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| Screening test conduct by CTS for the post of | Telecasting Technician BS-12 |
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1. Bank online Deposit from designated bank Branches.

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|------------------------|--|----------------|--|
| Branch Name/ Code:- | | Deposit Date:- | |
|------------------------|--|----------------|--|

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 | | | | | | | | | | | | | | | | | | |
| Date of Birth (DD-MM-YYYY) | | | | | | | | | | | | | | | | | | | Religion: | <input type="checkbox"/> Muslim | <input type="checkbox"/> Non- Muslim | | | | | | | | | | | | | | | | | | | | |
| (Mobile NO) | | | | | | | | | | | | | | | | | | | | | Disable: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | |
| Postal Address: | | | | | | | | | | | | | | | | | | | | | Government Servant: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | City: | | | | | | | | | | | Domicile District: | | | | | | | | | | |

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|------------------------------|--|
| Quota of Applied Post | Punjab Merit Only <input type="checkbox"/> |
|------------------------------|--|

| | |
|--------------------------|--------------------------------------|
| Desire Test City: | Lahore Only <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

paopcts@gmail.com

Project Manager (PSO)

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.285/- B.S.Charges Rs.20/- Total Amount Rs.305/- | | | Test Processing Fees including all Govt tax Rs.285/- Total Amount Rs.285/- | | |
| Amount in words: Rupees Three Hundred and Five only/- | | | Amount in words: Rupees Two Hunderd and Eighty Five only/- | | |

| | | | |
|--------------------------|----------|------------------|--|
| Applicant's Name: | | | |
| Father's Name: | | | |
| CNIC/B-Form No: | | | |
| Project ID: | PAOP-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: _____

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