

Reg. No. \_\_\_\_\_  
For official use only.

APPLICATION FORM

# NATIONAL UNIVERSITY OF MEDICAL SCIENCES



Form B

Paste your recent passport size colored photograph with gum

Entry Test for B.Sc Nursing (Generic) & B.Sc (Hons) Cardiac Perfusion (CP)

Test Date: 7<sup>th</sup> Aug, 2016

**01. Bank Online Deposit of Rs: 1500/- from Designated Bank Branches.**

|           |              |
|-----------|--------------|
| Bank Code | Deposit Date |
|-----------|--------------|

\*Note: Application Form will not be entertained without Original Deposit Slip

**02. Desired Programs:** Fill one or both Boxes for Desired Programs. (Mandatory)

01.  B.Sc Nursing (Generic) (Only for Female)      02.  B.Sc (Hons) Cardiac Perfusion (CP)

**03. Desired Test City:** Fill Only One Box (Mandatory)

|  |   |   |  |
|--|---|---|--|
| 01. <input type="checkbox"/> Islamabad / Rwp | 02. <input type="checkbox"/> Lahore     | 03. <input type="checkbox"/> Bahawalpur * | 04. <input type="checkbox"/> Multan *    |
| 05. <input type="checkbox"/> Faisalabad *    | 06. <input type="checkbox"/> Sargodha * | 07. <input type="checkbox"/> Karachi      | 08. <input type="checkbox"/> Hyderabad * |
| 09. <input type="checkbox"/> Sukkur *        | 10. <input type="checkbox"/> Peshawar   | 11. <input type="checkbox"/> Quetta       | 12. <input type="checkbox"/> Gilgit *    |
| 13. <input type="checkbox"/> Muzaffarabad *  |   |   |  |

\* (Subject to a minimum of 200 candidates, other wise the candidates will be assigned next nearest test city)

**04. Province of Domicile:** Please fill only One Box for your Province of Domicile. (Mandatory)

|  |  |   |   |
|--|--|---|---|
| 01. <input type="checkbox"/> Federal Capital | 02. <input type="checkbox"/> Punjab        | 03. <input type="checkbox"/> Khyber Pakhtunkhwa | 04. <input type="checkbox"/> Balochistan      |
| 05. <input type="checkbox"/> Sindh (Urban)   | 06. <input type="checkbox"/> Sindh (Rural) | 07. <input type="checkbox"/> AJK                | 08. <input type="checkbox"/> Gilgit Baltistan |
| 09. <input type="checkbox"/> FATA            |  |   |   |

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

05. Name in Full: \_\_\_\_\_

06. Father's Name: \_\_\_\_\_

07. Candidate CNIC #: \_\_\_\_\_  
Write your own CNIC No. Or B Form No.

08. Gender:  Male  Female

09. Date of Birth: \_\_\_\_\_  
Write your Correct Date of Birth otherwise you will be rejected

10. Email Address: \_\_\_\_\_

11. Present Address: \_\_\_\_\_  
All correspondence will be made on this address though courier service or ordinary postal service.

City: \_\_\_\_\_ District: \_\_\_\_\_

12. Phone No: (OFF) \_\_\_\_\_ (RES.) \_\_\_\_\_ (Mobile) \_\_\_\_\_  
City Code - Phone No Mandatory

**12. Academic Information:** (Please do not attach copies of your academic certificates at this stage)

| Certificate / Degree Level                  | Degree Title | Specialization / Major Subject | Year Passing | Obtained Marks / Grades | Total Marks | Institute / Board / University |
|---|--------------|--------------------------------|--------------|-------------------------|-------------|--------------------------------|
| <b>Matric / O-Level</b><br>(10 Years)       |              |                                |              |                         |             |                                |
| <b>Intermediate / A-Level</b><br>(12 Years) |              |                                |              |                         |             |                                |

**Undertaking By The Applicant:**

I \_\_\_\_\_ d/s 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 or false, my candidature shall be canceled at any stage (even after admission, if so revealed later), and I shall be liable to legal action.

