ots™
OPEN TESTING SERVICE

APPLICATION FORM

Ministry of National Health Services, Regulation and Coordination

Applying for: Naib Qasid (SPS-01)

TAG # (For Official use)

(254)

Note: Send this Application Form on the Address Mentioned Below

Passport size Recent Photograph Affix with Gum

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Domicile District: ----------

Note: ALL DATA FIELDS ARE REQUIRED. FILL YOUR APPLICATION FORM CAREFULLY.

Domicile Province: *(Tick only one)*	☐ **Punjab**	☐ **Balochistan**	☐ **Sindh (U)**	☐ **Sindh (R)**
	☐ **KPK**	☐ **Islamabad Capital Territory**		☐ **FATA**
	☐ **Azad Jammu and Kashmir**		☐ **Gilgit Baltistan**	☐ **Other**

1. Personal Information *(In Block Letters)*

Name (in Full): _____

Father's Name: _____

CNIC/B-Form: | | | | | | | | | | | | | | |

Age: _____ Date of Birth (D-M-Y) ___ -____- _____ Marital Status:_____

Postal Address: _____

_____

Phone #: _____ Cell #: _____ (Do not give here Network converted mobile Numbers)

Note: Tick Only One Circle in each Row.

Religion:	◯ Muslim	◯ Non-Muslim
Are You Disable?	◯ Yes	◯ No
Gender:	◯ Male	◯ Female
Armed Forces:	◯ Yes	◯ No
Only for personnel of Armed Forces of Pakistan		
Deceased Servant:	◯ Yes	◯ No
Deceased Civil Servant wife, son or daughter		
Government Servant:	◯ Yes	◯ No
Scheduled Cast /Buddhist:	◯ Yes	◯ No

2. Academic Information (Note: In case of incomplete academic information, Your Application will be Declined.)

Certificate/Degree	Degree Title	Major Subjects	Year of Passing	Marks Obtained	Total Marks	Institution Name
SSC *(10 years)*						
HSSC / DAE / A-Level *(12 / 13 years)*						
Bachelor *(14 years)*						
Bachelor (H) / Master *(16 years)*						
MS / M.Phil. *(18 years)*						
PhD						
Other *(Diploma / Certificate)*						

3. Employment Information (Note: If you need more rows to write your information, you can add an additional page with Application Form.)

Organization Type (Government / Semi Government / Private)	Organization Name (Name of the Organization / Dept.)	Designation (Your Designation / Position Title)	Job Description	Start Date (Starting Date)	End Date (End Date)

4. Undertaking by Applicant

I_____d/s/w of_____do hereby solemnly affirm that I have read and understood the conditions for applying in the above mentioned Post and that I have filled the form as per instructions given above and in the event any information contained herein is found to be untrue, I shall be liable to disciplinary action which may result in cancellation of my candidature &test.

Signature & Date: …….. Thumb Impression (Left Hand): ……

Document Check list:

Tick if Attached / selected:

- ☐ Photograph is Attached
- ☐ CNIC Copy is Attached on the back side of Application Form

Instructions:

- Application must reach before last date of submission of application form.
- Application must reach below mention address latest by last date of submission of application form.
- OTS will not be responsible for late receiving of application through courier / Pakistan post etc.
- Attach your recent photograph, CNIC copy
- Without photograph, your application form will not be entertained.
- In-complete forms will not be entertained. (All the fields are mandatory)
- By hand, submission of Application form is not allowed.

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

Send Registration Form to:

Deputy Secretary (Admn) Ministry of National Health Services, Regulation and Coordination, Kohsar Complex Pak Secretariat Islamabad.