	APPLICATION FORM			
سند ه تیسٹنگ برویز ۔ ماکستان	C- LIYARI GENERAL	The store of the state		
Project ID: P-23-66	Screening Test for the Posts			
	EPHROLOGY TECHNICIAN	Affix your recent Passport size التحوير الا باشتلک كرين بصورت		
1. Name in Full: 2. Fathers/Guardian Name:				
3. Candidate CNIC#:				
04. Gender: Male F	emale 05. Date of Birtl	M M D Y E A R Write your Correct Date of Birth otherwise you will be rejected		
0 3 3 6 1 2 DO NOT give your portable mobil from one network to another) so the second		Married Un-Married		
09. Postal Address: If Non-Muslim, Please Specify your Religion: All correspondence will be made on this address though courier service or ordinary portal service.				
postal service. Town/Sector/Village:/Mohalla: Tehsil: District:				
10. Other Mobil No (if):11. Email:				
 12. Are you already Government Empl In case of Yes, please attach NOC 13. Are you a Disabled Person? If yes, please attach Disability Certificate 		NO nicile 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 Cert (If Applicable)	tificate/Diploma						

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	То		
01.							
02.							
03.							
Total Job Relevant Experience as on closing date of application: DAYS MONTHS YEARS							
	ed Test City: Fill Only One Box (Mando a minimum of 300 candidates, otherwise		idates will be assigned next	nearest test citv)			
1. KARACHI 2. HYDERABAD 3. MIRPURKHAS 4. SUKKUR							
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				
	none: 021-34761617 051- 2360500, atsapp Mobile: 03111-030004						
	www.sts.org.pk	Plot- A/18/ Kashmir Road, Near Society Office Signal, Karachi, Sindh					

SINDH TESTING SERVICE-PAKISTAN	CANDIDATE COPY SINDH TESTING SERVICE-PAKISTAN	BANK COPY 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: 0 /-	GST/Bank Charges or If applicable: 0/-	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 officer	Applicant's Signature Cashier officer	Applicant's Signature Cashier officer		