

1

FOR
State Life Insurance Corporation of
Pakistan (SLIC-PAK) (419)

CANDIDATE's PERSONAL DATA امیدوار کی ذاتی معلومات
(Application Form with incomplete personal data or information will not be entertained)

1. FULL NAME پورا نام Write all in CAPITAL													A	B	C
2. FATHER's NAME والد کا نام Write all in CAPITAL													X	Y	Z
3. GENDER جنس	MALE	<input type="checkbox"/>	FEMALE	<input type="checkbox"/>	4. DATE OF BIRTH پیدائش کی تاریخ		d	d	.	m	m	.	y	y	y

5. CNIC NUMBER قومی شناختی کارڈ نمبر						-									-
6. CNIC NUMBER Re-enter						-									-
7. MOBILE NUMBER موبائل فون نمبر	(+92)	0	3			-									8.

9. E-MAIL ADDRESS	@														
10. PERMANENT ADDRESS Write all in CAPITAL مستقل پتہ															

11. DOMICILE PROVINCE رہائش گاہ کا صوبہ	Province										12. DOMICILE DISTRICT رہائش گاہ کا ضلع	District				
--	----------	--	--	--	--	--	--	--	--	--	---	----------	--	--	--	--

13. RELIGION مذہب	MUSLIM مسلم	<input type="checkbox"/>	NON MUSLIM غیر مسلم	<input type="checkbox"/>	14. DISABILITY معذوری	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-------------------	----------------	--------------------------	------------------------	--------------------------	-----------------------	-----	--------------------------	----	--------------------------

15. CURRENT OCCUPATION موجودہ پیشہ	GOVERNMENT SERVANT	<input type="checkbox"/>	PRIVATE SERVICE	<input type="checkbox"/>	IF JOBLESS	<input type="checkbox"/>	IF EX-SERVICEMAN	<input type="checkbox"/>
---------------------------------------	--------------------	--------------------------	-----------------	--------------------------	------------	--------------------------	------------------	--------------------------

16. ORPHAN یتیم	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----------------	-----	--------------------------	----	--------------------------

A. APPLIED POST پوسٹ منتخب کی	
-------------------------------	--

05. Account Officer	<input type="checkbox"/>
---------------------	--------------------------

Please do not damage this form by folding it and complete it with CAPITAL letters

براه کرم اس فارم کو فولڈ کر کے ڈیمج نہ کریں، اور بڑے لیٹرز کے ساتھ مکمل کریں

2

FOR
State Life Insurance Corporation of Pakistan
(SLIC-PAK) (419)



D. DESIRED TEST CENTER

(PTS will decide your final test center)(Please mark only one box (برائے مہربانی صرف ایک باکس منتخب کریں))

Islamabad	<input type="checkbox"/>	Lahore	<input type="checkbox"/>	Karachi	<input type="checkbox"/>	Quetta	<input type="checkbox"/>
Peshawar	<input type="checkbox"/>	Multan*	<input type="checkbox"/>	Hyderabad*	<input type="checkbox"/>	Faisalabad*	<input type="checkbox"/>

(* is subject to number of candidates, otherwise will be merged in nearest city)

F. ACEDMIC / QUALIFICATION SELECTION DATA

(Please complete it properly (براه کرم مکمل طور پر اور مناسب طریقے سے بھریں))

Certificate /Degree Level	Exact Degree Title	Year Passing	Obtained Marks / CGPA	Total Marks / CGPA	%age	Division	Institute/Board
SSC / O-Level (10 Years)							
HSSC / DAE / A-Level (12 Years +)							
Bachelors (14 Years)							
Bachelors/BS (16 years)							
Masters (If any) (16+ years)							
M-Phil/MS							
Ph.D							

G. OTHER CERTIFICATION / DIPLOMA / COURSE / COMPUTER SKILLS DATA (IF ANY)

(Please complete it properly (براه کرم مکمل طور پر اور مناسب طریقے سے بھریں))

Certificate /Diploma Level	Institution Name	Name of Diploma/Course & Certificate	Duration		Total Duration
			From	To	
Certificate					
Diploma Or Course					

H. JOB / PROFESSIONAL EXPERIENCE DATA (IF ANY) (NOT MANDATORY)

(Please complete it properly (براه کرم مکمل طور پر اور مناسب طریقے سے بھریں))

S.No#	Organization / Employer Name	Position (Working as)	Job Duration Write only Month & Year		Total Period Of Experience
			From	To	
1					
2					
3					
4					

E=

(SLIC) (419)

GENERAL INSTRUCTIONS

GENERAL INSTRUCTION FOR APPLICATION FORM TESTING

Please fill this form as per instructions give below:

