PSC Copy (scan, upload & must provide at the time of Test)

AJK Public Service Commission Amoun

Applicant's Name :	AJK Public Service Commission	Amount Payable
Father's Name: Address: Address: Post Applied for: Department: District/Quota: Fee must be deposited in one of the following Accounts: 1. AJK Bank / State Bank / National Bank of Pakistan "1211 Organs of State" (Exam. Fee realized on behalf of AJK Public Service Commission) Applicant's Name: Address: Amount in words: Candidate Copy AJK Public Service Commission Applicant's Name: Address: Post Applied for: Department: District/Quota: Fee must be deposited in one of the following Accounts: AJK Bank / State Bank / National Bank of Pakistan "1211 Organs of State" (Exam. Fee realized on behalf of AJK Public Service Commission) AMC Bank, Account Title: AJK PSC, A/C no. 0975134671009932, branch code: 0593 Main Branch Muzaffarabad AJK. Bank Copy AJK Public Service Commission) AMC Bank, Account Title: AJK PSC, A/C no. 0975134671009932, branch code: 0593 Main Branch Muzaffarabad AJK. Bank Copy AJK Public Service Commission) Applicant's Signature Bank Copy AJK Public Service Commission Applicant's Signature Eef for the test Rsonly Applicant's Signature Candidate Copy AJK Public Service Commission Amount in words: Applicant's Signature Eef for the test Rsonly Applicant's Signature Candidate Copy AJK Public Service Commission Applicant's Signature Applicant's Signature Bank Copy AJK Public Service Commission Amount Payable Fee for the test Rsonly Amount in words: Amount in words: KLC: Rs. 5/- Total Amount: Date: Candidate Copy Amount in words: Amount in words: Candidate Copy Amount in words: Accounts: Applicant's Signature Candidate Copy Amount in words: Candidate Copy Amount in words: Accounts: Amount in words: Candidate Copy Amount in words: Accounts: Amount in words: Candidate Copy Amount in words: Accounts: Amount in words: Candidate Copy Amount in words: Candidate Copy Amount in words:	Annlicant's Name :	
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