APPLICATION FORM درخواست فارم



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(PAS) (544)

ئگ سروس 1	ستان ٹیسٹن	·	Prov	incia	al As	sem	FO hbly		ndh	(PA	S) (5	544)	I	PASTE PHOTC ریر پیسٹ ک)
		(Ap	CAI plication		TE'S F								d)		
1. FULL NAME پورا نام Write all in CAPITAL													A	В	С
2. FATHER's NAME والد کا نام Write all in CAPITAL													X	Y	Z
3. GENDER جنس	MALE	FE	MALE		OF BIRTH پیدانش کو	d	d	•	m	m		У	у	у	У
5. CNIC NUMBER قومى شناختى كارڈ ئمبر 6. CNIC NUMBER Re-enter						-								-	
7. MOBILE NUMBER 1 موبائل فون کائمبر 8. MOBILE NUMBER 2 موبائل فون کائمبر	-	92) 92)	0	3			-								Primary Secondary (If any)
9. E-MAIL ADDRESS								0							
10. PRESENT ADDRESS Vrite all in CAPITAL موجودہ پنہ															
11. DOMICILE PROVINCE ربانش گاه کا صویہ			Pr	ovir	nce			12. DOMI DISTRI گاہ کا ضلع	ст			Dist	rict		
13. RELIGI	مذہب ON	MUSL مسلم	M		NON M ر مسلم			14. C	DISABLITY	معذوری ۲		YES		NO	
15. CURRENT پیشہ	OCCUPA [.] موجوده	TION GO	VERNMEN	T SERVAN	ιт		PRIVATE	SERVICE		IF JOBLI	ESS		IF EX-SE	RVICEMAN	N
				A. P	OST	AP	PLIE	ٹD (ٹ	، پوس	فواست	(در				
			SSIS			<u> </u>		•						')	
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براہ کرم اس فارم کو فولڈ کرکے ڈیمج نہ کریں، اور بڑے لیٹرز کے ساتھ مکمل کریں



FOR Provincial Assembly of Sindh (PAS) (544)

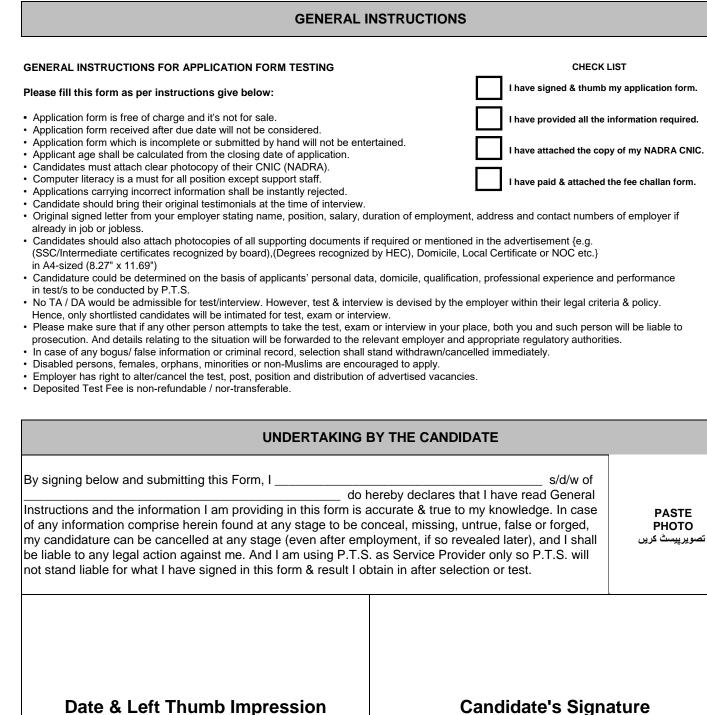
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East Karachi		West Karachi		Sukkur	Hyderabad	
Mirpur Khas		Larkana		Nawabshah Or Shah	eed Benazirabad	
				Final Test Cente	ers are Subject to number o	f candidate

	F. ACADEMIC / QUALIFICATION SELECTION DATA (براہ کرم مکمل طور پر اور مناسب طریقے سے بھریں Please complete it properly)						
Certificate /Degree Level	Degree or Certificate Title	Year Passing	Obtained Marks / CGPA	Total Marks / CGPA	%age	Division	Institute/Board/University
SSC / Matric O-Level (10 Years)							
HSSC / DAE / A-Level (12 Years +)							
Bachelors (14 Years)							
Bachelors/BS (16 years)							
Masters (16+ years)							
M-Phil/MS							
Ph.D.							

Certificate	Institution Name	Name of Diploma/Course	Dura	Total Duration	
/Diploma Level	Institution Name	& Certificate	From	То	Total Duration
Certificate					
Diploma					
Course					

		3 / PROFESSIONAL EXPERI العلم المريقے سے بھریں lete it properly	(براہ	
S.No#	Organization / Employer Name	Position (Working as)	 uration Ionth & Year To	Total Period Of Experience
1				
2				
3				
4				
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HELP LINE 051 111 111 787 www.pts.org.pk BY POST MAIL To, PAKISTAN TESTING SERVICE PTS Head Quarter, 3rd Floor, Adeel Plaza, Fazal-e-Hag Road, Blue Area, ISLAMABAD.

PAKISTAN TESTING SERVICE

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	Bank Deposit Slip (PTS Copy)	Branch Name:					
PTS Pr	ovincial Assembly of Sindh (PAS) (544)	Branch Code: Payment Date:					
	Iabib Bank Limited IBL Ikistan Testing Service (Pvt) Ltd-MCA	United Bank Limited					
HBL A/C N	lumber: 0042-79916572-03	UBL A/C	Numb	er: 225	701041		
Please note: 1. Desired B	ank Stamp is required on the Deposit Slip or attach electronic receipt	with deposit Slip. 2. Send Original Dep	osit Slip (PTS (Copy) & application	on to PTS Office within due date.		
Applicant Full Name		Bank Charges Or/lf/Any Other Applicable Charges	30-	Amount in words PKR	Thirty Rupees Only		
Father's Name		Test Fee	qqq_	Amount in words PKR	Nine hundred & ninety nine Rupees Only	/	
Mobile Number		Deposited Amount		PK	R 1029-		
CNIC Number (FRC, CRC or PV#)		Total Fee	1029-	Amount in words PKR	One thousand & twent nine Rupees only	у	
Post/Position Applied (Only for One Position)	09. Assistant Engineer (Electronic) (BPS-17)	Applicant's Sign	aturo		Cashier's Stamp		
	Q	Apprount o organ					
	~	σ	\sim				
	Bank Deposit Slip (Bank Copy)	Branch Name:					
PTS	ovincial Assembly of Sindh (PAS) (544)	Branch Code: Payment Date:					
	Iabib Bank Limited IBL Ikistan Testing Service (Pvt) Ltd-MCA	Unite A/C Title: Pakista		k Limite g Service (F			
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5	If payment made through following transaction Online Mobi	on, mark checker box and a	ttach proc Ban		t.		

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