

Pakistan Post Office Department

Picture 1
Paste your recent passport size color photograph with gluestick

1. Are You Government Servant? (Attach NOC)	Yes <input type="checkbox"/>	NO <input type="checkbox"/>
2. Are You a Disabled person?	Yes <input type="checkbox"/>	NO <input type="checkbox"/>

Test Would be conducted in Quetta city Only.

Applied for: (Fill the Box for Desired position. (Mandatory))

1	Time Scale Clerk (BS-9) <input type="checkbox"/>	Quetta Postal Division <input type="checkbox"/>	Sibbi Postal Division <input type="checkbox"/>
		Khuzdar Postal Division <input type="checkbox"/>	Makran Postal Division <input type="checkbox"/>
		Quetta City <input type="checkbox"/>	
2	Postman (BS-7) <input type="checkbox"/>	Quetta Postal Division <input type="checkbox"/>	Sibbi Postal Division <input type="checkbox"/>
		Khuzdar Postal Division <input type="checkbox"/>	Makran Postal Division <input type="checkbox"/>
		Quetta City <input type="checkbox"/>	
3	Male Peon (BS-2) <input type="checkbox"/>	Quetta Postal Division <input type="checkbox"/>	Sibbi Postal Division <input type="checkbox"/>
		Khuzdar Postal Division <input type="checkbox"/>	Makran Postal Division <input type="checkbox"/>
		Quetta City <input type="checkbox"/>	

Bank & brach code	Deposit Date:
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***Note: Application Form will not be entertained without Original Deposit Slip (BTS Copy)**

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

2. Name:													
3. Father's Name:													
4. Candidate CNIC: (Without Dash)													
5. Gender:	Male: <input type="checkbox"/>		Female: <input type="checkbox"/>										
6. Date of Birth:	D	D	M	M	Year								
7. Marital Status:	Married: <input type="checkbox"/>		Unmarried: <input type="checkbox"/>										
8. Religion:	Muslim: <input type="checkbox"/>		Non Muslim: <input type="checkbox"/>										
9. Permanent Address:													
10. Mailing Address:													
Note: (All correspondence will be made on Mailing address though courier service or ordinary postal service)													
11. Phone No: (OFF)					(RES):					Mobile:			
12. District of Local/Domicile(compulsory):													

13. Academic Information: (Please attach your attested 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:

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:

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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 recent passport size color photograph with stapler

General Instructions:

- Please send your application form through TCS, Hand submission of Application Form is not allowed.
- Candidates having the related qualification can also apply.
- Please attach your attested Two recent Photographs, educational certificates, Domicile CNIC copy and Original Bank 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.
- Bank demand draft/Cross Cheque are not acceptable, if attached with application form, it would not be accepted.

Help line:











Phone Number: 081-2821299

Website: www.bts.org.pk

Please Send Application Forms to:

Balochistan Testing Service
Bolan Arcade 2nd Floor, Old Pishin stop Model Town Quetta

Fee will not be refundable.

 Balochistan Testing Service			 Balochistan Testing Service		
<div style="border: 1px solid black; padding: 2px; display: inline-block;">BTS Copy</div>			<div style="border: 1px solid black; padding: 2px; display: inline-block;">Bank Copy</div>		
Branch Code: _____		Date: _____	Branch Code: _____		Date: _____
Branch Name: _____			Branch Name: _____		
<div style="border: 1px solid black; padding: 2px; display: inline-block;">ONLINE DEPOSIT SLIP</div>					
(* Please deposit fee in only one bank & tick the relevant bank)					
 Soneri Bank		 National Bank of Pakistan			
Branch: Islamic Banking F-8 Markaz Islamabad (Branch Code 0205)		Branch: Prime Minister Sectt, Islamabad (Branch code 1732)			
A/C Title: Balochistan Testing Service		A/C No# 01550003200		A/C Title: Balochistan Testing Service	
				A/C NO# 4001521844	
 National Bank of Pakistan		 Soneri Bank			
Branch: Prime Minister Sectt, Islamabad (Branch code 1732)		Branch: Islamic Banking F-8 Markaz Islamabad (Branch Code 0205)			
A/C Title: Balochistan Testing Service		A/C NO# 4001521844		A/C Title: Balochistan Testing Service	
				A/C No# 01550003200	
 Easypaisa		 Easypaisa			
TXR ID		CELL #	923458230732		923458230732
Must mention TXR ID in the given column above that you paid from.			Must mention TXR ID in the given column above that you paid from.		
 Bank AIFALAH Limited		 Bank AIFALAH Limited			
Branch: Model Town Quetta Branch (Br.code:0183)		Branch: Model Town Quetta Branch (Br.code:0183)			
A/C Title: Balochistan Testing Service		A/C NO# 01831004972900		A/C Title: Balochistan Testing Service	
				A/C NO# 01831004972900	
Note: Bank Service Charges Free of Cost			Note: Bank Service Charges Free of Cost		
*Note: Desired Bank Stamp is required on the Deposit Slip & Send Original Deposit Slip (BTS Copy) along with Application Form to BTS Office			Note: 1. Please Stamp both copies of deposit Slip. 2. The Bank Must Return "BTS Copy" to the Candidate. 3. Deposit Slip will not be accepted without Candidate CNIC/ B Form No.		
Application Form will not be entertained without Original Deposit Slip (BTS Copy)					
Applicant's Name:		Applicant's Name:			
Father Name:		Father Name:			
CNIC No/ B Form No:		CNIC No/ B Form No:			
Amount As: Rs. 300/-		Amount in words:	Three hundred Only/- Non Refundable/ Non Transferable		Amount As: Rs. 300/-
Applicant Signature _____		Cashier _____	Officer _____		Officer _____