

**APPLICATION FORM**Reg. No. _____
To be Filled by NTS**GOVERNMENT OF THE PUNJAB
DISTRICT HEALTH
AUTHORITY KHUSHAB**

Project ID: P-17-2693

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 10-11-2017 ?	<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
------------------	---------------------

*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"/> School Health & Nutrition Supervisor (BS-17)	02. <input type="checkbox"/> Computer Operator (BS-15)	03. <input type="checkbox"/> Computer Operator (BS-12)
04. <input type="checkbox"/> Data Entry Operator (BS-11)	05. <input type="checkbox"/> Statistical Assistant (BS-11)	06. <input type="checkbox"/> Assistant Librarian (BS-11)
07. <input type="checkbox"/> Junior Technician (MCH Technology) LHV (BS-09)	08. <input type="checkbox"/> Junior Technician (Dental Technology) Dental Technician (BS-09)	09. <input type="checkbox"/> Junior Technician (Radiography & Imaging Technology) Radiographer (BS-09)
10. <input type="checkbox"/> Junior Technician (Surgical Technology) O.T Assistant (BS-09)	11. <input type="checkbox"/> Junior Technician (Pharmacy Technology) Dispenser (BS-09)	12. <input type="checkbox"/> Junior Technician (Pathology Technology) Lab Technician (BS-09)
13. <input type="checkbox"/> Junior Technician (Pathology Technology) Lab Assistant (BS-09)	14. <input type="checkbox"/> Junior Technician (Cardiology Technology) ECG Technician (BS-09)	15. <input type="checkbox"/> Junior Technician (Anesthesia Technology) Anaesthesia Assistant (BS-09)
16. <input type="checkbox"/> Junior Technician (Emergency & Clinical Medicine Technology) Health Technician (BS-09)	17. <input type="checkbox"/> Junior Technician (Healthcare Outreach Technology) Vaccinator (BS-09)	18. <input type="checkbox"/> Junior Technician (Healthcare Outreach Technology) CDC Supervisor / CDC Inspector (BS-09)

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

03. Name in Full:	<input type="text"/>																
04. Father's Name:	<input type="text"/>																
05. Candidate CNIC #:	<input type="text"/> - <input type="text"/> - <input type="text"/>																
06. Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	07. Date of Birth:	D	D	M	M	Y	Y	<input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>							
			Write your Correct Date of Birth otherwise you will be rejected														
08. Postal Address:	<input type="text"/>																
All correspondence will be made on this address though courier service or ordinary postal service.																	
					City:					District:							
09. Phone No: (OFF)	<input type="text"/>					(RES.)	<input type="text"/>					(Mobile)	<input type="text"/>				
					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.							
10. Are you a Government Servant and applying through proper channel?	<input type="checkbox"/> Yes <input type="checkbox"/> No																
In case of Yes, please attach NOC																	
11. Are you a Disabled Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No																
If yes, please attach Disability Certificate																	

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

13. Do you possess certificate of library Science? Yes No
For the posts against Sr.No. 06

14. Are you proficient in MS Office? Yes No
For the posts against Sr.No. 01

15. Please mark relevant 1 or 2 year Diploma / Certificate from Punjab Medical Faculty Lahore:
For the posts against Sr.No. 07 to Sr.No. 18

i). <input type="checkbox"/> LHV	ii). <input type="checkbox"/> Dental Technician	iii). <input type="checkbox"/> Radiographer	iv). <input type="checkbox"/> Surgical Technology / O.T Assistant
v). <input type="checkbox"/> Pharmacy Technology / Dispenser	vi). <input type="checkbox"/> Laboratory Technician	vii). <input type="checkbox"/> Laboratory Assistant	viii). <input type="checkbox"/> ECG Technician
ix). <input type="checkbox"/> Anesthesia Assistant	x). <input type="checkbox"/> Health Technician	xi). <input type="checkbox"/> Vaccinator	xii). <input type="checkbox"/> CDC Supervisor / CDC Inspector

16. 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"/> Islamabad / Rwp	02. <input type="checkbox"/> Lahore	03. <input type="checkbox"/> Multan	04. <input type="checkbox"/> Faisalabad	05. <input type="checkbox"/> Sargodha
06. <input type="checkbox"/> Khushab				

17. 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"/> Sheikhpura	34. <input type="checkbox"/> Sialkot	35. <input type="checkbox"/> Toba Tek Singh	36. <input type="checkbox"/> Vehari

18. 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 / 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"/> ICS <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"/> BCS <input type="checkbox"/> Other: _____					
Bachelor (Hons) / Master (16 Years)	<input type="checkbox"/> M.A <input type="checkbox"/> M.Sc <input type="checkbox"/> BS (Hons) <input type="checkbox"/> MBA <input type="checkbox"/> MPA <input type="checkbox"/> Other: _____	<input type="checkbox"/> Nutrition <input type="checkbox"/> Sociology <input type="checkbox"/> Social work <input type="checkbox"/> Psychology <input type="checkbox"/> Political Science <input type="checkbox"/> Economics <input type="checkbox"/> Maths <input type="checkbox"/> Stats <input type="checkbox"/> Other: _____				
Higher (If Any)						

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

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

20. Total Job Experience as on closing date of application: 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 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 نسلیک 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)
- 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 10th November, 2017**.
- Applications received on or after **Saturday 11th November, 2017** 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
District Health Authority Khushab (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

District Health Authority Khushab

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: P-17-2693		
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

District Health Authority Khushab

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.

Project ID: P-17-2693		
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

CANDIDATE COPY

District Health Authority Khushab

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"/>	<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		A/C Title: NTS Pakistan	
A/C No: 0010008325640018		A/C No: 0647943831005734		A/C No: 0101820001		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: 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: P-17-2693		
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 _____