



Armed Forces Institute of Pathology, Rawalpindi



12. 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 along with 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 a recent passport size photograph 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, 3rd April, 2017**.
- ❖ 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: AFIP-2)
Universal Testing Services (UTS),
103, Sumbal Road, F10/1,
Islamabad.
Help line: 051-2153534





Armed Forces Institute of Pathology, Rawalpindi



uts **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 پتہ پر بھجوادیں۔ یوٹی ایس کاپی کے بغیر درخواست نامکمل سمجھی جائے گی۔

<input type="checkbox"/> Bank Alfalah 	<input type="checkbox"/> United Bank Ltd. 
Branch: Online Branches Nationwide	Branch: Online Branches Nationwide
A/C Title: Universal Testing Services	A/C Title: Universal Testing Services
A/C No: 0131-1005509175	A/C No: 228600116

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

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



Amount RS: 200/-- **Amount in Words:** Two Hundred only. **Project ID:** AFIP-2

This Fee is non refundable and non transferable.

uts **Universal Testing Services**
Customer 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۔

<input type="checkbox"/> Bank Alfalah 	<input type="checkbox"/> United Bank Ltd. 
Branch: Online Branches Nationwide	Branch: Online Branches Nationwide
A/C Title: Universal Testing Services	A/C Title: Universal Testing Services
A/C No: 0131-1005509175	A/C No: 228600116

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

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



Amount RS: 200/-- **Amount in Words:** Two Hundred only. **Project ID:** AFIP-2

This Fee is non refundable and non transferable.

uts **Universal Testing Services**
Bank 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۔

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