

REGISTRATION FORM

Registration No: _____

To be filled by BTS

PROJECT DIRECTORATE CADET COLLEGES BALOCHISTAN

Picture 1
Paste you (3 Months Old)
passport size with white
background
color photograph with
gluestick

1 Site Supervisor (Civil) <input type="checkbox"/>	2 Auto Cade Operator <input type="checkbox"/>	3 Architect <input type="checkbox"/>
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1. Fees Deposit Slip of Rs: 600/- UBL & Jazz Cash ONLY

Payment Method used	Deposit Date:
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*Note: Application Form will not be entertained without Original Fees Deposit Slip (BTS Copy)

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

2. Name:	<table border="1" style="width: 100%; height: 25px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																									
3. Father's Name:	<table border="1" style="width: 100%; height: 25px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																									
4. Candidate CNIC: (Without Dash)	<table border="1" style="width: 100%; height: 25px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																									
5. Gender:	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Male: <input type="checkbox"/></td> <td style="width: 50%;">Female: <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">D D</td> <td style="text-align: center;">M M</td> </tr> <tr> <td colspan="2" style="text-align: center;">Year</td> </tr> </table>												Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	D D	M M	Year									
Male: <input type="checkbox"/>	Female: <input type="checkbox"/>																									
D D	M M																									
Year																										
6. Date of Birth:	<table border="1" style="width: 100%; height: 25px;"> <tr> <td></td><td></td><td></td><td></td><td></td> </tr> </table>																									
7. Marital Status:	<table border="1" style="width: 100%;"> <tr> <td>Married: <input type="checkbox"/></td> <td>Unmarried: <input type="checkbox"/></td> </tr> </table>				Married: <input type="checkbox"/>	Unmarried: <input type="checkbox"/>	<table border="1" style="width: 100%;"> <tr> <td>8. Religion: Muslim: <input type="checkbox"/></td> <td>Non Muslim: <input type="checkbox"/></td> </tr> </table>				8. Religion: Muslim: <input type="checkbox"/>	Non Muslim: <input type="checkbox"/>														
Married: <input type="checkbox"/>	Unmarried: <input type="checkbox"/>																									
8. Religion: Muslim: <input type="checkbox"/>	Non Muslim: <input type="checkbox"/>																									
9. Permanent Address:																										
10. Current Address:																										
Note: (All correspondence will be made on Current living address though courier service or ordinary postal service)																										
11. Landline No:	<table border="1" style="width: 100%; height: 25px;"> <tr> <td></td> </tr> </table>						<table border="1" style="width: 100%;"> <tr> <td>Mobile:</td> <td style="width: 100%; height: 25px;"></td> </tr> </table>			Mobile:																
Mobile:																										
12. District of Local/Domicile(compulsory):	<table border="1" style="width: 100%; height: 25px;"> <tr> <td></td> </tr> </table>																									

13. Academic Information: (Please attach your attested complete documents)

Certificate /Degree Level	Degree Name	Major Subject	Passing Year	Obtained Marks / CGPA	Total Marks / CGPA	Institute/Board
Matric						
Intermediate						
Bachelors						
Masters						
Professional Qualification						

14. Employment Record: (Please attach your attested complete required documents)

S.No#	Organization / Employer Name	Job Title	Job Duration Write only Month & Year	
			From	To
1				
2				
3				

Days:

Months:

Years:

16. Total Job Experience:**Undertaking By The Applicant:**

I hereby certify that information given in this form is absolutely true. Any information found false, may be treated as breach of trust and **I shall be liable for cancellation of my application.** It is certified that I have carefully read the form and personally filled it and I understood all the contents / columns that I have filled up.

Date: _____

Signature of the Candidate: _____

Picture 2
Affix your
3 months old
passport size (white
background)
color
photograph with stapler

General Instructions:

- Please send your application form through TCS, Hand submission of Application Form is strictly not allowed.
- Please attach your attested CNIC Copy, all required attested documents/certificates/Photographs & Original Fees Deposit Slip (BTS Copy) only.
- Please fill the Application Form properly with complete information. Incomplete Forms Will not be accepted.
- BTS will not be responsible for late receiving of applications through other couriers.
- Bank demand draft/Cross Cheque are not acceptable, if attached with application form, it would not be accepted.







