



Project ID: P-23-66

Screening Test for the Posts

12

E.N.T TECHNICIAN (BS-09)



I. Personal Information:

Use CAPITAL letters and leave spaces between words.

1. Name in Full: [Grid]

2. Fathers/Guardian Name: [Grid]

3. Candidate CNIC#: [Grid]

04. Gender: Male Female

05. Date of Birth: [M][M][D][D][Y][E][A][R] Write your Correct Date of Birth otherwise you will be rejected

06. Mobile No [0][3][3][6][1][2][3][4][5][6][7]

07. Marital Married Un-Married

DO NOT give your portable mobile number (which is converted from one network to another) so that SMS delivery is ensured.

08. Religion: Muslim Non-Muslim

09. Postal Address: _____ If Non-Muslim, Please Specify your Religion: _____
All correspondence will be made on this address though courier service or ordinary postal service.

Town/Sector/Village:/Mohalla: _____ Tehsil: _____ District: _____

10. Other Mobil No (if): _____ 11. Email: _____

12. Are you already Government Employee? YES NO
In case of Yes, please attach NOC

13. Are you a Disabled Person? YES NO
If yes, please attach Disability Certificate

14. Domicile District: [Write here 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 Certificate/Diploma (If Applicable) | | | | | | | |

III. Relevant Employment Record/Experience: (Please attach copies of your experience certificates)

| S.NO | Organization/Employer Name | Job Title/Designation | Job Duration (Write Only Month & Year) | |
|------|----------------------------|-----------------------|---|----|
| | | | From | To |
| 01. | | | | |
| 02. | | | | |
| 03. | | | | |

Total Job Relevant Experience as on closing date of application:

DAYS

MONTHS

YEARS

IV. Desired Test City: Fill Only One Box (Mandatory)

(Subject to a minimum of 300 candidates, otherwise the candidates will be assigned next nearest test city)

1. KARACHI

2. HYDERABAD

3. MIRPURKHAS

4. SUKKUR

V. UNDERTAKING BY THE APPLICANT

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.

Picture

Affix your recent
Passport size photograph
not older than 6 Months
having
blue background with Stapler

تصویر از مائیکس کریں بصورت
دیگر فارم عمل میں نہیں لایا جائیگا

Date & Thumb Impressions

Candidate's Signature

VI. General Information

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:

Office Time: 9:00am to 4:00pm

Office Phone: 021-34761617 051- 2360500,
Whatsapp Mobile: 03111-030004

www.sts.org.pk

Please Send Application Forms to:

اپنا فارم اس پتہ پر ارسال کریں

SINDH TESTING SERVICE-PAKISTAN (LGH-SMBBMC-PROJECT)

Office- Address:

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

STS COPY



SINDH TESTING SERVICE-PAKISTAN

ONLINE DEPOSIT SLIP

Branch Code: _____ Branch Name : _____ Date: _____

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

| | | | |
|--|------------|--------------------------------------|--------------------------|
| <small>In memory of Shaheed Mohammar Benerji (Sha)</small> | ACCOUNT NO | 0334-2305761000 | <input type="checkbox"/> |
| | A/C TITLE | Sindh Testing Service (Pvt.) Limited | |
| | ACCOUNT NO | 0147-277230366 | <input type="checkbox"/> |
| | A/C TITLE | Sindh Testing Service (Pvt.) Limited | |
| | ACCOUNT NO | 360530100000817 | <input type="checkbox"/> |
| | A/C TITLE | Sindh Testing Services Pakistan | |
| <small>Pay Online Via any Mobile Banking app or make a Pay Order</small> | ACCOUNT NO | 0334-2305761000 | <input type="checkbox"/> |
| | 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 | |
| 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

Applicant's Signature _____ Cashier _____ officer _____

CANDIDATE COPY



SINDH TESTING SERVICE-PAKISTAN

ONLINE DEPOSIT SLIP Branch

Code: _____ Branch Name : _____ Date: _____

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

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BANK COPY



SINDH TESTING SERVICE-PAKISTAN

ONLINE DEPOSIT SLIP

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