



Allied Testing Services

ATS COPY



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	<input type="checkbox"/>	SILKBANK ✓ A/C Title: Allied Testing Services A/C No: 50915000302677 Note: Bank Service Charges Free of Cost	<input type="checkbox"/>
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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: **FBD-ISB**

Applicant's Name:
Father Name:
CNIC No/ B Form No:
Post Name:

Test Processing Fee:	65/-	Amount in word: Rs. Eighty five Rupees Only Non Refundable/ Non Transferable
Mail Service:	20/-	
Total:	85/-	

Applicant Signature _____

Cashier _____

Officer _____



Allied Testing Services

CANDIDATE COPY



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	<input type="checkbox"/>	SILKBANK ✓ A/C Title: Allied Testing Services A/C No: 50915000302677 Note: Bank Service Charges Free of Cost	<input type="checkbox"/>
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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: **FBD-ISB**

Applicant's Name:
Father Name:
CNIC No/ B Form No:
Post Name:

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Mail Service:	20/-	
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Applicant Signature _____

Cashier _____

Officer _____



Allied Testing Services

BANK COPY



Branch Code: _____

Branch Name: _____

Date: _____

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