

APPLICATION FORM

RMNCH | DIRECTORATE OF GENERAL HEALTH SERVICES SINDH
HEALTH DEPARTMENT | GOVERNMENT OF SINDH



Screening Test for the Posts

LADY HEALTH WORKER (BPS-05)



Picture-
1 Affix your recent
تصویر از ماہنامہ کی تصویر
دیکر فارم میں لٹکانا
Passport

Project ID: P-23-65

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: Female Only

05. Date of Birth:
Write your Correct Date of Birth otherwise you will be rejected

06. Mobile No

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: _____ If Non-Muslim, Please Specify your Religion: _____
All correspondence will be made on this address though courier service or ordinary postal service.

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:

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) Science							
F.Sc (Pre-Medical)							
Graduation/Higher Degree							

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

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

IV. Union Council Code / Name & Tehsil: List is available on STS web/as per mentioned in Advertisement website.

Union Council Code:	<input type="text"/>	Union Council Name:	<input type="text"/>
---------------------	----------------------	---------------------	----------------------

Village/Area: _____ Tehsil/Town/Taluka: _____ District: _____

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

(Subject to a minimum of 300 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. All information provided in this application form will be verified.
3. Attach two recent Passport Size Photograph, along with copies of CNIC, academic documents, other relevant documents.
4. Incomplete applications or applications containing incorrect information shall be rejected.
5. Mobile phone or Electronic Gadgets are not allowed in the premises of Test Center.

درخواست گزار اپنے ڈومیسائل کے مطابق واقعہ یونین کونسل کا نام بمعہ کوڈ اور تحصیل درج کرے۔
بصورت دیگر فارم عمل میں نہیں لایا جائے گا۔

25. 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 جائے گا

Date & 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 دیئے ہوئے پتے پر بھیجیں!

Help Line Contact:

Office Time: 9:00am to 4:00pm

Please Send Application Forms to:

اپنا فارم اس پتے پر ارسال کریں

Office Phone: 021-34761617 051- 2360500,
Whatsapp Mobile: 03111-030004www.sts.org.pk

SINDH TESTING SERVICE-PAKISTAN (RMNCH-PROJECT)

Office- Address:Plot- A/18/1, Kashmir Road, Near Society Office Signal,
Karachi, Sindh

STP 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 (STP Copy). Application Form will not be entertained without Original Deposit Slip (STP Copy).

PROJECT ID : RMNCH (23-65)

POST APPLIED LADY HEALTH WORKER (BPS-05)

APPLICANT NAME

FATHER NAME

CNIC NUMBER

CHALLAN NO #

INVOICE

STP Fee: 370/- Three Hundred Seventy Rupees

GST/Bank Charges or If applicable: 0/- Zero Rupees

Total Deposited Amount : 370/-

Three Hundred Seventy 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	
	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 (STP Copy). Application Form will not be entertained without Original Deposit Slip (STP Copy).

PROJECT ID : RMNCH (23-65)

POST APPLIED LADY HEALTH WORKER (BPS-05)

APPLICANT NAME

FATHER NAME

CNIC NUMBER

CHALLAN NO #

INVOICE

STP Fee: 370/- Three Hundred Seventy Rupees

GST/Bank Charges or If applicable: 0/- Zero Rupees

Total Deposited Amount : 370/-

Three Hundred Seventy Rupees Only
Non Refundable / Non Transferable

Applicant's Signature

Cashier

officer







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	<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 (STP Copy). Application Form will not be entertained without Original Deposit Slip (STP Copy).

PROJECT ID : RMNCH (23-65)

POST APPLIED LADY HEALTH WORKER (BPS-05)

APPLICANT NAME

FATHER NAME

CNIC NUMBER

CHALLAN NO #

INVOICE

STP Fee: 370/- Three Hundred Seventy Rupees

GST/Bank Charges or If applicable: 0/- Zero Rupees

Total Deposited Amount : 370/-

Three Hundred Seventy Rupees Only
Non Refundable / Non Transferable

Applicant's Signature

Cashier

officer