



APPLICATION FORM

Reg. No. _____
To be Filled by NTS**DEPUTY COMMISSIONER
DIR LOWER**

Project ID: N-20-4513

Community Driven Local Development Program**Screening Test for various posts****Eligibility Criteria:**

A. Is your Age according to the desired Post at the date of 07-11-2019 ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Do you possess required Qualification / Experience as asked in Advertisement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. Are you Domiciled in Khyber Pakhtunkhwa (Including Newly Merged Tribal Districts)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If your reply is "Yes" to A, B & C above, only then please proceed further. Otherwise you are not eligible to apply.

Bank Online Deposit of Rs: 460/- from Designated Bank Branches.

Bank Code	
Deposit Date	

*Note: Application Form will not be entertained without Original Deposit Slip (NTS Copy)

Exemption of fee for Disabled Person onlyAre you a Disabled Person? ☐ Yes ☐ No

معذور حضرات پر فیس لاگو نہیں ہوگی۔ براہ کرم نادرا کا جاری کردہ مخصوص قومی شناختی کارڈ بطور ثبوت لف کریں۔ قومی شناختی کارڈ نہ ہونے کی صورت میں حکومت کے منظور شدہ ادارے سے جاری کردہ Disability Certificate لف کریں۔ بصورت دیگر درخواست فارم عمل میں نہیں لایا جائیگا۔

01. Desired Post: Fill Only One Box for Desired Post. **(Mandatory)**

To apply for more than one posts, please use separate form. This form will be considered valid only for the first selected post in the sequence.

01. <input type="checkbox"/> Social Mobilizers (Male)	02. <input type="checkbox"/> Social Mobilizer (Female)
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Personal Information: Use CAPITAL letters and leave spaces between words.

02. Name in Full:																																											
03. Father's Name:																																											
04. Candidate CNIC #:															-														-														
		<p>اُمیدوار اپنا ذاتی قومی شناختی کارڈ لازماً درج کرے بصورت دیگر درخواست فارم عمل میں نہیں لایا جائیگا۔</p>																																									
05. Gender:		<input type="checkbox"/> Male		<input type="checkbox"/> Female		06. Date of Birth:		D		D		M		M		Y		Y		Y		Y																					
						Write your Correct Date of Birth otherwise you will be rejected																																					
07. Postal Address:																																											
Only for Information: NTS will not issue Roll No Slips through courier/postal services. Candidate must required to take electronic print out of Roll No. (having picture of candidate) from NTS website for appearing in tests.																																											
City:														District:																													
08. Phone No: (OFF)														(RES.)														Mobile:															
City Code - Phone No																												DO NOT give your portable mobile number (which is converted from one network to another) so that SMS delivery is ensured.															
09. Are you a Government Servant and applying through proper channel?																										<input type="checkbox"/> Yes		<input type="checkbox"/> No															
In case of Yes, NOC will be required.																																											
10. Are you a Disabled Person?																										<input type="checkbox"/> Yes		<input type="checkbox"/> No		11. Religion:										<input type="checkbox"/> Muslim		<input type="checkbox"/> Non Muslim	
If yes, please attach Disability Certificate																																											

12. Academic Information: (Please attach attested 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 / CGPA into marks.
3. Write exact degree name & major subject mention in certificate / transcript.
4. Result awaiting candidates are not eligible.

Certificate / Degree Name	Degree Title	Specialization / Major Subject	Year Passing	Obtained Marks	Total Marks	Board / University / Institute
Matric (10 Years)	<input type="checkbox"/> Matric <input type="checkbox"/> Other: _____	<input type="checkbox"/> Science <input type="checkbox"/> Arts <input type="checkbox"/> Other: _____				
Intermediate / D.A.E (12 / 13 Years)	<input type="checkbox"/> F.A <input type="checkbox"/> F.Sc <input type="checkbox"/> D.A.E <input type="checkbox"/> Other: _____					
Bachelor (14 Years)	<input type="checkbox"/> B.A <input type="checkbox"/> B.Sc <input type="checkbox"/> Other: _____					
Bachelor (Hons) / Master (16 Years)	<input type="checkbox"/> M.A <input type="checkbox"/> Other: _____	<input type="checkbox"/> Social Sciences <input type="checkbox"/> Other: _____				
MS / M.Phil (18 Years)	<input type="checkbox"/> MS <input type="checkbox"/> M.Phil <input type="checkbox"/> Other: _____					
Ph.D						

