

**APPLICATION FORM (Muzaffargarh & DG Khan)**

Reg No: \_\_\_\_\_



**DIRECTORATE GENERAL SOCIAL WELFARE &  
BAIT UL MAL, PUNJAB**

**Eligibility Criteria:**

A. Is your age according to the prescribed age limit for the desired post?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Do you have requisite Qualification & Experience as mentioned in Advertisement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. Is your Domicile according to the desired post as mentioned in Advertisement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**PASTE YOUR RECENT  
PASSPORT SIZE  
COLOR  
PHOTOGRAPH WITH  
GUM**

If your reply is "Yes" to A, B & C above, only then please proceed further. Otherwise you are not eligible to apply.

**01. Bank Online Deposit of Rs: 81/- from Designated Bank Branches.**

\*Note: Application form will not be entertained without original deposit slip (ATS Copy)

Bank Code		Deposit Date	
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**02. Desired Post:** Fill out the boxes against the posts you want to apply. Deposit Rs.81/- against each post you want to apply.

01. <input type="checkbox"/> Warden (BPS-11)	02. <input type="checkbox"/> Junior Clerk (BPS-11)
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**03. Desired Test City:** Fill only one box (Mandatory).

01. <input type="checkbox"/> Rawalpindi	02. <input type="checkbox"/> Lahore	03. <input type="checkbox"/> Multan
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**04. Domicile Province** \_\_\_\_\_ **Domicile District:** \_\_\_\_\_**05. Personal Information:** Use CAPITAL letters and leave spaces between words.

01. Name in Full:	<input type="text"/>																					
02. Father's Name:	<input type="text"/>																					
03. Candidate CNIC #:	<input type="text"/>										--	<input type="text"/>										--
04. Gender:	<input type="checkbox"/> Male		<input type="checkbox"/> Female		05. Have you any disability? <input type="checkbox"/> Yes <input type="checkbox"/> No																	
06. Date of Birth:	D	D	M	M	Y	Y	07. Email: _____															
08. Postal Address: _____																						
_____ City											_____ District											
09. Phone No: (Mob) _____											(Res) _____											
10. Religion:		<input type="checkbox"/> Muslim		<input type="checkbox"/> Non-Muslim		11. Are you a Govt serving employee?										<input type="checkbox"/> Yes		<input type="checkbox"/> No				
12. Are you retired from Pakistan Armed Forces?										<input type="checkbox"/> Yes		<input type="checkbox"/> No										



## 12. Undertaking by the applicant:

I \_\_\_\_\_ d/s/w of \_\_\_\_\_ do hereby solemnly declare that all the information provided by me in this application form and all the additional particulars/documents/certificates furnished along with it, are true to the best of my knowledge and belief and nothing has been concealed. I also declare that I have never been dismissed or removed from Govt service under any provincial, federal Government, autonomous and semi-autonomous or state enterprise. If any wrong or incorrect information is found later, I shall be liable to disciplinary action which may result in cancellation of my candidature and even my employment.

Date: \_\_\_\_\_ Signature of the candidate: \_\_\_\_\_

### Instructions:

- Fill the application form properly with complete and correct information.
- Do not leave any field blank, otherwise your application shall be rejected.
- Incorrect, false or forged information may result in cancellation of your candidature at any stage.
- Attach two recent passport size photograph & attested copy of CNIC.
- By hand submission of application form is not allowed.
- Test fee is non-refundable and non-transferable.

- ❖ Last Date of the submission of Application Form is **Monday, 06<sup>TH</sup> Dec, 2021.**
- ❖ Application Form should reach ATS office latest by last date of submission of Application form.
- ❖ ATS will not be responsible for late receiving of application through courier/ Pakistan post etc.



### Help Line:

Ph: **051-2153577- 9**

Website: [www.ats.org.pk](http://www.ats.org.pk)

Email: [info@ats.org.pk](mailto:info@ats.org.pk)

### Please Send Application Forms

(Only through courier or Pakistan Post within due date)

### Manager Operations

(Project: DGSW2-PUN)

### Allied Testing Services (ATS)

171-G, Street # 36, F-10/1, Islamabad



### Allied Testing Services

**BANK COPY**

Directorate General Social Welfare, Govt of Punjab

Branch Code \_\_\_\_\_ Branch Name \_\_\_\_\_ Date \_\_\_\_\_

#### ONLINE DEPOSIT SLIP

(Please deposit fee in only one bank and tick the relevant bank)

	<input type="checkbox"/>		<input type="checkbox"/>
A/C Title: Allied Testing Services A/C No: 50127000600355		A/C Title: Allied Testing Services A/C No: 00150981013676011	
Note: Bank Service Charges: Free of Cost Desired bank stamp is required on the deposit slip (ATS Copy) along Application Form to ATS Office.		Note: Bank Service Charges: Free of Cost Desired bank stamp is required on the deposit slip (ATS Copy) along Application Form to ATS Office.	

Test Processing Fee: 81/-	Amount in Words: Eighty One Rupees Only. Non Refundable/ Non Transferable
Total: 81/-	

Project Id:	DGSW-PUN
Applicant's Name:	
Guardian's Name:	
CNIC No/ B Form No:	
Post Name:	

Applicant Signature \_\_\_\_\_ Cashier \_\_\_\_\_

\_\_\_\_\_  
Officer



### Allied Testing Services

**CANDIDATE COPY**

Directorate General Social Welfare, Govt of Punjab

Branch Code \_\_\_\_\_ Branch Name \_\_\_\_\_ Date \_\_\_\_\_

#### ONLINE DEPOSIT SLIP

(Please deposit fee in only one bank and tick the relevant bank)

	<input type="checkbox"/>		<input type="checkbox"/>
A/C Title: Allied Testing Services A/C No: 50127000600355		A/C Title: Allied Testing Services A/C No: 00150981013676011	
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Total: 81/-	

Project Id:	DGSW-PUN
Applicant's Name:	
Guardian's Name:	
CNIC No/ B Form No:	
Post Name:	

Applicant Signature \_\_\_\_\_ Cashier \_\_\_\_\_

\_\_\_\_\_  
Officer



### Allied Testing Services

**ATS COPY**

Directorate General Social Welfare, Govt of Punjab

Branch Code \_\_\_\_\_ Branch Name \_\_\_\_\_ Date \_\_\_\_\_

#### ONLINE DEPOSIT SLIP

(Please deposit fee in only one bank and tick the relevant bank)

	<input type="checkbox"/>		<input type="checkbox"/>
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Applicant Signature \_\_\_\_\_ Cashier \_\_\_\_\_

\_\_\_\_\_  
Officer