

1

FOR
Water & Sanitation Agency Disabled
Persons (WASA-DP-LDA) (299)

PERSONAL DATA ذاتی معلومات

(Application Form with incomplete personal data or information will not be entertained)

1. FULL NAME پورا نام Write all in CAPITAL														A	B	C
2. FATHER'S NAME والد کا نام Write all in CAPITAL														X	Y	Z
3. GENDER جنس	MALE	<input type="checkbox"/>	FEMALE	<input type="checkbox"/>	4. DATE OF BIRTH پیدائش کی تاریخ		d	d	.	m	m	.	y	y	y	y

5. CNIC NUMBER قومی شناختی کارڈ نمبر						-										-
6. CNIC NUMBER Re-enter						-										-
7. MOBILE NUMBER موبائل فون نمبر	(+92)	0	3			-										

9. E-MAIL ADDRESS																
10. PERMANENT ADDRESS Write all in CAPITAL مستقل پتہ																
11. DOMICILE PROVINCE رہائش گاہ کا صوبہ	Province										12. DOMICILE DISTRICT رہائش گاہ کا ضلع	District				

13. RELIGION مذہب	MUSLIM مسلم	<input type="checkbox"/>	NON MUSLIM غیر مسلم	<input type="checkbox"/>	14. DISABILITY معذوری (Please attach Medical Certificate or Disable Certificate fit for work)	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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15. CURRENT OCCUPATION موجودہ پیشہ	GOVERNMENT SERVANT	<input type="checkbox"/>	PRIVATE SERVICE	<input type="checkbox"/>	IF JOBLESS	<input type="checkbox"/>
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16. ORPHAN یتیم (Please attach Orphan-Certificate)	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, please write down guardian's name with CNIC#										
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A. POST SELECTION پوسٹ / پوسٹ منتخب کریں

(Please mark only one post براہ کرم صرف ایک پوسٹ کو منتخب کریں)

05. Naib Qasid	<input type="checkbox"/>	06. Security Guard	<input type="checkbox"/>
07. Baildar		<input type="checkbox"/>	

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Please do not damage this form by folding it and complete it with CAPITAL letters

(299)

براہ کرم اس فارم کو فولڈ کر کے ڈیمج نہ کریں، اور بڑے لیٹرز کے ساتھ مکمل کریں

2

FOR
Water & Sanitation Agency Disabled Persons
(WASA-DP-LDA) (299)



C1. Mark Type of Disability in Head (If any, otherwise leave blank) (Please mark only one box برائے مہربانی صرف ایک باکس منتخب کریں)				
Blind <input type="checkbox"/>	Blind / Low Vision <input type="checkbox"/>	Deaf-Blindness <input type="checkbox"/>	One Eye <input type="checkbox"/>	
Seeing <input type="checkbox"/>	Hearing <input type="checkbox"/>	Low Vision <input type="checkbox"/>	Night Vision <input type="checkbox"/>	
Color Blind <input type="checkbox"/>	Cerebral Palsy <input type="checkbox"/>	Hearing Handicapped <input type="checkbox"/>	Communication <input type="checkbox"/>	

C2. Mark Type of Disability in Upper Body (If any, otherwise leave blank) (Please mark only one box برائے مہربانی صرف ایک باکس منتخب کریں)				
Manipulation with Fingers <input type="checkbox"/>	Lifting <input type="checkbox"/>	Pulling & Pushing <input type="checkbox"/>	Reading & Writing <input type="checkbox"/>	
Both Arms <input type="checkbox"/>	Both Legs & One Arm <input type="checkbox"/>	Muscular Weakness <input type="checkbox"/>	Bending <input type="checkbox"/>	
Leprosy Cured <input type="checkbox"/>				

C3. Mark Type of Disability in Lower Body (If any, otherwise leave blank) (Please mark only one box برائے مہربانی صرف ایک باکس منتخب کریں)				
One Leg <input type="checkbox"/>	One Arm <input type="checkbox"/>	One Arm & One leg <input type="checkbox"/>	Sitting <input type="checkbox"/>	
Standing <input type="checkbox"/>	Both Leg <input type="checkbox"/>	Walking <input type="checkbox"/>	Kneeling & Crouching <input type="checkbox"/>	
Jumping <input type="checkbox"/>	Crawling <input type="checkbox"/>	Climbing <input type="checkbox"/>	Muscular Weakness <input type="checkbox"/>	
Both Legs & One Arm <input type="checkbox"/>	Both Legs & Arms <input type="checkbox"/>			

D. DESIRED TEST CENTER (PTS will decide your final test center)(Please mark only one box برائے مہربانی صرف ایک باکس منتخب کریں)				
Islamabad <input type="checkbox"/>	Lahore <input type="checkbox"/>	Karachi <input type="checkbox"/>	Quetta <input type="checkbox"/>	
Rawalpindi <input type="checkbox"/>	Gujranwala <input type="checkbox"/>			
Peshawar <input type="checkbox"/>				

3

F. ACEDMIC / QUALIFICATION (If any or not compulsory) (Please complete it properly برائے مہربانی صحیح طریقے سے پھریں)							
Certificate /Degree Level	Degree Title	Year Passing	Obtained Marks / CGPA	Total Marks / CGPA	%age	Division	Institute/Board
Primary (05 Years)							
Middle (08 Years)							
SSC / O-Level (10 Years)							

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(299)

D1. SPECIAL INSTRUCTIONS FROM DEPARTMENT OR ORGANIZATION

1. Only such disable person will be eligible to be considered for jobs reserved for disabled, who have been declared disable and fit for work on a particular job by the provincial council as defined in Section 5 of the disabled persons (Employment and Rehabilitation) Ordinance 1981.
2. For types of disabilities in person with classification & identifications, find a document in project field or discriptions.

