

ISLAMABAD TESTING SERVICE

PANEL CARD FORM

PUNJAB PROJECT

INVIGILATOR

Picture 1
Paste Your Recent
Passport size color
Photograph not older than
6 Month Having Blue
Background with gum

تصویر لازماً خشک کریں بصورت
دیگر فارم عمل میں نہیں لایا جائیگا۔

Project id : 4-4-19

01. Bank Online Deposit of Rs: 500/- 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. Name in Full:

03. Father Name:

04. Candidate CNIC #:

Write your own CNIC No. Or B Form No.

05. Date of Birth : _____

06. Gender : _____

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

City: _____ District: _____

08. Mobile No: _____

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

***Mention Your Bank Detail**

• Account Title : _____

• Account Number : _____

• Bank Name : _____

GENERAL INSTRUCTIONS / INFORMATION:

- Please fill the Panel Form properly with complete and correct information / answers.
- Please DO NOT leave any field blank, otherwise your Panel 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 Panel Form is not allowed.
- Use Separate envelop and separate Panel form for each post you are applying for.
- If you don't have a bank account so you can also mentioned your blood relation account details such as Father , Mother ,Brother , Sister.
- Must mentioned the bank account details because in future you will receive all the payments in your mentioned bank account .

Helpline: UAN:

+92-51- 8444931/8444831 /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



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Name: Muhammad Umer

Designation: Invigilator

Date of issue: 19/02/2019

Issuing Authority

Card Number: 00001

ISLAMABAD TESTING SERVICE

CNIC: 11111-1234567-8

Address: House # 01, Street #2, Punjab Society,

District: Lahore

Mobile: 0317-7908819

Bank Name: MCB

Bank Account: 123456789

Date of Expiry: 19-02-2019



This card is the property of Islamabad Testing Service (ITS).

It is non transferable and may be returned to the ITS after the expiry date.

Office # 01, 2-J Plaza, Rs Bakers, Pakeeza Market, Sector I-8/1, Islamabad

Phone: 051-4901215 | 0317-7908819

Website: www.its.biz.pk

ISLAMABAD TESTING SERVICE



Fill Deposit Slip Same Like This

HBL

HABIB BANK
حبیب بینک

Deposit Slip
Bank Copy

Branch:	Date:	D	B	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										
BANK / BRANCH	پینک / برانچ										CHEQUE/INSTRUMENT NO. پینک نمبر										5			0			0		
Cash																													
																		TOTAL AMOUNT			5			0			0		
Total Amount in Words:	Five Hundred Only																												
Commission (if any)																													
Depositor's Name	Your Name																												
Contact No.	Your Contact No																												
Depositor's CNIC No.	Your CNIC No																												
(For non-HBL/Walk-in Customers. Also attach CNIC Copy)																													
Depositor's Account No.	(For HBL Customers / Account Holders)																												
Received By:	رسول کتندہ											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 Application form.

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Mobile :0317-7908819



Islamabad Testing Services

Bank Copy CHALLAN FORM



Date _____

(*Please deposit fee at any UBL Branch)

UBL Account No.	242537276
Branch Name & Code	
(PV#) CNIC No. / B Form No:	
(Buyer Code) Father Name:	
(Buyer Name) Applicant Name:	
Amount	Amount in Words
500/-	Five Hundard Only (Nonrefundable/Nontransferable)

Depositor Signature_____
Bank's Teller_____
Bank's Officer

This receipt of cash will be only valid when signed and stamped by authorized bank officer



Islamabad Testing Services

ITS Copy CHALLAN FORM



Date _____

(*Please deposit fee at any UBL Branch)

UBL Account No.	242537276
Branch Name & Code	
(PV#) CNIC No. / B Form No:	
(Buyer Code) Father Name:	
(Buyer Name) Applicant Name:	
Amount	Amount in Words
500/-	Five Hundard Only (Nonrefundable/Nontransferable)

Depositor Signature_____
Bank's Teller_____
Bank's Officer

Islamabad Testing Services

Customer Copy CHALLAN FORM



Date _____

(*Please deposit fee at any UBL Branch)

UBL Account No.	242537276
Branch Name & Code	
(PV#) CNIC No. / B Form No:	
(Buyer Code) Father Name:	
(Buyer Name) Applicant Name:	
Amount	Amount in Words
500/-	Five Hundard Only (Nonrefundable/Nontransferable)

Depositor Signature_____
Bank's Teller_____
Bank's Officer