



WAPDA MEDICAL SERVICES GUDDU

(Contract Job Opportunities)
Recruitment Test

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 09-06-2017 ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Do you have relevant / prescribed Qualification & Experience as mentioned?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. Is your Domicile according to the desired post as mentioned in 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: 450/- 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"/> Vehicle Driver (BPS-06)	02. <input type="checkbox"/> Mid Wife (BPS-06)	03. <input type="checkbox"/> Dispenser (BPS-06)
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Personal Information: Use CAPITAL letters and leave spaces between words.

03. Name in Full:	<input type="text"/>												
04. Father's Name:	<input type="text"/>												
05. Candidate CNIC #:	<input type="text"/>												
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			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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)									
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.			If Yes then total years of continuous experience:			<input type="text"/>				
10. Are you a Govt Employee and applying through proper channel?	In case of Yes, please attach NOC			<input type="checkbox"/> Yes	<input type="checkbox"/> No								
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	If Non Muslim, Please Specify: _____										
13. Do you possess Diploma / Certificate in Midwifery?	Only for the Post of Midwife			<input type="checkbox"/> Yes	<input type="checkbox"/> No								
14. Are you registered with Nursing Council as Midwife?	Only for the Post of Midwife			<input type="checkbox"/> Yes	<input type="checkbox"/> No								

15. Are you Child of WAPDA Employee? Yes No

Only for the Post of Vehicle Driver & Dispenser

16. Do you possess Diploma / Certificate in Dispensary? Yes No

Only for the Post of Dispenser

17. Do you possess valid LTV driving license? Yes No

For the post of Vehicle Driver.

Date Of Issuance of Driving License ^D ^D - ^M ^M - ^Y ^Y ^Y ^Y

18. 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"/> Islamabad / Rwp	02. <input type="checkbox"/> Lahore	03. <input type="checkbox"/> Bahawalpur	04. <input type="checkbox"/> Karachi
05. <input type="checkbox"/> Peshawar	06. <input type="checkbox"/> Quetta		

19. Province of Domicile Fill Only One Box for Desired Province Domicile as mentioned in Advertisement (Mandatory)

01. <input type="checkbox"/> Sindh (Rural)	02. <input type="checkbox"/> Sindh (Urban)
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20. 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
Middle (8 Years)						
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			Duration In Months			

21. Employment Record: (Please do not attach copies of your experience certificates at this stage)

*Note: For the Post Of Vehicle Driver Only

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

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

23. Total Post License 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 نسلیک 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, Attested copies of CNIC, Domicile Certificate, Academic Certificates, Experience Certificates 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 envelop and separate application form for each post you are applying for.
- Last date for submission of application form is **Friday 9th June, 2017**.
- Applications received on or after **Saturday 10th June, 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

WAPDA Medical Services Guddu (Peoject)

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



National Testing Service-Pakistan

Building Standards in Educational and Professional Testing

NTS COPY

WAPDA Medical Services Guddu

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>MCCB</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. 0647943831005734	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	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: 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-17-2610		
Applicant's Name:			
Father Name:			
CNIC No/ B Form No:			
Post Name:			
Amount Rs: 450/-	Amount in word: Rs.	Four Hundred & Fifty Rupees Only	
		Non Refundable/ Non Transferable	

Applicant Signature

Cashier

Officer



National Testing Service-Pakistan

Building Standards in Educational and Professional Testing

BANK COPY

WAPDA Medical Services Guddu

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>MCCB</small>
A/C Title: NTS-Pakistan-Collection	A/C Title: NTS-Pakistan	A/C Title: NTS-Pakistan	A/C Title: NTS-Pakistan
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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:

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-17-2610		
Applicant's Name:			
Father Name:			
CNIC No/ B Form No:			
Post Name:			
Amount Rs: 450/-	Amount in word: Rs.	Four Hundred & Fifty Rupees Only	
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Applicant Signature

Cashier

Officer



National Testing Service-Pakistan

Building Standards in Educational and Professional Testing

CANDIDATE COPY

WAPDA Medical Services Guddu

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 <small>MCCB</small>	<input type="checkbox"/>	Meezan Bank <small>The Premier Islamic Bank</small>	<input type="checkbox"/>	HABIB BANK LTD <small>THE POWER TO LEAD</small>
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Cashier

Officer