



KHYBER PAKHTUNKHWA EMPLOYEES SOCIAL SECURITY INSTITUTION

Project ID: N-17-4343

Screening Test for various posts

A

Picture 1
Paste your recent
passport size color
photograph (with open face)
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 prescribed age limit for the desired Post as on 15-11-2017 ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Do you have relevant / prescribed Qualification as mentioned?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. Are you Domiciled in KPK / FATA ?	<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: 575/- 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"/> Medical Officer (Anaesthesia) Male / Female (BPS-17)	02. <input type="checkbox"/> Dental Surgeon Male (BPS-17)	03. <input type="checkbox"/> Medical Officer Male (BPS-17)
04. <input type="checkbox"/> Women Medical Officer (BPS-17)	05. <input type="checkbox"/> Pharmacist (BPS-17)	06. <input type="checkbox"/> Nurse (BPS-16)

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:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	07. Date of Birth:	D	D	M	M	Y	Y											
			Write your Correct Date of Birth otherwise you will be rejected						1	9										
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: _____						DO NOT give your portable mobile number (which is converted from one network to another) so that SMS delivery is ensured.							
City Code - Phone No																				
10. Are you a Govt. Servant and applying through Proper Channel?	In case of Yes, please attach NOC						<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes then total years of continuous experience:											
11. Are you a Disabled Person?	If yes, please attach Disability Certificate						<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, state nature of your disability:											
12. Religion:	<input type="checkbox"/> Muslim	<input type="checkbox"/> Non Muslim																		
13. Are you registered with Pakistan Medical & Dental Council?	Only for the Post at Sr. No. 1, 2, 3 & 4.						<input type="checkbox"/> Yes	<input type="checkbox"/> No												
14. Do you possess Diploma from Pakistan Nursing Council?	Only for the Post at Sr. No. 6.						<input type="checkbox"/> Yes	<input type="checkbox"/> No												

15. Test City:

Peshawar

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

01. <input type="checkbox"/> Abbottabad	02. <input type="checkbox"/> Bannu	03. <input type="checkbox"/> Battagram	04. <input type="checkbox"/> Buner
05. <input type="checkbox"/> Charsadda	06. <input type="checkbox"/> Chitral	07. <input type="checkbox"/> Dera Ismail Khan	08. <input type="checkbox"/> Hangu
09. <input type="checkbox"/> Haripur	10. <input type="checkbox"/> Karak	11. <input type="checkbox"/> Kohat	12. <input type="checkbox"/> Kohistan
13. <input type="checkbox"/> Lakki Marwat	14. <input type="checkbox"/> Lower Dir	15. <input type="checkbox"/> Malakand	16. <input type="checkbox"/> Mansehra
17. <input type="checkbox"/> Mardan	18. <input type="checkbox"/> Nowshera	19. <input type="checkbox"/> Peshawar	20. <input type="checkbox"/> Shangla
21. <input type="checkbox"/> Swabi	22. <input type="checkbox"/> Swat	23. <input type="checkbox"/> Tank	24. <input type="checkbox"/> Tor Ghar
25. <input type="checkbox"/> Upper Dir	26. <input type="checkbox"/> FATA		

17. 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 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 / D.A.E (12 / 13 Years)	<input type="checkbox"/> F.A <input type="checkbox"/> D.A.E <input type="checkbox"/> F.Sc <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"/> MBBS <input type="checkbox"/> BDS <input type="checkbox"/> MD <input type="checkbox"/> B. Pharmacy <input type="checkbox"/> Other: _____					
MS / M.Phil (18 Years)	<input type="checkbox"/> MS <input type="checkbox"/> M.Phil					

18. Employment Record: (If Any) (Please attach attested copies of your experience certificates.)

Sr #	Organization / Employer Name (Please write the most recent first)	Job Title	Job Duration Write only Month & Year	
			From	To
01				
02				
03				

19. Total Job Experience as on closing date of applications: 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 or false, 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 Certificates, 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 envelope and separate application form for each post you are applying for.
- Last date for submission of application form is **Wednesday 15th November, 2017.**

HELP LINE:

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

Website : www.nts.org.pk

Please Keep Visiting NTS Website

Please Send Application Forms to:

NATIONAL TESTING SERVICE

ESSI (PROJECT)

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



National Testing Service-Pakistan

Building Standards in Educational and Professional Testing

NTS COPY

EMPLOYEES SOCIAL SECURITY INSTITUTION

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-17-4343		
Applicant's Name: _____		
Father Name: _____		
CNIC No/ B Form No: _____		
Post Name: _____		
GST INVOICE		
NTN #	2680612-6	
GST #	3277876121192	
NTS fee: 500/-	Amount in word: Rs. Five Hundred & Seventy Five Rupees Non Refundable/ Non Transferable	
GST@ 15%: 75/-		
Total: 575/-		
Applicant Signature _____	Cashier _____	Officer _____



National Testing Service-Pakistan

Building Standards in Educational and Professional Testing

BANK COPY

EMPLOYEES SOCIAL SECURITY INSTITUTION

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: N-17-4343		
Applicant's Name: _____		
Father Name: _____		
CNIC No/ B Form No: _____		
Post Name: _____		
GST INVOICE		
NTN #	2680612-6	
GST #	3277876121192	
NTS fee: 500/-	Amount in word: Rs. Five Hundred & Seventy Five Rupees Non Refundable/ Non Transferable	
GST@ 15%: 75/-		
Total: 575/-		
Applicant Signature _____	Cashier _____	Officer _____



National Testing Service-Pakistan

Building Standards in Educational and Professional Testing

CANDIDATE COPY

EMPLOYEES SOCIAL SECURITY INSTITUTION

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)

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Applicant's Name: _____		
Father Name: _____		
CNIC No/ B Form No: _____		
Post Name: _____		
GST INVOICE		
NTN #	2680612-6	
GST #	3277876121192	
NTS fee: 500/-	Amount in word: Rs. Five Hundred & Seventy Five Rupees Non Refundable/ Non Transferable	
GST@ 15%: 75/-		
Total: 575/-		
Applicant Signature _____	Cashier _____	Officer _____