



APPLICATION FORM

Reg. No. _____
To be Filled by NTS

SHAHEED MOHTARMA BENAZIR BHUTTO TRAUMA CENTRE

Project ID: S-19-3432

Screening Test for various Posts

Eligibility Criteria:

A. Is your age according to the prescribed age limit for the desired Post as on 05-08-2018 ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Do you have relevant / prescribed Qualification as mentioned in Advertisement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. Is your Domicile according to the desired post as mentioned in Advertisement?	<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: 550/-** 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

مذکورہ حضرات پرفیس لاکوئٹس ہوگی۔ براہ کرم نادرا کا جاری کردہ مخصوص قومی شناختی کارڈ بطور ثبوت لطف کریں۔ قومی شناختی کارڈ نہ ہونے کی صورت میں حکومت کے منظور شدہ ادارے سے جاری کردہ Disability Certificate لطف 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"/> Staff Nurse	02. <input type="checkbox"/> Pharmacist
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Personal Information: Use CAPITAL letters and leave spaces between words.

02. Name in Full:	<input type="text"/>																										
03. Father's Name:	<input type="text"/>																										
04. Candidate CNIC #:	<input type="text"/>										<input type="text"/>																
05. Gender:	<input type="checkbox"/> Male					<input type="checkbox"/> Female					06. Date of Birth:	D		D		M		M		Y		Y		Y		Y	
										Write your Correct Date of Birth otherwise you will be rejected																	
07. Postal Address:	<input type="text"/>																										
All correspondence will be made on this address through courier service or ordinary postal service.																											
										City: _____ District: _____																	
08. Phone No: (Res)	<input type="text"/>										Mobile:	<input type="text"/>															
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 Disabled Person?	<input type="checkbox"/> Yes					<input type="checkbox"/> No																					
If yes, please attach Disability Certificate																											
10. Religion:	<input type="checkbox"/> Muslim					<input type="checkbox"/> Non Muslim					If Non Muslim, Please Specify: _____																
11. Are you registered Nurse with Pakistan Nursing Council?	<input type="checkbox"/> Yes					<input type="checkbox"/> No																					
Only for the post of Staff Nurse																											
12. Do you possess Diploma in Nursing?	<input type="checkbox"/> Yes					<input type="checkbox"/> No																					
Only for the post of Staff Nurse																											
13. Are you registered with Pharmacy Council?	<input type="checkbox"/> Yes					<input type="checkbox"/> No																					
Only for the post of Pharmacist																											

14. District of Domicile: Fill Only One Box **(Mandatory)**

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

15. Academic Information: (Please do not attach copies of your academic certificates at this stage)

- 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 / Sanad Title	Specialization / Major Subject	Year Passing	Obtained Marks / CGPA	Total Marks / CGPA	Board / University / Institute
Matric / Equivalent (10 Years)	<input type="checkbox"/> Matric <input type="checkbox"/> Other: _____	<input type="checkbox"/> Science <input type="checkbox"/> Arts <input type="checkbox"/> Other: _____				
Intermediate / D.A.E (12 / 13 Years)	<input type="checkbox"/> F.A <input type="checkbox"/> F.Sc <input type="checkbox"/> Other: _____					
Bachelor (14 Years)	<input type="checkbox"/> B.A <input type="checkbox"/> B.Sc <input type="checkbox"/> Other: _____					
Bachelor (Hons) / Master (16 Years)	<input type="checkbox"/> M.A <input type="checkbox"/> M.Sc <input type="checkbox"/> Pharm B <input type="checkbox"/> Other: _____					
Pharm D						

16. Employment Record: (If Any) (Please do not attach copies of your experience certificates at this stage)

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

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

18. Test City:

Karachi

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 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, Copy of CNIC 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 envelope and separate application form for each post you are applying for.
- Last date for submission of application form is **Sunday 5th August, 2018.**

HELP LINE:

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

Website : www.nts.org.pk

Keep Visiting NTS Website

Please Send Application Forms to:

NATIONAL TESTING SERVICE (HQ)

SMBBTC (PROJECT)

Plot # 96, Street # 4, H-8/1, Islamabad.



National Testing Service-Pakistan

Building Standards in Educational and Professional Testing

NTS COPY

**SHAHEED MOHTARMA BENAZIR BHUTTO
TRAUMA CENTRE**

Branch Code: _____ Date: _____

Branch Name: _____

ONLINE DEPOSIT SLIP

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

Allied Bank Limited Formerly Allied Bank of Pakistan Limited	<input type="checkbox"/>	Muslim Commercial Bank	<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	
Meezan Bank The Premier Bank Bank	<input type="checkbox"/>	HBL 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 to NTS Office

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

Last date for fee submission: Sunday 5th August, 2018

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

Project ID:	S-19-3432	
Applicant's Name:		
Father Name:		
CNIC No/ B Form No:		
Post Name:		
GST INVOICE		
NTN #	2680612-6	
GST #	3277876121192	
NTS fee: 487/-	Amount in word: Rs. Five Hundred & Fifty Rupees Only Non Refundable/ Non Transferable	
GST@ 13%: 63/-		
Total: 550/-		
Applicant Signature	Cashier	Officer



National Testing Service-Pakistan

Building Standards in Educational and Professional Testing

BANK COPY

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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.

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National Testing Service-Pakistan

Building Standards in Educational and Professional Testing

CANDIDATE COPY

SHAHEED MOHTARMA BENAZIR BHUTTO TRAUMA CENTRE

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