



**11. Please tick against one post you want to apply for:**

Sr. No	Name of Post Applied for	BPS	<input checked="" type="checkbox"/>	Sr. No	Name of Post Applied for	BPS	<input checked="" type="checkbox"/>
1	Tube Well Operator	04	<input type="checkbox"/>	2	Daftri	02	<input type="checkbox"/>
3	Vehicle / Tractor / Helper / Cleaner / Greaser					02	<input type="checkbox"/>

**12. Undertaking by the applicant**

I \_\_\_\_\_ d/s/w of \_\_\_\_\_ do hereby solemnly declare that all the information provided by me in this application form and all the additional particulars/documents/ certificates furnished along with it, are true to the best of my knowledge and belief and nothing has been concealed. I also declare that I have never been dismissed or removed from Govt service under any provincial, federal government autonomous and semi-autonomous or state enterprise. If any wrong or incorrect is found later, I shall be liable to disciplinary action which may result in cancellation of my candidature and even my employment.

Date: \_\_\_\_\_ Signature of the candidate: \_\_\_\_\_

**Instructions:**

- Fill the application form properly with complete and correct information.
- Do not leave any field blank, otherwise your application shall be rejected.
- Incorrect, false or forged information may result in cancellation of your candidature at any stage.
- Attach a recent passport size photograph and attested copy of CNIC.
- By hand submission of application form is not allowed.
- Test fee is non-refundable and non-transferable.

- ❖ Last Date for application submission is **Monday, 5<sup>th</sup> February, 2018.**
- ❖ Application should reach UTS office latest by last date of submission of Application form.
- ❖ UTS will not be responsible for late receiving of application through courier/ Pakistan post etc.

**Please Send Application Forms to:**

**Manager Operations (PID: MC-2)  
Universal Testing Services (UTS),  
103, Sumbal Road, F10/1,  
Islamabad.  
Help line: 051-2153534**



## Universal Testing Services

**UTS Copy**

Date: \_\_\_\_\_ Branch Code: \_\_\_\_\_ Branch Name: \_\_\_\_\_

نوٹ: برائے مہربانی فیس صرف ایک بینک میں جمع کروائیں اور اس بینک کے دیئے ہوئے باکس پر نشان لگائیں۔ بینک مہر ہر کاپی پر ضروری ہے۔ برائے مہربانی اصلی بینک سلف یوٹی ایس کے پتم پر بھجوادیں۔ یوٹی ایس کاپی کے بغیر درخواست نامکمل سمجھی جائے گی۔

Bank Alfalah



Branch: Online Branches Nationwide  
A/C Title: Universal Testing Services  
A/C No: 0131-1005509175

Habib Bank Ltd.



Branch: Online Branches Nationwide  
A/C Title: Universal Testing Services  
A/C No: 2269-79303678-03

United Bank Ltd.



Branch: Online Branches Nationwide  
A/C Title: Universal Testing Services  
A/C No: 228600116

Applicant Name: \_\_\_\_\_ S/D of: \_\_\_\_\_ Cell No: \_\_\_\_\_

CNIC No: \_\_\_\_\_ Post Applied For: \_\_\_\_\_

Amount RS: 80/-- Amount in Words: Eighty Rupees only. Project ID: MC-2

**This Fee is non refundable and non transferable.**



## Universal Testing Services

**Customer Copy**

Date: \_\_\_\_\_ Branch Code: \_\_\_\_\_ Branch Name: \_\_\_\_\_

نوٹ: برائے مہربانی فیس صرف ایک بینک میں جمع کروائیں اور اس بینک کے دیئے ہوئے باکس پر نشان لگائیں۔

Bank Alfalah



Branch: Online Branches Nationwide  
A/C Title: Universal Testing Services  
A/C No: 0131-1005509175

Habib Bank Ltd.



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A/C Title: Universal Testing Services  
A/C No: 2269-79303678-03

United Bank Ltd.



Branch: Online Branches Nationwide  
A/C Title: Universal Testing Services  
A/C No: 228600116

Applicant Name: \_\_\_\_\_ S/D of: \_\_\_\_\_ Cell No: \_\_\_\_\_

CNIC No: \_\_\_\_\_ Post Applied For: \_\_\_\_\_

Amount RS: 80/-- Amount in Words: Eighty Rupees only. Project ID: MC-2

**This Fee is non refundable and non transferable.**



## Universal Testing Services

**Bank Copy**

Date: \_\_\_\_\_ Branch Code: \_\_\_\_\_ Branch Name: \_\_\_\_\_

نوٹ: برائے مہربانی فیس صرف ایک بینک میں جمع کروائیں اور اس بینک کے دیئے ہوئے باکس پر نشان لگائیں۔

Bank Alfalah



Branch: Online Branches Nationwide  
A/C Title: Universal Testing Services  
A/C No: 0131-1005509175

Habib Bank Ltd.



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Applicant Name: \_\_\_\_\_ S/D of: \_\_\_\_\_ Cell No: \_\_\_\_\_

CNIC No: \_\_\_\_\_ Post Applied For: \_\_\_\_\_

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