

Registration Form



Test Conducted By CTS

Paste your recent
passport size
photograph

SINDH EMPLOYEES SOCIAL SECURITY INSTITUTION, GOVERNMENT OF SINDH (SESSI Medical Admin Wing Head Office)

1. Bank Online Deposit of Rs .500/- from Designated Bank Branches.

Bank Code		Deposit Date	
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*Note : Application Form will not be entertained without Original Deposit Slip (CTS Copy)

2. Desired Post: Fill the Box for Desired Post (Mandatory)

Post Applied for	
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3. Province of Domicile: Fill Only One Box for desired province domicile.(Mandatory)

1. Sindh (U) 2. Sindh (R)

4. Desire Test City: Fill only one Box.(Mandatory)

1. Karachi 2. Hyderabad 3. Sukkur 4. Larkana

5. Personal Information: Use CAPITAL letters and leave spaces between words.

6. Name : _____

7. Father's Name : _____

8. Candidate CNIC : _____

9. Gender : Male Female 9. Date of Birth : ___ - ___ - ____ (DD - MM - YY)

10. Postal Address: _____

City : _____ District : _____

11. Phone No : _____ (Mobile) _____ (E.mail) _____

12. Academic Information (Please do not attach copies of your academic certificates.)

Note : CTS will not issue Roll No Slips to those who have not filled in their academic record properly.

Certificate/ Degree Name	Degree Title	Major Subjects	Passing Year	Obtained Marks/ CGPA	Total Marks/ CGPA	Board/ University
Matric						
Intermediate						
Bachelor (14 years)						
Bachelor (Hons)/ Master (16 years)						
MS/MPhil (18years)						
Others						

13. Professional / Other Certifications / Diploma / Shorthand/Typing & Computer Skills:

Sr. #	Diploma / Certification	Year From	Year To	Institute / University	Marks / Grade
01					
02					
03					
04					

14. Employment Record: (Please do not attach copies of your experience certificates.)

Sr. #	Organization / Employer Name	Job Title	Job Duration	
			From	To
01				
02				
03				
04				
05				

15. Total Post Qualification / Job Experience as on closing date of application : _____ (Years)

Undertaking 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 instruction given below. In case of any information contained herein is found at any stage to be missing, untrue, false or forged, my candidature can be canceled at any stage (even after employment, if so revealed later), and I shall be liable to legal action.

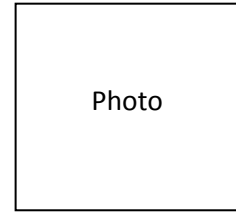
Date : _____

Signature of the Candidate: _____

General Instructions/Information:

- Application Fee (Service Charges) is nonrefundable/ nontransferable. Bank Online Deposit of Rs.500 /- must be attached with application form.
- Please fill the application form properly with complete and correct information.
- Please do not leave any field blank, otherwise your application may not be considered.
- Incorrect, false or forged information may result in cancellation of your candidature at any stage, even after employment, and also proceeding of a legal action.
- Attach your recent passport size photograph, copy of CNIC and bank deposit slip.
- Mobile Phones or any Electronic Gadgets are not allowed in Test Center premises.
- Use separate envelop and separate application form for each post you are applying for.

Application for Post sent to	(Nader Hussain Kanasro) Director Administration (Medical) Sindh Employees Social Security Institution St. No.17, Block-6, Near NIPA Chorengy, Gulshan Iqbal Karachi. Ph.021-99244103
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1. Post applied for: _____
2. Name: _____
3. Father's Name : _____
4. Candidate CNIC No: _____
5. Postal Address: _____
City : _____ District : _____
6. Phone No : _____ (Mobile) _____ (E.mail) _____

(For official use only)

Roll. No. _____.

Test Centre Address. _____
_____.

(Director Examination)
Candidates Testing Service



Candidates Testing Services Pakistan

Sindh Employees Social Security Institution, Government of Sindh
(SESSI Medical Admin Wing Head Office)

CTS Copy

Branch Name: _____

Branch Code : _____ Date: _____

ONLINE DEPOSITE SLIP

(* Please deposit fee any MCB Bank Ltd online branch)



MCB Bank Ltd

Bank for Life

Remote Branch : F-6 Markaz Super Market Islamabad

A/C Title : Candidates Testing Services

A/c No: 0807641201007160

Note : No Bank Charges

* Note: Desired Bank Stamp is required on the Deposit Slip.

Applicant's Name:

Father Name:

CNIC No/ B Form No:

Post Name:

Amount Rs: 500/-

Amount in words: Five Hundred Only
(Non Refundable/ Non Transferable)

Applicant 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.



Candidates Testing Services Pakistan

Sindh Employees Social Security Institution, Government of Sindh
(SESSI Medical Admin Wing Head Office)

Bank Copy

Branch Name: _____

Branch Code : _____ Date: _____

ONLINE DEPOSITE SLIP

(* Please deposit fee any MCB Bank Ltd online branch)



MCB Bank Ltd

Bank for Life

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Candidates Testing Services Pakistan

Sindh Employees Social Security Institution, Government of Sindh
(SESSI Medical Admin Wing Head Office)

Candidate Copy

Branch Name: _____

Branch Code : _____ Date: _____

ONLINE DEPOSITE SLIP

(* Please deposit fee any MCB Bank Ltd online branch)



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Bank for Life

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