



APPLICATION FORM

Reg. No. _____
To be Filled by NTS

PROVINCIAL HEALTH SERVICES ACADEMY - PHSA PESHAWAR

B

Photograph 01
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:
N-19-4416

Test for Admission
**Lady Health Visitor Course (2 Years)
Session 2018-2020**

Eligibility Criteria:

A. Are you Female Candidate having Domicile from KP / Erstwhile FATA / AJK / Gilgit-Baltistan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Do you have Biology/Chemistry/Physics/Maths as major subject with at least 45% marks in Matric?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. Do you fall in age group of 15 - 30 years?	<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

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۔

02. Category of Seat / Applicant: Fill relevant Boxes for Desired Categories. (Mandatory)

01. <input type="checkbox"/> Khyber Pakhtunkhwa Regular	02. <input type="checkbox"/> Erstwhile FATA Regular	03. <input type="checkbox"/> Disable Regular (KP/Erstwhile FATA)
04. <input type="checkbox"/> Self Finance (KP/Erstwhile FATA)	05. <input type="checkbox"/> Self Finance (AJK)	06. <input type="checkbox"/> Self Finance (Gilgit-Baltistan)

03. Institute Priority: Fill the box for Institute Priority. (Mandatory)

Priorities	Institutes (Public Health School)			
First Priority	i). <input type="checkbox"/> PHS Nishterabad Peshawar	ii). <input type="checkbox"/> PHS Hayatabad Peshawar	iii). <input type="checkbox"/> PHS Abbottabad	iv). <input type="checkbox"/> PHS Dera Ismail Khan
Second Priority	i). <input type="checkbox"/> PHS Nishterabad Peshawar	ii). <input type="checkbox"/> PHS Hayatabad Peshawar	iii). <input type="checkbox"/> PHS Abbottabad	iv). <input type="checkbox"/> PHS Dera Ismail Khan
Third Priority	i). <input type="checkbox"/> PHS Nishterabad Peshawar	ii). <input type="checkbox"/> PHS Hayatabad Peshawar	iii). <input type="checkbox"/> PHS Abbottabad	iv). <input type="checkbox"/> PHS Dera Ismail Khan
Fourth Priority	i). <input type="checkbox"/> PHS Nishterabad Peshawar	ii). <input type="checkbox"/> PHS Hayatabad Peshawar	iii). <input type="checkbox"/> PHS Abbottabad	iv). <input type="checkbox"/> PHS Dera Ismail Khan

04. Desired Institute for Interview: Fill the Box for Desired Institute of Interview. (Mandatory)

i). <input type="checkbox"/> PHS Nishterabad Peshawar	ii). <input type="checkbox"/> PHS Hayatabad Peshawar	iii). <input type="checkbox"/> PHS Abbottabad	iv). <input type="checkbox"/> PHS Dera Ismail Khan
---	--	---	--

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

05. Name in Full: _____

06. Daughter of: _____

07. Candidate CNIC #: _____ - _____ - _____
Write your own CNIC No. Or B Form No.

08. Gender: Male **Female**
(Only Female can apply)

09. Date of Birth: _____ D _____ D _____ M _____ M _____ Y _____ Y
Write your Correct Date of Birth otherwise you will be rejected

11. Martial Status: i. Single ii. Married

11. Postal Address: _____
All correspondence will be made on this address through courier service or ordinary postal service.

_____ City: _____ District: _____

12. Phone No: _____ 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.

13. Guardian Cell / Phone Number: _____

14. Are you a Disabled Person? Yes No

If yes, please attach Disability Certificate

15. Are you a Hafiz-e-Quran from a recognized Madrassa? Yes No

If yes, please attach Hifz Certificate

16. Academic Information: Candidate having O-Level / A-Level write their marks after taking Equivalence Certificate from IBCC

Certificate / Degree Name	Specialization / Major Subject	Year Passing	Obtained Marks / CGPA	Total Marks / CGPA	Board / University / Institute
Matric (10 Years)	<input type="checkbox"/> Matric with Physics, Chemistry, Biology & Mathematics				
	<input type="checkbox"/> O-Level with Physics, Chemistry, Biology & Mathematics				
Intermediate (12 Years)	<input type="checkbox"/> F.Sc (Pre-Medical)				
	<input type="checkbox"/> A-Level with (Biology, Physics & Chemistry)				

