

# **SMBBMC-LIYARI GENERAL HOSPITAL**

# **HEALTH DEPARTMENT | GOVERNMENT OF SINDH**

Project ID: P-23-66

**Screening Test for the Posts** 

# **ASSISTANT STEWARD (BS-8)**

																	Passpo ساکریں بصو	ort size	
I. Personal II	nformat	tion:	U	se CAF	PITAL	letters	and le	ave s	spaces	betwee	en wo	rds.				6	ن بيس لايا جاءُ	تصویر لازمانسلکا دیگر فارم ممل میر	J
1. Name in Fo	ull:																		
2. Fathers/Gu	uardian	Name	e:																
3. Candidate	CNIC#:																		
04. Gender:	M	ale		Fe	male			0	5. Date	e of Bi	irth:	Write yo	ur Correc	t Date o	f Birth o	otherwise	E you will b	A R	
06. Mobile No	0 3	3	6	1 2	3	4 5	6	7	07. N	/larital			Mar	ried			Un-M	arried	
	DO NOT g								08. R	eligio	n:		Mı	uslim			Non-N	luslim	
09. Postal Address:  All correspondence will be made on this address though courier service or ordinary postal service.  If Non-Muslim, Please Specify your Religion:																			
Town/Sector/Village:/Mohalla:							Tel	nsil:				Distr	ict:					_	
10. Other Mobil	No (if):					11	. Ema	ail: _											

YES

NO

**14. Domicile District:** 

## II. Academic Information:

In case of Yes, please attach NOC

13. Are you a Disabled Person?

If yes, please attach Disability Certificate

12. Are you already Government Employee?

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						

NO

III. Relev	vant Employment Record/Experi	ence: (P	lease attach copies of your experien	ce certificates)				
S.NO	Organization/Employer Name	J	ob Title/Designation	-	Job Duration (Write Only Month & Year)			
				From	То			
01.								
02.								
03.								
Total Job	Relevant Experience as on closing d	ate of ap	plication: DAYS MON	THS YEARS				
	ed Test City: Fill Only One Box (Man		idates will be assigned next n	nearest test city)				
1	Z. HYDERABA	AD 3.	. MIRPURKHAS	4. SUKK	(UR			
	V. UNDEI	RTAKIN	G BY THE APPLICANT					
instruction untrue, fal and suitab	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.							
	Date & Thumb Impressions		Candi	idate's Signature	e			
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								
Offi	Help Line Contact: ce Time: 9:00am to 4:00pm		Please Send App پرارسال کریں					
	Office Phone: 021-34761617 051- 2360500, Whatsapp Mobile: 03111-030004 SINDH TESTING SERVICE-PAKISTAN (LGH-SMBBMC-PROJECT)							

www.sts.org.pk

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
farmalhanle 🐧	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)							PRO	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	Biaiic	ii Name Date	-			
(*Please deposit fee in only one bank & tick the relevant bank)						
In memory of Shaheed Mohtarma Benacir Shutto	ACCOUNT NO	0334-2305761000				
SINDH BANK POWER TO THE PROPER	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			
iaysawank 📦	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						
APPLICAN <sup>*</sup>	TNAME					

# **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: <b>0/-</b>						
Total Deposited Amount : 590/-						
Five Hundred Ninty Rupees Only						
Non Refundable / Non Transferable						

Cashier

officer