

# APPLICATION FORM

## PROVINCIAL ASSEMBLY OF THE PUNJAB

Already Applied Candidates

### ASSISTANT (BS-16)

5

Please Staple Your  
Recent Passport Size  
Photograph

Roll Number: \_\_\_\_\_

*(Note: Please write roll number, already assigned by Provincial Assembly of Punjab)*

#### 1. Bank Deposit challan from designated Bank Branches

Bank Branch/Code	Deposit Date

*Note: Application Form will not be entertained without original Deposit Slip of CTS copy.*

#### 2. Personal Information: Use CAPITAL letters only (Mandatory).

3. Name:			
4. Father Name:			
5. CNIC:			
6. Date of Birth: (DD-MM-YYYY)		Mobile No:	
7. Address:			

#### Under taking by the applicant:

I, \_\_\_\_\_ d/s/w of \_\_\_\_\_ do hereby solemnly declare and affirm that I have read and understood the instructions and conditions for appearing in the CTS test and I have filled-up the application form as per instructions given below. In case of any information contained herein is found at any stage to be missing, untrue, false, my candidature can be cancelled at any stage (even after employment, if so revealed later) and I shall be liable to legal action.

Date: \_\_\_\_\_ Candidate's Signature: \_\_\_\_\_ Thumb Impression: \_\_\_\_\_

### General Instructions/Information:

- Applications received after the closing date will not be entertained.
- Please fill the Application Form properly with complete and correct information/answers.
- Please do not leave any field blank, otherwise your application may not be considered.
- Incorrect or false information may result in cancellation of your candidature at any stage, even after employment, and also proceeding of a legal action.
- Attach your two recent Passport size photographs, copy of CNIC and Original Bank Deposit Slip (CTS Copy).
- By hand submission of Application Form is not allowed.
- Mobile Phones or any Electronic Gadgets are not allowed in Test Center premises.
- Application Fee (Service Charges) is non-refundable/non-transferable.
- Quota will be observed as per Government rules.
- Government employee shall apply through proper channel.
- Please do not give your ported mobile number (which is converted from one network to another) so that SMS delivery is ensured.

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**HELP LINE**

051-2120100-272

[www.cts.org.pk](http://www.cts.org.pk)

**Please send application form to**

**Project Manager (PAOP)**

M/s Candidates Testing Services

Office No.6, 2nd Floor

United Plaza, 96-E, Blue Area



Islamabad

Branch Name: \_\_\_\_\_

Branch Code: \_\_\_\_\_ Date: \_\_\_\_\_

ONLINE DEPOSITE SLIP (\* Please deposit fee any MCB Bank Ltd or BankIslami Pakistan Ltd online Branches)

Remote Branch : F-6 Markaz Super Market Islamabad A/C Title : Candidates Testing Services

	MCB Bank Ltd A/c No: 0807641201007160	<input type="checkbox"/>		BankIslami Pakistan Ltd A/c No: 305300083970001	<input type="checkbox"/>
Test Processing Fees including all Govt tax Rs.290/- <b>Total Amount Rs.290/-</b>			Test Processing Fees including all Govt tax Rs.290/- <b>Total Amount Rs.290/-</b>		
Amount in words: <b>Rupees Two Hunderd and Ninty only/-</b>			Amount in words: <b>Rupees Two Hunderd and Ninty only/-</b>		

<b>Applicant's Name:</b>			
<b>Father's Name:</b>			
<b>CNIC/B-Form No:</b>			
<b>Project ID:</b>	PAOP-301	<b>Post Name</b>	Assistant

Applicant's Signature

Cashier

Officer



The receipt of cash/cheque/instrument by the bank evidenced through this deposit slip will be valid only when this deposit slip has been signed and stamped by an authorized officer of the Bank.

Branch Name: \_\_\_\_\_

Branch Code: \_\_\_\_\_ Date: \_\_\_\_\_

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