

4. Undertaking by Applicant

I _____ d/s/w of _____ do hereby solemnly affirm that I have read and understood the conditions for applying in the above mentioned Post and that I have filled the form as per instructions given above and in the event any information contained herein is found to be untrue, I shall be liable to disciplinary action which may result in cancellation of my candidature & test.

Signature & Date:

Thumb Impression (Left Hand):

Document Check list:

Tick if Attached / selected:

- Photograph is Attached
- Original bank Deposit Slip is Attached on the back side of Application Form
- CNIC Copy is Attached on the back side of Application Form

Instructions:

- Application Fee (Service Charges) is nonrefundable / nontransferable. Bank Online Deposit of Rs. 400/- must be attached with application form.
- In case of more than one apply use separate application form along with original deposit slip.
- Application must reach OTS office latest by last date of submission of application form.
- OTS will not be responsible for late receiving of application through courier / Pakistan post etc
- Attach your recent photograph, CNIC copy, original bank deposit slip with this application form.
- Without Signature & Thumb impression, your application form will not be entertained.
- Without photograph your application form will not be entertained.
- In-complete forms will not be entertained. (All the fields are mandatory / Required)
- By hand submission of Application form is not allowed.
- Mobile phones are not allowed in test center premises.
- Please visit OTS website according to the test schedule to check your status.

Cut Address box given below and affix it with gum on the envelope.



Send Registration Form to:

**Manager Operations, (IHC)
Open Testing Service (OTS),
Office No 01, Central Avenue,
Phase 6, Bahria Town, Islamabad**

Help Line: 051-2375081 Email: info@ots.org.pk, Website: www.ots.org.pk

Open Testing Service

Innovation in Training & Assessment

OTS Copy

Branch Code: _____ Date: ____/____/____

Branch Name: _____

ONLINE DEPOSIT SLIP

Please deposit in only one bank & tick the relevant Bank

| | |
|---|--|
|  <small>HABIB BANK</small> | <input type="checkbox"/> Habib Bank Limited |
| Remote Branch: | Habib Bank Limited, PWD Branch (2328) |
| Account Title: | Open Testing Service |
| Account Number: | 23287106336103 |
| Note: Bank Service Charges Free of Cost | |

| | |
|---|--|
|  <small>Bank Alfalah</small> | <input type="checkbox"/> Bank Alfalah Limited |
| Remote Branch: | Bank Alfalah, PWD Branch (0335) |
| Account Title: | Open Testing Service |
| Account Number: | 0335001004927667 |
| Note: Bank Service Charges Free of Cost | |

- Application Form will not be entertained without Original Deposit Slip.
- Desired Bank Stamp is required on the Deposit Slip.
- Deposit it in any online country wide branches.

| | |
|------------------------|--|
| Applicant Name: | |
| Applicant Father Name: | |
| CNIC No. / Form B No.: | |
| Applied For: | |

| | |
|--------------------|---------------------------------|
| Amount in Figures: | Rs. 400 |
| Amount in Words: | Four Hundred Rupees Only |

.....
Applicant Signature

.....
Cashier

Open Testing Service

Innovation in Training & Assessment

BANK Copy

Branch Code: _____ Date: ____/____/____

Branch Name: _____

ONLINE DEPOSIT SLIP

Please deposit in only one bank & tick the relevant Bank

| | |
|---|--|
|  <small>HABIB BANK</small> | <input type="checkbox"/> Habib Bank Limited |
| Remote Branch: | Habib Bank Limited, PWD Branch (2328) |
| Account Title: | Open Testing Service |
| Account Number: | 23287106336103 |
| Note: Bank Service Charges Free of Cost | |

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|---|--|
|  <small>Bank Alfalah</small> | <input type="checkbox"/> Bank Alfalah Limited |
| Remote Branch: | Bank Alfalah, PWD Branch (0335) |
| Account Title: | Open Testing Service |
| Account Number: | 0335001004927667 |
| Note: Bank Service Charges Free of Cost | |

- Please Stamp both copies of deposit Slip.
- The Bank Must Return **OTS Copy** to the Candidate.
- Attach CNIC Copy with deposit slip.

| | |
|------------------------|--|
| Applicant Name: | |
| Applicant Father Name: | |
| CNIC No. / Form B No.: | |
| Applied For: | |

| | |
|--------------------|---------------------------------|
| Amount in Figures: | Rs. 400 |
| Amount in Words: | Four Hundred Rupees Only |

.....
Applicant Signature

.....
Cashier