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FOR
GoP MoN. F.S & R (Fisheries Development
Board) (FDB-MNFSR) (296)

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																	

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)	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"/>	IF EX-SERVICEMAN	<input type="checkbox"/>
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16. ORPHAN یتیم	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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A. POST SELECTION / پوسٹ / پوسٹ منتخب کریں (Please mark only one post / براہ کرم صرف ایک پوسٹ کو منتخب کریں)	
03. Field Workers (Kisan)	<input type="checkbox"/>
04. Chowkidar (Watchman)	<input type="checkbox"/>

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

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

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F. ACEDMIC / QUALIFICATION (IF ANY)

(Please complete it properly براہ کرم مکمل طور پر اور مناسب طریقے سے بھریں)

Certificate /Degree Level	Degree Title	Year Passing	Obtained Marks / CGPA	Total Marks / CGPA	%age	Division	Institute/Board
Middle (08 Years)							
SSC / O-Level (10 Years)							

GENERAL INSTRUCTIONS

CHECK LIST

- 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.

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.
- Candidates must attach clear photocopy of their CNIC (NADRA).
- Candidate should bring their original testimonials at the time of interview.
- Deposited Test Fee is non-refundable / nor-transferable.
- 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.
- Employer has right to alter/cancel the test, post, position and distribution of advertised vacancies.
- 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.

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.

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

Online

Mobile Paise

Bank

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Bank Deposit Slip (PTS Copy)

GoP MoN. F.S & R (Fisheries Development Board)
(FDB-MNFSR) (296)

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)	45-	Amount in words PKR	Fourty Five Rupees Only (Non Refundable / Nor Transferable)
Mobile Number	Deposited Amount	PKR 65-		
CNIC Number (FRC, CRC or PV#)	Total Fee	65-	Amount in words PKR	Sixty Five Rupees Only (Non Refundable / Nor Transferable)
Post/Position Applied (Only for One Position)	Applicant's Signature		Cashier's Stamp	



Bank Deposit Slip (Bank Copy)

PROJECT NAME
(Short) (Project Code)

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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Online

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