

Screening test conduct by CTS for the post of	Computer Operator (BS-16)
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1. Bank online Deposit from designated bank Branches.

Branch Name/ Code:-	Deposit Date:-
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Note: Application form will not be entertained without original deposit slip(CTS Copy).

Personnel Information: ONLY USE CAPITAL LETTER

Name in Full:																				
Father Name:																				
Candidate CNIC:											Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female Religion: <input type="checkbox"/> Muslim <input type="checkbox"/> Non- Muslim Disable: <input type="checkbox"/> Yes <input type="checkbox"/> No Government Servant: <input type="checkbox"/> Yes <input type="checkbox"/> No									
Date of Birth (DD-MM-YYYY)											City: _____									
(Mobile NO)																				
Postal Address:	_____																			

Domicile District	Abbottabad <input type="checkbox"/>	Bajaur <input type="checkbox"/>	Bannu <input type="checkbox"/>	Battagram <input type="checkbox"/>	Buner <input type="checkbox"/>
	Charsadda <input type="checkbox"/>	Chitral <input type="checkbox"/>	D.I Khan <input type="checkbox"/>	Hangu <input type="checkbox"/>	Haripur <input type="checkbox"/>
	Karak <input type="checkbox"/>	Kohat <input type="checkbox"/>	Kohistan <input type="checkbox"/>	Kolai-Palas <input type="checkbox"/>	Kurram <input type="checkbox"/>
	Lakki Marwat <input type="checkbox"/>	Lower Dir <input type="checkbox"/>	Malakand <input type="checkbox"/>	Mansehra <input type="checkbox"/>	Mardan <input type="checkbox"/>
	Mohmand <input type="checkbox"/>	Nowshera <input type="checkbox"/>	Orakzai <input type="checkbox"/>	Peshawar <input type="checkbox"/>	Shangla <input type="checkbox"/>
	Swabi <input type="checkbox"/>	Swat <input type="checkbox"/>	Tank <input type="checkbox"/>	Tor Ghar <input type="checkbox"/>	Upper Dir <input type="checkbox"/>
	Khyber <input type="checkbox"/>	North Waziristan <input type="checkbox"/>		South Waziristan <input type="checkbox"/>	

Desire Test City	Peshawar <input type="checkbox"/>
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Academic information:

Certificate/ Degree Name	Degree title	Specialization/ Major Subject	Passing Year	Obtained Marks	Total Marks	Board/University/ Institute
Matric						
Intermediate						
Bachelor(14/16 years)						
Master (16 Years)						
Others						

Employment Information:

Organization Name	Designation	Start Date	End Date

Candidate CNIC: _____

APPLICANT SIG: _____

Professional Qualification/Courses:

Certificate/Degree level	Marks Obtained	Total Marks	Grade/Division	Board/University/ Institute

UNDERTAKING by Applicant:

I _____ D/S/W of _____ do hereby solemnly declare and affirm that I have read and understood the instruction 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: _____ Thumb Impression: _____

Picture 2

Please Affix your recent
passport size photograph
With stapler

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 filed 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.
- Please do not give your ported mobile number(which is converted from one network to another) so that SMS delivery is ensured.

Note: Please sent Application Form to:

HELP LINE

051-2120100&272

www.cts.org.pk

Kpdop.cts@gmail.com

Project Manager (KPDOP)

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.350/- Total Amount Rs.350/-			Test Processing Fees including all Govt tax Rs.350/- Total Amount Rs.350/-		
Amount in words: Rupees Three Hundred and Fifty Only/-			Amount in words: Rupees Three Hundred and Fifty Only/-		

Applicant's Name:			
Father's Name:			
CNIC/B-Form No:			
Project ID:	DOP-202	Post Name	

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:** _____

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.350/- Total Amount Rs.350/-			Test Processing Fees including all Govt tax Rs.350/- Total Amount Rs.350/-		
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