13. Relevant Employment Record: (Please attach copies of your experience certificates)

Sr #	Organization / Employer Name	Job Title	Job Duration <small>Write only Month & Year</small>	
			From	To
01				
02				
03				
04				
05				

14. Total Job Experience as on closing date of application:

Years

 -

Months

15. Test City:

Batkhela

16. District of Domicile: Fill Only One Box (Mandatory) (Please attach attested copies of your Domicile certificates.)

01. <input type="checkbox"/> Abbottabad	02. <input type="checkbox"/> Bannu	03. <input type="checkbox"/> Battagram	04. <input type="checkbox"/> Buner
05. <input type="checkbox"/> Charsadda	06. <input type="checkbox"/> Chitral	07. <input type="checkbox"/> Dera Ismail Khan	08. <input type="checkbox"/> Hangu
09. <input type="checkbox"/> Haripur	10. <input type="checkbox"/> Karak	11. <input type="checkbox"/> Kohat	12. <input type="checkbox"/> Kohistan
13. <input type="checkbox"/> Lakki Marwat	14. <input type="checkbox"/> Lower Dir	15. <input type="checkbox"/> Malakand	16. <input type="checkbox"/> Mansehra
17. <input type="checkbox"/> Mardan	18. <input type="checkbox"/> Nowshera	19. <input type="checkbox"/> Peshawar	20. <input type="checkbox"/> Shangla
21. <input type="checkbox"/> Swabi	22. <input type="checkbox"/> Swat	23. <input type="checkbox"/> Tank	24. <input type="checkbox"/> Tor Ghar
25. <input type="checkbox"/> Upper Dir	26. <input type="checkbox"/> Newly Merged Tribal Districts		

17. Age Relaxation Claim: Proof to be provided before selection. (Only 1 will be admissible)

A. Are you Govt. Employee and have completed 2 years continuous service on the closing date for receipt of applications? (10 years)

☐ Yes☐ No

B. Are you a disabled person / **Divorced Woman / Widow? (10 years)

☐ Yes☐ No

C. Do you belong to backward areas of Khyber Pakhtunkhwa? (Backward Areas as per Government of Khyber Pakhtunkhwa List available as Annexure on last page) (03 years)

☐ Yes☐ No

Undertaking By The Applicant:

I _____ d/s/w of _____ do hereby solemnly declare and affirm that I have read and understood the instructions and conditions for appearing in the NTS Test, and I have filled-up the application form as per criteria according. In case of any information contained herein is found at any stage to be missing, untrue, false or forged, my candidature can be cancelled at any stage (even after employment, if so revealed later), and I shall be liable to legal action.

Date: _____ Thumb Impression _____ Candidate's Signature _____

Picture 2

Affix your recent passport size color photograph not older than 6 Months having blue background **with Stapler**

تصویر لازماً منسلک کریں بصورت دیگر فارم عمل میں نہیں لایا جائیگا۔

GENERAL INSTRUCTIONS / INFORMATION:

- 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, Domicile Certificate, Academic Certificates, Experience Certificates, CV 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 **Thursday 7th November, 2019.**

HELP LINE:

UAN : +92-51-844-444-1

Website : www.nts.org.pk

Please Send Application Forms to:

NATIONAL TESTING SERVICE (HQ)

DC Dir Lower, CDLD Program (Project)

Plot 96, Street # 4 H-8/1, Islamabad.

Only for Information: NTS will not issue Roll No Slips through courier/postal services. Candidate must required to take electronic print out of Roll No. (having picture of candidate) from NTS website for appearing in tests.

