

APPLICATION FORM

درخواست فارم

PASTE PHOTO صویرپیسٹ کری*ں*

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FOR Provincial Assembly of Sindh (PAS) (544)

| امیدوار کی ڈاتی معلومات CANDIDATE's PERSONAL DATA (Application Form with incomplete personal data or information will not be entertained) | | | | | | | | | | | | | | | |
|---|---------|------------|----------|----------|-----------------------|----------|------------|--------------------------------------|----------|--------------|----------|------------|----------|----|-----------------------|
| 1. | | (Арр | lication | CIIII WI | | piete pe | 1 Soliai C | lata Of III | iormatic | JII WIII III | or pe em | ei tairiet | Λ | B | |
| FULL NAME پورا نام | | | | | | | | | | | | | A | D | |
| Write all in CAPITAL | | | | | | | | | | | | | | | |
| 2. FATHER's | | | | | | | | | | | | | X | Y | 7 |
| NAME والد كا نام | | | | | | | | | | | | | | | |
| Write all in CAPITAL | | | | | | | | | | | | | | | |
| 2 0511050 | | | | 4 5475 | OF DIDTH | | | | | | | | | | |
| 3. GENDER جنس | MALE | FEMA | ALE | | OF BIRTH پیدانش کو | d | d | • | m | m | • | У | У | У | У |
| 5. CNIC | | | | | | | | | | | | | | | |
| المادة ا | | | | | | - | | | | | | | | - | |
| 6. CNIC NUMBER | | | | | | _ | | | | | | | | _ | |
| Re-enter | | | | | | | | | | | | | | | |
| 7. MOBILE NUMBER 1 موبائل فون كانمبر | (+9 | 92) | 0 | 3 | | | _ | | | | | | | | Primary |
| 8. MOBILE NUMBER 2 | (+9 | 92) | 0 | 3 | | | | | | | | | | | Secondary (If any) |
| مویائل فون کانمبر | (1) | <i>-</i> , | | | | | | | | | | | | | (ii aiiy) |
| 9. E-MAIL ADDRESS | | | | | | | | 0 | | | | | | | |
| 10. PRESENT ADDRESS | | | | | | | | | | | | | | | |
| Write all in CAPITAL موجودہ پتہ | | | | | | | | | | | | | | | |
| 11 DOMON 5 | | | | | | | | 40 DOM | | | | | | | |
| 11. DOMICILE PROVINCE رېانش گاه کا صوبہ | | | Pr | ovir | nce | | | 12. DOMIC DISTRIC ن گاه کا ضلع | T | | | Dist | rict | | |
| | | MUSLIN | л I | | NON MU | JSI IM | | | | | | | - | | |
| 13. RELIGIO | مذہب ON | مسلم | | | بر مسلم | | | 14. DI | SABLITY | معذورى | | YES _ | | NO | Ш |
| 45 CURRENT | OCCUPAT | ION | | | | | | | | | | _ | | | |
| 15. CURRENT OCCUPATION GOVERNMENT SERVANT PRIVATE SERVICE IF JOBLESS IF EX-SERVICEMAN | | | | | | | | | | | | | | | |
| A. POST APPLIED (درخواست پوسٹ) | | | | | | | | | | | | | | | |
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Please do not damage this form by folding it and complete it with CAPITAL letters

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FOR Provincial Assembly of Sindh (PAS) (544)



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| D. DESIRED TEST CENTER (PTS will decide your final test center)(Please mark only one box کریں) | | | | | | | | | | | | | | | | | | |
| East Karachi | | | West Kar | | | | | | Sukl | | | | | | Hyderabad | | [| |
| Mirpur Khas | | ıs | | Lark | kana | а | | Ī | Nawabshah Or Shahe | | | | eed Benazirabad | | | | | |
| Final Test Centers are Subject to number of c | | | | | | | | of car | didates | | | | | | | | | |
| | F. ACADEMIC / QUALIFICATION SELECTION DATA (براہ کرم مکمل طور پر اور مناسب طریقے سے بهرین Please complete it properly) | | | | | | | | | | | | | | | | | |
| Certificate //Degree Level Degree or Certificate Title | | | Year | Year Passing Obtained Ma | | | | rks / Total Marks / CGPA %ag | | | ge | Division | Division Institute/Board/Univ | | | versity | | |
| SSC / Matr O-Level (10 Years | | | | | | | | | | | | | | | | | | |
| HSSC / DAI A-Level (12 Years - | | | | | | | | | | | | | | | | | | |
| Bachelors (14 Years) | | | | | | | | | | | | | | | | | | |
| Bachelors/6 (16 years) | | | | | | | | | | | | | | | | | | |
| Masters (16+ years | | | | | | | | | | | | | | | | | | |
| M-Phil/MS | s | | | | | | | | | | | | | | | | | |
| Ph.D. | | | | | | | | | | | | | | | | | | |
| | G. | ОТНЕ | ER CEI | RTIFICATIO | | | | | | | | | | SKILL | S DA | ATA | | |
| Certificate | | | | | | me of D | | | | | | ation | | | | | | |
| /Diploma Level | 1 | Ins | stitutior | n Name | | | ertific | | | | From | | Т | О | | Γotal D | uratio | on |
| Certificat | te | | | | | | | | | | | | | | | | | |
| Diploma | 1 | | | | | | | | | | | | | | | | | |
| Course | | | | | | | | | | | | | | | | | | |
| Computer Other Skil | | | | | | | | | | | | | | | | | | |
| H. JOB / PROFESSIONAL EXPERIENCE DATA (Please complete it properly براه کرم مکمل طور پر اور مناسب طریقے سے بهریں) | | | | | | | | | | | | | | | | | | |
| S.No# Organization / Employer Name | | | | Position (Working as) | | | | Job Duration Write only Month & Year From To | | | | Total Exp | Perio erien | | | | | |
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(PAS) (544)

