



سندھ ٹیسٹنگ سروسز - پاکستان

APPLICATION FORM



DIRECTORATE OF MALARIA CONTROL PROGRAM SINDH HEALTH DEPARTMENT GOVERNMENT OF SINDH

Reg. No: _____
(To be filled by STS)

PROJECT ID: P-19-21

Screening Test for various posts

Picture
Affix your recent
Passport size

تصویر لازماً منسلک کریں بصورت
دیگر فارم عمل میں نہیں لایا جائیگا

Eligibility Criteria:

A. Is your age according to the prescribed age limit for the desired Post as on 31-July-2019?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
B. Is your Qualification according to the requirements of the post?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
C. Are you Domiciled in specified districts of Sindh according to the advertisement?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

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: 450/- from Designated Bank Branches.

Bank Code		Deposit Date	
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***Note: Application Form will not be entertained without Original Deposit Slip (STS Copy)**

02. Desired Post: Fill Only One Box for Desired Post. (Mandatory)

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

<input type="checkbox"/> Stenotypist (BPS-14)	<input type="checkbox"/> Computer Operator (BPS-12)	<input type="checkbox"/> Junior Clerk (BPS-11)	<input type="checkbox"/> Auto Electrician (BPS-08)
<input type="checkbox"/> Senior Mechanic (BPS-08)	<input type="checkbox"/> ULV Spray (Machine Operator) (BPS-08)	<input type="checkbox"/> Microscopist (BPS-06)	<input type="checkbox"/> Malaria Supervisor (BPS-05)
			<input type="checkbox"/> Welder (BPS-05)

03. Personal Information: Use CAPITAL letters and leave spaces between words.

01. Name in Full:

02. Father/Husband Name:

03. Candidate CNIC #: - -

Write your own CNIC No. Or B Form No.

امیدوارانہ ذاتی شناختی کارڈ یا ب فارم کا اندراج
لازمًا درج کرے بصورت دیگر درخواست فارم عمل میں نہیں لایا جائیگا

04. Gender: Male Female

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

06. Postal Address: _____
All correspondence will be made on this address though courier service or ordinary postal service.

City: _____ District: _____

07. Phone No: (OFF) _____ (RES.) _____ (Mobile): 0 3

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

09. Marital Status: _____ 10. Religion: Muslim Non-Muslim

11. Are you a Government Servant and applying through proper channel?
In case of Yes, please attach NOC YES NO

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

13. Do you Possesses Computer Skill?
As required in Post criteria. YES NO

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

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

<input type="checkbox"/>	Karachi	<input type="checkbox"/>	Hyderabad	<input type="checkbox"/>	Sukkur
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04. District of Domicile: Fill Only One Box (Mandatory)

01. <input type="checkbox"/> Badin	02. <input type="checkbox"/> Dadu	03. <input type="checkbox"/> Ghotki	04. <input type="checkbox"/> Hyderabad
05. <input type="checkbox"/> Jacobabd	06. <input type="checkbox"/> Jamshoro	07. <input type="checkbox"/> Karachi	08. <input type="checkbox"/> Khairpur
09. <input type="checkbox"/> Kashmore	10. <input type="checkbox"/> Mirpurkhas	11. <input type="checkbox"/> Matiari	12. <input type="checkbox"/> NausheroFiroze
13. <input type="checkbox"/> Sanghar	14. <input type="checkbox"/> Shaheed Benazirabad	15. <input type="checkbox"/> Shikarpur	16. <input type="checkbox"/> Sujawal
17. <input type="checkbox"/> Sukkur	18. <input type="checkbox"/> Kambar & SHDK	19. <input type="checkbox"/> Larkana	20. <input type="checkbox"/> Tando Allahyuar
21. <input type="checkbox"/> Tando M. Khan	22. <input type="checkbox"/> Tharparkar	23. <input type="checkbox"/> Thatta	24. <input type="checkbox"/> Umerkot

05. Academic Information: (Please attach copies of your academic certificates at this stage)

Note: 1. STS will not issue Roll No Slips to those who have not filled in their academic record properly.

2. Candidate should convert their grades into marks. O Level / A Level

3. Write exact degree name & major subject mention in certificate / transcript.

4. Result awaiting candidates are not eligible.

Certificate / Degree Level	Degree / Sanad Title	Specialization / Major Subject	Year Passing	Obtained Marks / CGPA	Total Marks / CGPA	Board / University / Institute
Matric / Equivalent (10 Years)						
Intermediate / Equivalent (12 Years)						
Bachelor (14 Years)						
Bachelor (Hons) / Master (16 Years)						
Diploma/Higher Degree (If Any)						

06. Employment Record: (If Any) (Please attach copies of your experience certificates)

Sr #	Organization / Employer Name	Job Title	Job Duration Write only Month & Year	
			From	To
01.				
02.				
03.				

