

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:

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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
<i>Only for personnel of Armed Forces of Pakistan</i>		
Deceased Servant:	☐ Yes	☐ No
<i>Deceased Civil Servant wife, son or daughter</i>		
Government Servant:	☐ Yes	☐ No
<i>with Two Years Continuous Experience</i>		
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:

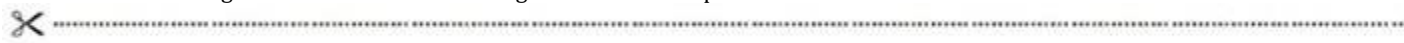
Tick if the following documents are attached:

- ☐ 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**