

RegNo: _____

SUPERVISOR

1. Bank online Deposit of Rs. 1540 / - from Designated Bank

Bank Code/Branch: Deposit Date:

Note: Training form will not be entertained without Original Deposit Slip (Customer Copy).

2. Desired Training City: Tick Only One Box (Mandatory)

Peshawar

Mardan

Bannu

Swabi

Fata

3. Province /District: Fill Only One Box for desired province domicile. (Mandatory)

Province/District Name

Personal Information: Use CAPITAL letters and leave spaces between words.**4. Name in Full:** _____**5. Father's Name :** _____**6. Candidate CNIC :** _____**7. Gender:** Male Female **08.Date of Birth:** ____ - ____ - ____ (DD - MM - YY)**9. Postal Address:** _____**11. City:** _____ **District:** _____**12.Phone No :** (OFF) _____ (Res) _____ (Mobile) _____**Training Form | Global Testing Services**

General Instructions/Information:

- Please fill the Training form properly with complete and correct information.
- Please do not leave any field blank, otherwise your Training Foam may not be considered.
- Incorrect, false or forged information may result in cancellation of your candidature at any stage, even after employment, and also proceeding of a legal action.
- Attach your recent passport size photograph, copy of CNIC and bank deposit slip.
- Use separate envelop and separate Training form for each post you are applying for.

GLOBAL TESTING SERVICEAddress : Office No 21, First Floor ,Midway Centrum ,Intersection 6th Road , Murree Road, RawalpindiEmail info@gts.net.pk phone 051-4853107/0331-5518705

 **Global Testing Services** (Pvt) Ltd.
GTS Copy

Branch Code: _____ Chief Supervisor _____ Date: _____

Branch Name: _____

CNIC: _____
Post Name: _____

ONLINE DEPOSIT SLIP

 A/C Title: Global Testing Services Pvt Ltd
A/C No. 0042-79917565-03

Application From Will Not be Entertained Without Original Deposit Slip (GTS Copy)

Applicant's Name: _____
Father Name: _____

Amount Rs: 1540/- Amount in Words: **Fifteen Hundred and Forty**

Bank's Teller _____ Bank's Officer _____ Candidate's Sig: _____

 **Global Testing Services** (Pvt) Ltd.
Bank Copy

Branch Code: _____ Chief Supervisor _____ Date: _____

Branch Name: _____

CNIC: _____
Post Name: _____

ONLINE DEPOSIT SLIP

 A/C Title: Global Testing Services Pvt Ltd
A/C No. 0042-79917565-03

Application From Will Not be Entertained Without Original Deposit Slip (GTS Copy)

Applicant's Name: _____
Father Name: _____

Amount Rs: 1540/- Amount in Words: **Fifteen Hundred and Forty Only**

Bank's Teller _____ Bank's Officer _____ Candidate's Sig: _____




Branch Code: _____ Chief Supervisor _____ Date: _____

Branch Name: _____

CNIC: _____
Post Name: _____

ONLINE DEPOSIT SLIP

 A/C Title: **Global Testing Services Pvt Ltd**
A/C No. **0042-79917565-03**

Application From Will Not be Entertained Without Original Deposit Slip (GTS Copy)

Applicant's Name: _____
Father Name: _____

Amount Rs: 1540/- Amount in Words: **Fifteen Hundred and Forty Only**

Bank's Teller _____

Bank's Officer _____

Candidate's Sig: _____