

(274)

## APPLICATION FORM

Office Of The District Health Officer, Health Department Islamabad Applying for: Medical Assistant (BPS-08)

| Bank Online        | Dep                        | <b>osit</b> (*Note | : App             | lication               | n Form v                   | /ill no                              | t be entertair | ied wit             | hout O         | riginal              | Deposit Slip.)                           |  |
|--------------------|----------------------------|--------------------|-------------------|------------------------|----------------------------|--------------------------------------|----------------|---------------------|----------------|----------------------|--|--|
| ALFALA<br>(ANY BRA | AH,<br>I <mark>nch)</mark> |                    | HBL, (ANY BRANCH) |                        | ABL,                       |                                      | anch Co        | h Code Deposit Date |                | Passport size Recent |  |  |
|                    | 🗆 Islamabad                |                    |                   | 🗆 La                   | ahore 🗌 Multan             |                                      |                |                     | 🗆 Karachi      |                      | Photograph Affix with                    |  |
| Test City:         | 🗆 Quetta                   |                    |                   | 🗆 Peshawar 🛛 🗆 D.I. Kh |                            | 🗆 D.I. Khar                          | 1              |                     | Hyderabad      |                      | Gum (Latest By 6                         |  |
| (Tick only one)    | 🗆 Sahiwal                  |                    |                   | 🗆 Abbottabad 🛛 Gujra   |                            | 🗆 Gujranw                            | ala            |                     | 🗆 Muzaffarabad |                      | months)                                  |  |
|                    | □ Gilgit □ Sarg            |                    | rgodha            | na 🗌 Sukkur            |                            |                                      |                |                     | monthsy        |                      |  |  |
| Domicile District: |                            |                    |                   |                        | -                          | <u>e:</u> ALL DATA F<br>LICATION FOI |                |                     | -              | D. FILL YOUR         | آپ کی تصویر اس خانے<br>میں ہونا ضروری ہے |  |
| Domicile           | e 🗆 Punjab 🗌 Bal           |                    | Balo              | chistar                | Sindh                      |                                      | (U)            |                     | Sind           | h (R)                | میں ہونا ضروری ہے                        |  |
| Province:          |                            |                    |                   | nabad                  | Capital Territory 🛛 🗍 FATA |                                      |                | FATA                | N              |                      |  |  |
| (Tick only one)    |                            |                    |                   | 🗌 Gilg                 | it Balti                   | istan                                |                | Other               |                |                      |  |  |

| 1. Personal Information (In Block Letters) |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
| Name (in Full):                            | Note: Tick Only One Circle in each Row.        |  |  |  |  |  |  |  |
| Father's Name:                             | Religion: OMuslim ONOn-Muslim                  |  |  |  |  |  |  |  |
| ratiler sindlife.                          | Are You Disable? Ores Ores                     |  |  |  |  |  |  |  |
| CNIC/B-Form:                               | Gender: OMale OFemale                          |  |  |  |  |  |  |  |
|  | Armed Forces: OYes No                          |  |  |  |  |  |  |  |
| Age: Date of Birth (D-M-Y) Marital Status: | Only for personnel of Armed Forces of Pakistan |  |  |  |  |  |  |  |
|  | Deceased Servant: OYes ONO                     |  |  |  |  |  |  |  |
| Postal Address:                            | Deceased Civil Servant wife, son or daughter   |  |  |  |  |  |  |  |
|  | Government Servant: OYes ONo                   |  |  |  |  |  |  |  |
|  | Scheduled Cast /Buddhist: O Yes O No           |  |  |  |  |  |  |  |
|  | Qualified Medical Assistant Ores ONO           |  |  |  |  |  |  |  |
| Phone #: Cell #:                           | Qualified Dispenser O Yes O No                 |  |  |  |  |  |  |  |
| (Do not give here Network                  | Nursing/Medical Assistant OYes ONo             |  |  |  |  |  |  |  |

| 2. Academic Information (Note: In case of incomplete academic information, Your Application will be Declined.)   |                                    |         |     |                           |                   |              |                 |                     |
|--|------------------------------------|---------|-----|---------------------------|-------------------|--------------|-----------------|---------------------|
| Certificate/Degree   | Degree Title                       | Major S |     | Year of<br>Passing        | Marks<br>Obtained | Tota<br>Mark | l Grade/        | Institution<br>Name |
| SSC (10 years)   |                                    |         |     |                           |                   |              |                 |                     |
| HSSC / DAE / A-Level<br>(12 / 13 years)  |                                    |         |     |                           |                   |              |                 |                     |
| Bachelor (14 years)  |                                    |         |     |                           |                   |              |                 |                     |
| Bachelor(Hons)/Master<br>(16 years)  |                                    |         |     |                           |                   |              |                 |                     |
| MS / M.Phil. (18 years)  |                                    |         |     |                           |                   |              |                 |                     |
| PhD  |                                    |         |     |                           |                   |              |                 |                     |
| <b>Other</b> (Diploma / Certificate)   |                                    |         |     |                           |                   |              |                 |                     |
| 3. Employment Information (If Applicable) (Note: If you need more rows to write your information, you can add an additional page with Application Form.) |                                    |         |     |                           |                   |              |                 |                     |
| Organization Type Organization Name  |                                    | Name    | Des | ignation                  | Job Des           | cription     | Start Date      | End Date            |
| (Government / Semi Government<br>/ Private)  | (Name of the Organization / Dept.) |         |     | nation / Positi<br>Title) | on                |              | (Starting Date) | (End Date)          |

### 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 at any stage.

Signature & Date: ..... Thumb Impression (Left Hand): .....

