



APPLICATION FORM

Reg. No.
To be Filled by NTSEPI HEALTH DEPARTMENT
OF SINDH

Screening Test for the Post of

Vaccinator (M/F) BPS-06

Project ID: S-18-3408

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 prescribed age limit for the desired Post as on 20-04-2018 ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Is your Qualification according to the requirements of the post?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. Are you Domiciled in specified districts of Sindh according to the advertisement?	<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: 325/- 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)

Personal Information: Use CAPITAL letters and leave spaces between words.

02. Name in Full:																					
03. Father / Husband's Name:																					
04. Candidate CNIC #:																					
Write your own CNIC No. Or B Form No.																					
05. Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	06. Date of Birth:																		
			Write your Correct Date of Birth otherwise you will be rejected																		
07. Postal Address:																					
All correspondence will be made on this address through courier service or ordinary postal service.																					
City: District:																					
08. Phone No: (OFF) (RES.) (Mobile)																					
City Code - Phone No																					
09. Are you a Government Servant and applying through proper channel?																					
In case of Yes, please attach NOC																					
<input type="checkbox"/> Yes <input type="checkbox"/> No																					
10. Religion:																					
<input type="checkbox"/> Muslim <input type="checkbox"/> Non Muslim																					
11. Do you possess certificate of vaccination from recognized institute?																					
If Any.																					
<input type="checkbox"/> Yes <input type="checkbox"/> No																					

12. 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. 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 / Equivalent (12 Years)	<input type="checkbox"/> F.A <input type="checkbox"/> A-Level <input type="checkbox"/> F.Sc <input type="checkbox"/> Other: _____					
Higher (If any)						

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

01. <input type="checkbox"/> Badin	02. <input type="checkbox"/> Kambar & Shahdadt	03. <input type="checkbox"/> Umerkot	04. <input type="checkbox"/> Sukkur
05. <input type="checkbox"/> Dadu	06. <input type="checkbox"/> Sujawal	07. <input type="checkbox"/> Mirpurkhas	08. <input type="checkbox"/> Tando Allahyar
09. <input type="checkbox"/> Ghotki	10. <input type="checkbox"/> Kashmore	11. <input type="checkbox"/> Naushahro Firoze	12. <input type="checkbox"/> Tando M. Khan
13. <input type="checkbox"/> Hyderabad	14. <input type="checkbox"/> Khairpur	15. <input type="checkbox"/> Sanghar	16. <input type="checkbox"/> Tharparkar
17. <input type="checkbox"/> Jacobabad	18. <input type="checkbox"/> Larkana	19. <input type="checkbox"/> Shaheed Benazirabad	20. <input type="checkbox"/> Thatta
21. <input type="checkbox"/> Jamshoro	22. <input type="checkbox"/> Matiari	23. <input type="checkbox"/> Shikarpur	

14. Union Council Code / Name & Tehsil: List is available on nts website.Union Council Code:

درخواست گزار اپنے ڈومیسائل کے مطابق واقعہ یونین کونسل کا نام بمعہ کوڈ اور تحصیل درج کرے۔
بصورت دیگر فارم عمل میں نہیں لایا جائے گا۔

Union Council Name: _____ Tehsil: _____

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"/> Karachi	02. <input type="checkbox"/> Hyderabad	03. <input type="checkbox"/> Sukkur	04. <input type="checkbox"/> Nawabshah
05. <input type="checkbox"/> Mirpurkhas	06. <input type="checkbox"/> Larkana		

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 جائے گا۔

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 **Friday 20th April, 2018.**

HELP LINE:

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

Website : www.nts.org.pk

**Please Send Application Forms to:
NATIONAL TESTING SERVICE**

EPI Sindh (Project)

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

Keep Visiting NTS Website



National Testing Service-Pakistan

Building Standards in Educational and Professional Testing

NTS COPY

EPI HEALTH DEPARTMENT OF SINDH

Branch Code: _____ Date: _____

Branch Name: _____

ONLINE DEPOSIT SLIP

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

	<input type="checkbox"/>		<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"/>		<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: S-18-3408	
Applicant's Name: _____	
Father Name: _____	
CNIC No/ B Form No: _____	
Post Name: _____	
GST INVOICE	
NTN #	2680612-6
GST #	3277876121192
NTS fee: 288/-	Amount in word: Rs. Three Hundred & Twenty Five Rupees Non Refundable/ Non Transferable
GST@ 13%: 37/-	
Total: 325/-	
Applicant Signature _____ Cashier _____ Officer _____	



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BANK COPY

EPI HEALTH DEPARTMENT OF SINDH

Branch Code: _____ Date: _____

Branch Name: _____

ONLINE DEPOSIT SLIP

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

	<input type="checkbox"/>		<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"/>		<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:**

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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Father Name: _____	
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Applicant Signature _____ Cashier _____ Officer _____	



National Testing Service-Pakistan

Building Standards in Educational and Professional Testing

CANDIDATE COPY

EPI HEALTH DEPARTMENT OF SINDH

Branch Code: _____ Branch Name: _____ Date: _____

ONLINE DEPOSIT SLIP

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

	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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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NTN #	2680612-6	GST@ 13%: 37/-	Amount in word: Rs. Three Hundred & Twenty Five Rupees Non Refundable/ Non Transferable
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