

ALL OVER PAKISTAN PROJECT

Project ID: 6-3-19

TRAINING FORM INVIGILATOR

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: 950/- 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 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)																		AMOUNT رقم								
BANK / BRANCH بینک / برانچ	Cash																		9 5 0								
																		TOTAL AMOUNT کل رقم					9 5 0				
Total Amount in Words:	Nine Hundred And Fifty Only																										
Commission (if any)																											
Depositor's Name مخمس کنندہ کا نام	Your Name																										
Contact No. تلفون نمبر	Your Mobile Number																										
Depositor's CNIC No. مخمس کنندہ کا کنیک نمبر (For non-HBL/Walk-in Customers. Also attach CNIC Copy)	Your CNIC No																										
Depositor's Account No. مخمس کنندہ کا اکاؤنٹ نمبر (For HBL Customers / Account Holders)																											
Received By: وصول کنندہ	Depositor's Signature دستخط 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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