To Manager Operations, Open Testing Service, Islamabad.

Subject: Request for Original Result Card

It is requested that I need my Original result card, my name and other necessary information are included in this application. Please send the result card to the address below.

Applicant Name:																
Father name:																
Roll number:																
CNIC Number:						_									-	
Project:																
Applied for:																
Complete Postal address:																
Province:	Punjab 🗆		Sin	Sindh 🗆		крк 🗆		Balochistan		А	АЈК □		GB/FATA □			
Mobile number:	0	3			•	_										
Bank Deposit Slip Date:																
Applicant Signature:					For Official Use Only:											

Note:

- Send Original bank deposit slip with this application. Without original bank deposit slip your application will not be entertained.
- Application fee is non transferrable and non-refundable.
- By hand collection of Result Cards is not allowed. Result cards will be dispatched through Courier Service by OTS.

Send Application to:

Manager Operations,
Open Testing Service Office No 01, Central Avenue, Phase 6, Bahria Town, Islamabad
Phone: 051 111 786 222 Fax: 051-5732751

Open Testing Service Innovation in Training & Assessment

OTS Copy

Applicant Signature

Cashier

Branch Code:	Date://	Branch Code:	Date://						
Branch Name:		Branch Name:							
O	NLINE DEPOSIT SLIP	0	NLINE DEPOSIT SLIP						
Please depe	osit in only one bank & tick the relevant Bank	Please dep	osit in only one bank & tick the relevant Bank						
HBL HABIB BANK	Habib Bank Limited	HBL HABIBBANK	Habib Bank Limited						
Remote Branch:	Habib Bank Limited, PWD Branch (2328)	Remote Branch:	Habib Bank Limited, PWD Branch (2328)						
Account Title:	Open Testing Service	Account Title:	Open Testing Service						
Account Number:	23287106336103	Account Number:	23287106336103						
Amount in Figures:	Rs. 300	Amount in Figures:	Rs. 300						
Amount in Words:	Three Hundred Rupees Only	Amount in Words: Three Hundred Rupees Only							
Note: Bank Service C	harges Free of Cost	Note: Bank Service Charges Free of Cost							
A Bank Alfalah	Bank Alfalah Limited	A Bank Alfalah	Bank Alfalah Limited						
Remote Branch:	Bank Alfalah, PWD Branch (0335)	Remote Branch:	Bank Alfalah, PWD Branch (0335)						
Account Title:	Open Testing Service	Account Title:	Open Testing Service						
Account Number:	0335001004927667	Account Number:	0335001004927667						
Amount in Figures:	Rs. 300	Amount in Figures:	Rs. 300						
Amount in Words:	Three Hundred Rupees Only	Amount in Words:	Three Hundred Rupees Only						
Note: Bank Service C	harges Free of Cost	Note: Bank Service Charges Free of Cost							
Allied Bank	Allied Bank Limited	Allied Bank	Allied Bank Limited						
Remote Branch:	ABL Islamic Banking, PWD Branch (5133)	Remote Branch:	ABL Islamic Banking, PWD Branch (5133						
Account Title:	Open Testing Service	Account Title:	Open Testing Service						
Account Number:	0020050208060021	Account Number:	0020050208060021						
Amount in Figures:	Rs. 315	Amount in Figures:	Rs. 315						
Amount in Words:	Three Hundred & Fifteen Rupees Only	Amount in Words:	Three Hundred & Fifteen Rupees Only						
Note: Inclusive of Ban		Note: Inclusive of Bank Service Charges							
 Application Form will not be FBP Endorsement is require Deposit it in any online coun Cash should always be depreceipt printed through flatbs the counter, please be sure 	isit slip. entertained without Original Deposit Slip. entertained other than against cash payment. d on both the Deposit Slip.	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 slipichallan 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.							
Applicant Name:		Applicant Name:							
Applicant Father I	Name:	Applicant Father I	Name:						
CNIC No. / Form	B No.:	CNIC No. / Form	B No.:						
Applied For:		Applicant Father I CNIC No. / Form Applied For:							
	:	X.							

Applicant Signature

Cashier

Open Testing Service
Innovation in Training & Assessment

BANK Copy