



Application Form

PAST
PHOTO

Fee Deposit Date: _____ Bank Name: _____

Name of Post: _____

Applicant Name: _____ Father/Husband Name: _____

CNIC No. _____ Date of Birth: _____

Gender: _____ Religion: _____ Disability: _____

Height (Only for Sepoy Post) : _____ Chest : _____

Domicile (Province): _____ Mobile No. _____

Postal Address: _____

Choice of Test/Interview Center: (a) Karachi (b) Hyderabad (c) Sukkur (d) Larkana (e) Mirpurkhas
(f) SBA (Nawabshah)

(Minimum 300 Candidates are compulsory for conducting Test at each Center)

EDUCATION:

Degree/ Certificate	Board/University	Passing Year	Marks		Grade/Division
			Total	Obtained	
Matric					
Intermediate/DAE					
Graduation					
Master					
Any Other					

Experience: _____

Declaration:-

I certify that the above provided information is absolutely correct to the best of knowledge.

Dated: _____

Applicant Signature

Note: - **No Documents needed to be attached at this time except Deposit Slip+ Copy of CNIC.**



FINE TESTING AGENCY

Test For Your Best
FTA Copy

Branch Code: _____

Date: _____

Branch Name: _____

ONLINE DEPOSIT SLIP

HL HBL	HABIB BANK LIMITED
Account Title	Fine Testing Agency
Account Number	06027992641503

- Application Form will not be entertained without Original Deposit Slip.
- Desired Bank Stamp is required on the Deposit Slip.

Applicant Name:	
Father Name:	
CNIC No	
Post Applied for	

Amount in Figures	Rs. 900/-
Amount in Words	Nine Hundred Only

Applicant Sign

Cashier

Officer



FINE TESTING AGENCY

Test For Your Best
Bank Copy

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Cashier

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