



APPLICATION FORM

Reg. No. _____
To be Filled by NTS

MEDICAL TEACHING INSTITUTION AYUB TEACHING HOSPITAL ABBOTTABAD

Project ID: N-20-4530

Screening Test for the Post of
Assistant Director Litigation (BPS-17)

Picture 1
Paste your recent passport size color photograph 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 desired Post at the date of 03-12-2019 ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. Do you possess required Qualification / Experience as asked in Advertisement? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. Are you Domiciled in Khyber Pakhtunkhwa (Including Newly Merged Tribal Districts)? | <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 | |

**Note: Application Form will not be entertained without Original Deposit Slip (NTS Copy)*

Exemption of fee for **Disabled Person** only

Are you a Disabled Person? Yes No

معذور حضرات پر فیس لاگو نہیں ہوگی۔ براہ کرم نادرا کا جاری کردہ مخصوص قومی شناختی کارڈ بطور ثبوت لفب کریں۔ قومی شناختی کارڈ نہ ہونے کی صورت میں حکومت کے منظور شدہ ادارے سے جاری کردہ Disability Certificate لفب کریں۔ بصورت دیگر درخواست فارم عمل میں نہیں لایا جائیگا۔

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

02. Name in Full:

03. Father's Name:

04. Candidate CNIC #: - -
Write your own CNIC No.

05. Gender: Male Female

06. Date of Birth: D D - M M - Y Y Y Y
Write your Correct Date of Birth otherwise you will be rejected

07. Postal Address: _____
Only for Information: NTS will not issue Roll No Slips through courier/postal services. Candidate must required to take electronic print out of Roll No. (having picture of candidate) from NTS website for appearing in tests.
City: _____ District: _____

08. Phone No: (OFF) _____ (RES.) _____ Mobile: _____
City Code - Phone No. DO NOT give your portable mobile number (which is converted from one network to another) so that SMS delivery is ensured.

09. Are you a Government Servant and applying through proper channel? Yes No
In case of Yes, NOC will be required.

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

11. Religion: Muslim Non Muslim

12. Test City: **Abbottabad**

13. Academic Information: (Please attach attested copies of your academic certificates.)

- 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 / CGPA into marks.
 3. Write exact degree name & major subject mention in certificate / transcript.
 4. Result awaiting candidates are not eligible.

| Certificate / Degree Name | Degree Title | Specialization / Major Subject | Year Passing | Obtained Marks | Total Marks | Board / University / Institute |
|--|---|---|--------------|----------------|-------------|--------------------------------|
| Matric (10 Years) | <input type="checkbox"/> Matric <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"/> D.A.E <input type="checkbox"/> Other: _____ | | | | | |
| Bachelor (14 Years) | <input type="checkbox"/> B.A <input type="checkbox"/> B.Sc <input type="checkbox"/> Other: _____ | | | | | |
| Bachelor (Hons) / Master (16 Years) | <input type="checkbox"/> LLB <input type="checkbox"/> Other: _____ | | | | | |
| MS / M.Phil (18 Years) | <input type="checkbox"/> MS <input type="checkbox"/> M.Phil <input type="checkbox"/> Other: _____ | | | | | |
| Ph.D | | | | | | |

14. Relevant Post Qualification Employment Record: (Please attach copies of your experience certificates)

Note: Only Post Qualification Experience will be considered.

| Sr # | Organization / Employer Name | Job Title | Job Duration <small>Write only Month & Year</small> | |
|------|------------------------------|-----------|--|----|
| | | | From | To |
| 01 | | | | |
| 02 | | | | |
| 03 | | | | |

15. Total Job Relevant Post Qualification Experience as on closing date of application: Years - Months

16. District of Domicile: Fill Only One Box (Mandatory) (Please attach attested copies of your Domicile certificates.)

| | | | |
|---|--|---|---------------------------------------|
| 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 | 26. <input type="checkbox"/> Newly Merged Tribal Districts | | |

17. Age Relaxation Claim: Proof to be provided before selection. (Only 1 will be admissible)

A. Are you Govt. Employee and have completed 2 years continuous service on the closing date for receipt of applications? (10 years)

 Yes No

B. Are you a disabled person / **Divorced Woman / Widow? (10 years)

 Yes No

C. Do you belong to backward areas of Khyber Pakhtunkhwa? (Backward Areas as per Government of Khyber Pakhtunkhwa List available as Annexure below) (03 years)

