



APPLICATION FORM (BPS-07 to BPS-17)

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: 250/- from Designated Bank Branches.

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

HBL HABIB BANK	<input type="checkbox"/>	SILKBANK	<input type="checkbox"/>
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Bank Code		Deposit Date	
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02. Please tick against one post you wants 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.

1. Veterinary Officer Health (BPS-17) <input type="checkbox"/>	2. Office Assistant (BPS-16) <input type="checkbox"/>	3. Computer Operator (BPS-16) <input type="checkbox"/>
4. Veterinary Assistant (BPS-10) <input type="checkbox"/>	5. LAB Assistant (BPS-07) <input type="checkbox"/>	

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

01. <input type="checkbox"/> Islamabad	02. <input type="checkbox"/> Peshawar	03. <input type="checkbox"/> Kohat
04. <input type="checkbox"/> Dera Ismail Khan	05. <input type="checkbox"/> Swat	06. <input type="checkbox"/> Abbottabad

04. Zone of Domicile: Fill only one box for Zone of Domicile (Mandatory). **Domicile District:** _____

Division of Zones comprising the territories mentioned on Page No. 3

01. <input type="checkbox"/> Zone-I	02. <input type="checkbox"/> Zone-II	03. <input type="checkbox"/> Zone-III	04. <input type="checkbox"/> Zone-IV	05. <input type="checkbox"/> Zone-V
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05. Personal Information: Use CAPITAL letters and leave spaces between words.

01. Name in Full:	<input type="text"/>																			
02. Father's Name:	<input type="text"/>																			
03. Candidate CNIC #:	<input type="text"/>										<input type="text"/>									
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: <input type="text"/>													
08. Postal Address:	<input type="text"/>																			
	City										District									
09. Phone No: (Res.)	<input type="text"/>										(Mobile) <input type="text"/>									
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
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
COLOR
PHOTOGRAPH

12. 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 of the submission of Application Form is **Monday 20th January, 2020.**
- ❖ 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.

Zones Division:

The Province of Khyber Pakhtunkhwa is divided into five (5) Zones comprising the area listed below:

Zone-I:

Newly Merged Tribal Districts of Bajaur, Mohmand, Khyber, Kurram, Orakzai, North Waziristan, South Waziristan and Frontier regions attached to the Districts of Peshawar, Kohat, Bannu and DI-Khan.

Zone-II:

Districts of Peshawar, Charsadda, Nowshera, Swabi & Mardan.

Zone-III:

Districts of Swat, Buner, Dir, Chitral, Kohistan, Shangla Par and Malakand Areas (Swat Ranizai and Sam Ranizai and backward areas of Hazara Division i.e.

- (1) Ilaqa Upper Tanawal, composed of darband area of Tehsil Haripur and Shergarh area of District Mansehra.
- (2) Merged areas composed of Batgram including Hill Nilshang and Thakot, Allai Kaya Khabbal and Gadoon area.

Zone-IV:

Districts of Dera Ismail Khan, Tank, Bannu, Lakki Marwat, Kohat and Karak.

Zone-V:

Districts of Haripur, Abbottabad, Mansehra, excluding their backward areas including in Zone-III.

HELP LINE:

- 📞 051-2153577-79
- 🌐 www.ats.org.pk
- ✉ info@ats.org.pk

Please Send Application Forms to:

(Only through Courier within due date)

Manager Operations

(Project: DLDD-MD)

ALLIED TESTING SERVICES (HQ)

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



Allied Testing Services

ATS COPY

Directorate of L&DD, MD

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: DLDD-MD	
Applicant's Name: _____	
Father Name: _____	
CNIC No/ B Form No: _____	
Post Name: _____	
Test Processing Fee: 200/- GST @ 16% 32/- Mail Service: 18/- Total: 250/-	Amount in word: Rs. Two Hundred and Fifty Rupees Only Non Refundable/ Non Transferable

Applicant Signature _____

Cashier _____

Officer _____



Allied Testing Services

CANDIDATE COPY

Directorate of L&DD, MD

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: DLDD-MD	
Applicant's Name: _____	
Father Name: _____	
CNIC No/ B Form No: _____	
Post Name: _____	
Test Processing Fee: 200/- GST @ 16% 32/- Mail Service: 18/- Total: 250/-	Amount in word: Rs. Two Hundred and Fifty Rupees Only Non Refundable/ Non Transferable

Applicant Signature _____

Cashier _____

Officer _____



Allied Testing Services

BANK COPY

Directorate of L&DD, MD

Branch Code: _____

Branch Name: _____

Date: _____

ONLINE DEPOSIT SLIP

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

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Applicant's Name: _____	Father Name: _____
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Test Processing Fee: 200/- GST @ 16% 32/- Mail Service: 18/- Total: 250/-	Amount in word: Rs. Two Hundred and Fifty Rupees Only Non Refundable/ Non Transferable
Applicant Signature _____	Cashier _____
	Officer _____