



APPLICATION FORM

Reg. No. _____

To be Filled by NTS

GOVERNMENT OF THE PUNJAB
PRIMARY & SECONDARY
HEALTHCARE DEPARTMENT
ALLIED HEALTH PROFESSIONALS
(Division Wise)

Project ID: P-18-2748

Screening Test for various Posts

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 14-03-2018 ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Is your Qualification 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 post, please use separate form. This form will be considered valid only for the first selected post in the sequence.

01. <input type="checkbox"/> Optometrist Scientist (BS-17)	02. <input type="checkbox"/> Medical Imaging Technologist (BS-17)	03. <input type="checkbox"/> Medical Laboratory Technologist (BS-17)
04. <input type="checkbox"/> Nutritionist (BS-17)	05. <input type="checkbox"/> Clinical Psychologist (BS-17)	06. <input type="checkbox"/> Speech therapist (BS-17)
07. <input type="checkbox"/> Operation Theater Technologist (BS-17)	08. <input type="checkbox"/> Dental Technologist (BS-17)	09. <input type="checkbox"/> Emergency Medical Technologist (BS-17)
10. <input type="checkbox"/> Renal / Urology Technologist (BS-17)	11. <input type="checkbox"/> Anesthesia Technologist (BS-17)	12. <input type="checkbox"/> Audiology Technologist (BS-17)
13. <input type="checkbox"/> Respiratory Therapist (BS-17)		

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

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: _____

امیدوارانہذا اتنی قومی شناختی کارڈ اس فارم کا اندراج لازماً درج کرے
بصورت دیگر درخواست فارم عمل میں نہیں لایا جائیگا۔

DO NOT give your portable mobile number (which is converted from one network to another) so that SMS delivery is ensured.

13. Division Applied: Fill Only One Box (Mandatory)

Note: To apply for more than one Division please use separate form with separate Fee. This form will be considered valid only for the first selected Division in the sequence.

01. <input type="checkbox"/> Rwp / Isb	02. <input type="checkbox"/> Gujranwala	03. <input type="checkbox"/> Sargodha	04. <input type="checkbox"/> Faislabad
05. <input type="checkbox"/> Lahore	06. <input type="checkbox"/> Sahiwal	07. <input type="checkbox"/> Bahawalpur	08. <input type="checkbox"/> Multan
09. <input type="checkbox"/> Dera Ghazi Khan			

14. Desired Test City: Fill Only One Box (Mandatory)

(Subject to a minimum of 200 candidates, other wise the candidates will be assigned next nearest test city)

01. <input type="checkbox"/> Rwp / Isb	02. <input type="checkbox"/> Gujranwala	03. <input type="checkbox"/> Sargodha	04. <input type="checkbox"/> Faislabad
05. <input type="checkbox"/> Lahore	06. <input type="checkbox"/> Sahiwal	07. <input type="checkbox"/> Bahawalpur	08. <input type="checkbox"/> Multan
09. <input type="checkbox"/> Dera Ghazi Khan			

15. 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 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"/> A' Level <input type="checkbox"/> DAE <input type="checkbox"/> Other: _____	<input type="checkbox"/> Pre-Engineering <input type="checkbox"/> Pre-Medical <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"/> M.Sc <input type="checkbox"/> BS (Hons) <input type="checkbox"/> B.Sc (Hons) <input type="checkbox"/> Other: _____	<input type="checkbox"/> Optometry <input type="checkbox"/> Orthopedics <input type="checkbox"/> Medical Imaging Technology <input type="checkbox"/> Nutrition <input type="checkbox"/> Clinical Psychology <input type="checkbox"/> Speech Pathologist <input type="checkbox"/> Language Pathologist <input type="checkbox"/> Dental Technology <input type="checkbox"/> Dental Hygiene <input type="checkbox"/> Renal Dialysis <input type="checkbox"/> Emergency <input type="checkbox"/> Intensive Care <input type="checkbox"/> Anesthesia <input type="checkbox"/> Audiology <input type="checkbox"/> Respiratory Therapy <input type="checkbox"/> Other: _____				
MS / M.Phil (18 Years)	<input type="checkbox"/> MS <input type="checkbox"/> M.Phil <input type="checkbox"/> Other: _____					

16. Employment Record: (Relevant Experience If Any) (Please attach attested copies of your experience certificates.)

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

17. Total Relevant Job Experience as on closing date of application: Years - Months

18. Age Relaxation Rule: As mentioned in advertisement.

A. General Age Relaxation for Male is 5 and Female is 8 years.

B. Age Relaxation for Disabled person is 10 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 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 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 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), Academic & Experience Certificates.
- 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 14th March, 2018.**
- Applications received on or after **Thursday 15th March, 2018.** 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

Keep Visiting NTS Website

Please Send Application Forms to:

NATIONAL TESTING SERVICE

P&SHD - ALLIED HEALTH PROFESSIONALS (PROJECT)
Plot 96, Street No. 4, Sector H-8/1, Islamabad.



