CTSP

APPLICATION FORM

Rea.	. No	
	lled by CTSP	

Picture 1
Paste your recent

DIRECTORATE OF HEALTH SERVICES

Diamer-Astore Division

Screening Test for the posts of DHS (Diamer-Astore Division)

01	. Eligibility Criteria:		passport size color photographwith gum
A.	Is your age according to the prescribed age limit for the desired Post as on 17-02-2020?	Yes No	تصویرلاز ماً منسلک کریں بصورت
В.	Do you have relevant / prescribed Qualification and Experience as mentioned in Advertisement?	Yes No	دیگرفارم عمل میں نہیں لایا جائیگا۔
C.	Do you possess Local/Domicile of <i>Gilgit-Baltistan</i> ?	Yes No	

B. Do you have relevant / prescribed Qualification and Experience as mention	و يكرفارم من مين تبين لا يا جائيگا- الله الله الله الله الله الله الله ال				
C. Do you possess Local/Domicile of Gilgit-Baltistan?					
If your reply is "Yes" to A & B above, only then please proceed further. O	therwise you are not eligible to apply.				
02. Bank Online Deposit of Rs: 290/- from Designated Bank Branches Bank Code Deposit Date **Note: Application Form will get be extentioned without Original Deposit Stin (CTSP Copy)					
*Note: Application Form will not be entertained without Original Deposit Slip (CTSP Copy) نوٹ: درخواست فارم پُر کرنے سے پہلے فارم پر درج ہدایات غور سے پڑھیں اور فارم کو احتیاط سے پُر کریں، فارم جمع ہونے کے بعد کسی قشم کی تضحیح نہیں کی جائے گا۔ نامکمل یا غلط معلومات پر مبنی در خواست فارم کو مستر دکر دیا جائے گا۔					
03. Post Applied for: Fill Only One Box for Desired Post. (To apply for more than one posts, please use separate form. This form will					
01. LHVs (BS-9)	02. JMT Female (BS-9)				
03. JMT Male (BS-9)	04. Dental Tech (BS-9)				
05. OTA (PPS-6)	06. Blood Transfusion Technician (BS-9)				
07. Anesthesia Technician (BS-9) 08. Radio Grapher (BS-9)					
09. Dental Technician (BS-9) 10. JMT (BS-9)					
04. Personal Information: Use CAPITAL letters and leave spaces between words.					
01. Name in Full:					
02. Father's Name:					
03. Candidate CNIC #:	Write your Correct Date of Birth mentioned on your CNIC otherwise you will be rejected				
04. Date of Birth: Write your Correct Date of Birth otherwise you will be rejected D D M M Year	05. Gender: Male Female				
06. Marital Status: Single Married	07. Religion: Muslim Non Muslim				
If Non Muslim, Please Specify:					
08. Are you a Serving Government Employee?					
09. Are you applying against Disability Quota? Yes If Yes, Please Specify: Social Welfare Certificate No:					
10. Are you applying against Women Quota? Yes No If yes, please attach Social Welfare Disability Certificate 11. Are you contingent employ? Contingent Employee before 1st July 2016 Subject to G-B government policy.					
12. Postal Address: All correspondence will be made on this address though courier service or ordinary postal service.					

District: City:						
13. Personal Mobile No: Do not give your ported / converted mobile number, otherwise you will not receive sms from CTSP. 14. Resident Mobile No: Do not give your ported / converted mobile number, otherwise you will not receive sms from CTSP.						
15. Email Address: (Mandatory)						
05. District of Local/Domicile: Select your District of Local/Domicile (Mandatory)						
Gilgit Daimer Skardu Astore Ghizer						
Ghanche Shigar Nagar Hunza						
06. Desired Test City: Gilgit Diamer Islamabad On condition (at leas 200 Applicants)	t					
 O7. Academic Information: (Do not attach copies of your academic qualification certificates.) Note: 1. CTSP 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. 						
Degree Level / Certificate Specialization / Major Subject Year Passing Obtained Marks / CGPA / CGPA Percentage% Board / University / Instit	ıte					
Metric (10 Years)						
Intermediate (12 Years)						
Bachelor (14 Years)						
Bachelor(Hons) /Master (16 Years)						
MS/M.Phil (18 Years)						
Higher (If Any)						
08. Professional Qualification/Diploma/Courses: (Do not attach copies of your professional qualification certificate	 s.)					
Sr.# Certificate/Degree Passing Year Obtained Marks Total Marks Board/University/Instit	ute					
1.						
3.						
	<u> </u>					
09. Employment/Post Relevant Experience Record:	<u>. </u>					
Sr.# Designation Your Designation / Position Title Organization Type (Government / Semi Government / Private) Organization Name (Name of the Organization / Department) From To	"					

1.

