relevant Bank

Open Testing Service

23287106336103

Five Hundred Only

Open Testing Service

0335001004927667

Five Hundred Only

Open Testing Service

Five Hundred Fifty Only

0020050208060021

Rs. 500

Rs. 500

Note: Bank Service Charges Free of Cost

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Date:

Habib Bank Limited

Habib Bank Limited, PWD Branch (2328)

Bank Alfalah Limited

Bank Alfalah, PWD Branch (0335)

Allied Bank Limited

ABL Islamic Banking, PWD Branch (5133)

Branch Code:_

HBL

Remote Branch:

Account Number:

Amount in Figures:

Amount in Words:

Bank Alfalah

Remote Branch:

Account Number:

Amount in Figures:

Amount in Words:

Allied Bank

Remote Branch:

Account Number:

Amount in Figures:

Amount in Words:

Account Title:

Account Title:

Account Title:

Branch Name:

nanch oodc	Date://		
Branch Name:			
	NLINE DEPOSIT SLIP osit in only one bank & tick the relevant Bank		
HBL НАВІВВАНК	Habib Bank Limited		
Remote Branch:	Habib Bank Limited, PWD Branch (2328		
Account Title:	Open Testing Service 23287106336103 Rs. 500 Five Hundred Only		
Account Number:			
Amount in Figures:			
Amount in Words:			
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		
	0335001004927667		
Account Number:	Rs. 500		
Account Number: Amount in Figures:	Rs. 500		
	Rs. 500 Five Hundred Only		
Amount in Figures:	Five Hundred Only		
Amount in Figures: Amount in Words:	Five Hundred Only		
Amount in Figures: Amount in Words:	Five Hundred Only harges Free of Cost		
Amount in Figures: Amount in Words: Note: Bank Service C	Five Hundred Only harges Free of Cost		
Amount in Figures: Amount in Words: Note: Bank Service C	Five Hundred Only charges Free of Cost Allied Bank Limited		
Amount in Figures: Amount in Words: Note: Bank Service C Allied Bank Remote Branch:	Five Hundred Only harges Free of Cost Allied Bank Limited ABL Islamic Banking, PWD Branch (513) Open Testing Service		
Amount in Figures: Amount in Words: Note: Bank Service C Allied Bank Remote Branch: Account Title:	Five Hundred Only Charges Free of Cost Allied Bank Limited ABL Islamic Banking, PWD Branch (513) Open Testing Service 0020050208060021		
Amount in Figures: Amount in Words: Note: Bank Service C Allied Bank Remote Branch: Account Title: Account Number:	Five Hundred Only Charges Free of Cost Allied Bank Limited ABL Islamic Banking, PWD Branch (513) Open Testing Service 0020050208060021		

Onen Testing Service

- The Bank Must Return OTS Copy to the Candidate.
 Attach CNIC Copy with deposit slip.
 Application Form will not be entertained without Original Deposit Slip.
 Application Form will not be entertained other than against cash payment.

Rs. 550

FBP Endorsement is required on both the Deposit Slip.

Note: Inclusive of Bank Service Charges

- PBP 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 recognished.
- responsible.

 PCode: 383

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

•	The Bank Must Retu	rn OTS	Copy to	the Candidate.
•	Attach CNIC Conv. w	ith den	neit elin	

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responsible.
 PCode: 383

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

Applicant Signature	Cashier	Applicant Signature	Cashier