



APPLICATION FORM

Reg. No. _____
To be Filled by NTSEMPLOYEES SOCIAL
SECURITY INSTITUTION
KHYBER PAKHTUNKHWA

Project ID: N-20-4524

Screening Test for various posts

Picture 1

Paste your recent
passport size color
photograph not older than
6 Months having
blue background with gumتصویر لازماً مسلک کریں بصورت
دیگر فارم عمل میں نہیں لایا جائیگا۔

Eligibility Criteria:

A. Is your Age according to the desired Post at the date of 24-01-2020 ?	☐ Yes	☐ No
B. Do you possess required Qualification / Experience as asked in Advertisement?	☐ Yes	☐ No
C. Are you Domiciled in Khyber Pakhtunkhwa (Including Newly Merged Tribal Districts)?	☐ Yes	☐ No

If your reply is "Yes" to A, B & C above, only then please proceed further. Otherwise you are not eligible to apply.

Bank Online Deposit of Rs: 460/- from Designated Bank Branches.

Bank Code	
Deposit Date	

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

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 Post: Fill Only One Box for Desired Post. (Mandatory)

To apply for more than one posts, please use separate form. This form will be considered valid only for the first selected post in the sequence.

01. ☐ Medical Officer (BPS-17)	02. ☐ Women Medical Officer (BPS-17)	03. ☐ Dental Surgeon (BPS-17)
04. ☐ Assistant (BPS-16)	05. ☐ Junior Clerk (BPS-11)	06. ☐ Junior Clinical Technician Pharmacy (BPS-12)
07. ☐ Junior Clinical Technician Radiology (Female) (BPS-12)	08. ☐ Junior Clinical Technician Dental (BPS-12)	09. ☐ Junior Clinical Technician Radiology (Male) (BPS-12)
10. ☐ Junior Clinical Technician (MCH) LHV (BPS-12)		

Personal Information: Use CAPITAL letters and leave spaces between words.

02. Name in Full:																																							
03. Father's Name:																																							
04. Candidate CNIC #: Write your own CNIC No.											-											-																	
05. Gender:	☐ Male										☐ Female										06. Date of Birth: Write your Correct Date of Birth otherwise you will be rejected																		
																				D D M M Y Y Y Y																			
07. Postal 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:																			
08. Phone No: (OFF) _____ (RES.) _____																				Mobile: _____																			
City Code - Phone No																				DO NOT give your portable mobile number (which is converted from one network to another) so that SMS delivery is ensured.																			
09. Are you a Government Servant and applying through proper channel? In case of Yes, NOC will be required.																				☐ Yes										☐ No									
10. Are you a Disabled Person? If yes, please attach Disability Certificate																				☐ Yes										☐ No									
11. Religion:																				☐ Muslim										☐ Non Muslim									
12. Are you registered with Pakistan Medical & Dental Council? Only for the Post at Sr. No. 1, 2 & 3.																				☐ Yes										☐ No									

13. Do you possess Diploma in the relevant Paramedical Technology from Khyber Pakhtunkhwa Medical Faculty? Only for the JCT Posts at Sr. No. 6, 7, 8 & 9.

☐ Yes

☐ No

14. Do you possess Diploma of LHV and Midwifery from recognized Nursing Examination Board Khyber Pakhtunkhwa? Only for the Post at Sr. No. 10.

☐ Yes

☐ No

15. Academic Information: (Please attach attested 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 / CGPA into marks.
3. Write exact degree name & major subject mention in certificate / transcript.
4. Result awaiting candidates are not eligible.

Certificate / Degree Name	Degree Title	Specialization / Major Subject	Year Passing	Obtained Marks	Total Marks	Board / University / Institute
Matric (10 Years)	☐ Matric ☐ Other: _____	☐ Science ☐ Arts ☐ Other: _____				
Intermediate / D.A.E (12 / 13 Years)	☐ F.A ☐ F.Sc ☐ D.A.E ☐ Other: _____					
Bachelor (14 Years)	☐ B.A ☐ B.Sc ☐ Other: _____					
Bachelor / Master (Hons) (16 Years)	☐ MBBS ☐ BDS ☐ Other: _____					
MS / M.Phil (18 Years)	☐ MS ☐ M.Phil ☐ Other: _____					
Ph.D						

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

Sr #	Organization / Employer Name	Job Title	Job Duration Write only Month & Year	
			From	To
01				
02				
03				

17. Total Job Experience as on closing date of application: Years - Months

18. Test City:

Peshawar

19. District of Domicile: Fill Only One Box (Mandatory) (Please attach attested copies of your Domicile certificates.)

01. ☐ Abbottabad	02. ☐ Bannu	03. ☐ Battagram	04. ☐ Buner
05. ☐ Charsadda	06. ☐ Chitral	07. ☐ Dera Ismail Khan	08. ☐ Hangu
09. ☐ Haripur	10. ☐ Karak	11. ☐ Kohat	12. ☐ Kohistan
13. ☐ Lakki Marwat	14. ☐ Lower Dir	15. ☐ Malakand	16. ☐ Mansehra
17. ☐ Mardan	18. ☐ Nowshera	19. ☐ Peshawar	20. ☐ Shangla
21. ☐ Swabi	22. ☐ Swat	23. ☐ Tank	24. ☐ Tor Ghar
25. ☐ Upper Dir	26. ☐ Newly Merged Tribal Districts		

