

APPLICATION FORM (Cat-A)Reg No: _____
(official use only)

Eligibility

**Armed Forces Institute of
Radiology & Imaging****PASTE YOUR RECENT
PASSPORT SIZE
COLOR
PHOTOGRAPH
(with white
background)**

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

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: 350/- from Designated Bank Branches.

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

Bank Code		Deposit Date	
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02. Name of Post Applied For: _____ **BPS:** _____**03. Desired Test City:** Fill only one box (Mandatory).

01. <input type="checkbox"/> Islamabad	02. <input type="checkbox"/> Lahore	03. <input type="checkbox"/> Peshawar
04. <input type="checkbox"/> Karachi	05. <input type="checkbox"/> Quetta	

04. Province of Domicile: Fill only one box for Province of Domicile (Mandatory).

01. <input type="checkbox"/> Islamabad/Punjab	02. <input type="checkbox"/> Sindh (U)	03. <input type="checkbox"/> Sindh (R)	04. <input type="checkbox"/> KPK	05. <input type="checkbox"/> Baluchistan
06. <input type="checkbox"/> Fata/GB	07. <input type="checkbox"/> Azad Kashmir			

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: (Res.)	_____										(Mobile)	_____										
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. Please tick against one post you want to apply for:

Sr. No	Name of Post Applied for	BPS	<input checked="" type="checkbox"/>	Sr. No	Name of Post Applied for	BPS	<input checked="" type="checkbox"/>
1	Steno Typist	14	<input type="checkbox"/>	2	Statistical Assistant	14	<input type="checkbox"/>
3	Librarian Assistant	12	<input type="checkbox"/>	4	Data Entry Operator	12	<input type="checkbox"/>
5	UDC	11	<input type="checkbox"/>	6	Computer Tech	9	<input type="checkbox"/>
7	Information Technology Technician	11	<input type="checkbox"/>	8	Air Conditioner Mechanic	10	<input type="checkbox"/>
9	Equipment Mechanic	10	<input type="checkbox"/>	10	Electro Medical Technician	9	<input type="checkbox"/>
11	LDC	9	<input type="checkbox"/>	12	Store Men	9	<input type="checkbox"/>
13	Receptionist	7	<input type="checkbox"/>	14	Med Transcriptionist	9	<input type="checkbox"/>
15	Lift Operator	6	<input type="checkbox"/>	--	--	--	--

13. 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 alongwith 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 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 (**with white background**) and attested copy of CNIC.
- By hand submission of application form is not allowed.
- **Test fee is non-refundable and non-transferable.**

- ❖ Last Date for application submission is **Monday, 8th April, 2019.**
- ❖ Application should reach UTS office latest by last date of submission of Application form.
- ❖ UTS will not be responsible for late receiving of application through courier/ Pakistan post etc.



Please Send Application Forms to:

Manager Operations (PID: AFIRI-1)
Universal Testing Services (UTS),
278-A, Main Nazim-Ud-Din Road, F-10/1,
Islamabad.
Help line 051-2112240



Universal Testing Services

UTS Copy

Date: _____ Branch Code: _____ Branch Name: _____

نوٹ: برائے مہربانی فیس صرف ایک بینک میں جمع کروائیں اور اس بینک کے دیئے ہوئے باکس پر نشان لگائیں۔ بینک مہر پر کاپی پر ضروری ہے۔ برائے مہربانی اصلی بینک سلپ یوٹی ایس کے پتم پر بھجوادیں۔ یوٹی ایس کاپی کے بغیر درخواست نامکمل سمجھی جائے گی۔

Bank Alfalah



Branch: Online Branches Nationwide
A/C Title: Universal Testing Services
A/C No: 0131-1005509175

Habib Bank Ltd.



Branch: Online Branches Nationwide
A/C Title: Universal Testing Services
A/C No: 2269-79303678-03

United Bank Ltd.



Branch: Online Branches Nationwide
A/C Title: Universal Testing Services
A/C No: 228600116

Applicant Name: _____ **S/D of:** _____ **Cell No:** _____

CNIC No: _____ **Post Applied For:** _____

Amount RS: 350/-- **Amount in Words:** Three Hundred and Fifty only. **Project ID:** AFIRI-1

This Fee is non refundable and non transferable.



Universal Testing Services

Customer Copy

Date: _____ Branch Code: _____ Branch Name: _____

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Universal Testing Services

Bank Copy

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