

PUNJAB PROJECT

TRAINING FORM INVIGILATOR

Project ID: 17-feb-19

Picture 1
Paste Your Recent
Passport size color
Photograph not older than
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: 1050/- 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
D D - M M - 1 9 Y Y
 - - 1 9

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:	Date
Account Title اکاؤنٹ ہولڈر کا نام	ISLAMABAD TESTING SERVICE	
IBAN: آئی بی این	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 نقد	(ENTER NOTES DENOMINATIONS ON REVERSE) (نوٹوں کی تفصیل پیچھے لکھیں)	
BANK / BRANCH بینک / برانچ	CHEQUE/INSTRUMENT NO. چیک نمبر	AMOUNT رقم
Cash		1 0 5 0
TOTAL AMOUNT کل رقم		1 0 5 0
Total Amount in Words: One Thousand And Fifty Only	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 دستخط جمع کنندہ	
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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