### **Document Check list:**

Tick if Attached / selected:

- □ Photograph is Attached
- $\hfill\square$  Original bank Deposit Slip is Attached on the back side of Application Form
- $\hfill\square$  CNIC Copy is Attached on the back side of Application Form

#### **Instructions:**

- ALL DATA FIELDS ARE REQUIRED TO BE FILLED. FILL YOUR APPLICATION FORM CAREFULLY.
- Application Fee (Service Charges) is nonrefundable / nontransferable. Bank Online Deposit of Rs. 100/- must be attached with application form.
- In case of more than one apply use separate application form along with original deposit slip.
- In case of more than one apply use separate envelope.
- 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 (Latest by 6 Months), 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)
- In Person/By hand submission of Application form is not allowed.
- Mobile phones or other electronic gadgets are not allowed in test center premises.

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

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Send Registration Form to:

### Manager Operations

Open Testing Service (OTS),

Office No 01, Central Avenue,

### Phase 6, Bahria Town, Islamabad

Help Line: 051-111 687 222 Email: info@ots.org.pk, Website: www.ots.org.pk

# **Open Testing Service**

Innovation in Training & Assessment

## **OTS Copy**

Branch Code:

Branch Name:

PCode: 274 **ONLINE DEPOSIT SLIP** 

Date:

Please deposit in only one bank & tick the relevant Bank

| HBL НАВІВ ВАЛК<br>Стир - Дания          | Habib Bank Limited                    |  |  |  |  |
|---|---------------------------------------|--|--|--|--|
| Remote Branch:                          | Habib Bank Limited, PWD Branch (2328) |  |  |  |  |
| Account Title:                          | Open Testing Service                  |  |  |  |  |
| Account Number:                         | 23287106336103                        |  |  |  |  |
| Amount in Figures:                      | Rs. 100                               |  |  |  |  |
| Amount in Words:                        | One Hundred Rupees Only               |  |  |  |  |
| Note: Bank Service Charges Free of Cost |                                       |  |  |  |  |

| A Bank Alfalah                          | Bank Alfalah Limited            |  |  |  |  |
|---|---------------------------------|--|--|--|--|
| Remote Branch:                          | Bank Alfalah, PWD Branch (0335) |  |  |  |  |
| Account Title:                          | Open Testing Service            |  |  |  |  |
| Account Number:                         | 0335001004927667                |  |  |  |  |
| Amount in Figures:                      | Rs. 100                         |  |  |  |  |
| Amount in Words:                        | One Hundred Rupees Only         |  |  |  |  |
| Note: Bank Service Charges Free of Cost |                                 |  |  |  |  |

| Allied Bank                             | Allied Bank Limited                    |  |  |
|---|--|--|--|
| Remote Branch:                          | ABL Islamic Banking, PWD Branch (5133) |  |  |
| Account Title:                          | Open Testing Service                   |  |  |
| Account Number:                         | 0020050208060021                       |  |  |
| Amount in Figures:                      | Rs. 115                                |  |  |
| Amount in Words:                        | One Hundred & Fifteen Rupees Only      |  |  |
| Note: Inclusive of Bank Service Charges |  |  |  |

The Bank Must Return OTS Copy to the Candidate.

The Bank Must Return OTS Copy to the Candidate. Attach CNIC Copy with deposit slip. Application Form will not be entertained without Original Deposit Slip. Application Form will not be entertained other than against cash payment. FBP Endorsement is required on both the Deposit Slip. Deposit it in any online country wide branches. Cash should always be deposited at the respective counter and electronic computer generated receipt printed through flatbed printer on deposit slip/challan should be obtained before leaving the counter, please be sure to check the receipt and satisfy that complete details including account number and amount deposited are correctly printed failing which the bank will not be responsible.

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

## **Open Testing Service**

Innovation in Training & Assessment

## **BANK Copy**

Branch Code:

Branch Name:

PCode: 274

### ONLINE DEPOSIT SLIP

Date:

1

Please deposit in only one bank & tick the relevant Bank

| HBL навів валк                          | Habib Bank Limited                    |  |  |  |  |
|---|---------------------------------------|--|--|--|--|
| Remote Branch:                          | Habib Bank Limited, PWD Branch (2328) |  |  |  |  |
| Account Title:                          | Open Testing Service                  |  |  |  |  |
| Account Number:                         | 23287106336103                        |  |  |  |  |
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| Applicant Name:        |  |
|------------------------|--|
| Applicant Father Name: |  |
| CNIC No. / Form B No.: |  |
| Applied For:           |  |

..... Applicant Signature

..... Applicant Signature