

**REGISTRATION FORM**Reg. No. \_\_\_\_\_  
To be Filled by NTS**GOVERNMENT OF THE PUNJAB  
PRIMARY & SECONDARY  
HEALTHCARE DEPARTMENT  
MANAGEMENT STRUCTURE OF  
85 TEHSIL HEADQUARTER HOSPITAL**

**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:****Screening Test for various Posts**

A. Is your <b>Age</b> according to the desired Post at the date of <b>08-05-2017</b> ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Is your <b>Qualification &amp; Experience</b> according to the required post?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. Are you Domiciled in <b>Punjab</b> ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If your reply is "Yes" to A, B &amp; 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.**

<b>Bank Code</b>	<b>Deposit Date</b>
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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"/> Procurement Officer	02. <input type="checkbox"/> Admin Officer	03. <input type="checkbox"/> Human Resource & Legal Officer
04. <input type="checkbox"/> IT/ Statistical Officer	05. <input type="checkbox"/> Finance & Budget Officer	06. <input type="checkbox"/> Quality Assurance Officer
07. <input type="checkbox"/> Logistics Officer	08. <input type="checkbox"/> Data Entry Operator (DEO)	09. <input type="checkbox"/> Assistant Admin Officer

**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. 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?  
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: \_\_\_\_\_



**13. Station Applied For:** Fill Only One Box Desired Station. **(Mandatory)**

To apply for more than one station, please use separate form with separate fee. This form will be considered valid only for the first selected station in the sequence.

**Management Structure of 85 Tehsil Headquarter Hospitals**

01. <input type="checkbox"/> Liaqutpur	02. <input type="checkbox"/> Jampur	03. <input type="checkbox"/> Mailsi	04. <input type="checkbox"/> Shorkot
05. <input type="checkbox"/> Tandilianwala	06. <input type="checkbox"/> Kot Momin	07. <input type="checkbox"/> Hassan Abdal	08. <input type="checkbox"/> Dunyapur
09. <input type="checkbox"/> Yazman	10. <input type="checkbox"/> Gujar Khan	11. <input type="checkbox"/> Shahkot	12. <input type="checkbox"/> Pindi Bhattian
13. <input type="checkbox"/> Kalurkot	14. <input type="checkbox"/> Kamalia	15. <input type="checkbox"/> Haroon Abad	16. <input type="checkbox"/> Lalian
17. <input type="checkbox"/> Pindi Gheb	18. <input type="checkbox"/> Khushab	19. <input type="checkbox"/> Chowk Azam	20. <input type="checkbox"/> Khanpur
21. <input type="checkbox"/> Shakargarh	22. <input type="checkbox"/> Fort Abbas	23. <input type="checkbox"/> Safdarabad	24. <input type="checkbox"/> Jaranwala
25. <input type="checkbox"/> Murree	26. <input type="checkbox"/> Karor Lal Esan	27. <input type="checkbox"/> Sadiqabad	28. <input type="checkbox"/> Chak Jhumra
29. <input type="checkbox"/> Sumundri	30. <input type="checkbox"/> Wazirabad	31. <input type="checkbox"/> Depalpur	32. <input type="checkbox"/> Ferozewala
33. <input type="checkbox"/> Muridke	34. <input type="checkbox"/> Kabir Wala	35. <input type="checkbox"/> Jalalpur Pirwala	36. <input type="checkbox"/> Govt. Civil Hosp Multan (SS)
37. <input type="checkbox"/> Pind Dadan Khan	38. <input type="checkbox"/> Kahuta	39. <input type="checkbox"/> Kallar Syedan	40. <input type="checkbox"/> Choubara
41. <input type="checkbox"/> Bhalwal	42. <input type="checkbox"/> Rojhan	43. <input type="checkbox"/> Alipur	44. <input type="checkbox"/> Sharaqpur Sharif
45. <input type="checkbox"/> Talagang	46. <input type="checkbox"/> Daryakhan	47. <input type="checkbox"/> Kharian	48. <input type="checkbox"/> Sangla Hill
49. <input type="checkbox"/> Minchinabad	50. <input type="checkbox"/> Hasilpur	51. <input type="checkbox"/> Jahanian	52. <input type="checkbox"/> Fort Munroo
53. <input type="checkbox"/> Noshehra Vikran	54. <input type="checkbox"/> Sara-e-alamgir	55. <input type="checkbox"/> Phalia	56. <input type="checkbox"/> Choa Saiden Shah
57. <input type="checkbox"/> Kotli Sattian	58. <input type="checkbox"/> Pasrur	59. <input type="checkbox"/> Malakwal	60. <input type="checkbox"/> Chunian
61. <input type="checkbox"/> Kehror Pacca	62. <input type="checkbox"/> Jand	63. <input type="checkbox"/> City Hosp Talagang	64. <input type="checkbox"/> Sohawa
65. <input type="checkbox"/> Taxila	66. <input type="checkbox"/> Sillanwali	67. <input type="checkbox"/> Shahpur	68. <input type="checkbox"/> Jatoi
69. <input type="checkbox"/> Kunjah	70. <input type="checkbox"/> Dinga	71. <input type="checkbox"/> Sambrial	72. <input type="checkbox"/> Pattoki
73. <input type="checkbox"/> Haveli Lakha	74. <input type="checkbox"/> Fateh Jang	75. <input type="checkbox"/> Kallar Kahar	76. <input type="checkbox"/> Mankera
77. <input type="checkbox"/> Piplan	78. <input type="checkbox"/> Chak No. 90/sb	79. <input type="checkbox"/> Bhera	80. <input type="checkbox"/> Khair Pur Tamewali
81. <input type="checkbox"/> Fateh Pur	82. <input type="checkbox"/> Thal Hospital Layyah	83. <input type="checkbox"/> Kot Sultan	84. <input type="checkbox"/> 18-hazari
85. <input type="checkbox"/> Ahmedpur Sial			