Date: \_\_\_\_\_

Signature of the Candidate: \_\_\_\_\_

**INSTRUCTIONS:**

- Please attach original deposit slip of Rs. 1500/- (Non Refundable / Non Transferable) from country-wide online branches of HBL.
- Attach 2 attested colored photos one on back and one on the front and copy of National Identity Card / Form B on the back of this Application form.
- In column of Academic record write down secured marks in digits only.
- Incomplete or improperly filled Application Forms will not be Processed.
- Please stay interactive with our website for eligible candidate list, test venue and all related information.
- NTS will only conduct the entry test for the client organization. The organization will set the eligibility criteria for the admission and other conditions. Applicants should contact the organization for information.

Paste your  
recent passport  
size colored  
2<sup>nd</sup> photograph  
with gum

Last date for submission of application form is Friday 15<sup>th</sup> July, 2016 for test dated 7<sup>th</sup> August, 2016.

**HELP LINE:**

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

Website : [www.nts.org.pk](http://www.nts.org.pk)**Please Send Application Forms to:****National Testing Service****NUMS (Project)****1-E, Street No. 46, Sector I-8/2,  
Islamabad.**



**ENTRY TEST DEPOSIT SLIP**  
National University of Medical Sciences (NUMS)

(Bank Copy)

B

|                |  |
|----------------|--|
| CNIC No:       |  |
| Name:          |  |
| Father Name:   |  |
| Account Title: | <b>NUMS Fee Account</b>                    |
| Account No:    | <b>12367980549003</b>                      |
| Bank Name:     | <b>HBL Kashmir Road Branch, Rawalpindi</b> |

| Description     | Amount (Rs.)                |
|-----------------|-----------------------------|
| Entry Test Fee: | <b>1500/-</b>               |
| Net Payable:    | <b>1500/-</b>               |
| In Words:       | <b>Fifteen Hundred Only</b> |

**Payment Information:**

1. All students are required to provide deposit slip to Account Office in case of cash deposit or online deposit
2. For any query, please contact: 051-9270686

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Cashier

\_\_\_\_\_  
Officer



**ENTRY TEST DEPOSIT SLIP**  
National University of Medical Sciences (NUMS)

(Student Copy)

B

|                |  |
|----------------|--|
| CNIC No:       |  |
| Name:          |  |
| Father Name:   |  |
| Account Title: | <b>NUMS Fee Account</b>                    |
| Account No:    | <b>12367980549003</b>                      |
| Bank Name:     | <b>HBL Kashmir Road Branch, Rawalpindi</b> |

| Description     | Amount (Rs.)                |
|-----------------|-----------------------------|
| Entry Test Fee: | <b>1500/-</b>               |
| Net Payable:    | <b>1500/-</b>               |
| In Words:       | <b>Fifteen Hundred Only</b> |

**Payment Information:**

1. All students are required to provide deposit slip to Account Office in case of cash deposit or online deposit
2. For any query, please contact: 051-9270686

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Cashier

\_\_\_\_\_  
Officer



**ENTRY TEST DEPOSIT SLIP**  
National University of Medical Sciences (NUMS)

(NUMS Copy)

B

|                |  |
|----------------|--|
| CNIC No:       |  |
| Name:          |  |
| Father Name:   |  |
| Account Title: | <b>NUMS Fee Account</b>                    |
| Account No:    | <b>12367980549003</b>                      |
| Bank Name:     | <b>HBL Kashmir Road Branch, Rawalpindi</b> |

| Description     | Amount (Rs.)                |
|-----------------|-----------------------------|
| Entry Test Fee: | <b>1500/-</b>               |
| Net Payable:    | <b>1500/-</b>               |
| In Words:       | <b>Fifteen Hundred Only</b> |

**Payment Information:**

1. All students are required to provide deposit slip to Account Office in case of cash deposit or online deposit
2. For any query, please contact: 051-9270686

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Cashier

\_\_\_\_\_  
Officer