APPLICATION FORM درخواست فارم



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(PAS) (544)

نگ سروس 1		پاک	Prov	incia	al As	sem	FO hbly		ndh	(PA	S) (5	44)		PASTE PHOTC پر پیسٹ)
		(A	CAI Application		TE's F								d)		
1. FULL NAME پورا ئام Write all in CAPITAL													A	В	С
2. FATHER'S NAME والد کا نام Write all in CAPITAL													Х	Y	Z
3. GENDER جنس	MALE		FEMALE		OF BIRTH پیدائش کو	d	d		m	m		У	У	y	у
5. CNIC NUMBER قومی شناختی کارڈ نمبر 6. CNIC						-								-	
NUMBER Re-enter						-								-	
7. MOBILE NUMBER 1 مويانل فون كاتمبر	(+	-92)	0	3			-								Primary
8. MOBILE NUMBER 2 موبانل فون كاتمبر	(+	-92)	0	3			-								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. DOMIC DISTRI ر گاہ کا ضلع	СТ			Dist	rict		
13. RELIGI	مذہب ON	MUS مسلم			NON MI بر مسلم			14. D	ISABLITY	معذورى		YES		NO	
15. CURRENT پیشہ	OCCUPA موجوده	TION	GOVERNMEN	T SERVAN	ΙТ		PRIVATE	SERVICE		IF JOBLE	SS		(Please attac	RVICEMAI ch ok/Certificate	
				A. P	OST	AP	PLIE	ٹ) D	ت پوس	خواسد	(در.				
		16	6. As	sist	ant	Pro	otoc	ol C	Offic	cer	(BP	'S-1	6)		
	F	Please	e do not d	lamage	this fo	rm by	folding	j it and	comple	ete it w	ith CA	PITAL	letters		

براہ کرم اس فارم کو فولڈ کرکے ڈیمج نہ کریں، اور بڑے لیٹرز کے ساتھ مکمل کریں



FOR Provincial Assembly of Sindh (PAS) (544)

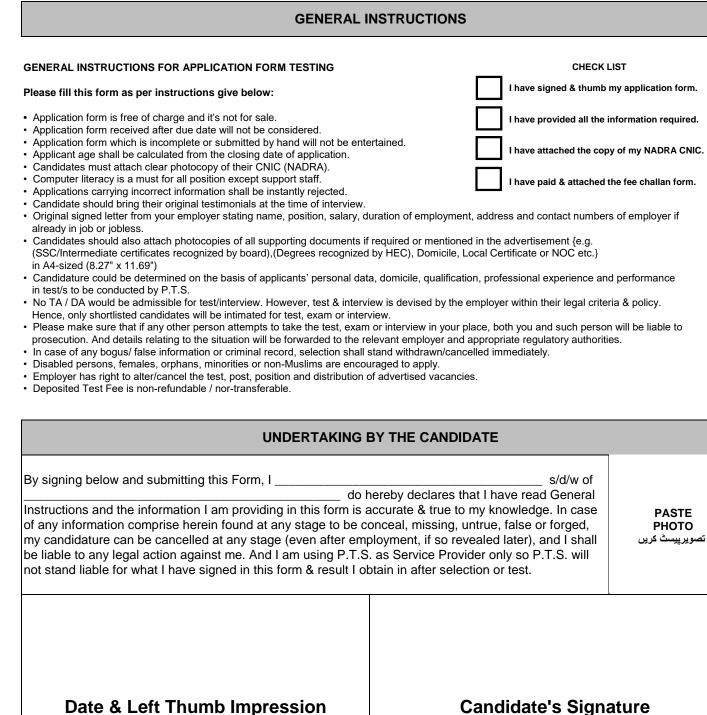
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D. DESIRED TEST CENTER (برائے مہریاتی صرف ایک باکس منتخب کریں PTS will decide your final test center)(Please mark only one box)									
East Karachi		West Karachi			Sukkur	Hyderabad			
Mirpur Khas		Larkana			Nawabshah Or Shaheed Benazirabad				
Final Test Centers are Subject to number of candid									

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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5	If payment made through following transaction Online Mobi	on, mark checker box and a	ttach proo Bar		^{t.} Project Cod (544)	le	
	Bank Deposit Slip (PTS Copy)	Branch Name:					
PTS Pr	ovincial Assembly of Sindh (PAS) (544)	Branch Code: Payment Date:					
	abib Bank Limited	Unite A/C Title: Pakista		n k Limite g Service (F			
	lumber: 0042-79916572-03	UBL A/C					
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	999-	Amount in words PKR	Nine hundred & ninety nine Rupees Only	/	
Mobile Number		Deposited Amount		R 1029-			
CNIC Number (FRC, CRC or PV#)		Total Fee	1029-	Amount in words PKR	One thousand & twenty nine Rupees only		
Post/Position Applied (Only for One Position)	16. Assistant Protocol Officer (BPS-16)	Applicant's Sign	ature		Cashier's Stamp		
	<u>.</u>	Applicant 3 Olgin					
	o~	σ	\sim				
	Bank Deposit Slip (Bank Copy)	Branch Name:					
PTS	ovincial Assembly of Sindh (PAS) (544)	Branch Code: Payment Date:					
	Iabib Bank Limited IBL kistan 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/If/Any Other Applicable Charges	30-	Amount in words PKR	Thirty Rupees Only		
Father's Name		Test Fee	999-	Amount in words PKR	Nine hundred & ninety nine Rupees Only	1	
Mobile Number		Deposited Amount	Amount PKR 1029-				
CNIC Number (FRC, CRC or PV#)		Total Fee	1029- Amount in words PKR		One thousand & twenty nine Rupees only		
Post/Position Applied (Only for One Position)	16. Assistant Protocol Officer (BPS-16)	Applicant's Signa	ature		Cashier's Stamp		
5	5 If payment made through following transaction, mark checker box and attach proof of payment. Online Mobile Paisa Bank						