**14. 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

**15. 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"/> Faisalabad	04. <input type="checkbox"/> Multan
05. <input type="checkbox"/> Sahiwal	06. <input type="checkbox"/> R.Y. Khan	07. <input type="checkbox"/> Sargodha	08. <input type="checkbox"/> Kasur

**16. 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 / D.A.E (12 / 13 Years)						
Bachelor (14 Years)						
Bachelor (Hons) / Master (16 Years)						
MS / M.Phil (18 Years)						
Diploma / Certificate						

**17. Any Other Certifications / Diploma / Course / Computer Skills:** e.g CA (Inter), ACCA, ACMA etc.

Sr #	Diploma / Certification	Date From Day-Month-Year	Date To Day-Month-Year	Institute / University	Marks / Grade
01		- -	- -		
02		- -	- -		
03		- -	- -		

**18. 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				

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

20. Total Post Qualification 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 نسک 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 **Monday 08<sup>th</sup> May, 2017.**
- Applications received on or after **Tuesday 09<sup>th</sup> May, 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**  
**P&SHD - 85 THQ HOSPITALS (Project)**  
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**  
Management Structure Of 85 Tehsil Headquarter Hospital

Branch Code: \_\_\_\_\_ Date: \_\_\_\_\_

Branch Name: \_\_\_\_\_

### ONLINE DEPOSIT SLIP

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

<input type="checkbox"/>	<b>Allied Bank Limited</b> <small>(Formerly Allied Bank of Pakistan Limited)</small>	<input type="checkbox"/>	<b>Muslm Commercial Bank</b> <small>MCCB</small>
A/C Title: NTS-Pakistan-Collection	A/C Title: NTS-Pakistan	A/C Title: NTS-Pakistan	A/C Title: NTS-Pakistan
A/C No. 0010008325640018	A/C No. 647943831003775	A/C No. 647943831003775	A/C No. 647943831003775
Note: Bank Service Charges <b>Free of Cost</b>		Note: Bank Service Charges <b>Free of Cost</b>	
<input type="checkbox"/>	<b>Meezan Bank</b> <small>The Premier Islamic Bank</small>	<input type="checkbox"/>	<b>HABIB BANK LTD</b> <small>THE POWER TO LEAD</small>
Remote Branch: National Testing Service-Pakistan	Remote Branch: National Testing Service-Pakistan	A/C Title: NTS-Pakistan	A/C Title: NTS-Pakistan
A/C No. 0101820001	A/C No. 17427900464503	A/C No. 17427900464503	A/C No. 17427900464503
Note: Bank Service Charges <b>Free of Cost</b>		Note: Bank Service Charges <b>Free of Cost</b>	

