∕ ETE [™]	APPLICATION FORM				
سندھٹیسٹنگ مروسز۔یا کستان	SMBBMC- LIYARI GENERAL HOSPITAL				
سلاھ يسلنگ مردم -يا سان	HEALTH DEPARTMENT GOVERNMENT OF SINDH				
Project ID: P-23-66	Screening Test for the Posts				
33	MECHANIC (BS-6)	Picture-1			
		Affix your recent Passport size تصویر لازمانسلک کریں بصورت			
I. Personal Informa	ation: Use CAPITAL letters and leave spaces between words.	ديكر فارم عمل مين فبين لابا جائطًا			
1. Name in Full:					
2. Fathers/Guardiar	n Name:				
3. Candidate CNIC#	£				
04. Gender:	Male Female 05. Date of Birth: M D D	Y E A R			
	Write your Correct Date of Birth oth	erwise you will be rejected			
06. Mobile No	3 6 1 2 3 4 5 6 7 07. Marital	Un-Married			
	e network to another) so that SMS delivery is ensured. 08. Religion: Muslim	Non-Muslim			
09. Postal Address:	If Non-Muslim, Please Specify y	our Religion:			
All correspondence will be made on t address though courier service or or postal service.					
Town/Sector/Village:/Mohalla: Tehsil: District:					
10. Other Mobil No (if):11. Email:					
12. Are you already Government Employee?					
13. Are you a Disabled Person? YES NO 14. Domicile District: Write here Name of District 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 Cert (If Applicable)	tificate/Diploma						

III. Relevant Employment Record/Experience: (Please attach copies of your experience certificates)							
S.NO Organization/Employer Name		J	Job Title/Designation		Job Duration (Write Only Month & Year)		
				From	То		
01.							
02.							
03.							
Total Job	Relevant Experience as on closing da	ate of ap	plication: DAYS Mor	YEARS			
	ed Test City: Fill Only One Box (Mando a minimum of 300 candidates, otherwise		idates 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, Id/s/w ofPicture							
	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:							
Offi	Help Line Contact: ice Time: 9:00am to 4:00pm		Please Send Ap				
	none: 021-34761617 051- 2360500, Itsapp Mobile: 03111-030004	0500, SINDH TESTING SERVICE-PAKISTAN (LGH-SMBBMC-PROJECT)					
www.sts.org.pk Plot- A/18/ Kashmir Road, Near Society Office Signal,			ignal, 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 SignatureCashierOfficerApplicant's SignatureCashierOfficer				