**APPLICATION FORM** 

درخواست فارم



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PASTE

(PAS) (544)

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		(App					ONAL I						(k		
1. FULL NAME													Α	В	С
پورا نام Write all in CAPITAL															
2. FATHER's NAME													Х	Y	Ζ
والد کا نام Write all in CAPITAL															
3. GENDER جنس	MALE	FEM	ALE		OF BIRTH پیدائش کړ	d	d		m	m		у	У	у	У
5. CNIC NUMBER														-	
قومی شناختی کارڈ نمبر 6. CNIC NUMBER Re-enter															
7. MOBILE	1.	20)	0	0											
NUMBER 1 مویانل فون کانمبر 8. MOBILE		92)	0	3			-								Primary
NUMBER 2 موبائل فون کانمبر	(+9	92)	0	3			-								Secondary (If any)
9. E-MAIL ADDRESS								0							
10. PRESENT ADDRESS Write all in CAPITAL															
موجودہ پتہ															
11. DOMICILE PROVINCE رہائش گاہ کا صویہ			Pr	ovir	ice			12. DOMI DISTRI , گاہ کا ضلع	ст			Dist	rict		
13. RELIGIO	مذہب ON	MUSLIN مسلم	И		NON MI بر مسلم			14. D	DISABLITY	معذورى		YES		NO	
15. CURRENT ہ پیشہ	OCCUPAT موجود	ION GOV	/ERNMEN	SERVAN	п		PRIVATE	SERVICE		IF JOBLE	SS		IF EX-SEF	VICEMAN	
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	4	4 <b>5</b> . <sup>-</sup>	Traf	fic	Cor	ntro	oller	As	sist	ant	(BF	PS-(	)5)	[	

Please do not damage this form by folding it and complete it with CAPITAL 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)

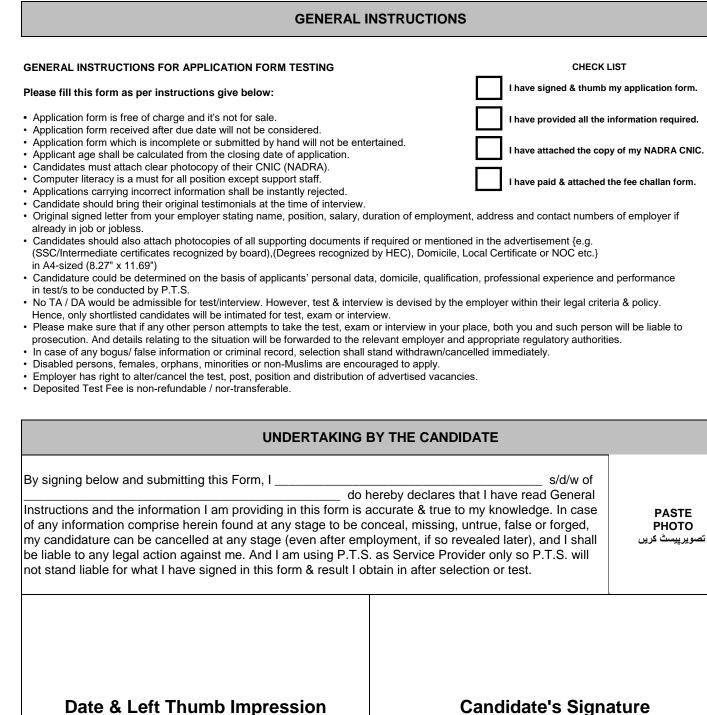
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East Karachi		West Karachi		Sukkur	Hyderabad	
Mirpur Khas		Larkana		Nawabshah Or Shah	eed Benazirabad	
				Final Test Cente	ers are Subject to number o	f candidate

			LIFICATION S ب طریقے سے بھریں <i>ہ</i>				
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	ation	Total Duration
/Diploma Level	Institution Name	& Certificate	From	То	Total Duration
Certificate					
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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
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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 <b>Online Mobi</b>	on, mark checker box and a	ttach proo Bar		<sup>t.</sup> Project Code <b>(544)</b>	ə )
	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 <b>k Limite</b> g Service (F		
	umber: 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 & 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	1
Post/Position Applied (Only for One Position)	45. Traffic Controller Assistant (BPS-05)	Applicant's Sign	ature		Cashier's Stamp	
	0	Applicant s Sign				
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	Bank Deposit Slip (Bank Copy)	Branch Name:				
PTS	ovincial Assembly of Sindh (PAS) (544)	Branch Code: Payment Date:				
	abib Bank Limited	Unite A/C Title: Pakista		n <mark>k Limite</mark> g 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	osit Slip (PTS	Copy) & application	on to PTS Office within due date.	
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Father's Name		Test Fee	999-	Amount in words PKR	Nine hundred & ninety nine Rupees Only	
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