

SMBBMC-LIYARI GENERAL HOSPITAL

HEALTH DEPARTMENT | GOVERNMENT OF SINDH

Project ID: P-23-66

11

Screening Test for the Posts

DENTAL TECHNICIAN (B-9)

2
Picture-1
Affix your recent Passport size تصویر لاز باشبلک کریں بصورت
ويكر فارممل مينبين لاياجائيكا

I. Personal Information:	Use CAPITAL letters and leave spaces between words.	ويمر فارم ل شن شن الأياجائية				
1. Name in Full:						
2. Fathers/Guardian Name:						
3. Candidate CNIC#:						
04. Gender: Male	Female 05. Date of Birth: Write your Correct Date of Birth of	therwise you will be rejected				
06. Mobile No	1 2 3 4 5 6 7 07. Marital Married	Un-Married				
	ortable mobile number (which is converted another) so that SMS delivery is ensured. 08. Religion: Muslim	Non-Muslim				
09. Postal Address: All correspondence will be made on this address though courier service or ordinary postal service.	If Non-Muslim, Please Specify	your Religion:				
Town/Sector/Village:/Mohalla	Tehsil: District:					
10. Other Mobil No (if):	11. Email:					
12. Are you already Governm In case of Yes, please attach NOC	12. Are you already Government Employee? YES NO					
13. Are you a Disabled Person? If yes, please attach Disability Certificate	YES NO 14. Domicile District: Write he	ere Name of District				

II. Academic Information:

Certificate / Degree Level	Degree/Subject Title	Specialization / Major Subject	Year Passing	Obtained Marks / CGPA	Total Marks / CGPA	Grade/ Division	Board / University / Institute
Matric(10 Years)							
Intermediate / Equivalent (12 Years)							
Bachelor (14 Years)							
BS / Master (16 Years)							
Any other (If Higher)							
Short Course Cer (If Applicable)	tificate/Diploma						

III. Rele	vant Employment Record/Exper	ience: (P	lease attach copies of your experie	nce certif	icates)		
S.NO	Organization/Employer Name	J	ob Title/Designation			Job Duration Only Month & Year)	
					From	То	
01.							
02.							
03.							
Total Job	Relevant Experience as on closing d	ate of ap	plication: DAYS MO	NTHS	YEARS		
	ed Test City: Fill Only One Box (Man o a minimum of 300 candidates, otherwise		idates will be assigned next	nearest	test city)		
1	2. HYDERAB	AD 3	. MIRPURKHAS	4.	SUKK	KUR	
	V. UNDE	RTAKIN	G BY THE APPLICAN	Г			
instruction instruction untrue, fal and suitab	By signing below and submitting this Form, I d/s/w of do hereby Solemnly declare and affirm that I have read and understood the instructions and conditions for appearing in the STS Test and that I have filled-up the application form as per instructions given above, and in case, any information contained herein is found at any stage to be missing, untrue, false or forged, I shall be liable to legal action either by STS and also cancellation of my candidature and suitability for employment at any stage even after employment. And I am using S.T.S. as Service Provider only so they will now stand liable for what I have signed in this form & result I obtain in after selection or test/s.						
	Date & Thumb Impressions		Can	didate's	Signature	e	
Please fill this form as per instructions give below: 1. Please fill the Application Form properly with complete and correct information / answers. 2. Please DO NOT leave any answer blank, otherwise your application shall be rejected. 3. Attach your two recent Passport Size Photograph, CNIC Copy, Academic Certificates, Domicile Certificate (copy). 4. Original Bank Deposit Slip (STS Copy). 5. No TA/DA will be allowed to candidates for Test or Interview. 6. Incomplete applications or applications containing incorrect information shall be rejected. 7. Mobile phone or Electronic Gadgets are not allowed in Test Center premises. 8. By hand submission of application is not allowed. 9. Use separate Envelope and Separate Application form for each post you are applying for							
	Help Line Contact: Please Send Application Forms to:						
Offi	ce Time: 9:00am to 4:00pm		ارسال کریں	<i>Ç≈</i> ;	م اس	ایتاقار	
Office Phone: 021-34761617 051- 2360500, Whatsapp Mobile: 03111-030004			NDH TESTING SERVICE-PA			SMBBMC-PROJE	ECT)

