



SHAHEED MOHTARMA BENAZIR BHUTTO ACCIDENT, EMERGENCY & TRAUMA CENTRE

Project ID: S-19-3456

Screening Test for the Post of
Staff Nurse

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 prescribed age limit for the desired Post as on 07-01-2019 ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Do you have relevant / prescribed Qualification & Experience as mentioned in Advertisement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. Are you Domiciled in Sindh?	<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: 550/- 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

معدود 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:	[Grid for Name]																									
03. Father's Name:	[Grid for Father's Name]																									
04. Candidate CNIC #:	[Grid for CNIC #]																									
Write your own CNIC No. Or B Form No. <small>Write your own CNIC No. Or B Form No, otherwise form will not be entertained.</small>																										
05. Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	06. Date of Birth:	[Grid for Date of Birth]																						
			Write your Correct Date of Birth otherwise you will be rejected																							
07. Postal Address: _____ All correspondence will be made on this address though courier service or ordinary postal service.																										
City: _____													District: _____													
08. Phone No: (OFF) _____ (RES.) _____													09. (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? <small>In case of Yes, please attach NOC</small>																										
[Grid for Yes/No]																										
10. Are you a Disabled Person? <small>Proof will be required at the time of interview</small>																										
[Grid for Yes/No]																										
11. Religion: <input type="checkbox"/> Muslim <input type="checkbox"/> Non Muslim																										
12. Are you registered Nurse with Pakistan Nursing Council?																										
[Grid for Yes/No]																										

13. Test City:

Karachi

14. Province of Domicile:

i. Sindh (Urban)ii. Sindh (Rural)

15. Academic Information: (Please attach 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"/> 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"/> M.A <input type="checkbox"/> M.Sc <input type="checkbox"/> Other: _____					
Diploma / Certificate	<input type="checkbox"/> Diploma <input type="checkbox"/> Certificate	<input type="checkbox"/> Diploma in Nursing	Duration in Months			

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 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, Attested copies of CNIC, PRC, Domicile Certificate, Academic Certificates, Experience Certificates 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.
- Last date for submission of application form is **Monday 7th January, 2019.**
- Applications received on or after **Tuesday 8th January, 2019** 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:

NATIONAL TESTING SERVICE (HQ)

SMBB Accident, Emergency & Trauma Centre (Project)

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

Keep Visiting NTS Website



National Testing Service-Pakistan

Building Standards in Educational and Professional Testing

NTS COPY

SMBB ACCIDENT, EMERGENCY & TRAUMA CENTRE

Branch Code: _____ Date: _____

Branch Name: _____

ONLINE DEPOSIT SLIP

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

Allied Bank Limited Formerly Allied Bank of Pakistan Limited	<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 The Premier Bank Bank	<input type="checkbox"/>	HBL HABIB BANK	<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)

Last date for fee submission: Monday 7th Jan, 2019

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

Project ID:	S-19-3456	
Applicant's Name:		
Father Name:		
CNIC No/ B Form No:		
Post Name:		
GST INVOICE		
NTN #	2680612-6	
GST #	3277876121192	
NTS fee: 487/-	Amount in word: Rs. Five Hundred & Fifty Rupees Only Non Refundable/ Non Transferable	
GST@ 13%: 63/-		
Total: 550/-		
Applicant Signature	Cashier	Officer



National Testing Service-Pakistan

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BANK COPY

SMBB ACCIDENT, EMERGENCY & TRAUMA CENTRE

Branch Code: _____ Date: _____

Branch Name: _____

ONLINE DEPOSIT SLIP

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

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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.

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Building Standards in Educational and Professional Testing

CANDIDATE COPY

SMBB ACCIDENT, EMERGENCY & TRAUMA CENTRE

Branch Code: _____ Branch Name: _____ Date: _____

ONLINE DEPOSIT SLIP

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