



APPLICATION FORM

LTS RECRUITMENT

Project ID: LTS-PUN-19/12/22

Screening Test for Various Posts

Reg. No. _____
To be filed by LTS

Picture 1
Paste Your Recent
Passport size color
Photograph not older than
6 Month Having Blue
Background with gum
تصویر لازماً منسلک کریں بصورت
دیگر فارم عمل میں نہیں لایا جائیگا۔

Eligibility Criteria:

A. Is your **Qualification** according to the requirements of the post? Yes No

01. Bank Online Deposit of Rs: 380/- from Designated Bank Branches:

Bank Code	Deposit Date
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***Note: Application Form will not be entertained without Original Deposit Slip.**

02. Desired Post: Fill the Box for Desired Post. (Mandatory)

To apply for more than one posts, please use separate form. This form will be considered valid only for the first filled post in the sequence.

Post Applied For: _____

03. Write Your ✓ Test Center location | District:

(Subject to a minimum of 200 candidates, other wise the candidates will be assigned next nearest test city)

Test Center Location: _____

04. Personal Information:

(Use CAPITAL letters and leave spaces between words.)

05. Name in Full: _____

06. Father Name: _____

07. Candidate CNIC #: _____

Write your own CNIC No. Or B Form No.

08. Gender: MALE FEMALE

09. Date of Birth:

Write your Correct Date of Birth _____ - _____ - 1 9 _____
otherwise you will be rejected

10. Postal Address: _____

All correspondence will be made on this address though courier service or ordinary postal service.

City: _____ District: _____

11. Permanent Address: _____

Kindly write correct permanent address as written on your CNIC, otherwise you will be rejected.

City: _____ District: _____

12. Phone No: (OFF) _____ (RES) _____ (Mobile) _____

City Code – Phone No

DO NOT give your portable mobile number (which is converted from one network to another) so that SMS delivery is ensured.

13. Are you Government Servant? Yes No

If Yes then total years of continuous Experience: _____

14. Are you Disable Person? Yes No

If yes, please attach Disability Certificate

If yes, state nature of your disability: _____

14. Religion: Muslim

Non Muslim

15. Are you fluent in English?

Yes

No

16. Province of Domicile: Fill Only One Box for Desired Province Domicile as mentioned in Advertisement (Mandatory)

Domicile District

17. Academic Information: (Please attach attested copies of your academic certificates)

- Note: 1. LTS will not issue Roll No Slips to those who have not filled in their academic record properly.
2. Write exact degree name & major subject mention in certificate / transcript.
3. Result awaiting candidates are not eligible.

Certificate / Degree Level	Degree Title	Specialization / Major Subject	Year Passing	Obtained Marks / CGPA	Total Marks / CGPA	Board / University / Institute
Matric / Equivalent (10 Years)						
Intermediate (12 Years)						
Bachelor (14 Years)						
Bachelor (Hons) / Master (16 Years)						
MS / M.Phil/PhD						
Diploma / Certificate			Duration			

Undertaking By The Applicant:

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 LTS Test, and I have filled-up the application form as per instructions given below. In case of any information contained herein is found at any stage to be missing, untrue or false, my candidature can be cancelled at any stage (even after employment, if so revealed later), and I shall be liable to legal action.

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Date: _____ Candidate's Signature _____

GENERAL INSTRUCTIONS / INFORMATION:

- Please fill the Application Form properly with complete and correct information / answers.
- Please DO NOT leave any field blank, otherwise your application may not be considered.
- Incorrect or false information may result in cancellation of your candidature at any stage, even after employment, and also proceeding of a legal action.
- By Hand submission of Application Form is not allowed.
- Attach your Two recent Passport Size Photographs, attested copies of CNIC & Original Bank Deposit Slip.
- Mobile Phones or any Electronic Gadgets are not allowed in Test Center premises

Helpline:

Phone: +92-51- 2624782

Website: www.lts.org.pk

Please Keep Visiting LTS Website

LEADS TESTING SERVICES

Office # B-26 (Basement), Irshad Arcade,
Aabpara Market, Sector G-6, Islamabad

PH:051-2624782

LEADS TESTING SERVICES



Fill Deposit Slip Same Like This

HBL	HABIB BANK حبیب بینک	Deposit Slip Bank Copy
Branch:	Date:	Date
Account Title	Leads Testing Services	
IBAN:	P K H A B B 0 0 0 6 0 2 7 9 9 1 9 7 9 6 0 3	
Currency:	<input type="checkbox"/> PKR <input type="checkbox"/> USD <input type="checkbox"/> EURO <input type="checkbox"/> GBP <input type="checkbox"/> JPY <input type="checkbox"/> Others <input type="checkbox"/> Intercity <input type="checkbox"/> Within city <input type="checkbox"/> Same Branch	
Credit Card No.		
<input type="checkbox"/> CASH نقد	(ENTER NOTES DENOMINATIONS ON REVERSE) (نوٹوں کی تفصیل پیچھے لکھیں) AMOUNT رقم	
BANK / BRANCH	CHEQUE/INSTRUMENT NO. چیک نمبر	
Cash		380/-
TOTAL AMOUNT کل رقم		380/-
Total Amount in Words:	Three Hundred & Eighty only مبلغ	
Commission (if any)		
Depositor's Name	Your Name	
Contact No.	Your Mobile Number	
Depositor's CNIC No.	Your CNIC No	
Depositor's Account No.		
Received By:	Depositor's Signature	

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GENERAL INSTRUCTIONS / INFORMATION:

- All the fields must be filled same like mentioned on above picture.
- Deposit date must be written on slip.
- Depositors name, contact number and CNIC Number is must mentioned on the deposit slip.
- For any issue while depositing the amount directly call on the number which is mentioned below.
- Candidate can make a photocopy for their record and send the original deposit slip with Application form.

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