- Application form is free of charge and it's not for sale.
- Application form received after due date will not be considered.
- Application form which is incomplete or submitted by hand will not be entertained.
- Applicant age shall be calculated from the closing date of application.
- Candidates must attach clear photocopy of their CNIC (NADRA).
- Computer literacy is a must for all position except support staff.
- Applications carrying incorrect information shall be instantly rejected.
- Candidate should bring their original testimonials at the time of interview.
- Candidates should also attach photocopies of all supporting documents if required or mentioned in the advertisement {e.g. (SSC/Intermediate certificates recognized by board),(Degrees recognized by HEC), Domicile, Local Certificate or NOC etc.} in A4-sized (8.27" x 11.69")
- Candidature could be determined on the basis of applicants' personal data, domicile, qualification, professional experience and performance in test/s to be conducted by P.T.S.
- No TA / DA would be admissible for test/interview. However, test & interview is devised by the employer within their legal criteria & policy. Hence, only shortlisted candidates will be intimated for test, exam or interview.
- Please make sure that if any other person attempts to take the test, exam or interview in your place, both you and such person will be liable to prosecution. And details relating to the situation will be forwarded to the relevant employer and appropriate regulatory authorities.
- In case of any bogus/ false information or criminal record, selection shall stand withdrawn/cancelled immediately.
- Disabled persons, females, orphans, minorities or non-Muslims are encouraged to apply.
- Employer has right to alter/cancel the test, post, position and distribution of advertised vacancies.
- Deposited Test Fee is non-refundable / nor-transferable.

CHECK LIST

- I have signed my application form.
- I have provided all the information required.
- I have attached the copy of my NADRA CNIC.
- I have paid & attached the fee challan form.

UNDERTAKING BY THE CANDIDATE

By signing below and submitting this Form, I _____ s/d/w of _____ do hereby declares that I have read General Instructions, and the information I am providing in this form is accurate & true to my knowledge. In case of any information comprise herein found at any stage to be conceal, missing, untrue, false or forged, my candidature can be cancelled at any stage (even after employment, if so revealed later), and I shall be liable to any legal action against me. And I am using P.T.S. as Service Provider only so P.T.S. will not stand liable for what I have signed in this form & result I obtain in after selection or test.

**PHOTO
PASTED**
تصویر پیسٹ کریں







Date & Left Thumb Impression

Candidate's Signature

HELP LINE
051 111 111 787
www.pts.org.pk

BY POST MAIL

To,
PAKISTAN TESTING SERVICE
PTS Head Quarter, 3rd Floor, Adeel Plaza,
Fazal-e-Haq Road, Blue Area, ISLAMABAD.

5	If payment made through following transaction, mark checker box and attach proof of payment.	Online <input type="checkbox"/>	Mobile Paise <input type="checkbox"/>	Bank <input type="checkbox"/>	419
	Bank Deposit Slip (PTS Copy)	Branch Name:			
	State Life Insurance Corporation of Pakistan (SLIC-PAK) (419)	Branch Code:			
		Payment Date:			
United Bank Limited  A/C Title: Pakistan Testing Service (Pvt) Ltd-MCA UBL A/C Number: 225701041			Habib Bank Limited  A/C Title: Pakistan Testing Service (Pvt) Ltd-MCA HBL A/C Number: 0042-79916572-03		
Please note: 1. Desired Bank Stamp is required on the Deposit Slip or attach electronic receipt with deposit Slip. 2. Send Original Deposit Slip (PTS Copy) & application to PTS Office within due date.					
Applicant Full Name		Bank Charges Or/If/Any Other Applicable Charges	30-	Amount in words PKR	Thirty Rupees Only
Father's Name		Test Fee (Inclusive of all Govt. Taxes)	450-	Amount in words PKR	Four hundred fifty rupees Only (Non Refundable / Nor Transferable)
Mobile Number		Deposited Amount	PKR 480-		
CNIC Number (FRC, CRC or PV#)		Total Fee (Inclusive of all Govt. Taxes)	480-	Amount in words PKR	Four hundred & eighty Rupees Only (Non Refundable / Nor Transferable)
Post/Position Applied (Only for One Position)	05. Account Officer	Applicant's Signature		Cashier's Stamp	
<div style="display: flex; justify-content: space-between; width: 100%;"> ✂ ✂ </div>					
	Bank Deposit Slip (Bank Copy)	Branch Name:			
	State Life Insurance Corporation of Pakistan (SLIC-PAK) (419)	Branch Code:			
		Payment Date:			
United Bank Limited  A/C Title: Pakistan Testing Service (Pvt) Ltd-MCA UBL A/C Number: 225701041			Habib Bank Limited  A/C Title: Pakistan Testing Service (Pvt) Ltd-MCA HBL A/C Number: 0042-79916572-03		
Please note: 1. Desired Bank Stamp is required on the Deposit Slip or attach electronic receipt with deposit Slip. 2. Send Original Deposit Slip (PTS Copy) & application to PTS Office within due date.					
Applicant Full Name		Bank Charges Or/If/Any Other Applicable Charges	30-	Amount in words PKR	Thirty Rupees Only
Father's Name		Test Fee (Inclusive of all Govt. Taxes)	450-	Amount in words PKR	Four hundred fifty rupees Only (Non Refundable / Nor Transferable)
Mobile Number		Deposited Amount	PKR 480-		
CNIC Number (FRC, CRC or PV#)		Total Fee (Inclusive of all Govt. Taxes)	480-	Amount in words PKR	Four hundred & eighty Rupees Only (Non Refundable / Nor Transferable)
Post/Position Applied (Only for One Position)	05. Account Officer	Applicant's Signature		Cashier's Stamp	
5	If payment made through following transaction, mark checker box and attach proof of payment.	Online <input type="checkbox"/>	Mobile Paise <input type="checkbox"/>	Bank <input type="checkbox"/>	

E=

(SLIC) (419)