## APPLICATION FORM



# Pakistan Bait-ul-Mal

(Shelter Home/RSKL/PSH)



Reg No: \_

1. Post Applied:	PASTE YOUR RECEN
2. Name:	PASSPORT SIZE
3. Father Name:	COLOR
4. CNIC No:	PHOTOGRAPH WIT
5. Cell No:	GUM
6. Address:	- John
7. Undertaking by the applicant:	
	do hereby solemnly
declare that all the information provided by me in this application form and all the a	
declare that all the information provided by me in this application form and all the a certificates furnished along with it, are true to the best of my knowledge and belief	and nothing has been concealed
declare that all the information provided by me in this application form and all the a certificates furnished along with it, are true to the best of my knowledge and belief I also declare that I have never been dismissed or removed from Govt. service under the content of the	and nothing has been concealed der any provincial, federal
declare that all the information provided by me in this application form and all the a certificates furnished along with it, are true to the best of my knowledge and belief I also declare that I have never been dismissed or removed from Govt. service und Government, autonomous and semi-autonomous or state enterprise. If any wrong	and nothing has been concealed der any provincial, federal or incorrect information is found
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Help Line:

Ph: 051-2153577-9

Website: <a href="www.ats.org.pk">www.ats.org.pk</a>
Email: <a href="mailto:info@ats.org.pk">info@ats.org.pk</a>

### **Please Send Application Forms**

(Only through courier or Pakistan Post within due date)

Manager Operations (Project: PBM-01)

Allied Testing Services (ATS) 111-B, Street # 30, F-10/1, Islamabad.



Post Name:

### **Allied Testing Services** BANK COPY

#### Pakistan Bait-ul-Mal

**Branch Code Branch Name** Date\_ **ONLINE DEPOSIT SLIP** (Please deposit fee in only one bank and tick the relevant bank) Amount in Words: HBL HABIB BANK Bank AL Habib Limited Test Processing Fee: 200/-A/C Title: Allied Testing Services A/C Title: Allied Testing Services **Two Hundred Rupees** A/C No: 00150981013676011 A/C No: 50127000600355 Only. Note: Bank Service Charges: Free of Cost Note: Bank Service Charges: Free of Cost Non Refundable/ Non Total: 200/-Desired bank stamp is required on the Transferable Desired bank stamp is required on the deposit slip (ATS Copy) along Application deposit slip (ATS Copy) along Application Form to ATS Office. Form to ATS Office. PBM-01-02 Project Id: **Applicant Signature** Cashier **Applicant's Name:** Guardian's Name: Officer CNIC No/ B Form No: Post Name: **Allied Testing Services** CANDIDATE COPY Pakistan Bait-ul-Mal **Branch Code Branch Name** Date ONLINE DEPOSIT SLIP (Please deposit fee in only one bank and tick the relevant bank) HABIB BANK **Amount in Words:** HBL Bank AL Habib Limited A/C Title: Allied Testing Services A/C Title: Allied Testing Services Test Processing Fee: 200/-**Two Hundred Rupees** A/C No: 50127000600355 A/C No: 00150981013676011 Only. Note: Bank Service Charges: Free of Cost Note: Bank Service Charges: Free of Cost Non Refundable/ Non 200/-Total: Desired bank stamp is required on the Transferable Desired bank stamp is required on the deposit slip (ATS Copy) along Application deposit slip (ATS Copy) along Application Form to ATS Office. Form to ATS Office. Project Id: PBM-01-02 **Applicant Signature** Cashier Applicant's Name: **Guardian's Name:** Officer CNIC No/ B Form No: Post Name: **×** ---**Allied Testing Services** Pakistan Bait-ul-Mal **Branch Code Branch Name** Date **ONLINE DEPOSIT SLIP** (Please deposit fee in only one bank and tick the relevant bank) Amount in Words: HABIB BANK HBL Bank AL Habib Limited Test Processing Fee: 200/-A/C Title: Allied Testing Services A/C Title: Allied Testing Services **Two Hundred Rupees** A/C No: 00150981013676011 A/C No: 50127000600355 Only. Note: Bank Service Charges: Free of Cost Note: Bank Service Charges: Free of Cost Non Refundable/ Non Total: 200/-Desired bank stamp is required on the Transferable Desired bank stamp is required on the deposit slip (ATS Copy) along Application deposit slip (ATS Copy) along Application Form to ATS Office. Form to ATS Office. Project Id: PBM-01-02 **Applicant Signature** Cashier Applicant's Name: **Guardian's Name:** Officer CNIC No/ B Form No: