

APPLICATION FORM



EXPANDED PROGRAM IMMUNIZATION (EPI)  
HEALTH DEPARTMENT | GOVERNMENT OF SINDH



Screening Test for the Posts

VACCINATORS (BPS-6)

Project ID: P-24-2107



I. Personal Information:

Use CAPITAL letters and leave spaces between words.

1. Name in Full:

2. Fathers/Guardian Name:

3. Candidate Form-B:

04. Gender:  Male  Female

05. Date of Birth:  M  M  D  D  Y  E  A  R  
Write your Correct Date of Birth otherwise you will be rejected

06. Mobile No  0  3  3  6  1  2  3  4  5  6  7  
DO NOT give your portable mobile number (which is converted from one network to another) so that SMS delivery is ensured.

07. Marital  Married  Un-Married

08. Religion:  Muslim  Non-Muslim

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: \_\_\_\_\_ Tehsil: \_\_\_\_\_ District: \_\_\_\_\_

10. Other Mobil No (if): \_\_\_\_\_ 11. Email: \_\_\_\_\_

12. Are you already Government Employee?  YES  NO  
In case of Yes, please attach NOC

13. Are you a Disabled Person?  YES  NO  
If yes, please attach Disability Certificate

14. Domicile District:  Write here Name of District

II. Academic Information:

Certificate / Degree Level/Semester	Degree /Subject Title	Specialization / Major Subject	Result Date	Obtained Marks / CGPA	Total Marks / CGPA	Grade/Division	Board / University / Institute
Matric or Equivalent (10 Years)							
F.Sc (Pre-Medical)/If Higher Degree Any							

III. Relevant Employment Record/Experience: (Please attach copies of your experience certificates)

S.NO	Organization/Employer Name	Job Title/Designation	Months	Years
01.				

IV. Professional Qualification/Certificate (if available):

S.No#	Certificate/Degree	Year Passing	Obtained Marks / CGPA	Total Marks / CGPA	Grade/Division	Board / University / Institute
1.	Diploma Certificate					

**V. Desired Test City: Fill Only One Box (Mandatory)**

(Subject to a minimum of 500 candidates, other wise the candidates will be assigned next nearest test city)

1.  KARACHI2.  HYDERABAD3.  MIRPURKHAS4.  SHAHEED BENAZIRABAD5.  SUKKUR6.  LARKANA**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. Attach two recent Passport Size Photograph, along with copies of CNIC, academic documents, and other relevant documents.
3. Incomplete applications or applications containing incorrect information shall be rejected.
4. Candidates must attached, educational documents, domicile & resident certificate.
5. Mobile phone or Electronic Gadgets are not allowed in the premises of Test Center.

**VII. 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 لازماً نسلک کریں بصورت  
دیگر فارم عمل میں نہیں لایا جائیگا

Date &amp; Thumb Impressions

Candidate's Signature

نوٹ: ہاتھ سے داریکٹ ایس ٹی ایس آفس پے، درخواست جمع کرنے کی اجازت نہیں ہے۔

اپنا درخواست فارم کسی بھی کوریئر سروسز یا پاکستان پوسٹ کے ذریعے نیچے دیے ہوئے پتے پر بھیجیں!

Help Line Contact:

Office Time: 10:00am to 4:00pm

Please Send Application Forms to:

اپنا فارم اس پتے پر ارسال کریں

Office Phone: 021-34761617

Whatsapp Mobile: 03111-030004

[www.sts.org.pk](http://www.sts.org.pk)

SINDH TESTING SERVICE-PAKISTAN (RMNCH-PROJECT)

**Office- Address:**Plot- A/18/1, 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)

	ACCOUNT NO	0334-2305761000	<input type="checkbox"/>
	A/C TITLE	Sindh Testing Service (Pvt.) Limited	
	ACCOUNT NO	0147-277230366	<input type="checkbox"/>
	A/C TITLE	Sindh Testing Service (Pvt.) Limited	
	ACCOUNT NO	360530100000817	<input type="checkbox"/>
	A/C TITLE	Sindh Testing Services Pakistan	
	ACCOUNT NO	0334-2305761000	<input type="checkbox"/>
	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 : EPI (24-2107)

POST APPLIED	VACCINATORS (BPS-6)
APPLICANT NAME	
FATHER NAME	
CNIC NUMBER	
CHALLAN NO #	

INVOICE

STS Fee: 510/-	Five Hundred & Ten Rupees
GST/Bank Charges or If applicable: 0/-	Zero Rupees

Total Deposited Amount : 510/-

**Five Hundred Ten 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)

	ACCOUNT NO	0334-2305761000	<input type="checkbox"/>
	A/C TITLE	Sindh Testing Service (Pvt.) Limited	
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	A/C TITLE	Sindh Testing Service (Pvt.) Limited	
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BANK COPY



SINDH TESTING SERVICE-PAKISTAN

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