

**REGISTRATION FORM**Reg. No. \_\_\_\_\_  
To be Filled by NTS**Director of Nursing  
Sindh Karachi****Admission Session 2016**  
Institutes for Male / Female Candidate

**Picture 1**  
Paste your recent passport size color photograph **with gum**  
تصویر لازماً منسلک کریں بصورت دیگر فارم عمل میں نہیں لایا جائیگا۔

**01. Bank Online Deposit of Rs: 700/- from Designated Bank Branches.**

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

**\*Note: Application Form will not be entertained without Original Deposit Slip (NTS Copy)**

**02. Desired Institute** Fill Only One Box for Desired Institute **(Mandatory)****Institutes for Male Candidates**

|   |   |
|---|---|
| 01. <input type="checkbox"/> Male School of Nursing Sindh Government Hospital Korangi No.5 Karachi  | 04. <input type="checkbox"/> School of Nursing Sir C.J. Institute of Psychiatry Hyderabad |
| 02. <input type="checkbox"/> Male School of Nursing Sindh Government Hospital Liaquatabad Karachi   | 05. <input type="checkbox"/> Male School of Nursing Larkana                               |
| 03. <input type="checkbox"/> Male School of Nursing Sindh Government Lyari General Hospital Karachi | 06. <input type="checkbox"/> School of Nursing Jacobabad                                  |

**Institutes for Female Candidates**

|   |   |
|---|---|
| 01. <input type="checkbox"/> School of Nursing, Civil Hospital, Karachi                               | 08. <input type="checkbox"/> School of Nursing, Civil Hospital, Sanghar   |
| 02. <input type="checkbox"/> Ayaz Samoon Nursing Institute Lyari, Karachi                             | 09. <input type="checkbox"/> School of Nursing, Peoples Medical College Hospital, Nawabshah (Shaheed Benazirabad) |
| 03. <input type="checkbox"/> School of Nursing, Sindh Government Qatar Hospital, Orangi Town, Karachi | 10. <input type="checkbox"/> School of Nursing, Civil Hospital, Khairpur  |
| 04. <input type="checkbox"/> School of Nursing, Civil Hospital, Thatta                                | 11. <input type="checkbox"/> School of Nursing, Civil Hospital, Sukkur  |
| 05. <input type="checkbox"/> School of Nursing, Civil Hospital, Badin                                 | 12. <input type="checkbox"/> School of Nursing, Civil Hospital, Shikarpur   |
| 06. <input type="checkbox"/> School of Nursing, Liaquat University Hospital Hyderabad                 | 13. <input type="checkbox"/> School of Nursing, Chanka Medical College Hospital, Larkana                          |
| 07. <input type="checkbox"/> School of Nursing, Civil Hospital, Mirpurkhas                            |   |

**03. 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"/> Larkana |
| 05. <input type="checkbox"/> Mirpurkhas | 06. <input type="checkbox"/> Nawabshah |                                     |                                      |

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

Mark your District of Domicile according to the list given for Desired Institute .

|   |   |  |   |
|---|---|--|---|
| 01. <input type="checkbox"/> Badin      | 02. <input type="checkbox"/> Dadu             | 03. <input type="checkbox"/> Ghotki              | 04. <input type="checkbox"/> Hyderabad                |
| 05. <input type="checkbox"/> Jacobabad  | 06. <input type="checkbox"/> Jamshoro         | 07. <input type="checkbox"/> Kambar & Shahdadkot | 08. <input type="checkbox"/> Karachi                  |
| 09. <input type="checkbox"/> Kashmore   | 10. <input type="checkbox"/> Khairpur         | 11. <input type="checkbox"/> Larkana             | 12. <input type="checkbox"/> Matiari                  |
| 13. <input type="checkbox"/> Mirpurkhas | 14. <input type="checkbox"/> Naushahro Firoze | 15. <input type="checkbox"/> Sanghar             | 16. <input type="checkbox"/> Shaheed Benazirabad      |
| 17. <input type="checkbox"/> Shikarpur  | 18. <input type="checkbox"/> Sukkur           | 19. <input type="checkbox"/> Tando Allahyar      | 20. <input type="checkbox"/> Tando Muhammad Khan      |
| 21. <input type="checkbox"/> Tharparkar | 22. <input type="checkbox"/> Thatta           | 23. <input type="checkbox"/> Umerkot             | 24. <input type="checkbox"/> Matli (Only for Females) |
| 25. <input type="checkbox"/> Punjab     | 26. <input type="checkbox"/> Balochistan      | 27. <input type="checkbox"/> Khyber Pakhtunkhwa  | 28. <input type="checkbox"/> Gilgit Baltistan         |
| 29. <input type="checkbox"/> AJK        |   |  |   |