Total Job Relevant Experience as on closing date of application:

Days Months Years

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
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GENERAL INSTRUCTIONS/INFORMATIONS

Please fill this form as per instructions give below:

انویں درخواست کے لفافے کے اوپر پروجیکٹ آئی ڈی اور پوسٹ کا نام لازماً لکھیں۔

- ✓ Please fill the Application Form properly with complete and correct information / answers.
- ✓ Please DO NOT leave any answer blank, otherwise your application shall be rejected.
- ✓ All information provided in this application form will be verified, and original documents will be demanded and verified in case of offer of appointment.
- ✓ Incorrect, false or bogus information may result in cancellation of your candidature at any stage, even after employment, and also proceeding of a legal action either by STS.
- ✓ Attach your four recent Passport Size Photograph, CNIC Copy, Academic Certificates, Domicile & PRC Certificate (copy).
- ✓ Original Bank Deposit Slip (STS Copy).
- ✓ No TA/DA will be allowed to candidates for Test or Interview.
- ✓ Incomplete applications or applications containing incorrect information shall be rejected.
- ✓ Mobile phone or Electronic Gadgets are not allowed in Test Center premises.
- ✓ By hand submission of application is not allowed.
- ✓ **Last date for submission of application Wednesday 31 July, 2019.**

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 below, 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**

تصویر لازماً منسلک کریں بصورت
دیگر فارم عمل میں نہیں لایا جائیگا

Date & Thumb Impressions

Candidate's Signature

- Copy of CNIC
 Relevant certificate to substantiate age relaxation claim (If Applicable).
 Copy of last attained higher degree / result card

- Copy of Domicile & PRC
 Deposit Slip (STS Copy)

Help Line Contact:

Please Send Application Forms to:

اپنا فارم اس پتے پر ارسال کریں

Office Phone: 021-34761617

Mobile: +92 3111 030004

Website: www.sindhtestingservice.org

SINDH TESTING SERVICE-PAKISTAN

Plot No# A-18/1, First Floor, Kashmir Road, Near Main
Society Office Signal, Karachi-Sindh.

Directorate of Malaria Control Program Sindh (Project)

Please Keep Visiting STS Website for updates & about test date and for other information.

BANK COPY



SINDH TESTING SERVICE-PAKISTAN

Directorate of Malaria Control Program Sindh

Branch Code: _____ Branch Name: _____ Date: _____

ONLINE DEPOSIT SLIP

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

	Sindh Bank Limited	<input type="checkbox"/>
A/C:Title Sindh Testing Service (Pvt.) Limited		
A/C: No: 0334-2305761000		
Note: Bank Service Charges Free of Cost		

	Meezan Bank The Premier Islamic Bank	<input type="checkbox"/>
A/C:Title Sindh Testing Service (Pvt.) Limited		
Customer code: STSPL		
Note: Bank Service Charges Free of Cost		

*Note: Desired Bank Stamp is required on the Deposit Slip & Original Deposit Slip (STS Copy) along Application Form. Application Form will not be entertained without Original Deposit Slip (STS Copy)

Project ID:	STS ID: P-19-21 (DMCP)
Applicant Name:	Father Name:
CNIC No/ B Form No:	Post Applied For:
Test Fee GST 398 + 52	Total: PKRs. 450/-
Four Hundred Fifty Rupees Only Non Refundable/ Non Transferable	

Applicant's Signature

Cashier

Officer



STS COPY

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

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A/C: No: 0334-2305761000		
Note: Bank Service Charges Free of Cost		

	Meezan Bank The Premier Islamic Bank	<input type="checkbox"/>
A/C:Title Sindh Testing Service (Pvt.) Limited		
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Applicant's Signature

Cashier

Officer



CANDIDATE COPY

Branch Code: _____ Branch Name: _____ Date: _____

ONLINE DEPOSIT SLIP

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

	Sindh Bank Limited	<input type="checkbox"/>
A/C:Title Sindh Testing Service (Pvt.) Limited		
A/C: No: 0334-2305761000		
Note: Bank Service Charges Free of Cost		

	Meezan Bank The Premier Islamic Bank	<input type="checkbox"/>
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