

**APPLICATION FORM**Reg. No. _____
To be Filled by NTS**WALLED CITY OF LAHORE
AUTHORITY - WCLA**

Project ID: P-18-2729

Screening test for various posts of

Disabled Persons**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 29-01-2018 ?	<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: 450/- 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 the 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"/> AutoCad Operator (BPS-14)	02. <input type="checkbox"/> Computer Operator (BPS-12)	03. <input type="checkbox"/> Tourist Guide (BPS-07)
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Personal Information: Use CAPITAL letters and leave spaces between words.

03. Name in Full: _____													
04. Father's Name: _____													
05. Candidate CNIC #: _____ <small>Write your own CNIC No. Or B Form No.</small>													
06. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female				07. Date of Birth: _____ <small>Write your Correct Date of Birth otherwise you will be rejected</small>									
08. Postal Address: _____ <small>All correspondence will be made on this address though courier service or ordinary postal service.</small>													
_____ City: _____				_____ District: _____									
09. Phone No: (OFF) _____ (RES.) _____ <small>City Code - Phone No</small>				(Mobile) _____ <small>DO NOT give your portable mobile number (which is converted from one network to another) so that SMS delivery is ensured.</small>									
10. Are you a Govt. / Semi Govt. Servant and applying through proper channel? <small>In case of Yes, proof will be required at the time of interview</small>										<input type="checkbox"/> Yes		<input type="checkbox"/> No	
11. Are you a Disabled Person? <small>In case of Yes, please attach disability certificate</small>										<input type="checkbox"/> Yes		<input type="checkbox"/> No	
12. Religion: <input type="checkbox"/> Muslim <input type="checkbox"/> Non Muslim				If Non Muslim, Please Specify: _____									

13. Test City:**Lahore**

14. Academic Information: (Please do not attach 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 / 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"/> D.A.E <input type="checkbox"/> ICS <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"/> M.A <input type="checkbox"/> M.Sc <input type="checkbox"/> Other: _____					
MS / M.Phil (18 Years)	<input type="checkbox"/> MS <input type="checkbox"/> M.Phil					

15. Employment Record: (Only Job relevant experience) (Please do not attach copies of your experience certificates at this stage)

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

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

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. Age Relaxation Rule: No other relaxations will be admissible as mentioned below

Age Relaxation for Disabled Person is 10 years. (For Posts of BPS-15 and below)

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 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 employment, and also proceeding of a legal action.
- Attach your Two recent Passport Size Photographs, Copy of CNIC, Disability certificate 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 29th January, 2018.**

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

WCLA (Project)

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



National Testing Service-Pakistan

Building Standards in Educational and Professional Testing

NTS COPY

WALLED CITY OF LAHORE AUTHORITY - WCLA

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"/>	Muslim Commercial Bank	<input type="checkbox"/>
A/C Title: NTS-Pakistan-Collection		A/C Title: NTS-Pakistan		
A/C No: 0010008325640018		A/C No: 0647943831005734		
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"/>	HBL <small>HABIB BANK</small>	<input type="checkbox"/>
A/C Title: National Testing Service-Pakistan		A/C Title: NTS Pakistan		
A/C No: 0101820001		A/C No: 00427991771403		
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-18-2729
Applicant's Name:	
Father Name:	
CNIC No/ B Form No:	
Post Name:	

GST INVOICE

NTN #	2680612-6
GST #	3277876121192
NTS fee: 388/-	Amount in word: Rs. Four Hundred & Fifty Rupees Only Non Refundable/ Non Transferable
GST@ 16%: 62/-	
Total: 450/-	

Applicant Signature _____ Cashier _____ Officer _____



National Testing Service-Pakistan

Building Standards in Educational and Professional Testing

BANK COPY

WALLED CITY OF LAHORE AUTHORITY - WCLA

Branch Code: _____ Date: _____

Branch Name: _____

ONLINE DEPOSIT SLIP

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<input type="checkbox"/>	Allied Bank Limited <small>Formerly Allied Bank of Pakistan Limited</small>	<input type="checkbox"/>	Muslim Commercial Bank	<input type="checkbox"/>
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A/C No: 0010008325640018		A/C No: 0647943831005734		
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A/C Title: National Testing Service-Pakistan		A/C Title: NTS Pakistan		
A/C No: 0101820001		A/C No: 00427991771403		
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.

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

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GST@ 16%: 62/-	
Total: 450/-	

Applicant Signature _____ Cashier _____ Officer _____



National Testing Service-Pakistan

Building Standards in Educational and Professional Testing

CANDIDATE COPY

WALLED CITY OF LAHORE AUTHORITY - WCLA

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"/>	Muslim Commercial Bank	<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 No: 0010008325640018		A/C No: 0647943831005734		A/C No: 0101820001		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	

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Applicant's Name:	Father Name:		
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GST INVOICE			
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