www.sts.org.pk

Plot- A/18/ Kashmir Road, Near Society Office Signal, Karachi, Sindh

APPLICANT NAME

FATHER NAME

CNIC NUMBER

CHALLAN NO#

STS Fee: 590/-

If applicable: 0/-

GST/Bank Charges or

Applicant's Signature

SINDH TESTING SERVICE-PAKISTAN

INVOICE

Total Deposited Amount: 590/-

Five Hundred Ninty Rupees Only

Non Refundable / Non Transferable

Cashier

Five Hundred Ninty Rupees

TILLA	OFD\/IOF	_	LICT		1

ONLINE DEPOSIT SLIP Branch Code: Branch Name : Date:					Co	ode:	Brand	ONLINE DE
(*Please	deposit fee	in only one bank & tick	the relevant ba	ank)	(*	Please	deposit fee	in only one ba
in memory of Shaheed Mohtarma Benazir Bhutto	ACCOUNT N	0334-2305761000				d Mohtarma Benacir Bhutto	ACCOUNT NO	0334-2305
SINDH BANK POWER TO THE PROPER	A/C TITLE	Sindh Testing Service	ce (Pvt.) Limited		SINDH	POWER TO THE PROPER	A/C TITLE	Sindh Tes
	ACCOUNT N	0 0147-277230366					ACCOUNT NO	0147-2772
	A/C TITLE	Sindh Testing Service	ce (Pvt.) Limited				A/C TITLE	Sindh Tes
farmalhanlı 🐧	ACCOUNT N	O 3605301000000817			farrall	anl A	ACCOUNT NO	O 36053010
faysalbank 🚳	A/C TITLE	Sindh Testing Service	ces Pakistan		laysalu	ank 🐠	A/C TITLE	Sindh Tes
ay Online Via any	ACCOUNT N	O 0334-2305761000			Pay Online Via a Mobile Banking		ACCOUNT NO	0334-2305
r make a Pay Order	A/C TITLE	Sindh Testing Service	ce (Pvt.) Limited		or make a Pay (A/C TITLE	Sindh Tes
*Note: Desired Bank Stamp is required on the Deposit Slip & Origina Deposit Slip (STS Copy). Application Form will not be entertained without Original Deposit Slip (STS Copy).				U	Depos	sit Slip		np is required). Application (STS Copy).
PROJECT ID : LGH (23-66)					JECT ID : LGI			
POST APPL	.IED				POS	T APP	LIED	

officer

Applicant's Signature

CANDIDATE COPY

SINDH TESTING SERVICE-PAKISTAN

45T5

POSIT SLIPBranch

Code:	Branch Name :	Date:
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Code	Biaiic	ii Name Date	-			
(*Please	(*Please deposit fee in only one bank & tick the relevant bank)					
In memory of Shaheed Mohtarma Benacir Shutto	ACCOUNT NO	0334-2305761000				
SINDH BANK POWER TO THE PROPER	A/C TITLE	Sindh Testing Service (Pvt.) Limited				
	ACCOUNT NO	O 0147-277230366				
	A/C TITLE	Sindh Testing Service (Pvt.) Limited				
faysalbank 🏟	ACCOUNT NO	O 3605301000000817	1			
iaysawank 📦	A/C TITLE	Sindh Testing Services Pakistan				
Pay Online Via any Mobile Banking app	ACCOUNT NO	0334-2305761000				
or make a Pay Order	A/C TITLE	Sindh Testing Service (Pvt.) Limited				
*Note: Desired Bank Stamp is required on the Deposit Slip & Original Deposit Slip (STS Copy). Application Form will not be entertained without Original Deposit Slip (STS Copy).						
PROJECT ID : LGH (23-66)						
POST APPLIED						
APPLICAN [*]	APPLICANT NAME					

FATHER NAME CNIC NUMBER CHALLAN NO# **INVOICE** 590/-Five Hundred Ninty Rupees STS Fee: GST/Bank Charges or If applicable: 0/-Total Deposited Amount: 590/-**Five Hundred Ninty Rupees Only** Non Refundable / Non Transferable

Cashier

officer

Applicant's Signature

BANK COPY

SINDH TESTING SERVICE-PAKISTAN

ONLINE DEPOSIT SLIP

Branch Code:	Branch Name :	Date:

(*Please deposit fee in only one bank & tick the relevant bank)

ACCOUNT NO 0334-2305761000

SINDH BANK NOWER TO THE PROPER	A/C TITLE	Sindh Testing Service (Pvt.) Limited	
	ACCOUNT NO A/C TITLE	0147-277230366 Sindh Testing Service (Pvt.) Limited	
faysalbank	ACCOUNT NO A/C TITLE	3605301000000817 Sindh Testing Services Pakistan	
Pay Online Via any Mobile Banking app or make a Pay Order	ACCOUNT NO A/C TITLE	0334-2305761000 Sindh Testing Service (Pvt.) Limited	

*Note: Desired Bank Stamp is required on the Deposit Slip & Original Deposit Slip (STS Copy). Application Form will not be entertained

without Original Deposit Slip (STS Copy).						
PRO	JECT ID : LGH (23-66)					
POST APPLIED						
APPLICANT NAME						
FATHER NAME						
CNIC NUMBER						
CHALLAN NO #						
	INVOICE					
STS Fee: 590/-	Five Hundred Ninty Rupees					
GST/Bank Charges or If applicable: 0/-						
Total Deposited Amount : 590/-						
Five Hundred Ninty Rupees Only						
Non Refundable / Non Transferable						

Cashier

officer