



Application Form

Reg. No. _____
To be Filled by NTS**DIRECTORATE OF NURSING
SINDH KARACHI****B.sc Nursing Degree &
Psychiatric Nursing Diploma Program**

Project ID: S-20-3553

Admission Test**Picture 1**Paste your recent
passport size color
photograph not older than
6 Months having
blue background **with gum**تصویر لازماً منسلک کریں بصورت
دیگر فارم عمل میں نہیں لایا جائیگا۔Bank Online Deposit of **Rs: 400/-** from Designated Bank Branches.

Bank Code	
Deposit Date	

برائے مہربانی سلیپ این ٹی ایس کی بجائے درخواست فارم کے ہمراہ کالج آف نرسنگ جاکشور میں جمع کروائیں۔

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 Program: Fill Only One Box for Desired Program. (Mandatory)01. **B.Sc Nursing Post RN Degree Program**
For Session 2019-202102. **Diploma in Psychiatric Diploma Program**
For Session 2019-2020**02. Test City:**

Hyderabad

03. Desired Plan: Fill Only One Box (Mandatory)01. **Government Employee**02. **Private Candidate Sindh**03. **Other Province****Personal Information:** Use CAPITAL letters and leave spaces between words.

04. Name in Full: _____

05. Father's Name: _____

06. Candidate CNIC #: _____
Write your own CNIC No. Or B Form No.07. Gender: Male Female

08. Date of Birth: _____

Write your Correct Date of Birth
otherwise you will be rejectedD D - M M - Y Y Y Y
 - -

09. 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: _____

10. Phone No: (OFF) _____

(RES.) _____

(Mobile) _____

City Code - Phone No

Mandatory

11. Religion: Muslim Non MuslimIf Non Muslim,
Please Specify: _____

12. Academic Information: (Please attach 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 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.

Certificate / Degree Level	Degree / Certificate Title	Specialization / Major Subject	Year Passing	Obtained Marks	Total Marks	Board / Institute / University
Matric (10 Years)						
Intermediate (12 Years)						
Bachelors (14 Years)						

13. Professional Qualification: (Fill only relevant box.)

Certificate / Diploma	Year Passing	Obtained Marks	Total Marks	Institute	Examination Board
Registered General Nursing Diploma					
Registered Midwifery Diploma					
Diploma in Specialization Specify: _____					
3 Years Diploma in General Nursing					

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

Please give the Name and address of the Institution / Department where you are employee

Date of Appointment as Staff Nurse: _____ Experience in Years: _____

From			To			Total Years		
Day	Months	Years	Day	Months	Years	Day	Months	Years

15. Province of Domicile: Fill Only One Box for Desired Province Domicile. (Mandatory)

01. <input type="checkbox"/> Sindh	02. <input type="checkbox"/> Khyber Pakhtunkhwa	03. <input type="checkbox"/> Punjab	04. <input type="checkbox"/> Balochistan
05. <input type="checkbox"/> AJK	06. <input type="checkbox"/> Gilgit Baltistan		

Checklist: (Please attach copies of required documents mentioned below)

- | | |
|--|---|
| <input type="checkbox"/> Matric Certificate | <input type="checkbox"/> Intermediate Certificate |
| <input type="checkbox"/> Valid PNC Registration Card | <input type="checkbox"/> National Identity Card |
| <input type="checkbox"/> Experience Certificate for RN | <input type="checkbox"/> Domicile Certificate |
| <input type="checkbox"/> Last school attended certificate | <input type="checkbox"/> NOC for In-Service Candidate |
| <input type="checkbox"/> Diploma of General Nursing (3 years course) pass | |
| <input type="checkbox"/> Diploma of Midwifery (one year) for B.Sc Nursing Program (females only) | |
| <input type="checkbox"/> Diploma in any required Nursing Specialization (one year) for B.Sc Nursing Program (males only) | |

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 instructions given below. In case of any information contained herein is found at any stage to be missing, untrue, false or forged, my candidature can be canceled at any stage (even after admission, 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
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 admission.
- Attach your Two recent Passport Size Photograph, Attested copy of CNIC, Academic Certificates (Copy) and Original Bank Deposit Slip (NTS Copy)
- Mobile Phones are not allowed in Test Center premises.
- Last date for submission of application form is **Monday 6th January, 2020.**

HELP LINE:

UAN : +92-51-844-444-1
Website : www.nts.org.pk

Please submit Applications forms with documents directly to College of Nursing, Jamshoro

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.



National Testing Service-Pakistan

Building Standards in Educational and Professional Testing

NTS COPY

DIRECTORATE OF NURSING SINDH KARACHI B.SC NURSING DEGREE & PSYCHIATRIC NURSING DIPLOMA PROGRAM

Branch Code: _____ Date: _____

Branch Name: _____

ONLINE DEPOSIT SLIP

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

HBL HABIB BANK A/C Title: NTS Pakistan A/C No: 00427991771403 Note: Bank Service Charges Free of Cost	Muslim Commercial Bank A/C Title: NTS-Pakistan A/C No: 0647943831005734 Note: Bank Service Charges Free of Cost
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*Note: Desired Bank Stamp is required on the Deposit Slip & Send Original Deposit Slip (NTS Copy) along Application Form **directly to relevant organization.**

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

Last date for fee submission: Monday 6th Jan, 2020

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

Reference ID: To be filled by organization
Project ID: S-20-3553

Applicant's Name:
Father Name:
CNIC No/ B Form No:

GST INVOICE - برائے مہربانی سلیپ این ٹی ایس کی بجائے درخواست فارم کے ساتھ متعلقہ ادارے میں جمع کروائیں۔
NTN # 2680612-6
GST # 3277876121192

NTS fee: 354/-	Amount in word: Rs. Four Hundred Rupees Only Non Refundable/ Non Transferable
GST@ 13%: 46/-	
Total: 400/-	

Applicant Signature _____ Cashier _____ Officer _____



National Testing Service-Pakistan

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BANK COPY

DIRECTORATE OF NURSING SINDH KARACHI B.SC NURSING DEGREE & PSYCHIATRIC NURSING DIPLOMA PROGRAM

Branch Code: _____ Date: _____

Branch Name: _____

ONLINE DEPOSIT SLIP

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*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: Monday 6th Jan, 2020

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CANDIDATE COPY

DIRECTORATE OF NURSING SINDH KARACHI B.SC NURSING DEGREE & PSYCHIATRIC NURSING DIPLOMA PROGRAM

Branch Code: _____ Branch Name: _____ Date: _____

ONLINE DEPOSIT SLIP

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