SMBBMC- LIYARI GENERAL HOSPITAL سنده ليسننگ مردمز - يا كتان HEALTH DEPARTMENT   GOVERNMENT OF SINDH							
Project ID: P-23-66 Screening Test for the Posts							
16 E.T.T TECHNICIAN (BS-9)	Picture-1 Affix your recent Passport size تصویر لازماً شیلک کریں بصورت						
I. Personal Information: Use CAPITAL letters and leave spaces between words.							
1. Name in Full:							
3. Candidate CNIC#:							
04. Gender: Male Female 05. Date of Birth: M D D Write your Correct Date of Birth of	Y E A R						
06. Mobile No       0     3     3     6     1     2     3     4     5     6     7     07. Marital	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:	Non-Muslim						
O9. Postal Address: If Non-Muslim, Please Specify your Religion:							
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       YES       NO         13. Are you a Disabled Person?       YES       NO       14. Domicile District:         If yes, please attach Disability Certificate       Write he	re Name of District						
II. Academic Information:							

## Obtained Certificate / Degree Level Specialization / Major Subject Total Marks / CGPA Board / University / Institute Year Grade/ Marks / CGPA Degree/Subject Title Passing Division 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	er Name Job Title/Designation ////////////////////////////////////				
				From	То	
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)						
	KARACHI 2. HYDERABA		-	4. SUKK	(UR	
V. UNDERTAKING BY THE APPLICANT						
By signing below and submitting this Form, Id/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		Cano	lidate's Signature	e	
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: Please Send Application Forms to:						
Off	ice Time: 9:00am to 4:00pm		دارسال کریں			
	Office Phone: 021-34761617 051- 2360500, Whatsapp Mobile: 03111-030004 Office- Address:					
	www.sts.org.pk Plot- A/18/ Kashmir Road, Near Society Office Signal, Karachi, Si			ignal, Karachi, Sindh		

SINDH TESTING SERVICE-PAKISTAN	CANDIDATE COPY SINDH TESTING SERVICE-PAKISTAN	<b>BANK COPY</b> SINDH TESTING SERVICE-PAKISTAN			
ONLINE DEPOSIT SLIP Branch Code: Branch Name : Date:	ONLINE DEPOSIT SLIPBranch Code: Branch Name : Date:	ONLINE DEPOSIT SLIP Branch Code: Branch Name : Date:			
(*Please deposit fee in only one bank & tick the relevant bank)	(*Please deposit fee in only one bank & tick the relevant bank)	(*Please deposit fee in only one bank & tick the relevant bank)			
ACCOUNT NO         0334-2305761000           SINDHBANK         A/C TITLE         Sindh Testing Service (Pvt.) Limited	ACCOUNT NO SINDHBANK Free to Service (Pvt.) Limited	ACCOUNT NO 0334-2305761000 SINDHBANK Acc TITLE Sindh Testing Service (Pvt.) Limited			
ACCOUNT NO 0147-277230366 A/C TITLE Sindh Testing Service (Pvt.) Limited	ACCOUNT NO 0147-277230366 A/C TITLE Sindh Testing Service (Pvt.) Limited	ACCOUNT NO 0147-277230366 A/C TITLE Sindh Testing Service (Pvt.) Limited			
ACCOUNT NO 360530100000817 A/C TITLE Sindh Testing Services Pakistan	Account NO         3605301000000817           A/C TITLE         Sindh Testing Services Pakistan	faysabankii         ACCOUNT NO         3605301000000817           A/C TITLE         Sindh Testing Services Pakistan			
Pry Online Via any or make a Pay Order III ACCOUNT NO 0334-2305761000 A/C TITLE Sindh Testing Service (Pvt.) Limited	Pry Online Via ary Informate a Pay Order         ACCOUNT NO A/C TITLE         0334-2305761000           A/C TITLE         Sindh Testing Service (Pvt.) Limited	Pay Online Vo any Mode Banking app or make a Pay Order         ACCOUNT NO         0334-2305761000           A/C TITLE         Sindh Testing Service (Pvt.) Limited			
*Note: Desired Bank Stamp is required on the Deposit Slip & Orig Deposit Slip (STS Copy). Application Form will not be entertai without Original Deposit Slip (STS Copy).		*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)	PROJECT ID : LGH (23-66)	PROJECT ID : LGH (23-66)			
POST APPLIED	POST APPLIED	POST APPLIED			
APPLICANT NAME		APPLICANT NAME			
FATHER NAME	FATHER NAME	FATHER NAME			
CHALLAN NO #	CHALLAN NO #	CHALLAN NO #			
INVOICE	INVOICE	INVOICE			
STS Fee: 590/- Five Hundred Ninty Rupees	STS Fee: 590/- Five Hundred Ninty Rupees	STS Fee: 590/- Five Hundred Ninty Rupees			
GST/Bank Charges or If applicable: <b>0</b> /-	GST/Bank Charges or If applicable: <b>0/-</b>	GST/Bank Charges or			
Total Deposited Amount : 590/-	Total Deposited Amount : 590/-	Total Deposited Amount : 590/-			
Five Hundred Ninty Rupees Only	Five Hundred Ninty Rupees Only	Five Hundred Ninty Rupees Only			
Non Refundable / Non Transferable	Non Refundable / Non Transferable	Non Refundable / Non Transferable			
Applicant's Signature       Cashier       Applicant's Signature       Cashier       Officer       Applicant's Signature       Cashier       Officer					