

APPLICATION FORM

درخواست فارم

Pakistan Reinsurance Company Limited Disable Quota (PRCL) (305)

PHOTO PASTED صویرپیسٹ کریں

1 POST

01. Assistant

DEDCOMAL DATA at 1 at 1																
أاتى معلومات PERSONAL DATA (Application Form with incomplete personal data or information will not be entertained)																
1. FULL NAME پورا نام Write all in CAPITAL														A	В	С
2. FATHER'S NAME والد كا نام Write all in														X	Y	Z
3. GENDER	MALE		FEMALE			OF BIRTH پیدائش ک	d	d	•	m	m	•	У	У	У	У
5. CNIC NUMBER قومی شناختی کارڈ نمبر							-								-	
6. CNIC NUMBER Re-enter							-								-	
7. MOBILE NUMBER موبانل فون كانمبر	(+	92)		0	3			-								8.
9. E-MAIL ADDRESS									0							
10. PERMANENT ADDRESS Vrite all in CAPITAL مستقل ہتہ																
11. DOMICILE PROVINCE ربانش گاه کا صوبہ				Pro	ovin	се			12. DOMIC DISTRIC گاه کا ضلع	СТ			Dist	rict		
13. RELIGIO	مذہب ON	MUS سلم]	NON MU یر مسلم				ISABLITY ach Medical (YES		NO	
15. CURRENT OCCUPATION GOVERNMENT SERVANT (Please attach signed/ stamped NOC) PRIVATE SERVICE IF JOBLESS IF EX-SERVICEMAN																
16. ORPHAN بنيم YES NO																
A. APPLIED FOR POST (For Disabled Candidates Only)																
01. Assistant																
PROVINCE ربانش گاه کا صویہ 13. RELIGI 15. CURRENT د پیشہ	OCCUPA موجوده	TION	GOVER	ttach signe NOC)	ed/	یر مسلم آ ED FOF	NO R POST] Γ (For I	DISTRIC و المالع المال	SABLITY ach Medical (IF JOBLE	ss		IF EX-SEF		

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(305)

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

2

Pakistan Reinsurance Company Limited Disable Quota (PRCL) (305)



C. SPECIAL QUOTA SELECTION (برائے مہربائی صرف ایک باکس منتخب کریں Please mark only one box)								
Disabled Person		None						
C1. Graduation/ BA/BSc DIVISION SELECTION (Please mark only one box برانے مہربانی صرف ایک باکس منتخب کریں)								
1st Division		2nd Division			3rd Division		None	
			·					
	C2. INTERMEDIATE / F.A / F.Sc / HSSC / DAE DIVISION SELECTION (Please mark only one box پر انے مېرباتی صرف ایک باکس منتخب کرین)							
1st Division		2nd Division			3rd Division		None	
			·					
(PTS	will decid				ST CENTER س منتخب کریں only one box	ں ایک باک	(برائے مہربانی صرف	
Islamabad		Lahore			Karachi		Quetta	
Peshawar		Rawalpindi			Faisalabad*		Sukkur*	
					(* is subject to number o	f candidat	es, otherwise will be merged	I in nearest city)
D1. SPECIAL INSTRUCTIONS FROM COMPANY								

- 1. Pakistan Reinsurance Company Limited is an equal opportunity employer.
- 2. Females are encouraged to apply.
- 3. The Company shall follow the quotas Disabled as prescribed under the relevant laws.
- 4. Computer Literacy is required for the Post and preference will be given to those candidates having exposure to ERP environment;
- 5. Prior experience with a public sector organization will be treated as an added advantage;
- 6. The appointment will be on contract basis for an initial period of two years, extendable after performance review.
- 7. Interested Applicants may apply within fifteen days from the publication of this advertisement.
- 8. The applicants working in Government, Semi-Government / Autonomous Bodies are required to provide NOC at the time of interview.
- 9. The candidate shall not be entitled for any TA/DA while appearing for the interview.

(305)



F. ACEDEMIC / QUALIFICATION SELECTION DATA (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	
SSC / O-Level (10 Years)								
HSSC / DAE / A-Level (12 Years +)								
Bachelors (14 Years)								
Bachelors/BS (16 years)								
Masters (16+ years)								
M-Phil/MS								
Ph.D								

	G. OTHER CERTIFICATION / DIPLOMA / COURSE / COMPUTER SKILLS DATA (Please complete it properly براه کرم مکمل طور پر اور مناسب طریقے سے بهریں)									
Certificate /Diploma	Institution Name	Name of Diploma/Course	Dur	ation	Total Duration					
Level	montation Name	& Certificate	From	То	Total Baration					
Certificate										
Diploma										
Course										
Computer Skills				-						

H. JOB / PROFESSIONAL EXPERIENCE DATA (Please complete it properly)								
S.No#	Organization / Employer Name	Position (Working as)	Job Du Write only M	onth & Year	Total Period Of			
			From	То	Experience			
1								
2								
3								
4								
5								
6								

If more (experience or qualification) to mention, kindly attach another page 3A, next to page 3 & sign.



4

PAKISTAN TESTING SERVICE



GENERAL INSTRUCTIONS

GENERAL INSTRUCTION FOR APPLICATION FORM TESTING	CHECK					
Please fill this form as per instructions give below:	I have signed my applic	ation form.				
Application form is free of charge and it's not for sale.	I have provided all the i	I have provided all the information required.				
 Application form received after due date will not be considered. Application form which is incomplete or submitted by hand will not be entered. 	ertained. I have attached the cop	I have attached the copy of my NADRA CNIC.				
 Applicant age shall be calculated from the closing date of application. Candidates must attach clear photocopy of their CNIC (NADRA). 	i i i i i i i i i i i i i i i i i i i	า์				
Computer literacy is a must for all position except support staff. Applications carrying incorrect information shall be instantly rejected.						
• Candidate should bring their original testimonials at the time of interview. • Original signed letter from your employer stating name, position, salary, d	furation of amployment, address, and contact number	s of employer if				
already in job or jobless.		s or employer if				
 Candidates should also attach photocopies of all supporting documents if (SSC/Intermediate certificates recognized by board),(Degrees recognized 						
in A4-sized (8.27" x 11.69") Candidature could be determined on the basis of applicants' personal dat	a, domicile, qualification, professional experience an	d performance				
in test/s to be conducted by P.T.S. No TA / DA would be admissible for test/interview. However, test & interview.	iew is devised by the employer within their legal crite	ria & policy.				
Hence, only shortlisted candidates will be intimated for test, exam or inter. Please make sure that if any other person attempts to take the test, exam	view.					
prosecution. And details relating to the situation will be forwarded to the re-	elevant employer and appropriate regulatory authoriti					
 In case of any bogus/ false information or criminal record, selection shall Disabled persons, females, orphans, minorities or non-Muslims are encountered. 	uraged to apply.					
 Employer has right to alter/cancel the test, post, position and distribution Deposited Test Fee is non-refundable / nor-transferable. 	of advertised vacancies.					
UNDERTAKING I	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 thi knowledge. In case of any information comprise herein found		PHOTO				
untrue, false or forged, my candidature can be cancelled at a revealed later), and I shall be liable to any legal action agains		PASTED تصویرپیسٹ کریں				
Provider only so P.T.S. will not stand liable for what I have sig						
selection or test.						
	`					
Date & Left Thumb Impression Candidate's Signature						
	_					
	BY POST MAIL					
HELP LINE	То,					
051 111 111 787	PAKISTAN TESTING SERVICE H	*				
www.pts.org.pk	PTS Head Quarter, 3rd Floor, Ac	•				
	Fazal-e-Haq Road, Blue Area, IS	LAIVIADAD.				

1							
5	If payment made through following transaction Online	on, mark checker box and a le Paisa	ttach prod Bar		(305)		
	Bank Deposit Slip (PTS Copy)	Branch Name:					
Pakis	stan Reinsurance Company Limite	d Branch Code:					
PTS	Disable Quota (PRCL) (305)	Payment Date:					
United Bank Limited A/C Title: Pakistan Testing Service (Pvt) Ltd-MCA Habib Bank Limited A/C Title: Pakistan Testing Service (Pvt) Ltd-MCA							
UBL A	C Number: 225701041	HBL A/C Nu	mber:	0042-7	79916572-03		
Please note: 1. Desired Bar	nk Stamp is required on the Deposit Slip or attach electronic receipt v	with deposit Slip. 2. Send Original Dep	oosit Slip (PTS	Copy) & applicat	ion 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)	300-	Amount in words PKR	Three hundreds Rupees Only (Non Refundable / Nor Transferable)		
Mobile Number		Deposited Amount		PK	R 320-		
CNIC Number (FRC, CRC or PV#)		Total Fee	320-	Amount in words PKR	Three hundreds & Twenty Rupees Only (Non Refundable / Nor Transferable)		
Post/Position Applied (Only for One Position)	01. Assistant	Applicant's Signa	ature		Cashier's Stamp		
_	o a	σ	~				
	Bank Deposit Slip (Bank Copy)	Branch Name:					
PTS	stan Reinsurance Company Limite Disable Quota (PRCL) (305)	d Branch Code: Payment Date:					
	Jnited Bank Limited kistan Testing Service (Pvt) Ltd-MCA	Ha A/C Title: Pakis		nk Limite ing Service			
UBL A	C Number: 225701041	HBL A/C Nu	mber:	0042-7	79916572-03		
Please note: 1. Desired Bar	nk Stamp is required on the Deposit Slip or attach electronic receipt v	with deposit Slip. 2. Send Original Dep	oosit Slip (PTS	Copy) & applicat	ion to PTS Office within due date.		
Applicant Full Name		Bank Fee (Inclusive of all Govt. Taxes)	20-	Amount in words PKR	Twenty Rupees Only (Non Refundable / Nor Transferable)		
Father's Name		Test Fee (Inclusive of all Govt. Taxes)	300-	Amount in words PKR	Three hundreds Rupees Only (Non Refundable / Nor Transferable)		
Mobile Number	Deposited Amount PKR 320-						
CNIC Number (FRC, CRC or PV#)		Total Fee (Inclusive of all Govt. Taxes)	320-	Amount in words PKR	Three hundreds & Twenty Rupees Only (Non Refundable / Nor Transferable)		
Post/Position Applied (Only for One Position)	01. Assistant	Applicant's Signa	ature		Cashier's Stamp		
5	If payment made through following transaction Online	on, mark checker box and a	ttach prod Bar		t.		