APPLICATION FORM

درخواست فارم



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PASTE

(PAS) (544)

پکستان ٹیسٹنگ سروس FOR Provincial Assembly of Sindh (PAS) (544) امیدوار کی ذاتی معلومات CANDIDATE's PERSONAL DATA										ASTE PHOTC پر پیسٹ				
	(Appl			TE'S P								d)		
1. FULL NAME پورا ^{نی} ام Write all in CAPITAL												Α	В	С
2. FATHER's NAME والد کا نام Write all in CAPITAL												X	Y	Z
3. GENDER جنس	MALE FEMA	ILE		OF BIRTH پیدانش کر	d	d	-	m	m		У	У	у	У
5. CNIC NUMBER فرمی شناختی کارڈ نمبر 6. CNIC NUMBER Re-enter					-								-	
7. MOBILE NUMBER 1 مويانل فون كانمبر 8. MOBILE NUMBER 2	(+92) (+92)	0	3			-								Primary Secondary
مويائل فون كآمبر 9. E-MAIL ADDRESS	9. E-MAIL										(n airy)			
10. PRESENT ADDRESS Write all in CAPITAL موجودہ پنہ														
11. DOMICILE PROVINCE ربانش گاه کا صویہ	PROVINCE DISTRICT								rict					
13. RELIGI	MUSLIM مذہب ON	1		NON MI بر مسلم			14. D	SABLITY	معذورى		YES		NO	
15. CURRENT ، پیشہ	OCCUPATION GOV	ERNMENT	SERVAN	п		PRIVATE	SERVICE		IF JOBLE	SS		IF EX-SER		
			A. P	OST		PLIE	ٹD (ت پوس	خواسد	(در				
	30	. La	dy	Sec	uri	ty A	ssi	stai	nt (E	BPS	6-11)		
	Please do	o not d	amage	this fo	rm by	folding	it and	compl	ete it w	ith CA	PITAL I	etters		

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



FOR Provincial Assembly of Sindh (PAS) (544)

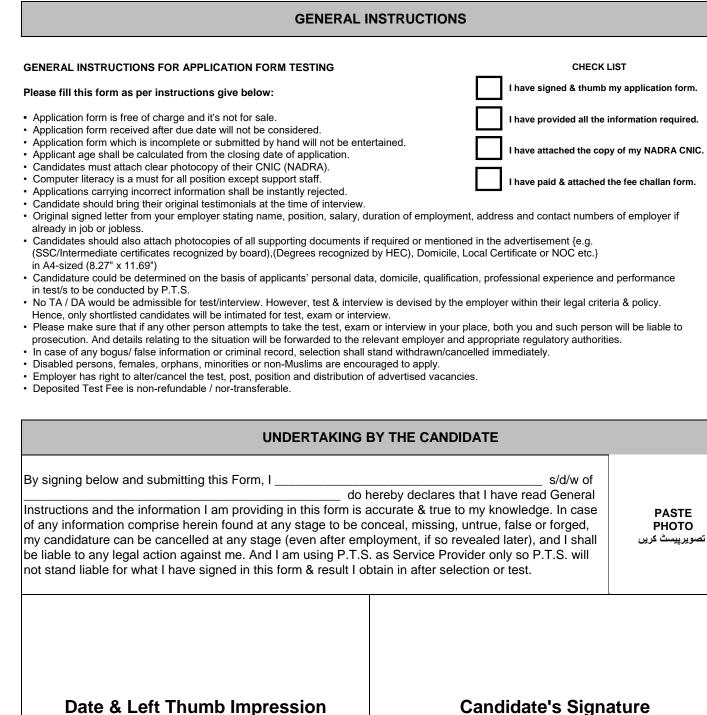
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D. DESIRED TEST CENTER (برائے مہریاتی صرف ایک باکس منتخب کریں PTS will decide your final test center)(Please mark only one box)									
East Karachi		West Karachi			Sukkur	Hyderabad			
Mirpur Khas		Larkana			Nawabshah Or Shaheed Benazirabad				
Final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

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					

	H. JOB / PROFESSIONAL EXPERIENCE DATA (براہ کرم مکمل طور پر اور مناسب طریقے سے بھریں Please complete it properly)								
S.No#	Organization / Employer Name	Position (Working as)		uration Ionth & Year To	Total Period Of Experience				
1									
2									
3									
4									
Ε	=			(PAS)	(544)				



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 proc Bar		^{t.} Project Co (544	•	
	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/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 & nine nine Rupees Only		
Mobile Number		Deposited Amount		PKI	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)	30. Lady Security Assistant (BPS-11)	Applicant's Sign	ature		Cashier's Stamp		
	Q	Applicant 3 Olgin					
_	~	σ	\sim				
	Bank Deposit Slip (Bank Copy)	Branch Name:					
PTS	ovincial Assembly of Sindh (PAS) (544)	Branch Code: Payment Date:					
	Iabib Bank Limited Image: Height Black 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.		
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Mobile Number		Deposited 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)	30. Lady Security Assistant (BPS-11)	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						