Please do not attach this page

Backward Areas List

- | | | | |
|--|--|---|-------------------------------------|
| (I) Khyber Agency | (ii) Kurram Agency | (iii) Orakzai Agency | (iv) Mohmand Agency |
| (v) North Waziristan Agency.
Sam-Ranizai) and Bajaur. | (vi) South Waziristan Agency. | (vii) Malakand Agency including protected areas (Swat Ranizai and | |
| (viii) Tribal Areas attached to Peshawar, Kohat and Hazara Division | (ix) Tribal Areas attached to D.I. Khan and Bannu Districts. | | |
| (x) Shirani Area. | (xi) Merged Areas of Hazara and Mardan Division and upper Tanawal. | (xii) Swat District | |
| (xiii) Upper Dir District. | (xiv) Lower Dir District. | (xv) Chitral District. | (xvi) Buner District. |
| (xvii) Kala Dhaka Area. | (xviii) Kohistan District. | (xix) Shangla District. | (xx) Gadoon Area in Swabi District. |
| (xxi) Backward areas of Mansehra and District Battgram. | | | |
| (xxii) Backward areas of Haripur District, i.e. Kalanjar Field Kanungo Circle of Tehsil Haripur and Amazai Field Kanungo Circle of Tehsil Ghazi. | | | |



National Testing Service-Pakistan

Building Standards in Educational and Professional Testing

NTS COPY

DEPUTY COMMISSIONER DIR LOWER CDLD PROGRAM

Branch Code: _____ Date: _____

Branch Name: _____

ONLINE DEPOSIT SLIP

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

 Allied Bank Limited <small>Formerly Allied Bank of Pakistan Limited</small>	<input type="checkbox"/>
A/C Title: NTS-Pakistan-Collection	
A/C No: 0010008325640110	
Note: Bank Service Charges Free of Cost	

 Muslim Commercial Bank	<input type="checkbox"/>
A/C Title: NTS-Pakistan	
A/C No: 0647943831005734	
Note: Bank Service Charges Free of Cost	

 HBL <small>HABIB BANK</small>	<input type="checkbox"/>
A/C Title: NTS Pakistan	
A/C No: 00427991771403	
Note: Bank Service Charges Free of Cost	

***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: Thursday 7th Nov, 2019

بینکر حضرات چالان پردی گئی آخری تاریخ کے بعد فیس وصول نہ کریں۔

Project ID:	N-20-4513
Applicant's Name:	
Father Name:	
CNIC No/ B Form No:	
Post Name:	

GST INVOICE	
NTN #	2680612-6
GST #	3277876121192

NTS fee: 400/-	Amount in word: Rs. Four Hundred & Sixty Rupees Only Non Refundable/ Non Transferable
GST@ 15%: 60/-	
Total: 460/-	

Applicant Signature	Cashier	Officer
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National Testing Service-Pakistan

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BANK COPY

DEPUTY COMMISSIONER DIR LOWER CDLD PROGRAM

Branch Code: _____ Date: _____

Branch Name: _____

ONLINE DEPOSIT SLIP

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

 Allied Bank Limited <small>Formerly Allied Bank of Pakistan Limited</small>	<input type="checkbox"/>
A/C Title: NTS-Pakistan-Collection	
A/C No: 0010008325640110	
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 HBL <small>HABIB BANK</small>	<input type="checkbox"/>
A/C Title: NTS Pakistan	
A/C No: 00427991771403	
Note: Bank Service Charges Free of Cost	

***Note:**

1. Please Stamp both copies of deposit Slip.
2. The Bank Must Return "NTS Copy" to the Candidate.
3. Deposit Slip will not accepted without Candidate CNIC/ B Form No.

Last date for fee submission: Thursday 7th Nov, 2019

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GST@ 15%: 60/-	
Total: 460/-	

Applicant Signature	Cashier	Officer
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National Testing Service-Pakistan

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CANDIDATE COPY

DEPUTY COMMISSIONER DIR LOWER CDLD PROGRAM

Branch Code: _____ Branch Name: _____ Date: _____

ONLINE DEPOSIT SLIP

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

 Allied Bank Limited <small>Formerly Allied Bank of Pakistan Limited</small>	<input type="checkbox"/>
A/C Title: NTS-Pakistan-Collection	
A/C No: 0010008325640110	
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