 Yes No

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 criteria according. 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 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, false or forged 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, Attested copies of CNIC, Domicile Certificate, Academic Certificates, Experience Certificates (If any) 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 envelop and separate application form for each post you are applying for.
- Last date for submission of application form is **Tuesday 3rd December, 2019.**

HELP LINE:

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

Website : www.nts.org.pk

Please Send Application Forms to:

NATIONAL TESTING SERVICE (HQ)

Ayub Teaching Hospital, Abbottabad (Project)

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

Backward Areas List

- | | | | |
|--|--|--|-------------------------------------|
| (I) Khyber Agency | (ii) Kurram Agency | (iii) Orakzai Agency | (iv) Mohmand Agency |
| (v) North Waziristan Agency. | (vi) South Waziristan Agency. | (vii) Malakand Agency including protected areas (Swat Ranizai and Sam-Ranizai) and Bajaur. | |
| (viii) Tribal Areas attached to Peshawar, Kohat and Hazara Division | | (ix) Tribal Areas attached to D.I. Khan and Bannu Districts. | |
| (x) Shirani Area. | (xi) Merged Areas of Hazara and Mardan Division and upper Tanawal. | (xii) Swat District | |
| (xiii) Upper Dir District. | (xiv) Lower Dir District. | (xv) Chitral District. | (xvi) Buner District. |
| (xvii) Kala Dhaka Area. | (xviii) Kohistan District. | (xix) Shangla District. | (xx) Gadoon Area in Swabi District. |
| (xxi) Backward areas of Mansehra and District Battgram. | | | |
| (xxii) Backward areas of Haripur District, i.e. Kalanjar Field Kanungo Circle of Tehsil Haripur and Amazai Field Kanungo Circle of Tehsil Ghazi. | | | |

Only for Information: NTS will not issue Roll No Slips through courier/postal services. Candidate must required to take electronic print out of Roll No. (having picture of candidate) from NTS website for appearing in tests.



National Testing Service-Pakistan

Building Standards in Educational and Professional Testing

NTS COPY

MEDICAL TEACHING INSTITUTION
AYUB TEACHING HOSPITAL, ABBOTTABAD

Branch Code: _____ Date: _____

Branch Name: _____

ONLINE DEPOSIT SLIP

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

| | |
|---|---|
| HBL HABIB BANK A/C Title: NTS Pakistan A/C No: 00427991771403 Note: Bank Service Charges Free of Cost | Muslim Commercial Bank A/C Title: NTS-Pakistan A/C No: 0647943831005734 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)

Last date for fee submission: **Tuesday 3rd Dec, 2019**

بینگر حضرات چالان پردی گئی آخری تاریخ کے بعد فیس وصول نہ کریں۔

Project ID: **N-20-4530**

| |
|------------------------|
| 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

MEDICAL TEACHING INSTITUTION
AYUB TEACHING HOSPITAL, ABBOTTABAD

Branch Code: _____ Date: _____

Branch Name: _____

ONLINE DEPOSIT SLIP

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

| | |
|---|---|
| HBL HABIB BANK A/C Title: NTS Pakistan A/C No: 00427991771403 Note: Bank Service Charges Free of Cost | Muslim Commercial Bank A/C Title: NTS-Pakistan A/C No: 0647943831005734 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.

Last date for fee submission: **Tuesday 3rd Dec, 2019**

بینگر حضرات چالان پردی گئی آخری تاریخ کے بعد فیس وصول نہ کریں۔

Project ID: **N-20-4530**

| |
|------------------------|
| 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

CANDIDATE COPY

MEDICAL TEACHING INSTITUTION
AYUB TEACHING HOSPITAL, ABBOTTABAD

Branch Code: _____ Branch Name: _____ Date: _____

ONLINE DEPOSIT SLIP

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

| | |
|---|---|
| HBL HABIB BANK A/C Title: NTS Pakistan A/C No: 00427991771403 Note: Bank Service Charges Free of Cost | Muslim Commercial Bank A/C Title: NTS-Pakistan A/C No: 0647943831005734 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)

Last date for fee submission: **Tuesday 3rd Dec, 2019**

بینگر حضرات چالان پردی گئی آخری تاریخ کے بعد فیس وصول نہ کریں۔

Project ID: **N-20-4530**

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

GST INVOICE

| | | |
|--------|----------------------|---|
| NTN # | 2680612-6 | Amount in word: Rs. Four Hundred & Sixty Rupees Only Non Refundable/ Non Transferable |
| GST # | 3277876121192 | |
| Total: | 460/- | |

Applicant Signature _____ Cashier _____ Officer _____