



APPLICATION FORM

Reg. No. _____
To be Filled by NTS

**DISTRICT POPULATION
WELFARE OFFICER
MALAKAND**

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۔

Project ID: N-18-4406

Screening Test for Various posts

Eligibility Criteria:

A. Is your Age according to the prescribed age limit for the desired Post as on 13-04-2018 ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Do you have relevant / prescribed Qualification as Advertised?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. Are you Domiciled in Malakand?	<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. **(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"/> Family Welfare Assistant (Male)	02. <input type="checkbox"/> Family Welfare Assistant (Female)
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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. Permanent Address: _____
City: _____ District: _____

10. 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.*

11. Are you a Government Servant? Yes No
In case of Yes, please attach NOC If Yes, total Years of continuous service: _____

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

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

14. Test City: **BATKHELA**

15. District of Domicile:

Only Malakand District Domicile holders can Apply as given in Advertisement

MALAKAND

16. 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"/> Other: _____	<input type="checkbox"/> Science <input type="checkbox"/> Arts <input type="checkbox"/> Other: _____				
Intermediate / Equivalent (12 Years)	<input type="checkbox"/> F.Sc <input type="checkbox"/> FA <input type="checkbox"/> Other: _____	<input type="checkbox"/> Pre Eng <input type="checkbox"/> Pre Medical <input type="checkbox"/> Other: _____				
Bachelor (14 Years)						
Bachelor (Hons) / Master (16 Years)						
Higher (If any)						

17. 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				

18. Total Job Experience as on closing date of application: Days - Months - Years

19. Age Relaxation Rule: Proof to be provided before selection.

- A. Govt. Employee and have completed 2 years continuous service on the closing date for receipt of applications. (10 years)
B. Disabled person. (10 years)
C. Remote area relaxation. (03 years for all applicants)

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 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 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, 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 **Friday, 13th April, 2018.**

HELP LINE:

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

Website : www.nts.org.pk

Keep Visiting NTS Website

Please Send Application Forms to:

NATIONAL TESTING SERVICE (HQ)

DPWO MALAKAND (Project)

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



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

NTS COPY

DISTRICT POPULATION WELFARE OFFICE MALAKAND

Branch Code: _____ Date: _____

Branch Name: _____

ONLINE DEPOSIT SLIP

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

<input type="checkbox"/>	Allied Bank Limited <small>Formerly Allied Bank of Pakistan Limited</small>	<input type="checkbox"/>	<input type="checkbox"/>	Muslim Commercial Bank	<input type="checkbox"/>
A/C Title: NTS-Pakistan-Collection		A/C Title: NTS-Pakistan		A/C Title: NTS-Pakistan	
A/C No: 0010008325640018		A/C No: 0647943831005734		A/C No: 0647943831005734	
Note: Bank Service Charges Free of Cost		Note: Bank Service Charges Free of Cost		Note: Bank Service Charges Free of Cost	
<input type="checkbox"/>	Meezan Bank <small>The Premier Islamic Bank</small>	<input type="checkbox"/>	<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 Title: NTS Pakistan	
A/C No: 0101820001		A/C No: 00427991771403		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: 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-18-4406	
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

DISTRICT POPULATION WELFARE OFFICE MALAKAND

Branch Code: _____ Date: _____

Branch Name: _____

ONLINE DEPOSIT SLIP

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

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

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

CANDIDATE COPY

DISTRICT POPULATION WELFARE OFFICE MALAKAND

Branch Code: _____ Branch Name: _____ Date: _____

ONLINE DEPOSIT SLIP

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

<input type="checkbox"/>	Allied Bank Limited <small>Formerly Allied Bank of Pakistan Limited</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meezan Bank <small>The Premier Islamic Bank</small>	<input type="checkbox"/>	<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 Title: NTS Pakistan	
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