OPEN TESTING SERVICE

(273)

APPLICATION FORM

National Health Emergency Preparedness & Response Network, Government of Pakistan

Applying for: Naib Qasid (BS-01)

..... OTS REG #
For Official Use Only

Note: Please Send your application form on below mention address.

Passport size Recent Photograph Affix with Gum

آپ کی تصویر اس خانے میں ہونا ضروری ہے

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
with Two Years Continuous Experience		
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	Grade percentage	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 (If Applicable) (Note: If you need more rows to write your information, you can add an additional page with Application Form.)

Organization Type	Organization Name	Designation	Description	Start Date	End Date
(Government / Semi Government / Private)	(Name of the Organization / Dept.)	(Your Designation / Position Title)		(Starting 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 the following documents are attached:

☐ Photograph.
☐ CNIC Copy

Instructions:

- Attach your recent photograph, CNIC copy photocopy as the case may be.
- Without Signature & Thumb impression, your application form will not be entertained.
- Without photograph your application form will not be entertained.
- In-complete forms will not be entertained. (All the fields are mandatory / Required)
- By hand submission of Application form is not allowed.
- Government servant should submit their application through proper channel.
- Separate applications are required in case of applying for more than one post.
- Mobile phones are not allowed in test center premises.
- Please visit OTS website frequently for the test schedule/ other relevant details.

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

Send Registration Form to:

National Health Emergency Preparedness & Response Network (NHEPRN) NIH, Chak Shehzad Islamabad