

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:

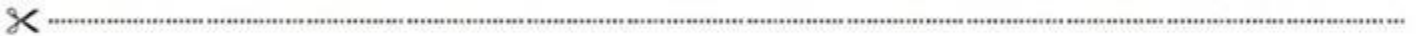
Tick if Attached / selected:

- Photograph is Attached
- 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.
- In case of more than one apply use separate envelope.
- Application must reach OTS office latest by last date of submission of application form.
- Attach your recent photograph (Latest by 6 Months), CNIC copy, 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.



Send Registration Form to:

District Health Office Block No 14-I 1st Floor, F-8 Markaz Islamabad