

ISLAMABAD TESTING SERVICE

PANEL CARD FORM

PUNJAB PROJECT

SUPERVISOR

Projectid:4-4-19

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۔

01. Bank Online Deposit of Rs: 550/- 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



S
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Name: Muhammad Umer

Designation: Supervisor

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 D M M Y Y Y Y	
Account Title اکاؤنٹ: دلفر کاسٹم	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 Cash	CHEQUE/INSTRUMENT NO. چیک نمبر / برانچ	5 5 0	
TOTAL AMOUNT		5 5 0	
Total Amount in Words:	Five Hundred And Fifty Only		
Commission (if any)			
Depositor's Name دفع کنندہ کا نام	Your Name		
Contact No. تلفون نمبر	Your Contact No		
Depositor's CNIC No. دفع کنندہ کا ایچ ڈی سی این نمبر	Your CNIC No		
Depositor's Account No. دفع کنندہ کا اکاؤنٹ نمبر	(For non-HBL/Walk-In Customers. Also attach CNIC Copy)		
(For HBL Customers / Account Holders)			
Received By: وصول کنندہ	Depositor's Signature دفع کنندہ کی دستخط		

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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Pakeeza Market , I-8/4, Islamabad

Mobile :0317-7908819



Islamabad Testing Services



Bank Copy CHALLAN FORM

(*Please deposit fee at any UBL Branch)

Date _____

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
550/-	Five Hundard Fifty 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

(*Please deposit fee at any UBL Branch)

Date _____

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
550/-	Five Hundard Fifty Only (Nonrefundable/Nontransferable)

Depositor Signature

Bank's Teller

Bank's Officer



Islamabad Testing Services



Customer Copy CHALLAN FORM

(*Please deposit fee at any UBL Branch)

Date _____

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
550/-	Five Hundard Fifty Only (Nonrefundable/Nontransferable)

Depositor Signature

Bank's Teller

Bank's Officer