

Application Form

Government of the Punjab

Primary & Secondary Healthcare Department

Policy & Strategic Planning Unit

Project ID: P-20-2877 Screening test for various posts liaibility Critoria:

Reg. No. _ To be Filled by NTS

Picture 1

Paste your recent passport size color photograph not older than 6 Months having blue background with gum تصويرلاز مأمنسلك كرين بصورت

Eligibility Criteria	l:									
A. Is your Age according to the desired Post at the date of 04-05-2020 ?				☐ Yes	☐ No					
B. Is your Qualification / Experience according to the required post?				Yes	☐ No					
C. Are you Domiciled in	C. Are you Domiciled in Punjab ?			Yes	☐ No					
If your reply is "Yes" to A	B & C above, only the	en please p	roceed further. (Otherv	vise you are	not eligible to	apply.			
Bank Online Deposit of R	s: 215/- from Desig	nated Ban	k Branches.		Exemption o	of fee for Dis	abled Persoi	n only		
Bank Code					Are you a l	Disabled Pers	son? Yes	☐ No		
Deposit Date					معذور حضرات پرفیس لا گونیس ہوگی۔ براہ کرم نادرا کا جاری کردہ خصوص قومی شاختی کارڈ ابطور ثبوت لف کریں۔قومی شاختی کارڈ نہ ہونے کی صورت میں حکومت کے منظور شدہ ادارے ہے جاری کردہ Disability Certificate لف کریں۔ یصورت دیگر					
*Note: Application Form will not b	e entertained without Origin	nal Deposit Sli	ip (NTS Copy)		الف تریل-بھٹورت دیر	Disability Certificate	•	ہونے می صورت یں صورت درخواست فارم عمل میں نہیں لایا ا		
O1. 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. O1. Receptionist O2. Driver Age relaxation of 05 years is already included										
02. Desired Test (Subject to a minimum of	City: Fill Only One E of 200 candidates, other w	Box (Manda vise the cand	atory) didates will be assi	igned r	next nearest te	est city)				
01. Isb/Rwp	02. Faisalabad	03.	Multan		04. Ba	hawalpur	05. D. G.	Khan		
06. Sahiwal	07. Sargodha	08.	Gujranwala	a	09. 🗌 Lal	nore				
Personal Information: Use CAPITAL letters and leave spaces between words. 03. Name in Full:										
04. Father's Name:										
05. Candidate CNIC #:							 ڈ/پِ فارم کااندراج لاز مأورج کر_	أميدوارا ينإذاتي قومى شناختي كارا		
ا بصورت دیگر در خواست فارم عمل مین فیمین لایاجایگا ـ										
06. Gender: Male	Female		07.	. Date	e of Birth:	Write your Correct Da	- ate of Birth otherwise you	will be rejected		
08. 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:										
00 Phone No.			Mobile:							
09. Phone No: City Code - Phone No			DO NOT give y so that SMS de			r (which is converted	from one network to an	other)		
10. Are you a Government In case of Yes, please attach		lying thro	ough proper ch	nanne	el?	Yes	No			
11. Are you a Disabled Proof will be required at the		Yes	No 1	12. R	eligion:	Muslim	n No	on Muslim		
13. Do you possess valid LTV Driving License? Only for the Post of Driver No										

14. 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 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 / Passing Total Marks **Obtained Marks** Degree / Sanad Title Specialization / Major Subject Board / University / Institute **Degree Level** Middle Middle Other: Matric / O' Level Arts Matric Science Equivalent (10 Years) Other: Other: F.A F.Sc Intermediate / Equivalent (12 / 13 Years) Other: Bachelor / B.A B.Sc Equivalent (14 Years) Other: Bachelor (Hons) M.Sc M.A / Master Other: (16 Years) MS / M.Phil / MS M.Phil Equivalent (18 Years) Other: Duration in Months Diploma Diploma / Certificate Certificate 15. Relevant Experience: (Please attach copies of your experience certificates if any) Job Duration **Organization / Employer Name** Write only Month & Yea Sr# **Job Title** From То 01 02 03 Years Months 16. Total Job relevant Experience as on closing date of applications: 17. District of Domicile: Fill Only One Box (Mandatory) 01. **Attock** Bahawalnagar 03. Bahawalpur 04. **Bhakkar** 02. 06. 08. 05. Chakwal 07. Dera Ghazi Khan **Faisalabad** Chiniot Gujranwala 10. Gujrat Hafizabad **Jhang** 09. 11. 12. Khushab 13. **Jhelum** 14. Kasur 15. Khanewal 16.

19.

23.

27.

31.

35.

Lodhran

Muzaffargarh

Toba Tek Singh

Pakpattan

Sahiwal

Mandi Bahauddin

Nankana Sahib

Rahim Yar Khan

Sargodha

Vehari

20.

