



Application Form

Reg. No. \_\_\_\_\_  
To be Filled by NTS**DIRECTOR OF NURSING  
SINDH KARACHI****3 Years General Nursing Program**

Admission Session 2018

**For Female Candidates****B****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۔

Project ID: S-18-3430

Bank Online Deposit of **Rs: 400/-** from Designated Bank Branches.

Bank Code	
Deposit Date	

برائے مہربانی سلف این ٹی ایس کی بجائے درخواست فارم کے ہمراہ متعلقہ ادارے میں جمع کروائیں۔

Exemption of fee for **Disabled Person** onlyAre you a Disabled Person?  Yes  No

معدوم 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 Institute** Fill Only One Box for Desired Institute (**Mandatory**)**Institutes for Female Candidates**

01. <input type="checkbox"/> School of Nursing, Civil Hospital, Karachi	08. <input type="checkbox"/> School of Nursing, Civil Hospital, Sanghar
02. <input type="checkbox"/> Ayaz Samoon Nursing Institute Lyari, Karachi	09. <input type="checkbox"/> School of Nursing, Peoples Medical College Hospital, Nawabshah (Shaheed Benazirabad)
03. <input type="checkbox"/> School of Nursing, Sindh Government Qatar Hospital, Orangi Town, Karachi	10. <input type="checkbox"/> School of Nursing, Civil Hospital, Khairpur
04. <input type="checkbox"/> School of Nursing, Civil Hospital, Thatta	11. <input type="checkbox"/> School of Nursing, Civil Hospital, Sukkur
05. <input type="checkbox"/> School of Nursing, Civil Hospital, Badin	12. <input type="checkbox"/> School of Nursing, Civil Hospital, Shikarpur
06. <input type="checkbox"/> School of Nursing, Liaquat University Hospital Hyderabad	13. <input type="checkbox"/> School of Nursing, Chanka Medical College Hospital, Larkana
07. <input type="checkbox"/> School of Nursing, Civil Hospital, Mirpurkhas	

**02. Desired Plan:** Fill Only One Box (**Mandatory**)

Mark only 1 plan. In case of multiple selection candidate will not be considered for any of the Plans.

01. <input type="checkbox"/> Stipendary	02. <input type="checkbox"/> In Service
---	---

Note: In service candidates Will provide their departmental permission letter.

**03. Desired Test City:** Fill Only One Box (**Mandatory**)

(Subject to a minimum of 200 candidates, other wise the candidates will be assigned next nearest test city)

01. <input type="checkbox"/> Karachi	02. <input type="checkbox"/> Hyderabad	03. <input type="checkbox"/> Sukkur	04. <input type="checkbox"/> Larkana
--------------------------------------	--	-------------------------------------	--------------------------------------

**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:  Female

08. Date of Birth:   -   -      
Write your Correct Date of Birth otherwise you will be rejected

09. Postal Address: \_\_\_\_\_  
All correspondence will be made on this address though courier service or ordinary postal service.  
City: \_\_\_\_\_ District: \_\_\_\_\_

10. Phone No: (OFF) \_\_\_\_\_ (RES.) \_\_\_\_\_ (Mobile) \_\_\_\_\_  
City Code - Phone No. Mandatory

11. Religion:  Muslim  Non Muslim  
If Non Muslim, Please Specify: \_\_\_\_\_

**12. District / Province of Domicile:** Fill Only One Box (Mandatory)

Mark your District of Domicile according to the list given for Desired Institute .

01. <input type="checkbox"/> Badin	02. <input type="checkbox"/> Dadu	03. <input type="checkbox"/> Ghotki	04. <input type="checkbox"/> Hyderabad
05. <input type="checkbox"/> Jacobabad	06. <input type="checkbox"/> Jamshoro	07. <input type="checkbox"/> Kambar & Shahdadkot	08. <input type="checkbox"/> Karachi
09. <input type="checkbox"/> Kashmore	10. <input type="checkbox"/> Khairpur	11. <input type="checkbox"/> Larkana	12. <input type="checkbox"/> Matiari
13. <input type="checkbox"/> Mirpurkhas	14. <input type="checkbox"/> Naushahro Firoze	15. <input type="checkbox"/> Sanghar	16. <input type="checkbox"/> Shaheed Benazirabad
17. <input type="checkbox"/> Shikarpur	18. <input type="checkbox"/> Sukkur	19. <input type="checkbox"/> Tando Allahyar	20. <input type="checkbox"/> Tando Muhammad Khan
21. <input type="checkbox"/> Tharparkar	22. <input type="checkbox"/> Thatta	23. <input type="checkbox"/> Umerkot	24. <input type="checkbox"/> Punjab
25. <input type="checkbox"/> Balochistan	26. <input type="checkbox"/> Khyber Pakhtunkhwa	27. <input type="checkbox"/> Gilgit Baltistan	28. <input type="checkbox"/> AJK

**13. 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
<b>Matric</b> with Science (Chem, Phy, Bio) Min 55 % marks						
<b>F.Sc</b> Pre Medical Min 50 % marks						

میٹرک میں فزکس، کیمسٹری، بیالوجی اور ایف ایس سی میں پری میڈیکل ہونے کی صورت میں ریکارڈ درج کریں۔

