

## APPLICATION FORM

## Water & Power Development Authority (WAPDA), SE (SHPS) Mangla

OTS REG # For Official Use

(416)

Applying for: Mason (BPS-07)

Bank Unline Deposit (*	Note: Application Form will no	ot be entertained	without Origin	nal Depo	sit Slip.)					
ALFALAH,	HBL, ABL, BRAN		b Metro							
	RANCH)	BK		Branch C		Deposit Date				
Note: Test Center in the desired cit	y will be arranged for minimum of 200  Lahore	applicants. Once select		□ Ka						
☐ Quetta	□ Peshawar	□ D.I.			Hyderabad		Passport size			
Test City:	☐ Gujranwala		_		Sukkur		Recent			
(Tick only one)	•	•					Photograph Affix			
□ Sawat	- Mazararasaa - Konat - Maraan - Sanna						with			
Sidneed bendzir Abdu										
Domicile District: 'y: '										
Domicile	Domicile							3p3 ¹:p		
	☐ Islamabad Capita	l Territory		FATA						
	mu and Kashmir		it Baltistan		Other					
one)										
				•						
1. Personal Informatio	n (In Block Letters)									
Name (in Full):					lote: Ti	ck Only On	e Circle in	each Row.		
, ,					Religior			Non-Muslim		
Father's Name:						Disable?				
CNIC/B-Form:							<u> </u>			
Gender:  Armed Forces:							O Male   ○ Female     ○ Yes   ○ No			
Age:Date of Bi	rth (D-M-Y) Ma	arital Status:					_	ces of Pakistan		
						ed Servant:				
Postal Address:							-	n or daughter		
						ment Servar		Yes \ \ No		
Phone #: Cell #: with Two Years Continuous Exp								.   -		
Scheduled Cast /Budo							ddhist:	Yes \( \) No		
Employee Child Quet							Yes \ \ No			
Email (IF ANY): Converted mobile Numbers)										
2. Academic Informati	On (Note: In case of incomplete	academic informa	ation Your Appl	ication w	ill be Dec	lined )				
Certificate/Degree	Degree Title	Major Su		Year		Marks	Total	Institution		
certificate/ Degree	Degree Title	Major 3u	bjects	Passi	_	Obtained	Marks	Name		
				(D-M-	Y)					
SSC (10 years)										
HSSC / DAE / A-Level										
(12 / 13 years)										
Bachelor (14 years)										
Bachelor (Hons)/Master										
(16 years)					_					
MS / M.Phil. (18 years)										
PhD										
Other (Diploma / Certificate)										
3. Employment Inform	ation (Note: If you need more	e rows t <u>o write vou</u> r	information, vo	ou c <u>an ad</u>	d a <u>naddi</u> t	tiona <u>l pagew</u>	ith Applicatio	on Form.)		
Organization Type		Organization Name		Designation		Start Date		End Date		
(Government / Semi Government )			(Your Designation / Posi					((D-M-Y))		
Private)	, 2. 2. 3. 3. Bulli20	,	Title)		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,				

4. Undertaking by Applicant  Id/s/w ofdo hereby solemnly							
Ido 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							
☐ Original bank Deposit Slip is Attached on the back side of Application Form							
□ CNIC Copy is Attached on the back side of Application Form							
Civic copy is Attached on the back side of Application Form							
Instructions:							
instructions.							
All data fields are required to be filled. Fill your application form carefully.							
<ul> <li>Application Fee (Service Charges) is nonrefundable / nontransferable. Bank Online Deposit of Rs. 200/- must be</li> </ul>							
attached with application form.							
• In case of more than one applies use separate application form along with original deposit slip.							
<ul> <li>Application must reach OTS office latest by last date of submission of application form.</li> </ul>							
<ul> <li>OTS will not be responsible for late receiving of application through courier / Pakistan post etc.</li> </ul>							
• Attach your recent photograph (Latest by 6 Months), CNIC copy, original bank deposit slip 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)							
<ul> <li>In Person/By hand submission of Application form is not allowed.</li> </ul>							
<ul> <li>Mobile phones or other electronic gadgets are not allowed in test center premises.</li> </ul>							
<ul> <li>Please visit OTS website according to the test schedule to check your status.</li> </ul>							
• Please visit 015 website according to the test schedule to check your status.							
Cut Address box given below and affix it with gum on the envelope.							
×							
Count Description Country							
Send Registration Form to:							