24.

28.

32.

36.

17.

21.

25.

29.

33.

Lahore

Mianwali

Narowal

Rajanpur

Sheikhupura

18.

22.

26.

30.

34.

Layyah

Multan

Okara

Sialkot

Rawalpindi

GENERAL INSTRUCTIONS / INFORMATION:

Please fill the Application Form properly with complete and correct information / answers.

Date: Thumb Impression Candidate's Signature

- 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, Academic / Relevant Experience Certificates 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**, **4**th **May**, **2020**.
- > Application should reach NTS office latest by last date of submission of Application Form.
- > NTS will not be responsible for late receiving of application through courier / Pakistan Post etc.

HELP LINE:

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

Please Send Application Forms to:

NATIONAL TESTING SERVICE (HQ)

Primary & Secondary Healthcare Dept. (PROJECT) Plot 96, Street No. 4, Sector H-8/1, Islamabad.

NTS	tional Testing Service-Pak Building Standards in Educational and Professional Testi NISCOPY ry & Secondary Healthcare Department Policy & Strategic Planning Unit		NTS	Building Stand	Testing Service-Pakistan dards in Educational and Professional Testing BANK COPY dary Healthcare Department Strategic Planning Unit	
Branch Code:	Date:		Branch Code:		Date:	
	ONLINE DEPOSIT SLIP (* Please deposit fee in only one bank & tick the relevant bank)			ONLIN (* Please deposit fee	NEDEPOSITSLIP in only one bank & tick the relevant bank)	
Allied Bank Lim Formely: Allied Bank of Pakistan	Limited MCB MCSIM Continue Cut Date	ık L	Allied Bank Limit Formely: Allied Bank of Pakistan Lir	mited	MuslimCommercialBank	
A/C Title: NTS-Pakistan-Co			A/C Title: NTS-Pakistan-Colle		A/C Title: NTS-Pakistan A/C No: 0647943831005734	
Note: Bank Service Charge		Cost	Note: Bank Service Charges		Note: Bank Service Charges Free of Cost	
	[
HBL HABIB BANK			HBL HABIB BANK			
A/C Title: NTS Pakistan			A/C Title: NTS Pakistan			
A/C No: 00427991771403 Note: Bank Service Charge			A/C No: 00427991771403 Note: Bank Service Charges	Free of Cost		
Last date for fe	oot be entertained without Original Deposit Slip (NTS) e submission: Monday 4 th May, 2020 رحصرات چالان پردی گئ آخری تاریخ کے بعد فیس وص		Last date for fe	e submissi	epted without Candidate CNIC/ B Form No. on: Monday 4 th May, 2020 بينكر حضرات چالان پردى گئ آخرى تارتخ ً	
Project ID:	P-20-2877		Project ID:	F	P-20-2877	
Applicant's Name:			Applicant's Name:			
Father Name:			Father Name:			
CNIC No/ B Form No:			CNIC No/ B Form No:			
Post Name:			Post Name:			
	GST INVOICE			(SST INVOICE	
NTN#	2680612-6		NTN#	2	2680612-6	
GST#	3277876121192		GST#	3	3277876121192	
NTS fee: 185/-			NTS fee: 185/-			
GST@ 16%: 30/-	@ 16%: 30/- @ 16%: 30/- Amount in word: Rs. Two Hundred & Fifteen Rupees Only Non Refundable/ Non Transferable		GST@ 16%: 30/-	Amount in Two Hundred & Fifteen R		
Total: 215/-			Total: 215/-	word: Rs.	Non Refundable/ Non Transferable	
	1					



Cashier

Applicant Signature

National Testing Service-Pakistan

Applicant Signature

Officer

CANDIDATE COPY

Secondary Healthcare DepartmentPolicy & Strategic Planning Unit

В

Officer

В

Date: _ Branch Name: _ Branch Code: ONLINEDEPOSITSLIP





HB	HABIB BANK	
A/C Title:	NTS Pakistan	
A/C No:	00427991771403	
Note: Ba	ank Service Charges Free of Cost	

Cashier

*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 4th May 2020
Last date for fee supmission:	IVIUTIUAY 4 IVIAY, ZUZU

مینکر حضرات حالان پر دی گئی آخری تاریخ کے بعد فیس وصول نہ کریں۔

					<u> </u>
Project ID: P-20-2877					
Applicant's Name:		Father Name:			
CNIC No/ B Form No:		Post Name:			
	GST INVOICE	NTS fee:	185/-		Total Househood & Fifthern Domese Only
NTN#	2680612-6	GST@ 16%:	30/-	Amount in word: Rs.	Two Hundred & Fifteen Rupees Only Non Refundable/ Non Transferable
GST#	3277876121192	Total:	215/-		

Applicant Signature	Cashier	Officer