

ALL OVER PAKISTAN PROJECT

Project ID: 6-3-19

TRAINING FORM PHYSICAL TEST CENTER
SUPERVISOR

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	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	پینک / برانچ											CHEQUE/INSTRUMENT NO. پینک نمبر											
Cash												9 5 0											
											TOTAL AMOUNT کل رقم												
											9 5 0												
Total Amount in Words:	Nine 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																						
(For non-HBL/Walk-in Customers. Also attach CNIC Copy)																							
Depositor's Account No.																							
(For HBL Customers / Account Holders)																							
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 .

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