APPLICATION FORM

Reg	No:			
_				



DISTRICT ADMINISTRATION, SWAT GOVERNMENT OF KHYBER PAKHTUNKHWA

Eligibility Criteria:

A. is your age according t	to the prescribed age limit for the desire	ed post? Yes	∐ No	PASTE YOUR RECENT
B. Do you have requisite Advertisement?	Qualification & Experience as mentione	ed in Yes	□ No	PASSPORT SIZE
C. Is your Domicile accord Advertisement?	ding to the desired post as mentioned in	n Yes	□ No	COLOR PHOTOGRAPH WITH
	&C above, only then please proceed further.			GUM
	posit of Rs: 150/- from Designat will not be entertained without original depo		2 S.	
Bank Code		Deposit Date		
	Il out the boxes against the posts you want t	to apply. Deposit Rs.15 (]]/- against each r	post you want to apply.
01. Computer Oper			, agamet caem p	
3. Desired Test Ci	ty: Fill only one box (Mandatory).			
01. Swat	1			
o1. Swat				
1 Domicile Provin	ice Do	micile District:		
5. Personal Inform	nceDo nation: Use CAPITAL letters and leave spa			
5. Personal Inform 01. Name in Full:				
O1. Name in Full: O2. Father's Name:				
01. Name in Full: 02. Father's Name: 03. Candidate CNIC #:				
O1. Name in Full: O2. Father's Name:		aces between words.	any disability?	Yes No
O1. Name in Full: O2. Father's Name: O3. Candidate CNIC #:	nation: Use CAPITAL letters and leave spa	aces between words.	any disability?	Yes No
5. Personal Inform 01. Name in Full: 02. Father's Name: 03. Candidate CNIC #: 04. Gender:	nation: Use CAPITAL letters and leave spa	O5. Have you a	any disability?	Yes No
O1. Name in Full: O2. Father's Name: O3. Candidate CNIC #: O4. Gender:	nation: Use CAPITAL letters and leave spa	05. Have you a	any disability?	
01. Name in Full: 02. Father's Name: 03. Candidate CNIC #: 04. Gender: 06. Date of Birth: 08. Postal Address:	nation: Use CAPITAL letters and leave spa	05. Have you a	any disability?	
O1. Name in Full: O2. Father's Name: O3. Candidate CNIC #: O4. Gender: O6. Date of Birth: O8. Postal Address: O9. Phone No: (Res.)	Tation: Use CAPITAL letters and leave spanning to the company of t	05. Have you a Y 07. Email	any disability?	
O1. Name in Full: O2. Father's Name: O3. Candidate CNIC #: O4. Gender: O6. Date of Birth: O8. Postal Address: O9. Phone No: (Res.) 10. Religion: Mus	Male Female City (Mobil	05. Have you a	any disability?	

06. Academic Information:

Note: 1. ATS will not issue Roll No Slips to those who have not filled in their academic record properly.

- 2. Candidate should convert their grades into marks.
- 3. Write exact degree name & major subject mentioned in certificate/ transcript.

Certificate/ Degree Name	Degree Title	Major Subjects	Year Passing	Obtained Marks/CGPA	Total Marks/ CGPA	Board/ University
Matric (10 Years)						
Intermediate (12 Years)						
Bachelor (14 Years)						
Bachelor (Hons)/ Master (16 Years)						
Diploma						
Others						

07. Employment Record:

Sr.	Organization/ Employer Name	Job Title	Dura	<u>tion</u>
No			From	То
01				
02				

08. Total Job Experience:	PASTE YOUR RECENT
os. Total Job Experience.	PASSPORT SIZE
09. CNIC No:	COLOR
	PHOTOGRAPH WITH
10. Mobile No: (Same as mentioned above)	GUM

11. Undertaking by the applicant:

certificates furnished alon I also declare that I have r Government, autonomous	d/s/w of	all the additional particulars/documents/dobelief and nothing has been concealed. rice under any provincial, federal wrong or incorrect information is found
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 two recent passport size photograph & attested copy of CNIC.
- By hand submission of application form is not allowed.
- Test fee is non-refundable and non-transferable.
 - Last Date of the submission of Application Form is FRIDAY, 22nd April, 2022.
 - Application Form should reach ATS office latest by last date of submission of Application form.
 - ❖ ATS will not be responsible for late receiving of application through courier/ Pakistan post etc.

Help Line:

Ph: 051-2153577-9

Website: <u>www.ats.org.pk</u> Email: <u>info@ats.org.pk</u> **Please Send Application Forms**

(Only through courier or Pakistan Post within due date)

Manager Operations (Project: DC-Swt)

Allied Testing Services (ATS) 111-B, Street # 30, F-10/1, Islamabad



Allied Testing Services BANK COPY District Administration, Swat

	le	Branch Name	Date_	
		ONLINE DEPOSIT SLIP (Please deposit fee in only one bank and tick the relevan	it hank)	
A/C Title: Allied Te A/C No: 50127000 Note: Bank Service Charg Desired bank stamp is re deposit slip (ATS Copy) a Form to ATS Office.	sting Services 600355 ges: Free of Cost equired on the	Bank AL Habib Limited A/C Title: Allied Testing Services A/C No: 00150981013676011 Note: Bank Service Charges: Free of Cost Desired bank stamp is required on the deposit slip (ATS Copy) along Application Form to ATS Office.	Test Processing Fee: 150/- Total: 150/-	Amount in Words: One Hundred and Fifty Rupees Only. Non Refundable/ Non Transferable
Politico A13 Office.		Tomico Alo Onica	L:	
Project Id:	DC-S	wt	Applicant Signature	Cashier
Applicant's Name:			Applicant Signature	Casillei
Guardian's Name:			Officer	
CNIC No/ B Form No:			(
Post Name:				
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Applicant's Name: Guardian's Name: CNIC No/ B Form No:	DC-S	wt	Applicant Signature Officer	Cashier
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Project Id: Applicant's Name: Guardian's Name: CNIC No/ B Form No: Post Name:	Side	Allied Testing Ser ATS COPY District Administration, S Branch Name ONLINE DEPOSIT SLIP	Officer Vices wat Date	
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