

APPLICATION FORM

RECHECKING OF NAT PAPER

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

1. Test Name:		
2. Took Date:		
2. Test Date:		
3. Roll No:		
4. Name in Full:		
5. Father's Name:		
6. Candidate CNIC# :		
7. Postal Address: (All correspondence will be made on this address)		
	City:	Postal City District:
8. Phone No: (OFF) (City Code - Phone No)	(RES.)	(Mobile)
9. Remarks: (Please write any additional information, which m		
Jndertaking By The Applicant:		
	d/s/w of his form is true and correct to the best o	
Date:	Signature of the Candidate	

Help line:

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

Website: www.nts.org.pk

Send Application Forms to:

Call Center
National Testing Service
1-E, Street No. 46, I-8/2,
Islamabad.

NTS N	Building Standards in Educational and Professional Testing NTS COPY
Branch Code:	Date:
Branch Name:	
	ONLINE DEPOSIT SLIP (* Please deposit fee in only one bank & tick the relevant bank)
	AlliedBank Limited (Former), Allet Bank of Pakistan Limited) Remote Bracels: 1-8 Markaz Branch Islamabad (0140947) AC No. 010008325640018 Note: Bank Service Charges Free of Cost
	ank Stamp is required on the Deposit Slip & Send Original Copy) along Application Form to NTS Office
Application Form	will not be entertained without Original Deposit Slip (NTS Copy)
Applicant's Name:	
Father Name:	

Two Hundred Rupees Only Non Refundable/ Non Transferable

Officer

Applicant Signature

Cashier

CNIC No/ B Form No:

Amount Rs: 200/-

Applicant Signature

Amount in word: Rs.

	BANK COPY
Branch Code:	Date:
Branch Name:	
Note: 1. Please	Remote I-8 Markaz Branch Islamabad (0140947) AC NTS-Pakistan AC 0010008325640018 Note: Bank Service Charges Free of Cost
	ank Must Return "NTS Copy" to the Candidate. it Slip will not accepted without Candidate CNIC/ B Form N
Applicant's	
Applicant's Name: Father	
Applicant's Name: Father Name: CNIC No/ B Form No:	

Cashier

Officer