



Global Testing Services

APPLICATION FORM FOR TRAINING

Post Applied For:

Candidate Attached
Recent
Picture
Here

Data Entry Training Workshop.

Name in Full: _____

Father's Name: _____

Candidate CNIC:

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--	--	--	--	--	---	--	--	--	--	--	--	---	--

Gender: Male Female 09.Date of Birth: ____-____-____ (DD-MM-YY)

Postal Address: _____

MOBILE NUMBER: _____

EMAIL ADDRESS: _____

Desired Test City: Tick Only One Box (Mandatory)

<input type="checkbox"/> ISLAMABAD/RAWALPINDI	<input type="checkbox"/> LAHORE	<input type="checkbox"/> KARACHI	<input type="checkbox"/> PESHAWAR	<input type="checkbox"/> QUETTA
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Applicant's Signatures

Global Testing Services

44 Zakki Center 2nd Floor Office # 15 i-8 Markaz Near Habibi Restaurant Islamabad.



Global Testing Services

(Pvt) Ltd.

GTS Copy

TRANING FORM

Branch Code: _____

Date: _____

Branch Name: _____

CNIC: _____

Post Name: _____

ONLINE DEPOSIT SLIP

HBL

A/C Title: GLOBAL TESTING SERVICES PVT LTD

A/C No. 0042-79917565-03

Application From Will Not be Entertained Without Original Deposit Slip (GTS Copy)

Applicant's Name: _____

Father Name: _____

Amount	Amount
Rs: 999/-	in Words: Nine Hundred and Ninety Nine Rupees only.

Bank's Teller _____

Bank's Officer _____

Condidate's Sig: _____



Global Testing Services

(Pvt) Ltd.

Bank Copy

TRANING FORM

Branch Code: _____

Date: _____

Branch Name: _____

CNIC: _____

Post Name: _____

ONLINE DEPOSIT SLIP

HBL

A/C Title: GLOBAL TESTING SERVICES PVT LTD

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Amount	Amount
Rs: 999/-	in Words: Nine Hundred and Ninety Nine Rupees only.

Bank's Teller _____

Bank's Officer _____

Condidate's Sig: _____



Global Testing Services

(Pvt) Ltd.

Candidate Copy

TRANING FORM

Branch Code: _____

Date: _____

Branch Name: _____

CNIC: _____

Post Name: _____

ONLINE DEPOSIT SLIP

HBL

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