Manager Operation (WAPDA)
Office No 01, Central Avenue,
Phase 6, Bahria Town, Islamabad

Help Line: 051-111 687 222 Email: info@ots.org.pk, Website: www.ots.org.pk

## Open Testing Service Innovation in Training & Assessment

Applicant Signature

Cashier

## Open Testing Service Innovation in Training & Assessment

	OTS Copy	BANK Copy					
Branch Code:		X Branch Code:	Date://				
Branch Name:		Branch Name:					
	NLINE DEPOSIT SLIP	01	NLINE DEPOSIT SLIP				
,	osit in only one bank & tick the relevant Bank	(4)	osit in only one bank & tick the relevant Bank				
HBL HABIB BANK	Habib Bank Limited	HBL HABIBBANK	Habib Bank Limited				
Remote Branch:	Habib Bank Limited, PWD Branch (2328)	Remote Branch:	Habib Bank Limited, PWD Branch (2328)				
Account Title:	Open Testing Service	Account Title:	Open Testing Service				
Account Number:	23287106336103	Account Number:	23287106336103				
Amount in Figures:	Rs. 200	Amount in Figures:	Rs. 200				
Amount in Words: Two Hundred Only		Amount in Words: Two Hundred Only					
Note: Bank Service Charges Free of Cost		Note: Bank Service Charges Free of Cost					
		•					
A Bank Alfalah	☐ Bank Alfalah Limited	A Bank Alfalah	Bank Alfalah Limited				
Remote Branch:	Bank Alfalah, PWD Branch (0335)	Remote Branch:	Bank Alfalah, PWD Branch (0335)				
Account Title:	Open Testing Service	Account Title:	Open Testing Service				
Account Number:	0335001004927667	Account Number:	0335001004927667				
Amount in Figures:	Rs. 200	Amount in Figures:	Rs. 200				
Amount in Words:	Two Hundred Only	Amount in Words:	Two Hundred Only				
Note: Bank Service C	15	Note: Bank Service C	harges Free of Cost				
THORE: Dailed Gold Hook	marges ( ) es el c'est	:					
Allied Deals	Allied Bank Limited	Allied Bank	Allied Bank Limited				
Allied Bank		Remote Branch:					
Remote Branch: Account Title:	ABL Islamic Banking, PWD Branch (5133)	Account Title:	Open Testing Service				
Account Number:	Open Testing Service 51330020050208060021		51330020050208060021				
10		Amount in Figures:					
Amount in Figures:	1004   1004   1005   1005   1005   1005	Amount in Words:	Two Hundred Fifty Only				
Amount in Words:	Two Hundred Fifty Only	Note: Inclusive of Ban					
Note: Inclusive of Bar	nk Service Charges						
HABIBMETRO	Habib Metropolitan Bank	HABIBMETRO	Habib Metropolitan Bank				
Remote Branch:	Habib Metro Bank, PWD Branch (0403)	Remote Branch:	Habib Metro Bank, PWD Branch (0403)				
Account Title:	Open Testing Service	Account Title:	Open Testing Service				
Account Number:	6040320301714129764	Account Number:	6040320301714129764				
Amount in Figures:	Rs. 200	Amount in Figures:	Rs. 200				
Amount in Words:	Two Hundred Only	Amount in Words:	Two Hundred Only				
Note: Bank Service C	Charges Free of Cost	Note: Bank Service C	Charges Free of Cost				
Deposit it in any online count     Cash should always be deny	entertained without Original Deposit Slip. entertained other than against cash payment. d on both the Deposit Slip.	Application Form will not be e     FBP Endorsement is required     Deposit it in any online count     Cash should always be deported by the property of t	sit slip. entertained without Original Deposit Slip. entertained other than against cash payment. I on both the Deposit Slip.				
Applicant Name:		Applicant Name:					
Applicant Father Name:		Applicant Father N	Name:				
CNIC No. / Form	B No.:	CNIC No. / Form I	B No.:				
Applied For:		Applied For:					

Applicant Signature

Cashier