REGISTRATION FORM

Reg. No. _ To be Filled by NTS



Project ID: S-20-3521

Screening Test for the Post of Staff Nurse

Picture 1

Paste your recent passport size color photograph with gum

	Otali Naisc		
Eligibility Criteria:			
A. Is your age according to the prescrib	ed age limit for the desired Post a	as on 29-07-2019 ?	Yes No
B. Do you have relevant / prescribed Q	ualification & Experience as me	ntioned in Advertisement?	Yes No
C. Are you Domiciled in Sindh?	Yes No		
If your reply is "Yes" to A, B & C above,	only then please proceed further.	. Otherwise you are not eligible t	o apply.
01. Bank Online Deposit of Rs: 550/- f	rom Designated Bank Branche	s. Exemption of fee for Di	isabled Person only
Bank Code		Are you a Disabled Pe	
Deposit Date			معذور حضرات پرفیس لا گونیس ہوگی۔ براہ کرم نادرا کا جاری کردہ مخصوص تو:
*Note: Application Form will not be entertained with	nout Original Deposit Slip (NTS Copy)	Disability Certificaالف کریں۔بھورت دیگر	ہونے کی صورت میں حکومت کے منظور شدہ ادارے سے جاری کردہ te درخواست فارم کمل میں نہیں ایا جائیگا۔
Personal Information: Use	CAPITAL letters and leave spa	aces between words.	
02. Name in Full:			
03. Father's Name:			
04. Candidate CNIC #:		ڏلاز بادرج کرے	أميدوارا يناذاتي قوى شاختي كإرا
Write your own CNIC No.) میں تیس لایا جائےگا۔	بصورت دیگر درخواست فارم عمل
05. Gender: Male	Female Write	te of Birth: your Correct Date of Birth wise you will be rejected	M M Y Y Y Y
07. Postal Address:		960 1111 26 19,600.60	
Only for Information: NTS will not issue Roll No Slips through	courier/postal services. Candidate must required to ta	ke electronic print out of Roll No. (having picture of c	andidate) from NTS website for appearing in tests.
	City:	District:	
08. Phone No: (OFF)	(RES.)	DO NOT give your	portable mobile number (which is converted
09. Are you a Government Servant ar	nd applying through proper ch	nannel?	to another) so that SMS delivery is ensured.
In case of Yes, please attach NOC		Yes	No
10. Are you a Disabled Person? If yes, please attach Disability Certificate	Yes No	11. Religion: Muslim	Non Muslim
12. Are you registered Nurse with Pal	kistan Nursing Council?	Yes No	
40 = 404		_	
13. Test City:	Karachi		
14. Province of Domicile:	i. Sindh (Urban)	Sindh (Rural)	

15. Academic Information: (Please attach copies of your academic certificates)

- Note: 1. NTS will not issue Roll No Slips to those who have not filled in their academic record properly.
 - 2. Candidate should convert their grades into marks. (O Level / A Level or any other degree having grade).
 - 3. Write exact degree name & major subject mention in certificate / transcript.
 - 4. Result awaiting candidates are not eligible.

Certificate / Degree Level	Degree / Sanad Title	Specialization / Major Subject	Year Passing	Obtained Marks / CGPA	Total Marks / CGPA	Board / University / Institute
Matric / Equivalent (10 Years)	Matric O' Level	Science Arts				
	Other:	Other:				
Intermediate / D.A.E (12 / 13 Years)	F.A F.Sc D.A.E Other:					
Bachelor (14 Years)	B.A B.Sc Other:					
Bachelor (Hons) / Master (16 Years)						
Diploma / Certificate	Diploma Certificate	Diploma in Nursing	Duration in Months			

Undertaking By The Applicant:

Id/s/w ofdeclare and affirm that I have read and understood the	do hereby solemnly
the NTS Test, and I have filled-up the application form as information contained herein is found at any stage to candidature can be cancelled at any stage (even after e be liable to legal action.	s per instructions given below. In case of any obe missing, untrue, false or forged, my passport size color

Candidate's Signature

GENERAL INSTRUCTIONS / INFORMATION:

Thumb Impression

- Please fill the Application Form properly with complete and correct information / answers.
- Please DO NOT leave any field blank, otherwise your application may not be considered.
- Incorrect, false or forged information may result in cancellation of your candidature at any stage, even after employment, and also proceeding of a legal action.
- > Attach your Two recent Passport Size Photographs, Attested copies of CNIC, PRC, Domicile Certificate, Academic Certificates and Original Bank Deposit Slip (NTS Copy)
- > By Hand submission of Application Form is not allowed.
- Mobile Phones or any Electronic Gadgets are not allowed in Test Center premises.
- Use separate envelop and separate application form for each post you are applying for.
- Last date for submission of application form is **Monday 29**th **July, 2019**.

HELP LINE:

UAN : +92-51-844-444-1 **Website**: www.nts.org.pk

Please Send Application Forms to:

NATIONAL TESTING SERVICE (HQ)

Shaheed Mohtarma Benazir Bhutto Institute Of Trauma (SMBBIT) Karachi (project) Plot # 96, Street # 4, H-8/1, Islamabad.

