#### APPLICATION FORM



# GOVERNMENT OF THE PUNJAB PRIMARY & SECONDARY HEALTHCARE DEPARTMENT

Prevention and Control of Non Communicable Diseases

Project ID: P-17-2719

Muslim

**Non Muslim** 

Please Specify:

12. Religion:

Screening Test for various Posts

**Reg. No.** \_ To be Filled by NTS

Paste your recent passport size color photograph not older than 6 Months having blue background with gum تصويرلاز مأ منسلک کرين بصورت دير فار مغمل ما رنبس الدادانگا

	ديگرفارمعمل مين نهيس لايا جائيگا۔			
Eligibility Criteria:				
A. Is your <b>Age</b> according to the desired Po	ost at the date of 29-12-	<b>2017</b> ?		Yes No
B. Is your <b>Qualification / Experience</b> ac	cording to the required	post?		Yes No
C. Are you Domiciled in <b>Punjab</b> ?				Yes No
If your reply is "Yes" to A, B & C above, only	y then please proceed fu	rther. Otherwise you ar	e not eligible to app	ly.
01. Bank Online Deposit of R	s: <b>500/-</b> from Desi	ignated Bank Bra	nches.	
Bank Code		Deposit Date		
*Note: Application Form will not be entertain	ned without Original Dep	posit Slip (NTS Copy)		
<b>D2. Desired Post:</b> Fill Only One Box To apply for more than one posts, please use			for the first selected p	ost in the sequence.
01. Manager Finance	02. Manager Hea	alth Operations	03. Manager	Technical (NCDs)
04. Manager Technical (Dental)	05. Manager IT		06. Manger C	Operations
07. Regional Manager Operations	08. IT Officer		09. Monitorin	g Officer
10. Data Analyst / Statistician	11. HR Assistan	t	12. Logistic	Assistant
Personal Information: Use C	APITAL letters and lea	ave spaces between	words.	
03. Name in Full:				
04. Father's Name:				
05. Candidate CNIC #:			_	
Write your own CNIC No. Or B Form No.  O6. Gender: Male Female	07	. Date of Birth: Write your Correct Date of Birth otherwise you will be rejected	D D M	M Y Y
08. Postal Address:  All correspondence will be made on this address though cou	rier service or ordinary postal service	ce.		
	City:		District:	
09. Phone No: (OFF)	(RES.)			mobile number (which is converted or) so that SMS delivery is ensured.
10. Are you a Government Servant and In case of Yes, please attach NOC	l applying through pi	roper channel?	Yes	No
11. Are you a Disabled Person? If yes, please attach Disability Certificate	Yes No			
42 Polisions VIII	If	Non Muslim,		

01. Rwp / Isb 02. 1		Lahore	03. Multan			04. Bahawalpur			
05.  Sah	iwal	06.	Faisalabad	07.	ranwala	08	. Sargodha		
4 Distri	ict of Domic	ile. Ell C	Only One Box (Mandatory	<u> </u>					
	tock	02.	Bahawalnagar		ahawalpur	04.	Bhakkar		
05. Cr	nakwal	06.	Chiniot	Chiniot 07. Dera Ghazi Khan		an 08.	08. Faisalabad		
09. G	ujranwala	10.	Gujrat	11. H	afizabad	12.	12.  Jhang		
13.	ielum	14.	Kasur	15. K	nanewal	16.	Khushab		
17. La	hore	18.	Layyah	19. Lo	odhran	20.	Mandi Bahauddin		
21. Mi	ianwali	22.	Multan	23. M	uzaffargarh	24.	Nankana Sahib		
25. Na	arowal	26.	Okara	27. Pa	ıkpattan	28.	Rahim Yar Khan		
29. Ra	ajanpur	30.	Rawalpindi	31. Sa	hiwal	32.	32. Sargodha  36. Vehari		
33. Sh	neikhupura	34.	Sialkot	35 To	ba Tek Singh	36.			
Note: 1. NTS v 2. Candi 3. Write	will not issue Roll No Slips t idate should convert their g	to those who h grades into mai or subject men	Please do not attach copies of yo ave not filled in their academic rec rks. (O Level / A Level or any other tion in certificate / transcript.	ord properly.					
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Other:

M.Phil

MS

Other: \_

MS / M.Phil (18 Years)

Higher Degree (If Any)

Sr#	Organization / Employer Name	Job Title	Job Duration Write only Month & Year		
O. <i>II</i>			From	То	
01					
02					
)3					
	al Job Experience as on closing date of apparents aking By The Applicant:	Days Months Years  olication:			
	d/s/w of	do hereby solemnly	Pictu		

Candidate's Signature

#### General Instructions / Information:

Thumb Impression

Date:

- 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 29**<sup>th</sup> **December, 2017**.
- Applications received on or after **Saturday 30<sup>th</sup> December, 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

Keep Visiting NTS Website

# Please Send Application Forms to:

### NATIONAL TESTING SERVICE

P&SHD - P&CNCD (Project)

Plot 96, Street No. 4, Sector H-8/1, Islamabad.



# National Testing Service-Pakistan

NTS PRIMARY 8	Building Standards in  NTS C  SECONDARY HE	ing Service- Educational and Profession OPY EALTHCARE DEPARTION COMMUNICAE	onal Testing  RTMENT	<b>^</b>	NTS	Building S	Standards i BAN NDARY	ting Service- n Educational and Profession KCOPY HEALTHCARE DEPA F NON COMMUNICA	onal Testing  RTMENT
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Slip (NTS Copy) along Application Form will no	Application Form to N	ITS Office			1. Please 3 2. The Bar	nk Must Retu	ırn "NTS	deposit Slip. Copy" to the Candidate without Candidate CN	IC/ B Form No.
Project ID:	P-17-	2719			Project ID:		P-17	-2719	
Applicant's Name:					Applicant's Name:				
Father Name:					Father Name:				
CNIC No/ B Form No:					CNIC No/ B Form No:				
Post Name:					Post Name:				
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NTS fee: 431/- GST@ 16%: 69/- Total: 500/-	Amount in Five H	undred Rupees On undable/ Non Transferabl	•		NTS fee: 431 GST@ 16%: 69 Total: 500	Amount word: Rs		Hundred Rupees Or Refundable/ Non Transferab	
Applicant Signature	Cash	nier	Officer		Applicant Signature	<b>-</b>	Ca	shier	Officer
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	k Stamp is required on al Deposit Slip (NTS C		end Original Deposit S	Slip (N	ITS Copy) along Арр	plication Form	to NTS C	ffice. Application Form w	ill not be entertain
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Applicant's Name:					ather ame:				
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Applicant Signature

Cashier