**\*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:	<b>P-17-2556</b>		
Applicant's Name:			
Father Name:			
CNIC No/ B Form No:			
Post Name:			
Amount Rs: <b>500/-</b>	Amount in word: Rs.	<b>Five Hundred Rupees Only</b>	
		<b>Non Refundable/ Non Transferable</b>	

Applicant Signature \_\_\_\_\_

Cashier \_\_\_\_\_

Officer \_\_\_\_\_



# National Testing Service-Pakistan

Building Standards in Educational and Professional Testing

**BANK COPY**

**Primary & Secondary Healthcare Department**  
Management Structure Of 85 Tehsil Headquarter Hospital

Branch Code: \_\_\_\_\_ Date: \_\_\_\_\_

Branch Name: \_\_\_\_\_

### ONLINE DEPOSIT SLIP

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

<input type="checkbox"/>	<b>Allied Bank Limited</b> <small>(Formerly Allied Bank of Pakistan Limited)</small>	<input type="checkbox"/>	<b>Muslm Commercial Bank</b> <small>MCCB</small>
A/C Title: NTS-Pakistan-Collection	A/C Title: NTS-Pakistan	A/C Title: NTS-Pakistan	A/C Title: NTS-Pakistan
A/C No. 0010008325640018	A/C No. 647943831003775	A/C No. 647943831003775	A/C No. 647943831003775
Note: Bank Service Charges <b>Free of Cost</b>		Note: Bank Service Charges <b>Free of Cost</b>	
<input type="checkbox"/>	<b>Meezan Bank</b> <small>The Premier Islamic Bank</small>	<input type="checkbox"/>	<b>HABIB BANK LTD</b> <small>THE POWER TO LEAD</small>
Remote Branch: National Testing Service-Pakistan	Remote Branch: National Testing Service-Pakistan	A/C Title: NTS-Pakistan	A/C Title: NTS-Pakistan
A/C No. 0101820001	A/C No. 17427900464503	A/C No. 17427900464503	A/C No. 17427900464503
Note: Bank Service Charges <b>Free of Cost</b>		Note: Bank Service Charges <b>Free of Cost</b>	

**\*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:	<b>P-17-2556</b>		
Applicant's Name:			
Father Name:			
CNIC No/ B Form No:			
Post Name:			
Amount Rs: <b>500/-</b>	Amount in word: Rs.	<b>Five Hundred Rupees Only</b>	
		<b>Non Refundable/ Non Transferable</b>	

Applicant Signature \_\_\_\_\_

Cashier \_\_\_\_\_

Officer \_\_\_\_\_



# National Testing Service-Pakistan

Building Standards in Educational and Professional Testing

**CANDIDATE COPY**

**Primary & Secondary Healthcare Department (Management Structure Of 85 Tehsil Headquarter Hospital)**

Branch Code: \_\_\_\_\_ Branch Name: \_\_\_\_\_ Date: \_\_\_\_\_

### ONLINE DEPOSIT SLIP

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

<input type="checkbox"/>	<b>Allied Bank Limited</b> <small>(Formerly Allied Bank of Pakistan Limited)</small>	<input type="checkbox"/>	<b>Muslm Commercial Bank</b> <small>MCCB</small>	<input type="checkbox"/>	<b>Meezan Bank</b> <small>The Premier Islamic Bank</small>	<input type="checkbox"/>	<b>HABIB BANK LTD</b> <small>THE POWER TO LEAD</small>
A/C Title: NTS-Pakistan-Collection	A/C Title: NTS-Pakistan	A/C Title: NTS-Pakistan	A/C Title: NTS-Pakistan	Remote Branch: 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. 647943831003775	A/C No. 647943831003775	A/C No. 647943831003775	A/C No. 0101820001	A/C No. 17427900464503	A/C No. 17427900464503	A/C No. 17427900464503
Note: Bank Service Charges <b>Free of Cost</b>		Note: Bank Service Charges <b>Free of Cost</b>		Note: Bank Service Charges <b>Free of Cost</b>		Note: Bank Service Charges <b>Free of Cost</b>	

**\*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:	<b>P-17-2556</b>		
Applicant's Name:			Father Name:
CNIC No/ B Form No:			Post Name:
Amount Rs: <b>500/-</b>	Amount in word: Rs.	<b>Five Hundred Rupees Only</b>	
		<b>Non Refundable/ Non Transferable</b>	

Applicant Signature \_\_\_\_\_

Cashier \_\_\_\_\_

Officer \_\_\_\_\_