

**APPLICATION FORM**

Reg. No. _____

To be Filled by NTS

GOVERNMENT OF THE PUNJAB
**PRIMARY & SECONDARY
 HEALTHCARE DEPARTMENT**
 25 DHQs 15 THQs

Screening Test for the post of

Charge Nurses**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 04-05-2017 ?	<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: 500/- 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's Name: _____

04. Candidate CNIC #: _____
Write your own CNIC No. Or B Form No.

05. Gender: Male 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 though courier service or ordinary postal service.

City: _____ District: _____

08. 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.

09. Are you a Government Servant and applying through proper channel?
In case of Yes, please attach NOC Yes No

10. Are you a Disabled Person?
If yes, please attach Disability Certificate Yes No

11. Religion: Muslim Non Muslim
If Non Muslim, Please Specify: _____

12. Are you registered with Pakistan Nursing Council? Yes No

13. Do you possess Diploma in General Nursing & Midwifery? Yes No

14. 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"/> Rwp / Isb	02. <input type="checkbox"/> Multan	03. <input type="checkbox"/> Lahore	04. <input type="checkbox"/> Faisalabad
05. <input type="checkbox"/> Peshawar	06. <input type="checkbox"/> Karachi	07. <input type="checkbox"/> Quetta	08. <input type="checkbox"/> Sahiwal



15. Station Applied For: Fill Only One Box (Mandatory) Only for the Post Data Entry Operator & Assistant Admin Officer

25 District Headquarter Hospital

01. <input type="checkbox"/> Attock	02. <input type="checkbox"/> Bahawalnagar	03. <input type="checkbox"/> Bhakkar	04. <input type="checkbox"/> Chakwal
05. <input type="checkbox"/> Chiniot	06. <input type="checkbox"/> Hafizabad	07. <input type="checkbox"/> Jhang	08. <input type="checkbox"/> Jhelum
09. <input type="checkbox"/> Kasur	10. <input type="checkbox"/> Khanewal	11. <input type="checkbox"/> Khushab	12. <input type="checkbox"/> Layyah
13. <input type="checkbox"/> Lodhran	14. <input type="checkbox"/> Mandi Bahauddin	15. <input type="checkbox"/> Mianwali	16. <input type="checkbox"/> Muzaffargarh
17. <input type="checkbox"/> Nankana Sahib	18. <input type="checkbox"/> Narowal	19. <input type="checkbox"/> Okara	20. <input type="checkbox"/> Okara (South City)
21. <input type="checkbox"/> Pakpattan	22. <input type="checkbox"/> Rajanpur	23. <input type="checkbox"/> Sheikhpura	24. <input type="checkbox"/> Toba Tek Singh
25. <input type="checkbox"/> Vehari			

15 Tehsil Headquarter Hospital

01. <input type="checkbox"/> Ahmedpur East	02. <input type="checkbox"/> Arifwala	03. <input type="checkbox"/> Burewala	04. <input type="checkbox"/> Chichawatni
05. <input type="checkbox"/> Chistian	06. <input type="checkbox"/> Daska	07. <input type="checkbox"/> Esa Khel	08. <input type="checkbox"/> Gojra
09. <input type="checkbox"/> Hazro	10. <input type="checkbox"/> Kot Adu	11. <input type="checkbox"/> Kamoki	12. <input type="checkbox"/> Mian Channu
13. <input type="checkbox"/> Noorpur Thal	14. <input type="checkbox"/> Shujabad	15. <input type="checkbox"/> Taunsa	

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. 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				

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

19. 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 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 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 **Thursday 4th May, 2017**.
- Applications received on or after **Friday 5th 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 - 25 DHQs & 25 THQs - Charge Nurse (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 25 DHQs 15 THQs - Charge Nurse

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 <small>MCB</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 Free of Cost		Note: Bank Service Charges Free of Cost	
<input type="checkbox"/>	Meezan Bank <small>The Premier Islamic Bank</small>	<input type="checkbox"/>	HABIB BANK LTD <small>THE POWER TO LEAD</small>
Remote Branch: National Testing Service-Pakistan	Remote Branch: National Testing Service-Pakistan	Remote Branch: National Testing Service-Pakistan	Remote Branch: National Testing Service-Pakistan
A/C No. 0101820001	A/C No. 17427900464503	A/C No. 17427900464503	A/C No. 17427900464503
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-17-2566		
Applicant's Name:			
Father Name:			
CNIC No/ B Form No:			
Post Name:			
Amount Rs: 500/-	Amount in word: Rs.	Five Hundred Rupees Only	
		Non Refundable/ Non Transferable	

Applicant Signature _____

Cashier _____

Officer _____



National Testing Service-Pakistan

Building Standards in Educational and Professional Testing

BANK COPY

Primary & Secondary Healthcare Department 25 DHQs 15 THQs - Charge Nurse

Branch Code: _____ Date: _____

Branch Name: _____

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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:	P-17-2566		
Applicant's Name:			
Father Name:			
CNIC No/ B Form No:			
Post Name:			
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Applicant Signature _____

Cashier _____

Officer _____



National Testing Service-Pakistan

Building Standards in Educational and Professional Testing

CANDIDATE COPY

Primary & Secondary Healthcare Department 25 DHQs 15 THQs - Charge Nurse

Branch Code: _____ Branch Name: _____ Date: _____

ONLINE DEPOSIT SLIP

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

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Applicant Signature _____

Cashier _____

Officer _____