



MEDICAL TEACHING INSTITUTION AYUB MEDICAL COLLEGE, ABBOTTABAD

Project ID: N-19-4423

Screening Test for Various Posts

Picture 1
Paste your recent passport size color photograph (with open face) not older than 6 Months having blue background with gum
تصویر لازماً منسلک کریں بصورت دیگر فارم عمل میں نہیں لایا جائیگا۔

Eligibility Criteria:

A. Is your Age according to the prescribed age limit for the desired Post as on 05-09-2018 ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Do you have relevant / prescribed Qualification / Experience as required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. Is your Domicile according to the desired post as per required 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.

01. 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 onlyAre you a Disabled Person? Yes No

مذکورہ حضرات پر فیس لاگو نہیں ہوگی۔ براہ کرم تا دیر کا جاری کردہ مخصوص قومی شناختی کارڈ بطور ثبوت لفب کریں۔ قومی شناختی کارڈ نہ ہونے کی صورت میں حکومت کے منظور شدہ ادارے سے جاری کردہ Disability Certificate لفب کریں۔ بصورت دیگر درخواست فارم عمل میں نہیں لایا جائیگا۔

02. Desired Post: Fill Only One Box for Desired Post & Station. (Mandatory)

To apply for more than one posts, please use separate form. This form will be considered valid only for the first selected post in the sequence.

01. <input type="checkbox"/> Lecturer Basic Sciences (BPS-17)	02. <input type="checkbox"/> Lecturer Basic Sciences (BPS-17) BoG, MTI, Atd	03. <input type="checkbox"/> Lecturer / Demonstrator Dentistry (BPS-17)
04. <input type="checkbox"/> Lecturer / Clinical Psychologist in Behavioral Sciences (BPS-17)	05. <input type="checkbox"/> Health Educator (BPS-17)	06. <input type="checkbox"/> Biochemist (BPS-17)
07. <input type="checkbox"/> Librarian (BPS-17)	08. <input type="checkbox"/> Hygienist (BPS-14)	09. <input type="checkbox"/> Junior Clerk (BPS-11)
10. <input type="checkbox"/> Store Keeper (BPS-11)	11. <input type="checkbox"/> Clinical Technician (Pathology) (BPS-12)	12. <input type="checkbox"/> Clinical Technician (Radiology) (BPS-12)

03. Test City:

Abbottabad

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:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	08. Date of Birth:	D	D	M	M	Y	Y	Y	Y	Write your Correct Date of Birth otherwise you will be rejected																			
09. Postal Address:	All correspondence will be made on this address through courier service or ordinary postal service.																														
	City:										District:																				
10. Phone No:	City Code - Phone No										Mobile:	DO NOT give your portable mobile number (which is converted from one network to another) so that SMS delivery is ensured.																			
11. Are you a Govt. / Semi Govt. / Autonomous / Semi Autonomous Bodies Employee?	<input type="checkbox"/> Yes										<input type="checkbox"/> No																				
In case of Yes, please attach NOC																															
12. Are you a Disabled Person?	<input type="checkbox"/> Yes										<input type="checkbox"/> No										13. Religion:	<input type="checkbox"/> Muslim					<input type="checkbox"/> Non Muslim				
If yes, please attach Disability Certificate																															

امیدوارانہ ذاتی قومی شناختی کارڈ ب فارم کا اندراج لازماً درج کرے بصورت دیگر درخواست فارم عمل میں نہیں لایا جائیگا۔

14. Do you possess relevant qualification fully recognized / registered by the PMDC? Yes No

Incase required in Post criteria.

15. Do you possess relevant technical qualification from any recognized institution / registered with KP Medical Faculty? Yes No
Required for the Post of Clinical Technician (Pathology / Radiology)

16. 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 / 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"/> O' Level <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.Sc <input type="checkbox"/> ML <input type="checkbox"/> MBBS <input type="checkbox"/> BDS <input type="checkbox"/> Other: _____	<input type="checkbox"/> Dentistry <input type="checkbox"/> Clinical Psychology <input type="checkbox"/> Counseling Psychology <input type="checkbox"/> Biochemistry <input type="checkbox"/> Library Science <input type="checkbox"/> Other: _____				
MS / M.Phil (18 Years)	<input type="checkbox"/> MS <input type="checkbox"/> M.Phil <input type="checkbox"/> Other: _____	<input type="checkbox"/> Psychology <input type="checkbox"/> Other: _____				
Diploma / Certificate	<input type="checkbox"/> Diploma <input type="checkbox"/> Certificate	<input type="checkbox"/> Health Education <input type="checkbox"/> Library Science <input type="checkbox"/> Hygiene Technology <input type="checkbox"/> Other: _____	Duration in Months			

17. Relevant Employment Record: (Please attach attested copies of your experience certificates.)

Sr #	Organization / Employer Name (Please write the most recent first)	Job Title	Job Duration Write only Month & Year	
			From	To
01				
02				
03				

18. Total Relevant Job Experience as on closing date of applications: Years - Months

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

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"/> Bajaur	27. <input type="checkbox"/> North Waziristan	28. <input type="checkbox"/> Khyber
29. <input type="checkbox"/> Orakzai	30. <input type="checkbox"/> Kurram	31. <input type="checkbox"/> South Waziristan	32. <input type="checkbox"/> Mohmand

20. 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)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Are you a disabled person / **Divorced Woman / Widow? (10 years)	<input type="checkbox"/> Yes	<input type="checkbox"/> 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)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Backward Areas List if applicable:

- (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 Battagram.
(xxii) Backward areas of Haripur District, i.e. Kalanjar Field Kanungo Circle of Tehsil Haripur and Amazai Field Kanungo Circle of Tehsil Ghazi.

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 or false, 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 or false 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, Academic Certificates, Experience 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 **Wednesday 5th September, 2018.**
- Applications received on or after **Thursday 6th September, 2018** will be rejected.
- 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

Keep Visiting NTS Website

Please Send Application Forms to:

NATIONAL TESTING SERVICE
Ayub Medical College Abbottabad (Project)
Plot # 96, Street # 4, H-8/1, Islamabad.



National Testing Service-Pakistan

Building Standards in Educational and Professional Testing

NTS COPY

Ayub Medical College, Abbottabad

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: **Wednesday 5th September 2018**

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

Project ID:	N-19-4423
Applicant's Name:	
Father Name:	
CNIC No/ B Form No:	
Post Name:	

GST INVOICE

NTN #	2680612-6
GST #	3277876121192
NTS fee: 400/-	Amount in word: Rs. Four Hundred & Sixty Rupees Only Non Refundable/ Non Transferable
GST@ 15%: 60/-	
Total: 460/-	

Applicant Signature _____ Cashier _____ Officer _____



National Testing Service-Pakistan

Building Standards in Educational and Professional Testing

BANK COPY

Ayub Medical College, Abbottabad

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"/>
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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: **Wednesday 5th September 2018**

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National Testing Service-Pakistan

Building Standards in Educational and Professional Testing

CANDIDATE COPY

Ayub Medical College, Abbottabad

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	

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