



AYUB TEACHING HOSPITAL ABBOTTABAD

Project ID: N-17-4310

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 23-08-2017 ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Do you have relevant / prescribed Qualification 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
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*Note: Application Form will not be entertained without Original Deposit Slip (NTS Copy)

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"/> Pharmacists (BS-17)	02. <input type="checkbox"/> Charge Nurse (BPS-16)	03. <input type="checkbox"/> Junior Clinical Technicians Pharmacy (BPS-09)
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03. Test City:

Abbottabad

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

04. Name in Full:	<input type="text"/>																															
05. Father's Name:	<input type="text"/>																															
06. Candidate CNIC #:	<input type="text"/>																															
07. Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	08. Date of Birth:	D	D	M	M	Y	Y	<input type="text"/>																						
09. Postal Address:	<input type="text"/>																															
10. Phone No: (OFF)	<input type="text"/>										(RES.)	<input type="text"/>										(Mobile)	<input type="text"/>									
11. Are you a Govt. Servant / Autonomous bodies Employee?	<input type="checkbox"/> Yes										<input type="checkbox"/> No										If Yes then total years of continuous experience:	<input type="text"/>										
12. Are you a Disabled Person?	<input type="checkbox"/> Yes										<input type="checkbox"/> No										If yes, state nature of your disability:	<input type="text"/>										
13. Religion:	<input type="checkbox"/> Muslim										<input type="checkbox"/> Non Muslim										If Non Muslim, Please Specify:	<input type="text"/>										
14. Are you registered with Pharmacy Council under the Pharmacy Act, 1967?	<input type="checkbox"/> Yes										<input type="checkbox"/> No																					
15. Are you registered with Pakistan Nursing Council as Midwife?	<input type="checkbox"/> Yes										<input type="checkbox"/> No																					
16. Do you possess two years Diploma In respective technology?	<input type="checkbox"/> Yes										<input type="checkbox"/> No																					

17. 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			

18. 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"/> 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"/> B.Pharmacy <input type="checkbox"/> Other: _____					
Bachelor (Hons) / Master / Equivalent (16 Years)	<input type="checkbox"/> Pharm-D <input type="checkbox"/> Other: _____					
MS / M.Phil (18 Years)	<input type="checkbox"/> MS <input type="checkbox"/> M.Phil <input type="checkbox"/> Other: _____					
Higher (If any)						

19. 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				

20. Total Job Experience as on closing date of applications: Days - Months - Years

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 نسک 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 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 23rd August, 2017.**
- Applications received on or after **Thursday 24th August, 2017** 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

Please Keep Visiting NTS Website
Regularly For Updates

Please Send Application Forms to:

National Testing Service
Ayub Teaching Hospital (Project)

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



National Testing Service-Pakistan

Building Standards in Educational and Professional Testing

NTS COPY

Ayub Teaching Hospital, Abbottabad

Branch Code: _____ Date: _____

Branch Name: _____

ONLINE DEPOSIT SLIP

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

<p>Allied Bank Limited (Formerly Allied Bank of Pakistan Limited)</p> <input type="checkbox"/>	<p>Muslim Commercial Bank</p> <input type="checkbox"/>
<p>A/C Title: NTS-Pakistan-Collection A/C No. 0010008325640018</p> <p>Note: Bank Service Charges Free of Cost</p>	<p>A/C Title: NTS-Pakistan A/C No. 0647943831005734</p> <p>Note: Bank Service Charges Free of Cost</p>
<p>Meezan Bank The Primary Islamic Bank</p> <input type="checkbox"/>	<p>HABIB BANK LTD THE POWER TO LEAD</p> <input type="checkbox"/>
<p>Remote Branch: National Testing Service-Pakistan A/C Title: 0101820001</p> <p>Note: Bank Service Charges Free of Cost</p>	<p>A/C Title: NTS-Pakistan A/C No. 17427900464503</p> <p>Note: Bank Service Charges Free of Cost</p>

*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)

Project ID:	N-17-4310
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 Teaching Hospital, Abbottabad

Branch Code: _____ Date: _____

Branch Name: _____

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*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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Applicant Signature _____ Cashier _____ Officer _____



National Testing Service-Pakistan

Building Standards in Educational and Professional Testing

CANDIDATE COPY

Ayub Teaching Hospital, Abbottabad

Branch Code: _____

Branch Name: _____

Date: _____

ONLINE DEPOSIT SLIP

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

<p>Allied Bank Limited (Formerly Allied Bank of Pakistan Limited)</p> <input type="checkbox"/>	<p>Muslim Commercial Bank</p> <input type="checkbox"/>	<p>Meezan Bank The Primary Islamic Bank</p> <input type="checkbox"/>	<p>HABIB BANK LTD THE POWER TO LEAD</p> <input type="checkbox"/>
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