



# APPLICATION FORM

Reg. No. \_\_\_\_\_  
To be Filled by NTS

## MEDICAL TEACHING INSTITUTION AYUB TEACHING HOSPITAL ABBOTTABAD

Project ID: N-20-4546

Screening Test for various posts

**Picture 1**  
Paste your recent  
passport size color  
photograph not older than  
6 Months having  
blue background **with gum**

تصویر لازماً مسلک کریں بصورت  
دیگر فارم عمل میں نہیں لایا جائیگا۔

### Eligibility Criteria:

A. Is your <b>Age</b> according to the desired Post at the date of <b>10-02-2020</b> ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Do you possess required <b>Qualification / Experience</b> as asked in Advertisement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. Are you <b>Domiciled</b> in Khyber Pakhtunkhwa (Including Newly Merged Tribal Districts)?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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** only

Are 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 with separate fee. This form will be considered valid only for the first selected post in the sequence.

01 <input type="checkbox"/> Pre-Auditor	02 <input type="checkbox"/> Junior Auditor	03 <input type="checkbox"/> Nursing Manager
04 <input type="checkbox"/> Manager Nursing Education Services	05 <input type="checkbox"/> Clinical Nursing Instructors	06 <input type="checkbox"/> Infection Control Nurse

### 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

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 Nursing Council?  
Where required as per advertisement.  Yes  No

13. Do you possess 1 year speciality?  
For Male applicant where required as per advertisement.  Yes  No

14. Do you possess 1 year Midwifery?  
For Female applicant where required as per advertisement.  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
<b>Matric</b> (10 Years)	<input type="checkbox"/> Matric <input type="checkbox"/> Other: _____	<input type="checkbox"/> Science <input type="checkbox"/> Arts <input type="checkbox"/> Other: _____				
<b>Intermediate / D.A.E</b> (12 / 13 Years)	<input type="checkbox"/> F.A <input type="checkbox"/> F.Sc <input type="checkbox"/> D.A.E <input type="checkbox"/> Other: _____					
<b>Bachelor</b> (14 Years)	<input type="checkbox"/> BA <input type="checkbox"/> B.Sc <input type="checkbox"/> BBA <input type="checkbox"/> B.Com <input type="checkbox"/> Other: _____	<input type="checkbox"/> Finance <input type="checkbox"/> Commerce <input type="checkbox"/> Other: _____				
<b>Bachelor (Hons) / Master</b> (16 Years)	<input type="checkbox"/> CA Articleship (Completed) <input type="checkbox"/> Generic BSN <input type="checkbox"/> Post RN BSN <input type="checkbox"/> Other: _____					
<b>MS / M.Phil / Equivalent</b> (18 Years)	<input type="checkbox"/> MSN <input type="checkbox"/> Other: _____					
<b>Diploma / Certificate</b>	<input type="checkbox"/> Diploma <input type="checkbox"/> Certificate	<input type="checkbox"/> General Nursing <input type="checkbox"/> Other: _____	Duration in Years			

## 16. Relevant Qualification 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 Relevant Qualification Experience as on closing date of application:  Years -  Months

18. Total Job Relevant Post Qualification Experience as on closing date of application:  Years -  Months

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

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

20. Test City:

**Abbottabad**

## 21. 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)

 Yes No

B. Are you a disabled person / \*\*Divorced Woman / Widow? (10 years)

 Yes No

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

### 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 نسک 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 (If any) 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 **Monday 10<sup>th</sup> February, 2020.**

### HELP LINE:

UAN : +92-51-844-444-1

Website : [www.nts.org.pk](http://www.nts.org.pk)

### Please Send Application Forms to:

**NATIONAL TESTING SERVICE (HQ)**

Ayub Teaching Hospital, Abbottabad (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 Battgram.  |  |  |                                     |
| (xxii) Backward areas of Haripur District, i.e. Kalanjar Field Kanungo Circle of Tehsil Haripur and Amazai Field Kanungo Circle of Tehsil Ghazi. |  |  |                                     |

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## National Testing Service-Pakistan

Building Standards in Educational and Professional Testing

**NTS COPY**

MEDICAL TEACHING INSTITUTION  
AYUB TEACHING HOSPITAL, ABBOTTABAD

Branch Code: \_\_\_\_\_ Date: \_\_\_\_\_

Branch Name: \_\_\_\_\_

### ONLINE DEPOSIT SLIP

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

<b>HBL</b> HABIB BANK A/C Title: NTS Pakistan A/C No: 00427991771403 Note: Bank Service Charges Free of Cost	<input type="checkbox"/>	<b>Muslim Commercial Bank</b> A/C Title: NTS-Pakistan A/C No: 0647943831005734 Note: Bank Service Charges Free of Cost	<input type="checkbox"/>
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\*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: **Monday 10<sup>th</sup> Feb, 2020**

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

Project ID: **N-20-4546**

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

### GST INVOICE

NTN #	<b>2680612-6</b>
GST #	<b>3277876121192</b>

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

Applicant Signature \_\_\_\_\_ Cashier \_\_\_\_\_ Officer \_\_\_\_\_



## National Testing Service-Pakistan

Building Standards in Educational and Professional Testing

**BANK COPY**

MEDICAL TEACHING INSTITUTION  
AYUB TEACHING HOSPITAL, ABBOTTABAD

Branch Code: \_\_\_\_\_ Date: \_\_\_\_\_

Branch Name: \_\_\_\_\_

### ONLINE DEPOSIT SLIP

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

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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 10<sup>th</sup> Feb, 2020**

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Total:	<b>460/-</b>	

Applicant Signature \_\_\_\_\_ Cashier \_\_\_\_\_ Officer \_\_\_\_\_



## National Testing Service-Pakistan

Building Standards in Educational and Professional Testing

**CANDIDATE COPY**

MEDICAL TEACHING INSTITUTION  
AYUB TEACHING HOSPITAL, ABBOTTABAD

Branch Code: \_\_\_\_\_ Branch Name: \_\_\_\_\_ Date: \_\_\_\_\_

### ONLINE DEPOSIT SLIP

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

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