

**REGISTRATION FORM**Reg. No. _____
To be Filled by NTS**Government of the Punjab
PRIMARY & SECONDARY
HEALTHCARE DEPARTMENT
Provincial Quality Control Board****Screening Test for Various Posts**

Picture 1
Paste your recent passport size color photograph **with gum**
تصویر لازماً منسلک کریں بصورت دیگر فارم عمل میں نہیں لایا جائیگا۔

Eligibility Criteria:

A. Is your Age according to the desired Post at the date of 23-09-2016 ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Is your Qualification & Experience according to the required post?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. Are you Domiciled in Punjab ?	<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: 500/- 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. **(Mandatory)**

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

01. <input type="checkbox"/> Director Technical (BPS-19)	02. <input type="checkbox"/> Deputy Drugs Controller (BPS-18)	03. <input type="checkbox"/> Pharmacist / Analyst (BPS-17)
04. <input type="checkbox"/> Budget / Account / Finance Officer (BPS-17)	05. <input type="checkbox"/> Networking Officer (BPS-17)	06. <input type="checkbox"/> Data Processing Officer (BPS-17)
07. <input type="checkbox"/> Law Officer (BPS-17)	08. <input type="checkbox"/> Computer Operator (BPS-15)	

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

03. Name in Full: _____

04. Father's Name: _____

05. Candidate CNIC #: _____
Write your own CNIC No. Or B Form No.

06. Gender: Male Female

07. Date of Birth: _____
Write your Correct Date of Birth otherwise you will be rejected

08. Postal Address: _____
All correspondence will be made on this address though courier service or ordinary postal service.
City: _____ District: _____

09. Phone No: (OFF) _____ (RES.) _____ (Mobile) _____
City Code - Phone No Mandatory

10. Are you a Government Servant and applying through proper channel?
In case of Yes, please attach NOC Yes No

11. Are you a Disabled Person?
If yes, please attach Disability Certificate Yes No

12. Religion: Muslim Non Muslim
If Non Muslim, Please Specify: _____

13. Test City:**Lahore**

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

01. <input type="checkbox"/> Attock	02. <input type="checkbox"/> Bahawalnagar	03. <input type="checkbox"/> Bahawalpur	04. <input type="checkbox"/> Bhakkar
05. <input type="checkbox"/> Chakwal	06. <input type="checkbox"/> Chiniot	07. <input type="checkbox"/> Dera Ghazi Khan	08. <input type="checkbox"/> Faisalabad
09. <input type="checkbox"/> Gujranwala	10. <input type="checkbox"/> Gujrat	11. <input type="checkbox"/> Hafizabad	12. <input type="checkbox"/> Jhang
13. <input type="checkbox"/> Jhelum	14. <input type="checkbox"/> Kasur	15. <input type="checkbox"/> Khanewal	16. <input type="checkbox"/> Khushab
17. <input type="checkbox"/> Lahore	18. <input type="checkbox"/> Layyah	19. <input type="checkbox"/> Lodhran	20. <input type="checkbox"/> Mandi Bahauddin
21. <input type="checkbox"/> Mianwali	22. <input type="checkbox"/> Multan	23. <input type="checkbox"/> Muzaffargarh	24. <input type="checkbox"/> Nankana Sahib
25. <input type="checkbox"/> Narowal	26. <input type="checkbox"/> Okara	27. <input type="checkbox"/> Pakpattan	28. <input type="checkbox"/> Rahim Yar Khan
29. <input type="checkbox"/> Rajanpur	30. <input type="checkbox"/> Rawalpindi	31. <input type="checkbox"/> Sahiwal	32. <input type="checkbox"/> Sargodha
33. <input type="checkbox"/> Sheikhupura	34. <input type="checkbox"/> Sialkot	35. <input type="checkbox"/> Toba Tek Singh	36. <input type="checkbox"/> Vehari

15. 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 Title	Specialization / Major Subject	Year Passing	Obtained Marks / CGPA	Total Marks / CGPA	Board / University / Institute
Matric (10 Years)						
Intermediate (12 Years)						
Bachelor (14 Years)						
Bachelor (Hons) / Master (16 Years)						
MS / M. Phil (18 Years)						
Other						

16. Employment Record: (Please do not attach copies of your experience certificates at this stage).

Sr #	Relevant Organization / Employer Name	Job Title	Job Duration Write only Month & Year	
			From	To
01				
02				
03				

17. Total job relevant 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, false or forged, my candidature can be cancelled at any stage (even after admission, 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
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, false or forged information may result in cancellation of your candidature at any stage, even after admission, 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 **Friday 23rd September, 2016.**
- Applications received on or after **Saturday 24th September, 2016** 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 Send Application Forms to:

**Primary & Secondary
Healthcare Department - PQCB (Project)
National Testing Service**

1-E, Street No. 46, Sector I-8/2, Islamabad.



National Testing Service-Pakistan

Building Standards in Educational and Professional Testing

NTS COPY

Primary & Secondary Healthcare Department - PQCB

Branch Code: _____ Date: _____

Branch Name: _____

ONLINE DEPOSIT SLIP

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

	<input type="checkbox"/>		<input type="checkbox"/>
Remote Branch: I-8 Markaz Branch Islamabad (0140947)		Remote Branch: I-8 Markaz Branch, Islamabad (1501)	
A/C Title: NTS-Pakistan-Collection	A/C No. 0010008325640018	A/C Title: NTS-Pakistan	A/C No. 647943831003775
Note: Bank Service Charges Free of Cost		Note: Bank Service Charges Free of Cost	

	<input type="checkbox"/>		<input type="checkbox"/>
Remote Branch: Cantt Br Kashmir Road Rawalpindi (0041)		Remote Branch: H9 Shalimar Recording Co ISB (1742)	
A/C Title: NTS-Pakistan	A/C No. 217767828	A/C Title: NTS-Pakistan	A/C No. 17427900464503
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)

Applicant's Name:
Father Name:
CNIC No/ B Form No:
Post Name:

Amount Rs: 500/-	Amount in word: Rs. Five Hundred Rupees Only
Non Refundable/ Non Transferable	

Applicant Signature _____

Cashier _____

Officer _____



National Testing Service-Pakistan

Building Standards in Educational and Professional Testing

BANK COPY

Primary & Secondary Healthcare Department - PQCB

Branch Code: _____ Date: _____

Branch Name: _____

	<input type="checkbox"/>		<input type="checkbox"/>
Remote Branch: I-8 Markaz Branch Islamabad (0140947)		Remote Branch: I-8 Markaz Branch, Islamabad (1501)	
A/C Title: NTS-Pakistan-Collection	A/C No. 0010008325640018	A/C Title: NTS-Pakistan	A/C No. 647943831003775
Note: Bank Service Charges Free of Cost		Note: Bank Service Charges Free of Cost	

	<input type="checkbox"/>		<input type="checkbox"/>
Remote Branch: Cantt Br Kashmir Road Rawalpindi (0041)		Remote Branch: H9 Shalimar Recording Co ISB (1742)	
A/C Title: NTS-Pakistan	A/C No. 217767828	A/C Title: NTS-Pakistan	A/C No. 17427900464503
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.

Applicant's Name:
Father Name:
CNIC No/ B Form No:
Post Name:

Amount Rs: 500/-	Amount in word: Rs. Five Hundred Rupees Only
Non Refundable/ Non Transferable	

Applicant Signature _____

Cashier _____

Officer _____