

**REGISTRATION FORM**Reg. No. \_\_\_\_\_  
To be Filled by NTS**Government of the Punjab  
PRIMARY & SECONDARY  
HEALTHCARE DEPARTMENT****Screening Test for the Post of  
Support Coordinator****Picture 1**Paste your recent  
passport size color  
photograph **with gum**تصویر لازماً منسلک کریں بصورت  
دیگر فارم عمل میں نہیں لایا جائیگا۔**Eligibility Criteria:**

A. Is your <b>Age</b> according to the desired Post at the date of <b>25-08-2016</b> ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Is your <b>Qualification</b> according to the required post?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. Are you Domiciled in <b>Punjab</b> ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If your reply is "Yes" to A, B &amp; 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:	<input type="text"/>																						
03. Father's Name:	<input type="text"/>																						
04. Candidate CNIC #:	<input type="text"/>																						
05. Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	06. 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"/>	1	9	<input type="text"/>	<input type="text"/>										
07. Postal Address:	<input type="text"/>																						
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							Mandatory									
09. Are you a Government Servant and applying through proper channel?											<input type="checkbox"/> Yes	<input type="checkbox"/> No											
										In case of Yes, please attach NOC													
10. Are you a Disabled Person?						<input type="checkbox"/> Yes	<input type="checkbox"/> No																
					If yes, please attach Disability Certificate																		
11. Religion:	<input type="checkbox"/> Muslim	<input type="checkbox"/> Non Muslim	If Non Muslim, Please Specify: _____																				

**12. Test City:****Lahore**

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

01. <input type="checkbox"/> Attock	02. <input type="checkbox"/> Bahawalnagar	03. <input type="checkbox"/> Bahawalpur	04. <input type="checkbox"/> Bhakkar
05. <input type="checkbox"/> Chakwal	06. <input type="checkbox"/> Chiniot	07. <input type="checkbox"/> Dera Ghazi Khan	08. <input type="checkbox"/> Faisalabad
09. <input type="checkbox"/> Gujranwala	10. <input type="checkbox"/> Gujrat	11. <input type="checkbox"/> Hafizabad	12. <input type="checkbox"/> Jhang
13. <input type="checkbox"/> Jhelum	14. <input type="checkbox"/> Kasur	15. <input type="checkbox"/> Khanewal	16. <input type="checkbox"/> Khushab
17. <input type="checkbox"/> Lahore	18. <input type="checkbox"/> Layyah	19. <input type="checkbox"/> Lodhran	20. <input type="checkbox"/> Mandi Bahauddin
21. <input type="checkbox"/> Mianwali	22. <input type="checkbox"/> Multan	23. <input type="checkbox"/> Muzaffargarh	24. <input type="checkbox"/> Nankana Sahib
25. <input type="checkbox"/> Narowal	26. <input type="checkbox"/> Okara	27. <input type="checkbox"/> Pakpattan	28. <input type="checkbox"/> Rahim Yar Khan
29. <input type="checkbox"/> Rajanpur	30. <input type="checkbox"/> Rawalpindi	31. <input type="checkbox"/> Sahiwal	32. <input type="checkbox"/> Sargodha
33. <input type="checkbox"/> Shekhupura	34. <input type="checkbox"/> Sialkot	35. <input type="checkbox"/> Toba Tek Singh	36. <input type="checkbox"/> Vehari

**14. 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 (12 Years)						
Bachelor (14 Years)						
Bachelor (Hons) / Master (16 Years)						
Diploma / Certificate						

**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 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, 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 25<sup>th</sup> August, 2016.**
- Applications received on or after **Friday 26<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](http://www.nts.org.pk)

### Please Send Application Forms to:

**Primary & Secondary  
Healthcare Department (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**

## Primary & Secondary Healthcare Department

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

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

Applicant's Name:
Father Name:
CNIC No/ B Form No:
Post Name:

Amount Rs: <b>500/-</b>	Amount in word: Rs. <b>Five 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**

## Primary & Secondary Healthcare Department

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

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

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

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**\*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.

Applicant's Name:
Father Name:
CNIC No/ B Form No:
Post Name:

Amount Rs: <b>500/-</b>	Amount in word: Rs. <b>Five Hundred Rupees Only</b>
<b>Non Refundable/ Non Transferable</b>	

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

\_\_\_\_\_  
Cashier

\_\_\_\_\_  
Officer