**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  
D D - M M - 1 9 Y Y  
  -   - 1 9

**10. Postal Address:** \_\_\_\_\_  
All correspondence will be made on this address though courier service or ordinary postal service.  
\_\_\_\_\_ **City:** \_\_\_\_\_ **District:** \_\_\_\_\_

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

**12. Religion:**  Muslim  Non Muslim  
If Non Muslim, Please Specify: \_\_\_\_\_

**13. Desired Plan (Male):** Fill Only One Box **(Mandatory)**

Mark only 1 plan. In case of multiple selection candidate will not be considered for any of the Plans.

|   |   |   |
|---|---|---|
| 01. <input type="checkbox"/> Stipendary | 02. <input type="checkbox"/> Self Finance | 03. <input type="checkbox"/> In Service |
|---|---|---|

Note: In service candidates Will provide their departmental permission letter.

**14. Academic Information:** (Please 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 Name  | Degree Title | Specialization / Major Subject | Year Passing | Obtained Marks / CGPA | Total Marks / CGPA |
|--|--------------|--------------------------------|--------------|-----------------------|--------------------|
| <b>Matric</b> with Science<br>(Chem, Phy, Bio)<br>Min 55 % marks |              |                                |              |                       |                    |
| <b>F.Sc</b> Pre Medical<br>Min 50 % marks                        |              |                                |              |                       |                    |

## 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 canceled at any stage (even after admission, 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  
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 admission.
- Attach your Two recent Passport Size Photograph, Attested copy of CNIC, Academic Certificates (Copy) and Original Bank Deposit Slip (NTS Copy)
- Mobile Phones are not allowed in Test Center premises.
- Last date for submission of application form is **Monday 29<sup>th</sup> August, 2016.**
- Applications received on or after **Tuesday 30<sup>th</sup> August, 2016** 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:

**Director of Nursing (Project)**  
National Testing Service  
1-E, Street No. 46, Sector I-8/2, Islamabad.



# National Testing Service-Pakistan

Building Standards in Educational and Professional Testing

**NTS COPY**

**Director of Nursing Sindh Karachi**

Branch Code: \_\_\_\_\_ Date: \_\_\_\_\_

Branch Name: \_\_\_\_\_

## ONLINE DEPOSIT SLIP

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

|   |                          |   |                          |
|---|--------------------------|---|--------------------------|
| <b>Allied Bank Limited</b><br><small>(Formerly Allied Bank of Pakistan Limited)</small> | <input type="checkbox"/> | <b>Muslim Commercial Bank</b>                                 | <input type="checkbox"/> |
| Remote Branch: <i>I-8 Markaz Branch Islamabad (0140947)</i>                             |                          | Remote Branch: <i>I-8 Markaz Branch, Islamabad (1501)</i>     |                          |
| A/C Title: <i>NTS-Pakistan-Collection</i> A/C No. <i>0010008325640018</i>               |                          | A/C Title: <i>NTS-Pakistan</i> A/C No. <i>647943831003775</i> |                          |
| Note: Bank Service Charges <b>Free of Cost</b>  |                          | Note: Bank Service Charges <b>Free of Cost</b>                |                          |

|   |                          |  |                          |
|---|--------------------------|--|--------------------------|
| <b>UBL UNITED BANK LTD</b>                                    | <input type="checkbox"/> | <b>HABIB BANK LTD</b><br><small>THE POWER TO LEAD</small>    | <input type="checkbox"/> |
| Remote Branch: <i>Cantt Br Kashmir Road Rawalpindi (0041)</i> |                          | Remote Branch: <i>H9 Shalimar Recording Co ISB (1742)</i>    |                          |
| A/C Title: <i>NTS-Pakistan</i> A/C No. <i>217767828</i>       |                          | A/C Title: <i>NTS-Pakistan</i> A/C No. <i>17427900464503</i> |                          |
| Note: Bank Service Charges <b>Free of Cost</b>                |                          | Note: Bank Service Charges <b>Free of Cost</b>               |                          |

**\*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)

|                            |
|----------------------------|
| <b>Applicant's Name:</b>   |
| <b>Father Name:</b>        |
| <b>CNIC No/ B Form No:</b> |
| <b>Discipline:</b>         |

|                         |   |
|-------------------------|---|
| Amount Rs: <b>700/-</b> | Amount in word: Rs. <b>Seven Hundred Rupees Only.</b> |
|                         | <b>Non Refundable/ Non Transferable</b>               |

