Reg No: _____



Pakistan Bait-ul-Mal

(Women Empowerment Centres (WEC))

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WOMEN	200	TERS
NO	MOWERMEN	THE REAL

1.	Post Applied:	PASTE YOUR RECENT
2.	Name:	PASSPORT SIZE
3.	Father Name:	COLOR
4.	CNIC No:	PHOTOGRAPH WITH
5.	Cell No:	GUM
6.	Address:	

7. 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 information 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.
- Incorrect, false or forged information may result in cancellation of your candidature at any stage.
- Attach 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 Test Fee is Thursday, 24th August, 2023.
 - Application Form 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.

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Help Line: Ph: 051-2153577-9 Website: <u>www.ats.org.pk</u> Email: <u>info@ats.org.pk</u>

Please Send Application Forms

(Only through courier or Pakistan Post within due date)

Manager Operations (Project: PBM-02) Allied Testing Services (ATS) 111-B, Street # 30, F-10/1, Islamabad.



Allied Testing Services BANKCOPY Pakistan Bait-ul-Mal

		Pakistan Dait-ui-			
Branch Cod	le	Branch Name		Date	
		ONLINE DEPOSIT SLIP Please deposit fee in only one bank and tick the relevan	nt bank)		
		Bank AL Habib Limited] [Amount in Words:
				.	
A/C Title: Allied Testing Services A/C No: 50127000600355		A/C Title: Allied Testing Services A/C No: 00150981013676011	Test Processing Fee: 200/-	200/-	Two Hundred Rupees Only.
Note: Bank Service Charge		Note: Bank Service Charges: Free of Cost	Total: 2	200/-	Non Refundable/ Non
Desired bank stamp is red deposit slip (ATS Copy) al		Desired bank stamp is required on the deposit slip (ATS Copy) along Application		-	Transferable
Form to ATS Office.		Form to ATS Office.			
			1		
Project Id:	PBM	-01-02	Applicant Signature		Cashier
Applicant's Name: Guardian's Name:			-		
CNIC No/ B Form No:				Officer	
Post Name:			-		
Post Name.					
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Branch Cod	le	Branch Name		Date	
		Please deposit fee in only one bank and tick the relevan	nt bank)		
		Bank AL Habib Limited			Amount in Words:
A/C Title: Allied Tes			Test Processing Fee: 2	200/-	Two Hundred Dunces
A/C No: 501270006		A/C Title: Allied Testing Services A/C No: 00150981013676011			Two Hundred Rupees Only.
Note: Bank Service Charge	es: Free of Cost	Note: Bank Service Charges: Free of Cost	Total: 2	200/-	Non Refundable/ Non
Desired bank stamp is red deposit slip (ATS Copy) al		Desired bank stamp is required on the deposit slip (ATS Copy) along Application		-	Transferable
Form to ATS Office.		Form to ATS Office.			
Project Id:	PBM	-01-02]		
Applicant's Name:			Applicant Signature		Cashier
Guardian's Name:			1		
CNIC No/ B Form No:				Officer	
Post Name:					
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ats	D ret	Allied Testing Ser ATS COPY Pakistan Bait-ul			
Branch Cod	e	Branch Name		_ Date	
		ONLINE DEPOSIT SLIP Please deposit fee in only one bank and tick the releva	nt bank)		
		Bank AL Habib Limited			Amount in Words:
			Test Processing Fee: 2	200/-	
A/C Title: Allied Tes		A/C Title: Allied Testing Services A/C No: 00150981013676011	Test Flocessing Fee.	2007-	Two Hundred Rupees
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Desired bank stamp is required on the deposit slip (ATS Copy) along Application deposit slip (ATS Copy) along Application				Transferable	
Form to ATS Office.		Form to ATS Office.			
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Project Id:			Applicant Signature		Cashier
Applicant's Name:			-		
Guardian's Name:				Officer	
CNIC No/ B Form No:			-		
Post Name:					