



AFIC & NIHD Rawalpindi

Reg No: _____
(official use only)



APPLICATION FORM (BPS-01 to BPS-05)

01. Bank Online Deposit Slip of Rs: 60/- (Form Processing Fee).

*Note: Application form will not be entertained without original deposit slip (ATS Copy)

Bank Code			Deposit Date	
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Name of Post applied for: - _____ BPS _____

02. Name (in capital letters): _____

03. Father's Name: _____

04. Date of Birth (dd-mm-yyyy): _____

05. CNIC No. (Attach copy)

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ATTACH YOUR
RECENT
PASSPORT SIZE
COLOR
PHOTOGRAPH

06. Domicile District: (Rawalpindi / Islamabad Only) _____

07. Highest Qualification: Degree/Certificate) _____

08. Presently in Job (Yes/No): _____ Government / Private _____

Number of Years: Government _____ Private _____

09. Contact No.: Residence _____ Mobile _____

10. Postal Address: _____

11. Address as per Domicile: _____

12. Please tick against one post you want to apply for:

Note: Applicants interested to apply for more than one post are advised to submit separate Applications form & deposit slip for each post.

Sr. No	Name of Post Applied for	BPS	<input checked="" type="checkbox"/>	Sr. No	Name of Post Applied for	BPS	<input checked="" type="checkbox"/>
1	Barber – Special Service	5	<input type="checkbox"/>	2	Ward Boy	4	<input type="checkbox"/>
3	Aya	2	<input type="checkbox"/>	4	Cook	2	<input type="checkbox"/>
5	Naib Qasid	1	<input type="checkbox"/>	6	Glassware Cleaner	1	<input type="checkbox"/>
7	Gardener (Mali)	1	<input type="checkbox"/>	8	Labor	1	<input type="checkbox"/>
9	Sanitary Worker	1	<input type="checkbox"/>				

13. Undertaking by the Applicant:

I _____ d/s/w of _____ do hereby solemnly declare that all the information provided by me in this application form and all the additional particulars/documents/ certificates furnished along with it, are true to the best of my knowledge and belief and nothing has been concealed. I also declare that I have never been dismissed or removed from Govt service under any provincial, federal government autonomous and semi-autonomous or state enterprise. If any wrong or incorrect is found later, I shall be liable to disciplinary action which may result in cancellation of my candidature and even my employment.

Date: _____ Signature of the candidate: _____

Instructions:

- Fill the application form properly with complete and correct information.
- Do not leave any field blank, otherwise your application shall be rejected.
- Incorrect, false or forged information may result in cancellation of your candidature at any stage.
- Attach a recent passport size photograph and attested copy of CNIC.
- By hand submission of application form is not allowed.
- Test fee is non-refundable and non-transferable.

- ❖ Last Date for application submission is **30 December, 2019 (Monday)**
- ❖ Application should reach ATS office latest by last date of submission of Application form.
- ❖ ATS will not be responsible for late receiving of application through courier/ Pakistan post etc.

Please Send Application Forms to:

(Only through Courier within due date)

Manager Operations (Project: AFIC & NIHD)

ats

Allied Testing Services (ATS),



171-G, St No. 36, Sector F-10/1, Islamabad.



Help line: 051-2153577-9



Email (queries only): info@ats.org.pk



Allied Testing Services

ATS COPY

AFIC& NIHD Rawalpindi

Branch Code: _____ Date: _____

Branch Name: _____

ONLINE DEPOSIT SLIP

(* Please deposit fee in only one bank & tick the relevant bank)

HBL HABIB BANK A/C Title: Allied Testing Services A/C No: 50127000600355 Note: Bank Service Charges Free of Cost	SILKBANK A/C Title: Allied Testing Services A/C No: 50915000302677 Note: Bank Service Charges Free of Cost
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***Note:** Desired Bank Stamp is required on the Deposit Slip & Send Original Deposit Slip (ATS Copy) along Application Form to ATS Office

Application Form will not be entertained without Original Deposit Slip (ATS Copy)

Project ID: AFIC-NIHD	
Applicant's Name:	
Father Name:	
CNIC No/ B Form No:	
Post Name:	
ATS fee: 60/-	Amount in word: Rs. Sixty Rupees Only Non Refundable/ Non Transferable
Total: 60/-	

Applicant Signature

Cashier

Officer



Allied Testing Services

CANDIDATE COPY

AFIC& NIHD Rawalpindi

Branch Code: _____ Date: _____

Branch Name: _____

ONLINE DEPOSIT SLIP

(* Please deposit fee in only one bank & tick the relevant bank)

HBL HABIB BANK A/C Title: Allied Testing Services A/C No: 50127000600355 Note: Bank Service Charges Free of Cost	SILKBANK A/C Title: Allied Testing Services A/C No: 50915000302677 Note: Bank Service Charges Free of Cost
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***Note:**

1. Please Stamp both copies of deposit Slip.
2. The Bank Must Return "ATS Copy" to the Candidate.
3. Deposit Slip will not accepted without Candidate CNIC/ B Form No.

Project ID: AFIC-NIHD	
Applicant's Name:	
Father Name:	
CNIC No/ B Form No:	
Post Name:	
ATS fee: 60/-	Amount in word: Rs. Sixty Rupees Only Non Refundable/ Non Transferable
Total: 60/-	

Applicant Signature

Cashier

Officer



Allied Testing Services

BANK COPY

Branch Code: _____

Branch Name: _____

Date: _____

ONLINE DEPOSIT SLIP

(* Please deposit fee in only one bank & tick the relevant bank)

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Cashier

Officer