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PAKISTAN TESTING SERVICE



GENERAL INSTRUCTIONS

| GENERAL INSTRUCTIONS FOR APPLICATION FORM TESTING | CHECK LIST | | | | | |
|---|--|--|----------------------------------|--|--|--|
| Please fill this form as per instructions give below: | | I have signed & thumb i | my application form. | | | |
| Application form is free of charge and it's not for sale. Application form received after due date will not be considered. | | I have provided all the i | nformation required. | | | |
| Application form which is incomplete or submitted by hand will not be ente Applicant age shall be calculated from the closing date of application. Candidates must attach clear photocopy of their CNIC (NADRA). | rtained. | I have attached the cop | y of my NADRA CNIC. | | | |
| Computer literacy is a must for all position except support staff. Applications carrying incorrect information shall be instantly rejected. Candidate should bring their original testimonials at the time of interview. | Ш | I have paid & attached t | he fee challan form. | | | |
| Original signed letter from your employer stating name, position, salary, dialready in job or jobless. Candidates should also attach photocopies of all supporting documents if | | | s of employer if | | | |
| (SSC/Intermediate certificates recognized by board), (Degrees recognized in A4-sized (8.27" x 11.69") | by HEC), Domicile, Local Ce | rtificate or NOC etc.} | La cofe con co | | | |
| Candidature could be determined on the basis of applicants' personal datin test/s to be conducted by P.T.S. No TA / DA would be admissible for test/interview. However, test & interview. | ew is devised by the employe | • | • | | | |
| Hence, only shortlisted candidates will be intimated for test, exam or intenton. Please make sure that if any other person attempts to take the test, exam prosecution. And details relating to the situation will be forwarded to the relating to the situation or criminal record, selection shall solve Disabled persons, females, orphans, minorities or non-Muslims are encountent. | or interview in your place, bo elevant employer and appropr stand withdrawn/cancelled im | iate regulatory authoritie | | | | |
| Employer has right to alter/cancel the test, post, position and distribution of the posited Test Fee is non-refundable / nor-transferable. | of advertised vacancies. | | | | | |
| UNDERTAKING I | BY THE CANDIDATE | | | | | |
| By signing below and submitting this Form, I | | s/d/w of | | | | |
| Instructions and the information I am providing in this form is a of any information comprise herein found at any stage to be or my candidature can be cancelled at any stage (even after empt be liable to any legal action against me. And I am using P.T.S not stand liable for what I have signed in this form & result I of | onceal, missing, untrue, bloyment, if so revealed . as Service Provider on | owledge. In case false or forged, later), and I shall ly so P.T.S. will | PASTE PHOTO تصویرپیسٹ کریں | | | |
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| Date & Left Thumb Impression Candidate's Signature | | | | | | |
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| HELP LINE | To, | | | | | |
| 051 111 111 787 V | PAKISTAN T | ESTING SE | RVICE | | | |
| . do | | | | | | |
| www.pts.org.pk PTS Head Quarter, 3rd Floor, Adeel Plaza, Fazal-e-Haq Road, Blue Area, ISLAMABAD. | | | | | | |

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(PAS) (544)

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|---|--|--|-------------------|----------------------------|--|--|--|--|
| 5 | If payment made through following transaction Mobi | on, mark checker box and a | attach pro Bai | · · | t. Project Code (544) | | | |
| | Bank Deposit Slip (PTS Copy) | Branch Name: | | | | | | |
| PTS Pr | ovincial Assembly of Sindh (PAS) (544) | Branch Code: Payment Date: | | | | | | |
| | abib Bank Limited kistan Testing Service (Pvt) Ltd-MCA | Unite A/C Title: Pakist | | nk Limite ng Service (F | | | | |
| HBL A/C N | umber: 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 | oosit 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 | | PKI | ₹ 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) | 32. Junior Translator (BPS-11) | Applicant's Sign | ature | | Cashier's Stamp | | | |
| | } | | | | | | | |
| _ / E | Bank Deposit Slip (Bank Copy) | Branch Name: | | | | | | |
| PTS Pr | ovincial Assembly of Sindh (PAS) (544) | Branch Code: Payment Date: | | | | | | |
| Habib Bank Limited A/C Title: Pakistan Testing Service (Pvt) Ltd-MCA United Bank Limited A/C Title: Pakistan Testing Service (Pvt) Ltd-MCA | | | | | | | | |
| HBL A/C N | umber: 0042-79916572-03 | UBL A/C | Numb | oer: 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 | 999- | Amount in words PKR | Nine hundred & ninety 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) | 32. Junior Translator (BPS-11) | Applicant's Sign | ature | | Cashier's Stamp | | | |
| 5 | If payment made through following transaction Online | on, mark checker box and a | attach pro Bai | | t. | | | |
| | | | | | | | | |