



Central Testing Services
serving with integrity

For Office

Branch Code: _____ Date: _____

Branch Name: _____

ONLINE DEPOSIT SLIP

(* Please deposit fee in only one bank & tick the relevant bank)

<input type="checkbox"/>	Allied Bank Limited <small>(Formerly Allied Bank of Pakistan Limited)</small>	<input type="checkbox"/>	Bank Alfalah
A/C Title:	Central Testing Services (Pvt). Ltd.	A/C Title:	Central Testing Services
A/C No.	0010044280090010	A/C No.	Al Falah Transit
Note: Bank Service Charges Free of Cost		Note: Bank Service Charges Free of Cost	

Note*: Bank stamp is required on the Deposit Slip which should be sent to CTS along with the application form.

* Original slip must be provided.

Project ID:		
Applicant's Name:		
Father Name:		
CNIC No/ B Form No:		
Post Name:		
Amount Rs:	500/-	Amount in word: Rs. Five Hundred Only <small>Non Refundable/ Non Transferable</small>

Applicant Signature _____

Cashier _____

Officer _____



Central Testing Services
serving with integrity

For Bank

Branch Code: _____ Date: _____

Branch Name: _____

ONLINE DEPOSIT SLIP

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<input type="checkbox"/>	Allied Bank Limited <small>(Formerly Allied Bank of Pakistan Limited)</small>	<input type="checkbox"/>	Bank Alfalah
A/C Title:	Central Testing Services (Pvt). Ltd.	A/C Title:	Central Testing Services
A/C No.	0010044280090010	A/C No.	Al Falah Transit
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Applicant's Name:		
Father Name:		
CNIC No/ B Form No:		
Post Name:		
Amount Rs:	500/-	Amount in word: Rs. Five Hundred Only <small>Non Refundable/ Non Transferable</small>

Applicant Signature _____

Cashier _____

Officer _____



Central Testing Services
serving with integrity

For Personal Record

Branch Code: _____ Branch Name: _____ Date: _____

ONLINE DEPOSIT SLIP

(* Please deposit fee in only one bank & tick the relevant bank)

<input type="checkbox"/>	Allied Bank Limited <small>(Formerly Allied Bank of Pakistan Limited)</small>	<input type="checkbox"/>	Bank Alfalah
A/C Title:	Central Testing Services (Pvt). Ltd.	A/C Title:	Central Testing Services
A/C No.	0010044280090010	A/C No.	Al Falah Transit
Note: Bank Service Charges Free of Cost		Note: Bank Service Charges Free of Cost	

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Applicant's Name:		Father Name:
CNIC No/ B Form No:		Post Name:
Amount Rs:	500/-	Amount in word: Rs. Five Hundred Only <small>Non Refundable/ Non Transferable</small>

Applicant Signature _____

Cashier _____

Officer _____