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

\_\_\_\_\_  
Cashier

\_\_\_\_\_  
Officer



# National Testing Service-Pakistan

Building Standards in Educational and Professional Testing

**STUDENT COPY**

**Director of Nursing Sindh Karachi**

Branch Code: \_\_\_\_\_ Date: \_\_\_\_\_

Branch Name: \_\_\_\_\_

|   |                          |   |                          |
|---|--------------------------|---|--------------------------|
| <b>Allied Bank Limited</b><br><small>(Formerly Allied Bank of Pakistan Limited)</small> | <input type="checkbox"/> | <b>Muslim Commercial Bank</b>                                 | <input type="checkbox"/> |
| Remote Branch: <i>I-8 Markaz Branch Islamabad (0140947)</i>                             |                          | Remote Branch: <i>I-8 Markaz Branch, Islamabad (1501)</i>     |                          |
| A/C Title: <i>NTS-Pakistan-Collection</i> A/C No. <i>0010008325640018</i>               |                          | A/C Title: <i>NTS-Pakistan</i> A/C No. <i>647943831003775</i> |                          |
| Note: Bank Service Charges <b>Free of Cost</b>  |                          | Note: Bank Service Charges <b>Free of Cost</b>                |                          |

|   |                          |  |                          |
|---|--------------------------|--|--------------------------|
| <b>UBL UNITED BANK LTD</b>                                    | <input type="checkbox"/> | <b>HABIB BANK LTD</b><br><small>THE POWER TO LEAD</small>    | <input type="checkbox"/> |
| Remote Branch: <i>Cantt Br Kashmir Road Rawalpindi (0041)</i> |                          | Remote Branch: <i>H9 Shalimar Recording Co ISB (1742)</i>    |                          |
| A/C Title: <i>NTS-Pakistan</i> A/C No. <i>217767828</i>       |                          | A/C Title: <i>NTS-Pakistan</i> A/C No. <i>17427900464503</i> |                          |
| Note: Bank Service Charges <b>Free of Cost</b>                |                          | Note: Bank Service Charges <b>Free of Cost</b>               |                          |

**\*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.

|                            |
|----------------------------|
| <b>Applicant's Name:</b>   |
| <b>Father Name:</b>        |
| <b>CNIC No/ B Form No:</b> |
| <b>Discipline:</b>         |

|                         |   |
|-------------------------|---|
| Amount Rs: <b>700/-</b> | Amount in word: Rs. <b>Seven Hundred Rupees Only.</b> |
|                         | <b>Non Refundable/ Non Transferable</b>               |

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

\_\_\_\_\_  
Cashier

\_\_\_\_\_  
Officer



# National Testing Service-Pakistan

Building Standards in Educational and Professional Testing

**BANK COPY**

**Director of Nursing Sindh Karachi**

Branch Code: \_\_\_\_\_ Date: \_\_\_\_\_

Branch Name: \_\_\_\_\_

|   |                          |   |                          |
|---|--------------------------|---|--------------------------|
| <b>Allied Bank Limited</b><br><small>(Formerly Allied Bank of Pakistan Limited)</small> | <input type="checkbox"/> | <b>Muslim Commercial Bank</b>                                 | <input type="checkbox"/> |
| Remote Branch: <i>I-8 Markaz Branch Islamabad (0140947)</i>                             |                          | Remote Branch: <i>I-8 Markaz Branch, Islamabad (1501)</i>     |                          |
| A/C Title: <i>NTS-Pakistan-Collection</i> A/C No. <i>0010008325640018</i>               |                          | A/C Title: <i>NTS-Pakistan</i> A/C No. <i>647943831003775</i> |                          |
| Note: Bank Service Charges <b>Free of Cost</b>  |                          | Note: Bank Service Charges <b>Free of Cost</b>                |                          |

|   |                          |  |                          |
|---|--------------------------|--|--------------------------|
| <b>UBL UNITED BANK LTD</b>                                    | <input type="checkbox"/> | <b>HABIB BANK LTD</b><br><small>THE POWER TO LEAD</small>    | <input type="checkbox"/> |
| Remote Branch: <i>Cantt Br Kashmir Road Rawalpindi (0041)</i> |                          | Remote Branch: <i>H9 Shalimar Recording Co ISB (1742)</i>    |                          |
| A/C Title: <i>NTS-Pakistan</i> A/C No. <i>217767828</i>       |                          | A/C Title: <i>NTS-Pakistan</i> A/C No. <i>17427900464503</i> |                          |
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| <b>Applicant's Name:</b>   |
| <b>Father Name:</b>        |
| <b>CNIC No/ B Form No:</b> |
| <b>Discipline:</b>         |

|                         |   |
|-------------------------|---|
| Amount Rs: <b>700/-</b> | Amount in word: Rs. <b>Seven Hundred Rupees Only.</b> |
|                         | <b>Non Refundable/ Non Transferable</b>               |

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

\_\_\_\_\_  
Cashier

\_\_\_\_\_  
Officer