## 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 **Friday 6<sup>th</sup> July, 2018.**

### **HELP LINE:**

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

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

**Please Submit Application form directly to relevant Nursing School.**



# National Testing Service-Pakistan

Building Standards in Educational and Professional Testing

**NTS COPY**

**DIRECTORATE OF NURSING SINDH KARACHI - SESSION 2018**

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

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

## ONLINE DEPOSIT SLIP

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

<b>Allied Bank Limited</b> Formerly Allied Bank of Pakistan Limited	<input type="checkbox"/>	<b>Muslim Commercial Bank</b>	<input type="checkbox"/>
A/C Title: NTS-Pakistan-Collection		A/C Title: NTS-Pakistan	
A/C No: 0010008325640018		A/C No: 0647943831005734	
Note: Bank Service Charges Free of Cost		Note: Bank Service Charges Free of Cost	
<b>Meezan Bank</b> The Premier Bank Bank	<input type="checkbox"/>	<b>HBL</b> HABIB BANK	<input type="checkbox"/>
A/C Title: National Testing Service-Pakistan		A/C Title: NTS Pakistan	
A/C No: 0101820001		A/C No: 00427991771403	
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 **directly to relevant organization.**

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

**Last date for fee submission: Friday 6<sup>th</sup> July, 2018**

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

Project ID:	<b>S-18-3430</b>	
Applicant's Name:		
Father Name:		
CNIC No/ B Form No:		
<b>GST INVOICE</b>	ہمے مہرمانی سلپ این ٹی ایس کی بجائے درخواست فارم کے ہمراہ متعلقہ ادارے میں جمع کروائیں۔	
NTN #	<b>2680612-6</b>	
GST #	<b>3277876121192</b>	
NTS fee: 354/-	Amount in word: Rs. <b>Four Hundred Rupees Only</b> Non Refundable/ Non Transferable	
GST@ 13%: 46/-		
<b>Total: 400/-</b>		
Applicant Signature	Cashier	Officer



# National Testing Service-Pakistan

Building Standards in Educational and Professional Testing

**BANK COPY**

**DIRECTORATE OF NURSING SINDH KARACHI - SESSION 2018**

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

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

## ONLINE DEPOSIT SLIP

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

<b>Allied Bank Limited</b> Formerly Allied Bank of Pakistan Limited	<input type="checkbox"/>	<b>Muslim Commercial Bank</b>	<input type="checkbox"/>
A/C Title: NTS-Pakistan-Collection		A/C Title: NTS-Pakistan	
A/C No: 0010008325640018		A/C No: 0647943831005734	
Note: Bank Service Charges Free of Cost		Note: Bank Service Charges Free of Cost	
<b>Meezan Bank</b> The Premier Bank Bank	<input type="checkbox"/>	<b>HBL</b> HABIB BANK	<input type="checkbox"/>
A/C Title: National Testing Service-Pakistan		A/C Title: NTS Pakistan	
A/C No: 0101820001		A/C No: 00427991771403	
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 6<sup>th</sup> July, 2018**

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

Project ID:	<b>S-18-3430</b>	
Applicant's Name:		
Father Name:		
CNIC No/ B Form No:		
<b>GST INVOICE</b>	ہمے مہرمانی سلپ این ٹی ایس کی بجائے درخواست فارم کے ہمراہ متعلقہ ادارے میں جمع کروائیں۔	
NTN #	<b>2680612-6</b>	
GST #	<b>3277876121192</b>	
NTS fee: 354/-	Amount in word: Rs. <b>Four Hundred Rupees Only</b> Non Refundable/ Non Transferable	
GST@ 13%: 46/-		
<b>Total: 400/-</b>		
Applicant Signature	Cashier	Officer



# National Testing Service-Pakistan

Building Standards in Educational and Professional Testing

**CANDIDATE COPY**

**DIRECTORATE OF NURSING SINDH KARACHI - SESSION 2018**

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

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

Date: \_\_\_\_\_

## ONLINE DEPOSIT SLIP

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

<b>Allied Bank Limited</b> Formerly Allied Bank of Pakistan Limited	<input type="checkbox"/>	<b>Muslim Commercial Bank</b>	<input type="checkbox"/>
A/C Title: NTS-Pakistan-Collection		A/C Title: NTS-Pakistan	
A/C No: 0010008325640018		A/C No: 0647943831005734	
Note: Bank Service Charges Free of Cost		Note: Bank Service Charges Free of Cost	
<b>Meezan Bank</b> The Premier Bank Bank	<input type="checkbox"/>	<b>HBL</b> HABIB BANK	<input type="checkbox"/>
A/C Title: National Testing Service-Pakistan		A/C Title: NTS Pakistan	
A/C No: 0101820001		A/C No: 00427991771403	
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 **directly to relevant organization.**

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

**Last date for fee submission: Friday 6<sup>th</sup> July, 2018**

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

Project ID:	<b>S-18-3430</b>	
Applicant's Name:		
Father Name:		
CNIC No/ B Form No:		
<b>GST INVOICE</b>	ہمے مہرمانی سلپ این ٹی ایس کی بجائے درخواست فارم کے ہمراہ متعلقہ ادارے میں جمع کروائیں۔	
NTN #	<b>2680612-6</b>	
GST #	<b>3277876121192</b>	
NTS fee: 354/-	Amount in word: Rs. <b>Four Hundred Rupees Only</b> Non Refundable/ Non Transferable	
GST@ 13%: 46/-		
<b>Total: 400/-</b>		
Applicant Signature	Cashier	Officer