2.

3.

4.

5.

	s/d/w of	do hereby solemnly	Diot
the CTSP Tea any information candidature c	affirm that I have read and unders st, and I have filled-up the applica on contained herein is found at a	stood the instructions and conditions for appearing in ation form as per instructions given below. In case of ny stage to be missing, untrue, false or forged, my en after employment, if so revealed later), and	Picture 2 Affix your recent passport size color photograph with Open face تصويرلاز مأ منسلك كرين بصورت ديگرفارم عمل بين نبين لا ياجا يُگا۔
Date:	Thumb Impression	Candidate's Signature	
1. Check	List Provide the following documen	its other wise Application Form will not be entertained.	
03 Pass Attested	Bank Deposit Slip (CTSP Copy) sport size color photograph to be a d Copy of CNIC syour Domicile certificate.	attached with the form.	
12. GENE	RAL INSTRUCTION/ INFO	RMATION:	
✓ Please of otherwise ✓ Please of otherwise ✓ Incorrect even af ✓ Please Photogram (CTSP'se ✓ By hand ✓ Mobile	fill the application form properly was do not leave any field blank in the force your application will be rejected. It or false information may result fiter employment, and also procees end the complete Application for raphs, copy of CNIC, your Local/Is Copy) to CTSP Office Plot #.14 disubmission of application form in phones or any electronic gadgets parate application form for each process.	with complete and correct information. Irm and do not OVERWRITE any information in cancellation of your candidature at any stage, ding of a legal action. Irm (along with 3 recent colour passport size Domicile Certificate and original bank deposit slip 40, St 9, Sec I-10/3, Industrial Area, Islamabad. is not allowed. Is are not allowed in test center premises. Dost you are applying for. Is charges is non-refundable/non-transferable	Picture 3 Affix your recent passport size color photograph with Open face تصویرلاز با نسلک کریں بصورت دیگرفارم عمل میں نہیں لایاجائیگا۔
to other	r category. ation about Roll No Slip/Test date/	Test Center will be provided by SMS, Website & Email	-
to other ✓ Informa ✓ If you d register	ation about Roll No Slip/Test date/		
to other ✓ Informa ✓ If you d register	ation about Roll No Slip/Test date/ to not receive you roll no slip or re your complaint on CTSP' ^s comp	esult online, you will follow CTSP ^{,s} procedures and laint form. 12-2020	
to other ✓ Informa ✓ If you d register	ation about Roll No Slip/Test date/ to not receive you roll no slip or re your complaint on CTSP' ^s comp	esult online, you will follow CTSP ^{,s} procedures and laint form. 12-2020	 اس در خواست قارم کو موژ نااور نه کم
to other ✓ Informa ✓ If you d register	ation about Roll No Slip/Test date/ to not receive you roll no slip or re- your complaint on CTSP's comp ate for Fees Submission is 17-0	esult online, you will follow CTSP' ^s procedures and laint form. 2-2020 رنامنع ہے۔ پروجیکٹ آئی ڈی اور پوسٹ کانام لازما لکھیں۔ کے ساتھ صرف (CTSP'S COPY) والاچالان فارم لگائیں، بصورت ویگر آپ کاور خو	 اس در خواست فارم کو موژ نااور نه کا انولپ(در خواست لفافه) کے اوپر براہ مہر پانی اپنے در خواست فارم کے براہ مہر پانی اپنے در خواست فارم کے
to other ✓ Informa ✓ If you d register	ation about Roll No Slip/Test date/lo not receive you roll no slip or receive your complaint on CTSP's complaint on CTSP's complaint for Fees Submission is 17-0	esult online, you will follow CTSP' ^s procedures and laint form. 2-2020 رنامنع ہے۔ پروجیکٹ آئی ڈی اور پوسٹ کانام لازما لکھیں۔ کے ساتھ صرف (CTSP'S COPY) والاچالان فارم لگائیں، بصورت ویگر آپ کاور خو	 اس در خواست فارم کو موڑ نا اور نه که انول (در خواست لفافه) کے اوپر براہ مہر پانی اپنے در خواست فارم کے فیس جمع کرنے کی آخری تاریخ 1.7