	Testing Service-Pakistan tandards in Educational and Professional Testing
	OHTARMA BENAZIR BHUTTO F TRAUMA (SMBBIT) KARACHI
Branch Code:	Date:
Branch Name:	
	INEDEPOSITSLIP it fee in only one bank & tick the relevant bank)
Allied Bank Limited Formely: Allied Bank of Pakistan Limited	Muslim Commercial Bank
A/C Title: NTS-Pakistan-Collection	A/C Title: NTS-Pakistan
A/C No: 0010008325640110	A/C No: 0647943831005734
Note: Bank Service Charges Free of Cos	Note: Bank Service Charges Free of Cost
HABIB BANK	
A/C Title: NTS Pakistan	
A/C No: 00427991771403 Note: Bank Service Charges Free of Cos	
Slip (NTS Copy) along Application	required on the Deposit Slip & Send Original Deposit Form to NTS Office tained without Original Deposit Slip (NTS Copy)
	sion: Monday 29 th July, 2019 بینکر حضرات چالان پردی گی آخری تاریخ ک
Project ID:	S-20-3521
Applicant's Name:	
Father Name:	

	SHAHEED MOHTARMA BENAZIR BHUTTO INSTITUTE OF TRAUMA (SMBBIT) KARACHI				
	Branch Code:		Date:		
	Branch Name:				
	Branch Panie.		EPOSIT SLIP one bank & tick the relevant bank)		
alBank	Allied Bank Limit	ted	MuslimCommercialBank		
	A/C Title: NTS-Pakistan-Coll	ection	A/C Title: NTS-Pakistan		
	A/C No: 001000832564011	0	A/C No: 0647943831005734		
ree of Cost	Note: Bank Service Charges	Free of Cost	Note: Bank Service Charges Free of Cost		
	HABIB BANK				
	A/C Title: NTS Pakistan				
	A/C No: 00427991771403				
	Note: Bank Service Charges	Free of Cost			
Original Deposit	*Note:		1		
Original Deposit		mp both copies of	denosit Slin		
			Copy" to the Candidate.		
(NTS Copy)			without Candidate CNIC/ B Form I	No.	
2019	Last date for fe	e submission:	Monday 29 th July, 2019		
61					
بينار حفرا	ول نەكرىي- ا	ارچ کے بعد عیس وص	بینکر حضرات حالان پر دی گئی آخری تا		
	Project ID:	S-20	-3521		
	Applicant's Name:				
	Father				
	Name:				
	CNIC No/ B Form No:				
	Post Name:				
	GST INVOICE				
		GST	INVOICE		
	NTN#	I	INVOICE 612-6		
	NTN# GST#	2680			
	GST#	2680	612-6		
es Only	GST # NTS fee: 487/-	2680 3277 Amount in Five	612-6		
es Only	GST # NTS fee: 487/- GST@ 13%: 63/- Total: 550/-	2680 3277 Amount in Five	612-6 876121192		
es Only	GST # NTS fee: 487/- GST@ 13%: 63/-	2680 3277 Amount in Five	612-6 876121192 Hundred & Fifty Rupees Only		
es Only Officer	GST # NTS fee: 487/- GST@ 13%: 63/- Total: 550/-	2680 3277 Amount in word: Rs. Five Non R	612-6 876121192 Hundred & Fifty Rupees Only		

National Testing Service-Pakistan

BANK COPY



Cashier

GST INVOICE

3277876121192

Five Hundred & Fifty Rupees Only

Non Refundable/ Non Transferable

2680612-6

Post Name:

NTN#

GST#

NTS fee:

Total:

GST@ 13%:

Applicant Signature

487/-

63/-

550/-

Amount in word: Rs.

National Testing Service-Pakistan

CANDIDATE COPY

SHAHEED MOHTARMA BENAZIR BHUTTO INSTITUTE OF TRAUMA (SMBBIT) KARACHI

Branch Name: _ Date: _ Branch Code: ONLINEDEPOSITSLIP

Allied Bank Limited A/C Title: NTS-Pakistan-Collection A/C No: 0010008325640110 Note: Bank Service Charges Free of Cost

MOB	Muslim Commercial Bank	
A/C Title:	NTS-Pakistan	
A/C No:	0647943831005734	
Noto: Br	onk Sonrice Charges Eren of Cost	

HBL HABIB BANK	
A/C Title: NTS Pakistan	
A/C No: 00427991771403	
Note: Bank Service Charges Free of Cos	it

*Note: Desired Bank Stamp is required on the Deposit Slip & Send Original Deposit Slip (NTS Copy) along Application Form to NTS Office. Application Form will not be entertained without Original Deposit Slip (NTS Copy)

Last date for fee submission: Monday 29th July, 2019

مینکر حضرات چالان پردی گئی آخری تاریخ کے بعد**فی**س وصول نہ کریں۔

Project ID:	ect ID: \$-20-3521				
Applicant's Name:		Father Name:			
CNIC No/ B Form No:		Post Name:			
	GST INVOICE	NTS fee:	487/-		5: U 1 10 5:0 B
NTN#	2680612-6	GST@ 13%:	63/-	Amount in word: Rs.	Five Hundred & Fifty Rupees Only Non Refundable/ Non Transferable
GST#	3277876121192	Total:	550/-	Non Returnable/ Non Hanslerable	

Applicant Signature	Cashier	Officer