REGISTRATION FORM

Reg. No. _____
To be Filled by NTS

Government of the Punjab

PRIMARY & SECONDARY HEALTHCARE DEPARTMENT

IRMNCH & NUTRITION PROGRAM

Screening Test for the Post of
District Coordinator

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 desired Post at the date of **14-11-2016**?	☐ Yes	☐ No
B. Is your **Qualification / Experience** according to the required post?	☐ Yes	☐ No
C. Are you Domiciled in **Punjab**?	☐ Yes	☐ 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 / district, please use separate form with separate fee. This form will be considered valid only for the first selected post / district in the sequence.

Post	District Applied For (Mark only 1 box)			
01. ☐ District Coordinator	01. ☐ Attock	02. ☐ Bahawalnagar	03. ☐ Bahawalpur	04. ☐ Bhakkar
	05. ☐ Chakwal	06. ☐ Chiniot	07. ☐ Dera Ghazi Khan	08. ☐ Faisalabad
	09. ☐ Gujranwala	10. ☐ Gujrat	11. ☐ Hafizabad	12. ☐ Jhang
	13. ☐ Jhelum	14. ☐ Kasur	15. ☐ Khanewal	16. ☐ Khushab
	17. ☐ Lahore	18. ☐ Layyah	19. ☐ Lodhran	20. ☐ Mandi Bahauddin
	21. ☐ Mianwali	22. ☐ Multan	23. ☐ Muzaffargarh	24. ☐ Nankana Sahib
	25. ☐ Narowal	26. ☐ Okara	27. ☐ Pakpattan	28. ☐ Rahim Yar Khan
	29. ☐ Rajanpur	30. ☐ Rawalpindi	31. ☐ Sahiwal	32. ☐ Sargodha
	33. ☐ Sheikhupura	34. ☐ Sialkot	35. ☐ Toba Tek Singh	36. ☐ Vehari

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
D D - M M - 1 9 Y Y

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
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? ☐ Yes ☐ No
In case of Yes, please attach NOC

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

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

13. Test City: Lahore

14. District of Domicile: Fill Only One Box **(Mandatory)**

01. ☐ Attock	02. ☐ Bahawalnagar	03. ☐ Bahawalpur	04. ☐ Bhakkar
05. ☐ Chakwal	06. ☐ Chiniot	07. ☐ Dera Ghazi Khan	08. ☐ Faisalabad
09. ☐ Gujranwala	10. ☐ Gujrat	11. ☐ Hafizabad	12. ☐ Jhang
13. ☐ Jhelum	14. ☐ Kasur	15. ☐ Khanewal	16. ☐ Khushab
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33. ☐ Sheikhupura	34. ☐ Sialkot	35. ☐ Toba Tek Singh	36. ☐ Vehari

15. 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 Title	Specialization / Major Subject	Year Passing	Obtained Marks / CGPA	Total Marks / CGPA	Board / University / Institute
Matric (10 Years)						
Intermediate (12 Years)						
Bachelor (14 Years)						
Bachelor (Hons) **/ Master** (16 Years)						
Diploma / Certificate						

16. 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				

17. 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 admission, 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 admission, 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 **Monday 14th November, 2016.**
- Applications received on or after **Tuesday 15th November, 2016** 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:

Primary & Secondary Healthcare Department - IRMNCH (Project)
National Testing Service
1-E, Street No. 46, Sector I-8/2, Islamabad.

National Testing Service-Pakistan

Building Standards in Educational and Professional Testing

NTS COPY

Primary & Secondary Healthcare Department

Branch Code: _____ Date: _____

Branch Name: _____

ONLINE DEPOSIT SLIP

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

Allied Bank Limited (Formely: Allied Bank of Pakistan Limited)	Muslim Commercial Bank
A/C Title: NTS-Pakistan-Collection A/C No. 0010008325640018	A/C Title: NTS-Pakistan A/C No. 647943831003775
Note: Bank Service Charges **Free of Cost**	Note: Bank Service Charges **Free of Cost**
Meezan Bank The Premier Islamic Bank	**HABIB BANK LTD** THE POWER TO LEAD
Remote Branch: National Testing Service-Pakistan A/C No. 0101820001	A/C Title: NTS-Pakistan A/C No. 17427900464503
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)

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

Amount Rs:	**500/-**	**Amount in word: Rs.**	**Five Hundred Rupees Only** Non Refundable/ Non Transferable

Applicant Signature _____ Cashier _____ Officer _____

National Testing Service-Pakistan

Building Standards in Educational and Professional Testing

BANK COPY

Primary & Secondary Healthcare Department

Branch Code: _____ Date: _____

Branch Name: _____

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

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Remote Branch: National Testing Service-Pakistan A/C No. 0101820001	A/C Title: NTS-Pakistan A/C No. 17427900464503
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.

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

Amount Rs:	**500/-**	**Amount in word: Rs.**	**Five Hundred Rupees Only** Non Refundable/ Non Transferable

Applicant Signature _____ Cashier _____ Officer _____

National Testing Service-Pakistan

Building Standards in Educational and Professional Testing

STUDENT COPY

Primary & Secondary Healthcare Department

Branch Code: _____ Date: _____

Branch Name: _____

ONLINE DEPOSIT SLIP

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

Allied Bank Limited (Formely: Allied Bank of Pakistan Limited)	Muslim Commercial Bank
A/C Title: NTS-Pakistan-Collection A/C No. 0010008325640018	A/C Title: NTS-Pakistan A/C No. 647943831003775
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