Office Call Timing: From 9:00 AM To 5:00 PM Monday to Saturday

Cut Address box given below and affix it with gum on the envelope.

Help line

UAN: 051-111004455

Website: www.ctsp.com.pk



CAREER TESTING SERVICES PAKISTAN Plot #.140, St 9, Sec I-10/3, Industrial Area, Islamabad.

Project ID: (DHSA-D/GB/35/20)



CAREER TESTING SERVICES PAKISTAN (Pvt) Ltd.

BANK'S COPY

DIRECTORATE OF HEALTH SERVICES

Diamer-Astore Division

Branch Code:	Branch Name:			Date	_r .	
Branch Code.		ONLINE D	EPOSIT SLIP		·	
	BL HABIB BANK THE PROPERTY OF			KARAKORAM COOPERATIVE BANK LTD GILGIT-BALTISTAN A/C Career Testing Services Pakistan (Proj. Ltd. A/C). Cant Branch: Bank Code(3025) A/C#(6106)		
	vill not be entertained without		CTSP Copy). This C	hallan form can be deposit through cash	management and	
Project ID:		DHSA-	D/GB/35/20			
Applicant's Father Name:						
CNIC No/ B Form No:		Mobile No:		Applied for:		
Test Fee: 250 Bank Charges: 40	Total Fee: Rs.	290/- 🔲	Amount in word: Rs.	Two Hundred and Ninety Only		
the counter, please be sure	ed printer on deposit slip/challan to check the receipt and satisfy ted are correctly printed failing to	that complete details ind which the bank will not b	گاہ۔ cluding account e responsible	ا نَف بمعدر قمّ اور اکاؤنٹ نمبر چیک کر لیس بصورت دیگر بینک ذمد دار ندہ ہو st date for fee submission: Monday	17th February, 2020	
Applicant's Sig	gnature	Бапк		ванк Оі		
DIRECTORA Directora Branch Code: Granch Name: (*Please deposit ### Career Testing Services Pakistan Involuding Code: 000427991886203	Career Testing Services Pakistan (regular 1055-238639241 entertained without Original Deporough cash management and man	Date: Date: Bank*) RAMORAM COOPERATIVE BANK LTD ORLIGHT-BALTEYAN PT Testing Services Pakistan mental paranch: Bank Code(8025) AICH(6106) Sit Slip (CTSP Copy).	Branch Code: Branch Name: HBL HABL ACC _		ERVICES Date:	
Project ID:	DHSA-D/GB/35/20		Project	ID: DHSA-D/GB/35/20		
Applicant's Name: Father Name: CNIC No/ B Form No:			Applicant's Name: Father Name: CNIC No/ B Form No	:		
Applied for:			Applied for:			
Mobile No:			Mobile N	o: 		
TF: 250 Total Fee: 290/-	ctorate of Health Services Jo Amount in word: Rs. Two Hundred and Nin		TF: 250	Fee for Directorate of Health Servi Total Fee: 290/- Amount in word: Rs. Two Hundre	ices Jobs	
BC: 40 Cash hould sharply be deposled at the respective counter are respired principle through faithed primarier on deposls stipicitables the counter are the counter, please be sure to check the receipt and satisfy the number and amount deposled are correctly printed failing with Manual stamp is prohibited.	nd electronic computer generated المساورة المسا	الله المحتمد	 the counter, please 	be deposited at the respective counter and electronic computer presented gh flatbed printer on deposit sligicitation should be obtained before leaving be sure to check the receipt and satisfy that complete details including account deposited serviced printed failing which the bank will not be responsible.	من المستخدم المستخدم المستخدم المستخدم	
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