

Roll No: (To be filled by NTS)

AMIDEAST - RTA PROJECT

Test Date: (To be filled by NTS)
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REGISTRATION FORM

1.) **Test Type Selection:** (Please check box)

A. **TOEIC Bridge + WorkFORCE = (Fee Rs.9,135)**

2.) **Personal Information:** Use CAPITAL letters and leave space between words

2.1 Surname:

2.2 Given Name:

Surname and Given Name according to Passport

2.3 Email:

(Your Admit Card will be emailed to you before the test date)

2.4 CNIC:

Mandatory (write your own CNIC, also attach photocopy of your CNIC)

2.5 Passport #:

Mandatory (write your own Valid Passport #, also attach photocopy of your Passport)

2.6 Date of Birth: (DD-MM-YYYY) 2.7 Gender: Male Female

2.8 Postal Address:

2.9 City:

(All correspondence will be made to your postal address, Please use one letter/number per box)

2.10 Mobile #: - 2.11 Phone No:

(Test Center Details will be SMS to your Mobile #, Please use one letter/number per box)

**Staple your recent
1.5" × 1.25" size
Color Photograph
with white
background**

3.) **Test Information:**

3.1 Desired Test City: Check Box for Desired Test City (Mandatory)

1. Islamabad 2. Lahore 3. Karachi 4. Peshawar

3.2 Company / Organization Name A) National Taxi B) Dubai Taxi C) Cars Taxi

Applying For Check Box D) Arabia Taxi E) Others _____

3.3 Consultant / Agency Name _____

4.) **Payment Methods:**

Payment can be made by any one mode (a) Deposit into NTS bank account through attached Challan or by (b) demand draft.

a) **Bank Transfer Instructions:**

Bank name: Habib Bank Limited

Branch Address: H-9, Shalimar Recording - Islamabad, Pakistan

Title of Account: National Testing Service - Pakistan

Branch Code: 1742

A/C No: PK95 HABB 0017427900464503

NTN: 2680612-6

b) **Bank Demand Drafts / Pay orders:**

Bank Draft: (Demand Draft or pay order from any bank in favour of "National Testing Service – Pakistan")

Bank Name:

DD No:

Deposit Date:

□□ - □□ - □□□□

(DD-MM-YYYY)

Rs:

Test Fee is Non Transferable & Non Refundable

Undertaking by the Candidate

I _____ D/S of _____ do hereby solemnly affirm that I have read and understood the conditions for appearing in the Test and that I have filled the form as per instructions given above and in the event any information contained herein is found to be untrue, I shall be liable to action which may result in cancellation of my test.

Date: _____

Signature of the Candidate (Mandatory) _____

- Registration Form should reach NTS office latest by submission deadline date of test.
- NTS will NOT be responsible for late receiving Application through courier / Pakistan post etc.
- Attach your recent Photograph, CNIC copy, Valid Passport Copy, and original Bank Deposit Slip.
- Registration Form may be submitted by Any Courier Like TCS, OCS, Leopard or by Registered Mail / UMS etc.
- Cut below mentioned address and paste on envelope, hand written address not acceptable.
- Please Visit NTS website according to the test schedule to check your status <http://www.nts.org.pk>.

Send Registration form with deposit slip or Demand Draft to:



**Project Manager, NTS – ETS Project
National Testing Service – Pakistan (NTS)
96, Street # 4, Sector H-8/1,
Islamabad, Pakistan**

**For Further Information Please Contact us
During Office Hours (8:30AM to 4:30 PM):**

Except Saturday, Sunday and Gazetted Holidays

Tel: +92-51-9101239 Mobile: 0337-0778778

Email: ets_products@nts.org.pk

URL: www.nts.org.pk



National Testing Service - Pakistan



ONLINE DEPOSIT SLIP

BANK COPY

Branch Code. _____

Date. _____

Bank Name: Habib Bank Limited **Branch Address:** H-9, Shalimar Recording - Islamabad,

Title of Account: National Testing Service – Pakistan

Branch Code: 1742

A/C No: PK95 HABB 0017427900464503

NTN: 2680612-6

Note: Desired Bank Stamp is required on the deposit slip and send original deposit slip (NTS Copy) along with application form to NTS

Test Fee is Non Transferable & Non Refundable

Applicant Name: _____

Amount Rs. 9,135

Rupees: Nine Thousand One Hundred & Thirty Five Only

CNIC No. _____

Mobile Number: _____

Registration Form updated on April 2019

Applicant Signature: _____

Cashier: _____

Officer: _____



National Testing Service - Pakistan



ONLINE DEPOSIT SLIP

NTS COPY

Branch Code. _____

Date. _____

Bank Name: Habib Bank Limited **Branch Address:** H-9, Shalimar Recording - Islamabad,

Title of Account: National Testing Service – Pakistan

Branch Code: 1742

A/C No: PK95 HABB 0017427900464503

NTN: 2680612-6

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Applicant Name: _____

Amount Rs. 9,135

Rupees: Nine Thousand One Hundred & Thirty Five Only

CNIC No.: _____

Mobile Number: _____

Registration Form updated on April 2019

Applicant Signature: _____

Cashier: _____

Officer: _____



National Testing Service - Pakistan



ONLINE DEPOSIT SLIP

CANDIDATE COPY

Branch Code. _____

Date. _____

Bank Name: Habib Bank Limited **Branch Address:** H-9, Shalimar Recording - Islamabad,

Title of Account: National Testing Service–Pakistan

Branch Code: 1742

A/C No: PK95 HABB 0017427900464503

NTN: 2680612-6

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