



**Eligibility Criteria:**

A. Is your age according to the prescribed age limit for the desired post?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Do you have requisite Qualification & Experience as mentioned in Advertisement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. Is your Domicile according to the desired post as mentioned in Advertisement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**PASTE YOUR RECENT  
PASSPORT SIZE  
COLOR  
PHOTOGRAPH**

If your reply is "Yes" to A, B & C above, only then please proceed further. Otherwise you are not eligible to apply.

**01. Bank Online Deposit of Rs: 80/- from Designated Bank Branches.**

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

Bank Code			Deposit Date	
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**02. Name of Post Applied For: \_\_\_\_\_ BPS: \_\_\_\_\_**

**03. Desired Test City:** Fill only one box (Mandatory).

01. <input type="checkbox"/> Islamabad	02. <input type="checkbox"/> Lahore	03. <input type="checkbox"/> Peshawar
04. <input type="checkbox"/> Karachi	05. <input type="checkbox"/> Quetta	

**04. Province of Domicile:** Fill only one box for Province of Domicile (Mandatory).

01. <input type="checkbox"/> Islamabad/Punjab	02. <input type="checkbox"/> Sindh (U)	03. <input type="checkbox"/> Sindh (R)	04. <input type="checkbox"/> KPK	05. <input type="checkbox"/> Baluchistan
06. <input type="checkbox"/> Fata/GB	07. <input type="checkbox"/> Azad Kashmir			

**05. Personal Information:** Use CAPITAL letters and leave spaces between words.

01. Name in Full:																					
02. Father's Name:																					
03. Candidate CNIC #:											--										
04. Gender:	<input type="checkbox"/> Male		<input type="checkbox"/> Female		05. Have you any disability? <input type="checkbox"/> Yes <input type="checkbox"/> No																
06. Date of Birth:	D	D	M	M	Y	Y	07. Email: _____														
08. Postal Address:	_____																				
	City										District										
09. Phone No: (Res.)	_____										(Mobile) _____										
10. Religion:	<input type="checkbox"/> Muslim					<input type="checkbox"/> Non-Muslim															
11. Are you a Govt serving employee?	<input type="checkbox"/> Yes					<input type="checkbox"/> No															
12. Are you retired from Pakistan Armed Forces?	<input type="checkbox"/> Yes					<input type="checkbox"/> No															

## 06. Academic Information:

**Note:** 1. ATS will not issue Roll No Slips to those who have not filled in their academic record properly.

2. Candidate should convert their grades into marks.

3. Write exact degree name & major subject mentioned in certificate/ transcript.

Certificate/ Degree Name	Degree Title	Major Subject	Year Passing	Obtained Marks/CGPA	Total Marks/ CGPA	Board/ University
Middle (8 Years)						
Matric (10 Years)						
Intermediate (12 Years)						
Bachelor (14 Years)						
Bachelor (Hons)/ Master (16 Years)						
Diploma						
Others						

## 07. Employment Record:

Sr. No	Organization/ Employer Name	Job Title	Duration	
			From	To
01				
02				

08. Total Job Experience: \_\_\_\_\_

09. CNIC No: 

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10. Mobile No: (same as mentioned above) \_\_\_\_\_

11. Address as per Domicile: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

PASTE YOUR RECENT  
PASSPORT SIZE  
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PHOTOGRAPH

## 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	Mechanical Technician	10	<input type="checkbox"/>	2	Dispenser	9	<input type="checkbox"/>
3	ETT Technician	9	<input type="checkbox"/>	4	Anesthesia Technician	9	<input type="checkbox"/>
5	CSSD Technician	9	<input type="checkbox"/>	6	Network Technician	9	<input type="checkbox"/>
7	Medical Record Technician	9	<input type="checkbox"/>	8	Electrical Technician	9	<input type="checkbox"/>
9	Electro-Physiology Laboratory Technician	9	<input type="checkbox"/>	10	SAECG Technician	9	<input type="checkbox"/>
11	Nuclear Cardiology Technician	9	<input type="checkbox"/>	12	Pacing Technician	9	<input type="checkbox"/>
13	Aluminum Technician/ Glass Fitter	9	<input type="checkbox"/>	14	Civilian Workshop Assistant Biomedical	8	<input type="checkbox"/>
15	Nursing Assistant Head up Tilt Test	7	<input type="checkbox"/>	16	Nursing Assistant-Holter Test	7	<input type="checkbox"/>
17	Nursing Assistant	7	<input type="checkbox"/>	18	High Skilled-I Technician-Biomedical	7	<input type="checkbox"/>
19	High Skilled-II Technician-Biomedical	6	<input type="checkbox"/>	20	Dresser	6	<input type="checkbox"/>
21	Welder	6	<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](mailto: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)

<b>HBL</b> HABIB BANK A/C Title: Allied Testing Services A/C No: 50127000600355 Note: Bank Service Charges <b>Free of Cost</b>	<b>SILKBANK</b> A/C Title: Allied Testing Services A/C No: 50915000302677 Note: Bank Service Charges <b>Free of Cost</b>
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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: <b>AFIC-NIHD</b>	
Applicant's Name:	
Father Name:	
CNIC No/ B Form No:	
Post Name:	
ATS fee: <b>80/-</b>	Amount in word: Rs. <b>Eighty Rupees Only</b> <b>Non Refundable/ Non Transferable</b>
Total: <b>80/-</b>	

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)

<b>HBL</b> HABIB BANK A/C Title: Allied Testing Services A/C No: 50127000600355 Note: Bank Service Charges <b>Free of Cost</b>	<b>SILKBANK</b> A/C Title: Allied Testing Services A/C No: 50915000302677 Note: Bank Service Charges <b>Free of Cost</b>
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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: <b>AFIC-NIHD</b>	
Applicant's Name:	
Father Name:	
CNIC No/ B Form No:	
Post Name:	
ATS fee: <b>80/-</b>	Amount in word: Rs. <b>Eighty Rupees Only</b> <b>Non Refundable/ Non Transferable</b>
Total: <b>80/-</b>	

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)

<b>HBL</b> HABIB BANK A/C Title: Allied Testing Services A/C No: 50127000600355 Note: Bank Service Charges <b>Free of Cost</b>	<b>SILKBANK</b> A/C Title: Allied Testing Services A/C No: 50915000302677 Note: Bank Service Charges <b>Free of Cost</b>
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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: <b>AFIC-NIHD</b>	
Applicant's Name:	Father Name:
CNIC No/	Post Name:

ATS fee: <b>80/-</b>	Amount in word: Rs. <b>Sixty Rupees Only</b> <b>Non Refundable/ Non Transferable</b>
Total: <b>80/-</b>	

Applicant Signature

Cashier

Officer