National Testing Service-Pakistan

Building Standards in Educational and Professional Testing

NTS COPY

**PRIMARY & SECONDARY HEALTHCARE DEPARTMENT
ALLIED HEALTH PROFESSIONALS**

Branch Code: _____ Date: _____

Branch Name: _____

ONLINE DEPOSIT SLIP

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

Allied Bank Limited <small>Formerly Allied Bank of Pakistan Limited</small>	<input type="checkbox"/>	Muslim Commercial Bank	<input type="checkbox"/>
A/C Title: NTS-Pakistan-Collection		A/C Title: NTS-Pakistan	
A/C No: 0010008325640018		A/C No: 0647943831005734	
Note: Bank Service Charges Free of Cost		Note: Bank Service Charges Free of Cost	
Meezan Bank <small>The Premier Islamic Bank</small>	<input type="checkbox"/>	HBL <small>HABIB BANK</small>	<input type="checkbox"/>
A/C Title: National Testing Service-Pakistan		A/C Title: NTS Pakistan	
A/C No: 0101820001		A/C No: 00427991771403	
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)

Project ID:	P-18-2748
Applicant's Name:	
Father Name:	
CNIC No/ B Form No:	
Post Name:	

GST INVOICE

NTN #	2680612-6
GST #	3277876121192
NTS fee: 431/-	Amount in word: Rs. Five Hundred Rupees Only Non Refundable/ Non Transferable
GST@ 16%: 69/-	
Total: 500/-	

Applicant Signature _____ Cashier _____ Officer _____



National Testing Service-Pakistan

Building Standards in Educational and Professional Testing

BANK COPY

**PRIMARY & SECONDARY HEALTHCARE DEPARTMENT
ALLIED HEALTH PROFESSIONALS**

Branch Code: _____ Date: _____

Branch Name: _____

ONLINE DEPOSIT SLIP

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

Allied Bank Limited <small>Formerly Allied Bank of Pakistan Limited</small>	<input type="checkbox"/>	Muslim Commercial Bank	<input type="checkbox"/>
A/C Title: NTS-Pakistan-Collection		A/C Title: NTS-Pakistan	
A/C No: 0010008325640018		A/C No: 0647943831005734	
Note: Bank Service Charges Free of Cost		Note: Bank Service Charges Free of Cost	
Meezan Bank <small>The Premier Islamic Bank</small>	<input type="checkbox"/>	HBL <small>HABIB BANK</small>	<input type="checkbox"/>
A/C Title: National Testing Service-Pakistan		A/C Title: NTS Pakistan	
A/C No: 0101820001		A/C No: 00427991771403	
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.

Project ID:	P-18-2748
Applicant's Name:	
Father Name:	
CNIC No/ B Form No:	
Post Name:	

GST INVOICE

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GST #	3277876121192
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GST@ 16%: 69/-	
Total: 500/-	

Applicant Signature _____ Cashier _____ Officer _____



National Testing Service-Pakistan

Building Standards in Educational and Professional Testing

CANDIDATE COPY

**PRIMARY & SECONDARY HEALTHCARE DEPARTMENT
ALLIED HEALTH PROFESSIONALS**

Branch Code: _____ Branch Name: _____ Date: _____

ONLINE DEPOSIT SLIP

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

Allied Bank Limited <small>Formerly Allied Bank of Pakistan Limited</small>	<input type="checkbox"/>	Muslim Commercial Bank	<input type="checkbox"/>	Meezan Bank <small>The Premier Islamic Bank</small>	<input type="checkbox"/>	HBL <small>HABIB BANK</small>	<input type="checkbox"/>
A/C Title: NTS-Pakistan-Collection		A/C Title: NTS-Pakistan		A/C Title: National Testing Service-Pakistan		A/C Title: NTS Pakistan	
A/C No: 0010008325640018		A/C No: 0647943831005734		A/C No: 0101820001		A/C No: 00427991771403	
Note: Bank Service Charges Free of Cost		Note: Bank Service Charges Free of Cost		Note: Bank Service Charges Free of Cost		Note: Bank Service Charges Free of Cost	

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Applicant's Name:	Father Name:		
CNIC No/ B Form No:	Post Name:		
GST INVOICE			
NTN #	2680612-6	NTS fee: 431/-	Amount in word: Rs. Five Hundred Rupees Only Non Refundable/ Non Transferable
GST #	3277876121192	GST@ 16%: 69/-	
		Total: 500/-	

Applicant Signature _____ Cashier _____ Officer _____