

APPLICATION FORM

RECHECKING OF GAT PAPER

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

| 5. Father's Name: 6. Candidate CNIC#: 7. Postal Address: (All correspondence will be made on this address) City: District: 8. Phone No: (OFF) (City Code - Phone No) 9. Remarks: (Please write any additional information, which may help in rechecking of your paper) Judertaking By The Applicant: | | <u> </u> | | | |
|---|--|----------------------------|--------------------------|--|--|
| 3. Roll No: 4. Name in Full: 5. Father's Name: 6. Candidate CNIC#: 7. Postal Address: City: Postal City District: 8. Phone No: (OFF) (City Code - Phone No) 9. Remarks: (Please write any additional information, which may help in rechecking of your paper) Undertaking By The Applicant: 1. | 1. Test Name: | | | | |
| 4. Name in Full: 5. Father's Name: 6. Candidate CNIC#: 7. Postal Address: City: City: District: 8. Phone No: (OFF) (COV Code - Phone No) 9. Remarks: (Please write any additional information, which may help in rechecking of your paper) Jundertaking By The Applicant: I | 2. Test Date: | | | | |
| 5. Father's Name: 6. Candidate CNIC#: 7. Postal Address: (All correspondence will be made on this address) City: District: 8. Phone No: (OFF) (City Code - Phone No) 9. Remarks: (Please write any additional information, which may help in rechecking of your paper) Jundertaking By The Applicant: | 3. Roll No: | | | | |
| 6. Candidate CNIC#: | 4. Name in Full: | | | | |
| 7. Postal Address: (All correspondence will be made on this address) City: | 5. Father's Name: | | | | |
| City: Postal City District: 8. Phone No: (OFF) (RES.) (Mobile) 9. Remarks: (Please write any additional information, which may help in rechecking of your paper) Undertaking By The Applicant: (d/s/w of do hereby solemnly declare that the information provided on this form is true and correct to the best of my knowledge. | 6. Candidate CNIC# : | | | | |
| City: | | | | | |
| 9. Remarks: (Please write any additional information, which may help in rechecking of your paper) Jindertaking By The Applicant: I | | City: | Postal City District: | | |
| (Please write any additional information, which may help in rechecking of your paper) Jindertaking By The Applicant: I | | (RES.) | (Mobile) | | |
| I do hereby solemnly declare that the information provided on this form is true and correct to the best of my knowledge. | 9. Remarks: (Please write any additional information, which may help in rechecking of your paper) | | | | |
| I do hereby solemnly declare that the information provided on this form is true and correct to the best of my knowledge. | | | | | |
| I do hereby solemnly declare that the information provided on this form is true and correct to the best of my knowledge. | | | | | |
| I do hereby solemnly declare that the information provided on this form is true and correct to the best of my knowledge. | | | | | |
| that the information provided on this form is true and correct to the best of my knowledge. | Undertaking By The Applicant: | | | | |
| | I do hereby solemnly declare | | | | |
| Date: Signature of the Candidate | that the information provided on this form is true and correct to the best of my knowledge. | | | | |
| Date: Signature of the Candidate | | | | | |
| | Date: | Signature of the Candidate | | | |

Help line:

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

Website: www.nts.org.pk

Send Application Forms to:

Incharge Result Section National Testing Service

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



National Testing Service-Pakistan Building Standards in Educational and Professional Testing

NTS COPY

| 2 1 37 | | |
|---|----------------|---|
| Branch Name: _ | | |
| | ON | LINEDEPOSITSLIP |
| | | Allied Bank Limited Formely: Allied Bank of Pakistan Limited |
| | A/C Title: NTS | S-Pakistan-Collection |
| | A/C No: 001 | 0008325640018 |
| | Note: Bank S | Service Charges Free of Cost |
| Deposit Slip (NT: | S Copy) along | o is required on the Deposit Slip & Send Original gApplication Form to NTS Office entertained without Original Deposit Slip (NTS Copy |
| Deposit Slip (NT: Application Form Applicant's Name: | S Copy) along | gApplication Form to NTS Office |
| Deposit Slip (NT: Application Forn Applicant's | S Copy) along | gApplication Form to NTS Office |
| Deposit Slip (NT: Application Forn Applicant's Name: Father | S Copy) along | gApplication Form to NTS Office |



Applicant Signature

National Testing Service-Pakistan Building Standards in Educational and Professional Testing

| Branch Code: | | Date: | | |
|--|---|--|--|--|
| Branch Name: | | | | |
| ONLINEDEPOSITSLIP | | | | |
| | 1 | Allied Bank Limited Formely: Allied Bank of Pakistan Limited | | |
| | A/C Title: NTS | i-Pakistan-Collection | | |
| | A/C No: 0010 | 0008325640018 | | |
| | 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. | | | | |
| Applicant's Name: | | | | |
| Father Name: | | | | |
| CNIC No/ B Form No: | | | | |
| Amount 300/- | Amount in word: Rs. | Three Hundred Rupees Only Non Refundable/ Non Transferable | | |

Cashier

Officer