4

PAKISTAN TESTING SERVICE



GENERAL INSTRUCTIONS

GENERAL INSTRUCTION FOR APPLICATION FORM TESTING

Please fill this form as per instructions give below:

- Application form is free of charge and it's not for sale.
- Application form received after due date will not be considered.
- Application form which is incomplete or submitted by hand will not be entertained.
- Applicant age shall be calculated from the closing date of application.
- Candidates must attach clear photocopy of their CNIC (NADRA).
- Applications carrying incorrect information shall be instantly rejected.
- Candidate should bring their original testimonials at the time of interview.
- Candidature could be determined on the basis of applicants' personal data, domicile, qualification, professional experience and performance in test/s to be conducted by P.T.S.
- No TA / DA would be admissible for test/interview. However, test & interview is devised by the employer within their legal criteria & policy. Hence, only shortlisted candidates will be intimated for test, exam or interview.
- Please make sure that if any other person attempts to take the test, exam or interview in your place, both you and such person will be liable to prosecution. And details relating to the situation will be forwarded to the relevant employer and appropriate regulatory authorities.
- In case of any bogus/ false information or criminal record, selection shall stand withdrawn/cancelled immediately.
- Disabled persons, females, orphans, minorities or non-Muslims are encouraged to apply, however all posts are for disabled persons.
- Employer has right to alter/cancel the test, post, position and distribution of advertised vacancies.
- Deposited Test Fee is non-refundable / nor-transferable.

I have signed my application form.

I have provided all the information required.

I have attached the copy of my NADRA CNIC.

I have paid & attached the fee challan form.

CHECK LIST

UNDERTAKING BY THE CANDIDATE

By signing below and submitting this Form, I _____ s/d/w of _____ do hereby declares that I have read General Instructions, and the information I am providing in this form is accurate & true to my knowledge. In case of any information comprise herein found at any stage to be conceal, missing, untrue, false or forged, my candidature can be cancelled at any stage (even after employment, if so revealed later), and I shall be liable to any legal action against me. And I am using P.T.S. as Service Provider only so P.T.S. will not stand liable for what I have signed in this form & result I obtain in after selection or test.

**PHOTO
PASTED**
تصویر پیسٹ کریں

Date & Left Thumb Impression

Candidate's Signature

HELP LINE
051 111 111 787
www.pts.org.pk

BY POST MAIL

To,
PAKISTAN TESTING SERVICE
PTS Head Quarter, 3rd Floor, Adeel Plaza,
Fazal-e-Haq Road, Blue Area, ISLAMABAD.

5

If payment made through following transaction, mark checker box and attach proof of payment.

Online Mobile Paise Bank

(299)



Bank Deposit Slip (PTS Copy)

Water & Sanitation Agency Disabled
Persons (WASA-DP-LDA) (299)

Branch Name:

Branch Code:

Payment Date:

United Bank Limited



A/C Title: Pakistan Testing Service (Pvt) Ltd-MCA

UBL A/C Number: 225701041

Habib Bank Limited



A/C Title: Pakistan Testing Service (Pvt) Ltd-MCA

HBL A/C Number: 0042-79916572-03

Please note: 1. Desired Bank Stamp is required on the Deposit Slip or attach electronic receipt with deposit Slip. 2. Send Original Deposit Slip (PTS Copy) & application to PTS Office within due date.

Applicant Full Name		Bank Fee	20-	Amount in words PKR	Twenty Rupees Only (Non Refundable / Nor Transferable)
Father's Name		Test Fee (Inclusive of all Govt. Taxes)	350-	Amount in words PKR	Three hundreds & fifty Rupees Only (Non Refundable / Nor Transferable)
Mobile Number		Deposited Amount	PKR 370-		
CNIC Number (FRC, CRC or PV#)		Total Fee	370-	Amount in words PKR	Three hundreds & seventy Rupees Only (Non Refundable / Nor Transferable)
Post/Position Applied (Only for One Position)		Applicant's Signature		Cashier's Stamp	



Bank Deposit Slip (Bank Copy)

Water & Sanitation Agency Disabled
Persons (WASA-DP-LDA) (299)

Branch Name:

Branch Code:

Payment Date:

United Bank Limited



A/C Title: Pakistan Testing Service (Pvt) Ltd-MCA

UBL A/C Number: 225701041

Habib Bank Limited



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CNIC Number (FRC, CRC or PV#)		Total Fee	370-	Amount in words PKR	Three hundreds & seventy Rupees Only (Non Refundable / Nor Transferable)
Post/Position Applied (Only for One Position)		Applicant's Signature		Cashier's Stamp	

5

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