

(484)

APPLICATION FORM

Water & Power Development Authority (WAPDA) - CE (Power) Tarbela

Applying for: Diver Grade-II

Bank Online Deposit (*Note: Application Form will not be entertained without Original Deposit Slip.)					
BRANC		BRANCH	□ □Habib Metro (ANY BRANCH) -	Branch Code Deposit Date	
Note: Test	Center in the desired city will be an Islamabad	ranged for minimum of 200 applicant	s. Once selected a test center o	cannot be changed.	
			D.I. Khan		Passport size
Test City:		Gujranwala	☐ D.i. Khan		Recent
(Tick only one)			☐ Mardan		Photograph Affix
	Sawat GB		Shaheed Benazir Abad		with
Domicile Dis	Domicile District: Y: '				
Domicile	🗆 Punjab 🗌	Balochistan S	indh (U)	Sindh (R)	y 3p3 ¹ :p
Province:					
(Tick only one)					

1. Personal Information (In Block Letters)

Name (in Full):		Note: Tick Only One Circle in each Row.
Father's Name:		Religion: OMuslim ONon-Muslim
		Are You Disable? O Yes O No
CNIC/B-Form:		Gender: OMale OFemale
Age:	Date of Birth (D-M-Y) Marital Status:	Armed Forces: O Yes O No
, ige		Only for personnel of Armed Forces of Pakistan
Postal Address:		Deceased Servant: OYes ONO
FUSIAI AUULESS.		Deceased Civil Servant wife, son or daughter
		Government Servant: OYes ONo
Phone #:	Cell #:	with Two Years Continuous Experience
		Scheduled Cast /Buddhist: OYes ONo
Email (IF ANY):	(Do not give here Network converted mobile Numbers)	

2. Academic Information (Note: Incase of incompleteacademicinformation, Your Applicationwill be Declined.)							
Certificate/Degree	Degree Title	Major Su	bjects	Year of Passing (D-M-Y)	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 Inform	3. Employment Information (Note: If you need more rows to write yourinformation, you can add anadditional pagewith Application Form.)						
Organization Type	Organization	Name	Desi	gnation	Start Da	Start Date End	
(Government / Semi Government / Private)	/ (Name of the Organiza	ation / Dept.)		nation / Positior Fitle)	ו ((D-M-Y	())	((D-M-Y))

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.

Cignature 9 Data	Thumh Improved on (I off Hand).	
Signature & Date:	Thumb Impression (Left Hand):	
	Thans mpression (Berefrana).	

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:

- 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. 200/- must be attached with application form.
- In case of more than one applies 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.

X ------

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

Send Registration Form to:

Manager Operation (WAPDA- CE PT) 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

Bank Alfalah, All Branch

Open Testing Service 03351004927667

Two Hundred Only

ABL All Branch

Open Testing Service

Two Hundred Fifty Only

Open Testing Service 6-98-77-29319-714-100675

Two Hundred Only

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 ther 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 account number and amount deposited are correctly printed failing which the bank will not be responsible.

Habib Metro Bank, All Branch

Two Hundred Only

Habib Bank Limited Habib Bank Limited, All Branch

Bank Alfalah Limited

Allied Bank Limited

Habib Metropolitan Bank

Branch Code:

HBL

Remote Branch: Account Title:

Account Number

Amount in Figures: Amount in Words:

🙈 Bank Alfalah

Remote Branch: Account Title:

Account Number Amount in Figures:

Amount in Words:

Allied Bank Remote Branch:

Account Title:

Account Number

Amount in Figures:

Amount in Words:

HABIBMETRO

Remote Branch: Account Title:

Account Number

Amount in Figures: Amount in Words:

P Code: 484

Applicant Name:

Applied For:

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

Branch Name:

Date:

Rs. 200

Rs. 200

Rs. 250

Rs. 200

Note: Bank Service Charges Free of Cost

Note: Bank Service Charges Free of Cost

Note: Inclusive of Bank Service Charges

Note: Bank Service Charges Free of Cost

Branch Code: Branch Name:_

Date:

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ONLINE DEPOSIT SLIP

Please deposit in only one bank & tick the relevant Bank

HBL НАВІВ ВАЛК ЦВС НАВІВ ВАЛК	Habib Bank Limited	
Remote Branch:	Habib Bank Limited, All Branch	
Account Title:	Open Testing Service	
Account Number:	23287106336103	
Amount in Figures:	Rs. 200	
Amount in Words:	Two Hundred Only	
Note: Bank Service Charges Free of Cost		

Å Bank Alfalah	Bank Alfalah Limited	
Remote Branch:	Bank Alfalah, All Branch	
Account Title:	Open Testing Service	
Account Number:	03351004927667	
Amount in Figures:	Rs. 200	
Amount in Words:	Two Hundred Only	
Note: Bank Service Charges Free of Cost		

Allied Bank	Allied Bank Limited		
Remote Branch:	ABL All Branch		
Account Title:	count Title: Open Testing Service		
Account Number:	r: 51330020050208060021		
Amount in Figures: Rs. 250			
Amount in Words: Two Hundred Fifty Only			
Note: Inclusive of Bank Service Charges			

HABIBMETRO	Habib Metropolitan Bank	
Remote Branch:	Habib Metro Bank, All Branch	
Account Title: Open Testing Service		
Account Number:	6-98-77-29319-714-100675	
Amount in Figures:	Rs. 200	
Amount in Words: Two Hundred Only		
Note: Bank Service Charges Free of Cost		

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.
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 P Code: 484

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

Applicant Signature

Cashier

Applicant Signature

Cashier

Open Testing Service Innovation in Training & Assessment

BANK Copy

51330020050208060021

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