

TRAINING FORM

ALL OVER PAKISTAN PROJECT

TRAINING FORM CHEIF SUPERVISOR

Project ID:6-3-19

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	
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***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:	
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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				1	5	5	0			
Cash																									
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:	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.

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