17. What was your Medium of study at Matric? English Urdu

18. 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. Peshawar

02. D.I. Khan

03. Abbottabad

04. Swat

19. Domicile of District / Region: Fill Only One Box (Mandatory)

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. Bajaur Agency

27. Khyber Agency

28. Kurram Agency

29. Mohmand Agency

30. North Waziristan Agency

31. Orakzai Agency

32. South Waziristan Agency

33. FR Bannu

34. FR Dera Ismail Khan

35. FR Kohat

36. FR Lakki Marwat

37. FR Peshawar

38. FR Tank

39. AJK

40. Gilgit-Baltistan

Undertaking By The Applicant:

I _____ d/o _____ 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 accordingly. In case of any information contained herein is found at any stage to be missing, untrue or false, my candidature can be canceled at any stage (even after provisional selection, if so revealed later), and I shall be liable to legal action.

Date: _____ Signature of the Candidate _____ Thumb Impression: _____

Photograph 02

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 or false information may result in cancellation of your candidature at any stage, even after provisional selection and also proceeding of a legal action.
 - Attach your Two recent Passport Size Photographs, Attested copies of CNIC, Domicile Certificate, Academic Certificates, Hafiz-e-Quran Certificate, Disability Certificate, as per instructions given in prospectus 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.
 - Last date for submission of application form is **Friday, 17th 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)

PHSA-LHV (Project)

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



National Testing Service-Pakistan

Building Standards in Educational and Professional Testing

NTS COPY

PROVINCIAL HEALTH SERVICES ACADEMY PHSA PESHAWAR - LHV

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: Friday 17th August, 2018

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

Project ID:	N-19-4416
Applicant's Name:	
Father Name:	
CNIC No/ B Form No:	

GST INVOICE	
NTN #	2680612-6
GST #	3277876121192
NTS fee: 478/-	Amount in word: Rs. Five Hundred & Fifty Rupees Only Non Refundable/ Non Transferable
GST@ 15%: 72/-	
Total: 550/-	

Applicant Signature _____ Cashier _____ Officer _____



National Testing Service-Pakistan

Building Standards in Educational and Professional Testing

BANK COPY

PROVINCIAL HEALTH SERVICES ACADEMY PHSA PESHAWAR - LHV

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:

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 17th August, 2018

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

Project ID:	N-19-4416
Applicant's Name:	
Father Name:	
CNIC No/ B Form No:	

GST INVOICE	
NTN #	2680612-6
GST #	3277876121192
NTS fee: 478/-	Amount in word: Rs. Five Hundred & Fifty Rupees Only Non Refundable/ Non Transferable
GST@ 15%: 72/-	
Total: 550/-	

Applicant Signature _____ Cashier _____ Officer _____



National Testing Service-Pakistan

Building Standards in Educational and Professional Testing

CANDIDATE COPY

PROVINCIAL HEALTH SERVICES ACADEMY PHSA PESHAWAR - LHV

Branch Code: _____ Branch Name: _____ Date: _____

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"/>	Meezan Bank The Premier Bank Bank	<input type="checkbox"/>	HBL HABIB BANK	<input type="checkbox"/>
A/C Title: NTS-Pakistan-Collection		A/C Title: NTS-Pakistan		A/C Title: National Testing Service-Pakistan		A/C Title: NTS Pakistan	
A/C No: 0010008325640018		A/C No: 0647943831005734		A/C No: 0101820001		A/C No: 00427991771403	
Note: Bank Service Charges Free of Cost		Note: Bank Service Charges Free of Cost		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 17th August, 2018

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

Project ID:	N-19-4416
Applicant's Name:	
Father Name:	
CNIC No/ B Form No:	

GST INVOICE	
NTN #	2680612-6
GST #	3277876121192
NTS fee: 478/-	Amount in word: Rs. Five Hundred & Fifty Rupees Only Non Refundable/ Non Transferable
GST@ 15%: 72/-	
Total: 550/-	

Applicant Signature _____ Cashier _____ Officer _____