20. Age Relaxation Claim: Proof to be provided before selection. (Only 1 will be admissible)

- A. Are you Govt. Employee and have completed 2 years continuous service on the closing date for receipt of applications? (10 years)
- B. Are you a disabled person / **Divorced Woman / Widow? (10 years)
- C. Do you belong to backward areas of Khyber Pakhtunkhwa? (Backward Areas as per Government of Khyber Pakhtunkhwa List available as Annexure below) (03 years)

☐ Yes	☐ No
☐ Yes	☐ No
☐ Yes	☐ No

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 criteria according. In case of any information contained herein is found at any stage to be missing, untrue, false or forged, my candidature can be cancelled at any stage (even after employment, 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 not older than 6 Months having blue background **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 employment, and also proceeding of a legal action.
- Attach your Two recent Passport Size Photographs, Attested copies of CNIC, Domicile Certificate, Academic Certificates, Experience Certificates, CV and Original Bank Deposit Slip (NTS Copy)
- By Hand submission of Application Form is not allowed.
- Mobile Phones or any Electronic Gadgets are not allowed in Test Center premises.
- Use separate envelop and separate application form for each post you are applying for.
- Last date for submission of application form is **Friday 24th January, 2020.**

HELP LINE:

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

Please Send Application Forms to:

NATIONAL TESTING SERVICE (HQ)

Employees Social Security Institution,
Khyber Pakhtunkhwa (Project)
Plot 96, Street # 4 H-8/1, Islamabad.

Backward Areas List

- | | | | |
|--|--|--|-------------------------------------|
| (i) Khyber Agency | (ii) Kurram Agency | (iii) Orakzai Agency | (iv) Mohmand Agency |
| (v) North Waziristan Agency. | (vi) South Waziristan Agency. | (vii) Malakand Agency including protected areas (Swat Ranizai and Sam-Ranizai) and Bajaur. | |
| (viii) Tribal Areas attached to Peshawar, Kohat and Hazara Division | | (ix) Tribal Areas attached to D.I. Khan and Bannu Districts. | |
| (x) Shirani Area. | (xi) Merged Areas of Hazara and Mardan Division and upper Tanawal. | (xii) Swat District | |
| (xiii) Upper Dir District. | (xiv) Lower Dir District. | (xv) Chitral District. | (xvi) Buner District. |
| (xvii) Kala Dhaka Area. | (xviii) Kohistan District. | (xix) Shangla District. | (xx) Gadoon Area in Swabi District. |
| (xxi) Backward areas of Mansehra and District Battagram. | | | |
| (xxii) Backward areas of Haripur District, i.e. Kalanjar Field Kanungo Circle of Tehsil Haripur and Amazai Field Kanungo Circle of Tehsil Ghazi. | | | |

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

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NTS COPY

EMPLOYEES SOCIAL SECURITY INSTITUTION (KP)

Branch Code: _____ Date: _____

Branch Name: _____

ONLINE DEPOSIT SLIP

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

HBL HABIB BANK	☐	Muslim Commercial Bank	☐
A/C Title: NTS Pakistan		A/C Title: NTS-Pakistan	
A/C No: 00427991771403		A/C No: 0647943831005734	
Note: Bank Service Charges Free of Cost		Note: Bank Service Charges Free of Cost	

***Note:** Desired Bank Stamp is required on the Deposit Slip & Send Original Deposit Slip (NTS Copy) along Application Form to NTS Office

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

Last date for fee submission: Friday 24th Jan, 2020

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

Project ID: **N-20-4524**

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

GST INVOICE

NTN #	2680612-6
GST #	3277876121192

NTS fee: 400/-	Amount in word: Rs. Four Hundred & Sixty Rupees Only Non Refundable/ Non Transferable
GST@ 15%: 60/-	
Total: 460/-	

Applicant Signature _____ Cashier _____ Officer _____



National Testing Service-Pakistan

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BANK COPY

EMPLOYEES SOCIAL SECURITY INSTITUTION (KP)

Branch Code: _____ Date: _____

Branch Name: _____

ONLINE DEPOSIT SLIP

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

HBL HABIB BANK	☐	Muslim Commercial Bank	☐
A/C Title: NTS Pakistan		A/C Title: NTS-Pakistan	
A/C No: 00427991771403		A/C No: 0647943831005734	
Note: Bank Service Charges Free of Cost		Note: Bank Service Charges Free of Cost	

***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: Friday 24th Jan, 2020

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Applicant Signature _____ Cashier _____ Officer _____



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CANDIDATE COPY

EMPLOYEES SOCIAL SECURITY INSTITUTION (KP)

Branch Code: _____ Branch Name: _____ Date: _____

ONLINE DEPOSIT SLIP

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

HBL HABIB BANK	☐	Muslim Commercial Bank	☐
A/C Title: NTS Pakistan		A/C Title: NTS-Pakistan	
A/C No: 00427991771403		A/C No: 0647943831005734	
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