

SMBBMC-LIYARI GENERAL HOSPITAL



Project ID: P-23-66

13

Screening Test for the Posts

STERLIZATION TECHNICIAN (BS-9)

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Picture-1
Affix your recent
Passport size
تصوير لازمأنسلك كريل بصورت
ويكر فارممل مين نبيس لاما جائيًا

i. Fersonal information.	Ose CAPITAL letters and leave spaces between words.					
Name in Full: Fathers/Guardian Name:						
21 1 attiol 0, 0 aar alair Hailio.						
3. Candidate CNIC#:						
04. Gender: Male	Female 05. Date of Birth:	Y E A R				
	Write your Correct Date of Birt	h otherwise 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:	If Non-Muslim, Please Spec	cify 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? In case of Yes, please attach NOC						
13. Are you a Disabled Person? If yes, please attach Disability Certificate YES NO 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 Cer (If Applicable)	tificate/Diploma						

III. Rele	vant Employment Record/Experi	ence: (P	lease attach copies of your experier	ce certificates)	
S.NO	Organization/Employer Name	J	ob Title/Designation	(Writ	Job Duration e Onlv Month & Year)
				From	То
01.					
02.					
03.					
Total Job	Relevant Experience as on closing d	ate of ap	olication: DAYS MON	THS YEARS	
	ed Test City: Fill Only One Box (Mando a minimum of 300 candidates, otherwise		dates will be assigned next r	nearest test city)	
1	Z. HYDERABA	AD 3.	MIRPURKHAS	4. SUK	KUR
	V. UNDER	RTAKIN	G BY THE APPLICANT		
By signing below and submitting this Form, I					
	Date & Thumb Impressions		Cand	idate's Signatuı	re
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 Ap	plication For	ms to:
Offi	ce Time: 9:00am to 4:00pm		پارسال کریں	اس پيدې	ایتاقارم
	none: 021-34761617 051- 2360500, itsapp Mobile: 03111-030004	SIN	IDH TESTING SERVICE-PA Office-	KISTAN (LGH- Address:	SMBBMC-PROJECT)
	<u>www.sts.org.pk</u>	Plot- A	/18/ Kashmir Road, Near S	Society Office :	Signal Karachi Sindh

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).					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	Біанс	ii Name Date	- -			
(*Please	deposit fee	in only one bank & tick the relevant bank)				
In newtory of Shaheed Moharma Benacir Electro SINDH BANK POWER TO THE PROPER	ACCOUNT NO	0334-2305761000				
	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			
	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						
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