



## Application Training Form

### Training For Invigilaor

Please Deposit fee at any branch of UBL

Branch Code: \_\_\_\_\_

NAME: \_\_\_\_\_

FATHER NAME: \_\_\_\_\_

CNIC NUMBER: \_\_\_\_\_

Attach  
Photo

ADDRESS: \_\_\_\_\_

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MOBILE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

GENDER:  MALE  FEMALE

Date: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_



# JOB TESTING SERVICE



## Training For Invigilator

Deposit Slip

**Bank copy**

(Please Deposit fee at any UBL Branch)

Date: \_\_\_\_\_

<b>JOB TESTING SERVICE SMC PVT LTD</b>	<b>234834563</b>
Branch Code	
CNIC/B-FORM:	
Applicant Name:	
Father's Name:	
Post Name:	
Amount:	Amount in words
1040/-	Rupees One Thousand Fourty Only (Non Refundable/Non Transferable)

\_\_\_\_\_  
Depositor Signature

\_\_\_\_\_  
Bank's Teller

\_\_\_\_\_  
Bank's Officer



# JOB TESTING SERVICE



## Training For Invigilator

Deposit Slip

**JTS copy**

(Please Deposit fee at any UBL Branch)

Date: \_\_\_\_\_

<b>JOB TESTING SERVICE SMC PVT LTD</b>	<b>234834563</b>
Branch Code	
CNIC/B-FORM:	
Applicant Name:	
Father's Name:	
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1040/-	Rupees One Thousand Fourty Only (Non Refundable/Non Transferable)

\_\_\_\_\_  
Depositor Signature

\_\_\_\_\_  
Bank's Teller

\_\_\_\_\_  
Bank's Officer



# JOB TESTING SERVICE



## Training For Invigilator

Deposit Slip

**Depositor copy**

(Please Deposit fee at any UBL Branch)

Date: \_\_\_\_\_

<b>JOB TESTING SERVICE SMC PVT LTD</b>	<b>234834563</b>
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\_\_\_\_\_  
Depositor Signature

\_\_\_\_\_  
Bank's Teller

\_\_\_\_\_  
Bank's Officer