

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 ما منسلک کریں بصورت
دیگر فارم عمل میں نہیں الیا جائیگا

Date & Thumb Impressions

Candidate's Signature

Please fill this form as per instructions give below:

VI. General Information

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	<input type="checkbox"/>
	ACCOUNT NO	0147-277230366	<input type="checkbox"/>
	A/C TITLE	Sindh Testing Service (Pvt.) Limited	<input type="checkbox"/>
	ACCOUNT NO	360530100000817	<input type="checkbox"/>
	A/C TITLE	Sindh Testing Services Pakistan	<input type="checkbox"/>
<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	<input type="checkbox"/>

*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)

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



SINDH TESTING SERVICE-PAKISTAN

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