Help line:




Phone Number: 081-2301696

Website: www.bts.org.pk**Please Send Application Forms to:**

Balochistan Testing Service
Office # 2, Ainy Center, Near Alhamd university,
Airport Road Quetta.

Fee will not be refundable.

 Balochistan Testing Service			 Balochistan Testing Service		
<div style="background-color: black; color: white; padding: 2px; display: inline-block;">BTS Copy</div>			<div style="background-color: black; color: white; padding: 2px; display: inline-block;">Bank Copy</div>		
Date: _____			Date: _____		
Branch Name/Code (if paid through bank): _____			Branch Name/Code (if paid through bank): _____		
<div style="border: 1px solid black; padding: 2px; display: inline-block;">FEES DEPOSIT SLIP</div>			<div style="border: 1px solid black; padding: 2px; display: inline-block;">FEES DEPOSIT SLIP</div>		
		United Bank Limited <input type="checkbox"/>			
Branch: Hali Road Quetta (Branch Code 1055)		Branch: Hali Road Quetta (Branch Code 1055)		Branch: Hali Road Quetta (Branch Code 1055)	
A/C Title: Balochistan Testing Service		A/C NO# 219823113		A/C Title: Balochistan Testing Service	
A/C NO# 219823113		A/C Title: Balochistan Testing Service		A/C NO# 219823113	
		JAZZ CASH <input type="checkbox"/>			
Project: Project Directorate 0031		Project: Project Directorate 0031		Project: Project Directorate 0031	
A/C Title: Balochistan Testing Service		Code# 0031		A/C Title: Balochistan Testing Service	
Code# 0031		A/C Title: Balochistan Testing Service		Code# 0031	
Note: 1. Please Stamp all copies of deposit Slip. 2. The Bank Must Return "BTS Copy & Candidate copy" to the Candidate. 3. Deposit Slip will not be accepted without Candidate CNIC/ B Form No.			Note: 1. Please Stamp all copies of deposit Slip. 2. The Bank Must Return "BTS Copy & Candidate copy" to the Candidate. 3. Deposit Slip will not be accepted without Candidate CNIC/ B Form No.		
Applicant's Name:		Applicant's Name:		Applicant's Name:	
Father Name:		Father Name:		Father Name:	
CNIC No/ B Form No:		CNIC No/ B Form No:		CNIC No/ B Form No:	
Amount As: Rs.600/-		Amount in words: Six hundred Rupees Only/- Non Refundable/ Non Transferable		Amount As: Rs.600/-	
		Amount in words: Six hundred Rupees Only/- Non Refundable/ Non Transferable		Amount As: Rs.600/-	
Applicant Signature _____		Cashier _____		Applicant Signature _____	
		Officer _____		Cashier _____	
		Officer _____		Officer _____	

 Balochistan Testing Service		
<div style="background-color: black; color: white; padding: 2px; display: inline-block;">Candidate Copy</div>		
Date: _____		
Branch Name/Code (if paid through bank): _____		
<div style="border: 1px solid black; padding: 2px; display: inline-block;">FEES DEPOSIT SLIP</div>		
		United Bank Limited <input type="checkbox"/>
Branch: Hali Road Quetta (Branch Code 1055)		
A/C Title: Balochistan Testing Service		A/C NO# 219823113
A/C NO# 219823113		A/C Title: Balochistan Testing Service
		JAZZ CASH <input type="checkbox"/>
Project: Project Directorate 0031		Project: Project Directorate 0031
A/C Title: Balochistan Testing Service		Code# 0031
Code# 0031		A/C Title: Balochistan Testing Service
Applicant's Name:		
Father Name:		
CNIC No/ B Form No:		
Amount As: Rs.600/-		Amount in words: Six hundred Rupees Only/- Non Refundable/ Non Transferable
		Amount in words: Six hundred Rupees Only/- Non Refundable/ Non Transferable
Applicant Signature _____		Cashier _____
		Officer _____