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APPLICATION FORM

درخواست فارم

PHOTO PASTED نصویرپیسٹ کریں

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

5. CNIC NUMBER قومی شناختی کارڈ نمبر										
6. CNIC NUMBER Re-enter										
7. MOBILE NUMBER مويائل فون كانمبر	(+9	92)	0	3						_8

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

11. DOMICILE PROVINCE ربائش گاه کا صویہ	Provir	nce		12. DOMICILE DISTRICT رہائش گاہ کا ضلع	District			
13. RELIGION منبب MU	SLIM	NON MUSLIM غیر مسلم		14. DISABI	معذوری ITY_	YES	NO	
15. CURRENT OCCUPATION موجوده پیشہ	GOVERNMENT SERVAN	π	PRIVATE	SERVICE	IF JOBLES	SS IF E)		
نتيم 16. ORPHAN	YES	NO]					
پوسٹ منتخب کی A. APPLIED POST								
06. Audit Officer								
Please do not damage this form by folding it and complete it with CAPITAL letters								

براہ کرم اس فارم کو فولڈ کرکے ڈیمج نہ کریں، اور بڑے لیٹرز کے ساتھ مکمل کریں

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



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	(P	IS WIII deci	de your final tes	t center)(Plea	ise mark	only on	، منتخب کریں ie box	ے ایک باکس	ېربانی صرف	(برائے م	
Islam	abad		Lahor	e]	I	Karachi			Quetta	
Peshawar Multan*		*]	Ну	derabad*		Fa	isalabad*			
						(* is subj	ect to number of ca	ndidates, o	otherwise	will be merged in	nearest city)
			F. ACEDE	MIC / QUA	LIFICA	FION S	ELECTION D	ATA			
			(Please comple	ete it properly	سے بھریں ا	ب طریقے ا	مکمل طور پر اور مناس	(براہ کرم ا			
Certificate /Degree Level		Exact Deg	ree Title	Year Passing	Obtained CG		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) (براہ کرم مکمل طور پر اور مناسب طریقے سے بھریں Please complete it properly)								
Certificate /Diploma	Institution Name	Name of Diploma/Course	Dura	ation	Total Duration			
Level	Institution Name	& Certificate	From	То				
Certificate								
Diploma Or Course								

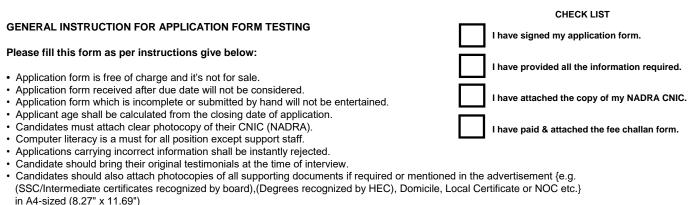
H. JOB / PROFESSIONAL EXPERIENCE DATA (IF ANY) (NOT MANDATORY) (براه کرم مکمل طور پر اور مناسب طریقے سے بهریں Please complete it properly)							
S.No#	Organization / Employer Name	Position (Working as)	Job Duration Write only Month & Year		Total Period Of		
			From	То	Experience		
1							
2							
3							
4							

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GENERAL INSTRUCTIONS



- 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.

UNDERTAKING BY THE CANDIDATE

By signing below and submitting this Form, I do I Instructions, and the information I am providing in this form is of any information comprise herein found at any stage to be c my candidature can be cancelled at any stage (even after em be liable to any legal action against me. And I am using P.T.S not stand liable for what I have signed in this form & result I o	PHOTO PASTED تصویرپیسٹ کریں	
Date & Left Thumb Impression	Candidate's Signa	ature
	Q	
HELP LINE 051 111 111 787 www.pts.org.pk	BY POST MAIL To, PAKISTAN TESTING SERVICE PTS Head Quarter, 3rd Floor, Ac Fazal-e-Haq Road, Blue Area, IS	•

(SLIC) (419)

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5	If payment made through following transaction Online Mobi	on, mark checker box and a	attach proof Banl		 419	
	Bank Deposit Slip (PTS Copy)	Branch Name:				
PTS st	ate Life Insurance Corporation of Pakistan (SLIC-PAK) (419)	Branch Code: Payment Date:				
	Jnited Bank Limited kistan Testing Service (Pvt) Ltd-MCA		abib Ban stan Testin		ed HBL (Pvt) Ltd-MCA	
UBL A	/C Number: 225701041	HBL A/C Nu	imber:	0042-7	79916572-03	
Please note: 1. Desired B	ank Stamp is required on the Deposit Slip or attach electronic receipt	with deposit Slip. 2. Send Original Dep	oosit Slip (PTS Co	opy) & application	on to PTS Office within due date.	
Applicant Full Name		Bank Charges Or/If/Any Other Applicable Charges	30-	mount in ords PKR	Thirty Rupees Only	
Father's Name		Test Fee (Inclusive of all Govt. Taxes)	450-	mount in ords PKR	Four hundred fifty rupees Only (Non Refundable / Nor Transferable)	
Mobile Number		Deposited Amount		PK	R 480-	
CNIC Number (FRC, CRC or PV#)		Total Fee (Inclusive of all Govt. Taxes)	480-	mount in ords PKR	Four hundred & eighty Rupees Only (Non Refundable / Nor Transferable)	
Post/Position Applied (Only for One Position)	06. Audit Officer	Applicant's Sign	ature		Cashier's Stamp	
	9					
		σ				
	Bank Deposit Slip (Bank Copy) te Life Insurance Corporation o	Branch Name: f Branch Code:				
PTS	Pakistan (SLIC-PAK) (419)	Payment Date:				
	Jnited Bank Limited		abib Ban stan Testin		ed HBL (Pvt) Ltd-MCA	
UBL A	/C Number: 225701041	HBL A/C Nu	imber:	0042-7	79916572-03	
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Post/Position Applied (Only for One Position)	06. Audit Officer	Applicant's Sign	ature		Cashier's Stamp	
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