Application Form



Provincial Disaster Managment Authority Balochistan

Screening Test For (BPS-16 & 17)

Reg. No

Picture 1

Paste your recent passport size color photograph with **GUM**

Eligibility Criteria						
A. Is your Age according to the desired Post at the date of 04-08-2018		Yes No				
B. Is your Qualification /Experience according to the Eligibility Criteria?		Yes No				
C. Do you have Domicile of Balochistan?	Yes No					
If your reply is "Yes" to A, B & C above, only then please proceed further. Otherwise you are not eligible to apply						
01. Bank Online Deposit of Rs: 400/- from De	esignated Bank Branches					
Bank Code	Deposit Date					
*Note: Application Form will not be entertained without Original Deposit Slip (CTSI	P Copy)					
2: Desired Post: Fill Only One Box for Desired Post. (Man To apply for more than one posts, please use separate form. This for the Assistant Director (BPS-17) Audit Officer Provincial Emergency		web Developer (BPS-17)				
(BPS-17) Operating Center Officer (BPS-17)	(BPS-16)	(BPS-16)				
2(a): Desired Test City Quetta						
2(b):District of Domicile —						
Quota of Disable Person Non Muslims Quota						
Personal Information: In CAPITAL letters On	ly					
03 . Name in Full:						
04. Father's Name:						
05. Candidate CNIC #: Write your own CNIC No. Or B Form No						
06. Date of Birth:	07. Gender: 08. Marital Status	Male Female □ Female □ UnMarried □ UnMarried				
09. Religion: Muslim Non Muslim						
10.Mailing Address:						
11. City:	DO NOT give your portable mobile nu	mber (which is converted				
13. E-mail Address:	from one network to another) so that \$	owio delivery is ensured.				
15. Phone No: (OFF):	_16. Residence:					

17. Academic Information (Please attach copies of your academic certificates at this stage.)							
Certificate / Degree Leve	Degree / Sanad Title	Specialization / Major Subject	Year Passing	Obtained Marks / CGPA	Total Marks / CGPA	Percentage	Board / University / Institute
Matric							
Intermediate / D.A.E							
Bachelor (14 Years)							
Master /Bs (Hot Equivalent	n)/						
B.ed/M.ed/ Professional/Other Deploma Certificat							
18.Employment Record: (Relevant Experience Only) (Please do not attach copies of your experience certificates at this stage)							
SR#	Organization / Er	nployer Name		Job Title		From	Job Duration Write only Month & Year To
01						FIOIII	10
01							
02							
03							
Months Years							
18. Total Job Experience as on closing date of application:							
Under	taking By The A	pplicant					Picture 1
Id/s/w ofdo hereby solemnly					Paste your recent		
declare and affirm that I have read and understood the instructions and conditions for appearing in the CTSP Test, and I have filled-up the application form as per instructions given below. In case of photograph with							
any information contained herein is found at any stage to be missing, untrue, false, my candidature can be cancelled at any stage (even after employment, if so revealed later), and I shall be liable to photograph not older than							
legal actic	6 Months having blue background						
Date:	Thumb Impres	ssion C	_ Candidate's Signature				

20. General Instructions / Information

- ★ Please fill the Application Form properly with complete and correct information / answers
- ★ Please DO NOT leave any field blank, otherwise your application may not be considered
- Incorrect or false information may result in cancellation of your candidature at any stage, even after admission, and also proceeding of a legal action.
- ★ Attach your Two recent Passport Size Photographs, Copy of CNIC, copies of your academic certificates and Original Bank Deposit Slip (CTSP COPY)
- ★ Mobile Phones or any Electronic Gadgets are not allowed in Test Center Premises
- ★ Use separate envelope and separate application form for each post you are applying
- ★ All Relevent information will be sent via Sms only ★ Application received after due date will not be accepted
- ★ Last date for submission of application form is 04-08-2018

Note: Office Call Timing: From 9:00 am To 5:00 pm

Help line

Phone: 051-2223898 Mobile: 0331-2223898

Website: www.ctsp.com.pk

overten com nk

Please Send
Application Forms to:

Career Testing Services Pakistan
Office No: 389, Street # 75A

E-11/3 Islamabad

Project PDMA/06/2018)



Career Testing Services Pakistan

BANK's COPY

Provincial Disaster Managment Authority Balochistan

Branch Code: Branch Name:	Date:				
	DEPOSIT SLIP nly one bank & tick the relevant bank)				
The Career Testing Services Pakistan A/C No: 02297901021503	where you come first A/C Title: Career Testing Services Pakistan A/C No: 1055-238639241				
*Note: Desired Bank Stamp is required on the Deposit Slip & Original Deposit Slip (without Original Deposit Slip (CTSP Copy)	CTSP Copy) along Application Form. Application Form will not be entertained				
Project ID: (P	PDMA 6/2018)				
Applicant's Name:	Father Name:				
CNIC No/ B Form No:	Applied for:				
Fee Plus BC	400/- Amount in Four hundred only				
Applicant's Signature Ca	shier Officer				
CTSP Provincial Disaster Managment Authority Balochistan Date: ONLINE DEPOSIT SLIP	CTSP COPY Provincial Disaster Managment Authority Balochistan Branch Code:				
(*Please deposit fee in only one bank & tick the relevant bank)	(*Please deposit fee in only one bank & tick the relevant bank)				
A/C No: 02297901021503 HABIB BANK Current Testing Services Pakistan A/C No: 02297901021503 A/C No: 02297901021503	HBL HABIB BANK The Language of The Career Testing Services Pakistan A'C No: 02297901021503 A'C No: 02297901021503				
Note: Desired Bank Stamp is required on the Deposit Slip & Original Deposit lip (CTSP Copy) along Application Form. pplication Form will not be entertained without Original Deposit Slip (CTSP Copy)	*Note: Desired Bank Stamp is required on the Deposit Slip & Original Deposit Slip (CTSP Copy) along Application Form. Application Form will not be entertained without Original Deposit Slip (CTSP Copy)				
roject ID: (PDMA 6/2018)	Project ID: (PDMA 6/2018)				
applicant's Jame:	Applicant's Name:				
Cather liame:	Father Name:				
CNIC No/ B Form No:	CNIC No/ B Form No:				
Applied for:	Applied for:				
Fee Plus BC	Fee Plus BC				
400/- Amount in word: Rs. Four hundred only	Total: 400/- Amount in word: Rs. Four hundred only				
pplicant's Signature Cashier Officer	Applicant's Signature Cashier Officer				