

TRAINING FORM

SINDH PROJECT

Project ID:SP-29-019

TRAINING FORM CHEIF SUPERVISOR

Picture 1
Paste Your Recent
Passport size color
Photograph not older then
6 Month Having Blue
Background with gum
تصویر لازماً منسلک کریں بصورت
دیگر فارم عمل میں نہیں لایا جائیگا۔

01. Bank Online Deposit of Rs: 1550/- from Designated Bank Branches:

| | | | |
|-----------|--|--------------|--|
| Bank Code | | Deposit Date | |
|-----------|--|--------------|--|

***Note: Application Form will not be entertained without Original Deposit Slip ITS Copy)**

02. Desired Training City: (Mandatory)

03. Desired Province: (Mandatory)

| | |
|---------------------------|--|
| Province / District Name: | |
|---------------------------|--|

04. Personal Information: (Use Capital letters)

05. Name in Full:

06. Father Name:

07. Candidate CNIC #: - -

Write your own CNIC No. Or B Form No.

08. Gender: MALE FEMALE

09. Date of Birth: Write your Correct Date of Birth - -
otherwise you will be rejected

10. Postal Address: _____
All correspondence will be made on this address though courier service or ordinary postal service.

City: _____ District: _____

10. Permanent Address: _____
Kindly write correct permanent address as written on your CNIC, otherwise you will be rejected.

City: _____ District: _____

12. Phone No: (OFF) _____ (RES) _____ (Mobile) _____
City Code – Phone No

DO NOT give your portable mobile number (which is converted from one network to another) so that SMS delivery is ensured.

GENERAL INSTRUCTIONS / INFORMATION:

- Please fill the Training Form properly with complete and correct information / answers.
- Please DO NOT leave any field blank, otherwise your Training form may not be considered.
- Incorrect or false information may result in cancellation of your candidature at any stage, even after employment, and also proceeding of a legal action.
- By Hand submission of Training Form is not allowed.
- Use Separate envelop and separate Training form for each post you are applying for.

Helpline:

UAN: +92-51- 4901215

Website: www.its.biz.pk

Please Keep Visiting ITS Website

ISLAMABAD TESTING SERVICE

Office # 1, 1st Floor , 2-J Plaza , Near RS Sweets,

Pakeeza Market , I-8/4, Islamabad

Mobile :0317-7908819

ISLAMABAD TESTING SERVICE



Fill Deposit Slip Same Like This

HBL

HABIB BANK
حبیب بینک

Deposit Slip
Bank Copy

| | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------------|---|------------------------------|-------------------------------|------------------------------|------------------------------|---------------------------------|------------------------------------|--------------------------------------|--------------------------------------|---|---|-----------------------|---|---|---------------------|--------------------------------|---|---|---|---|---|---|--|
| Branch: | Date: | D | D | M | M | Y | Y | Y | Y | | | | | | | | | | | | | | |
| Account Title | ISLAMABAD TESTING SERVICE | | | | | | | | | | | | | | | | | | | | | | |
| IBAN: | P | K | H | A | B | B | 0 | 0 | 0 | 2 | 9 | 6 | 7 | 9 | 0 | 1 | 2 | 1 | 5 | 9 | 0 | 3 | |
| Currency: | <input type="checkbox"/> PKR | <input type="checkbox"/> USD | <input type="checkbox"/> EURO | <input type="checkbox"/> GBP | <input type="checkbox"/> JPY | <input type="checkbox"/> Others | <input type="checkbox"/> Intercity | <input type="checkbox"/> Within city | <input type="checkbox"/> Same Branch | | | | | | | | | | | | | | |
| Credit Card No. | - | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> CASH | (ENTER NOTES DENOMINATIONS ON REVERSE) (نوٹوں کی تفصیل پیچھے لکھیں) | | | | | | | | | | | | | | | AMOUNT رقم | | | | | | | |
| BANK / BRANCH | پیکل / برانچ | | | | | | | | | | | | | | | CHEQUE/INSTRUMENT NO. چیک نمبر | | | | | | | |
| Cash | | | | | | | | | | | | | | | | 1 5 5 0 | | | | | | | |
| | | | | | | | | | | | | | | | TOTAL AMOUNT کل رقم | | | | | | | | |
| | | | | | | | | | | | | | | | 1 5 5 0 | | | | | | | | |
| Total Amount in Words: | Fifteen Hundred And Fifty Only | | | | | | | | | | | | | | | مبلغ | | | | | | | |
| Commission (if any) | | | | | | | | | | | | | | | | | | | | | | | |
| Depositor's Name | Your Name | | | | | | | | | | | | | | | | | | | | | | |
| Contact No. | Your Mobile Number | | | | | | | | | | | | | | | | | | | | | | |
| Depositor's CNIC No. | Your CNIC No | | | | | | | | | | | | | | | | | | | | | | |
| Depositor's Account No. | | | | | | | | | | | | | | | | | | | | | | | |
| Received By: | وصول کنندہ | | | | | | | | | | | Depositor's Signature | | | | | | | | | | | |

34438124

GENERAL INSTRUCTIONS / INFORMATION:

- All the fields must be filled same like mentioned on above picture.
- Deposit date must be written on slip.
- Depositors name, contact number and CNIC Number is must mentioned on the deposit slip.
- For any issue while depositing the amount directly call on the number which is mentioned below.
- Candidate can make a photocopy for their record and send the original deposit slip with Training form .

Helpline:

UAN: +92-51- 4901215

Website: www.its.biz.pk

Please Keep Visiting ITS Website

ISLAMABAD TESTING SERVICE

Office # 1, 1st Floor , 2-J Plaza , Near RS Sweets,

Pakeeza Market , I-8/4, Islamabad

Mobile :0317-7908819