

**REGISTRATION FORM**Reg. No. _____
To be Filled by NTS**GOVERNMENT OF THE PUNJAB
PRIMARY & SECONDARY
HEALTHCARE DEPARTMENT
ALLIED HEALTH PROFESSIONAL****Screening Test for various Posts****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 06-03-2017 ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Is your Qualification 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)

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"/> Optometrist Scientist (BS-17)	02. <input type="checkbox"/> Medical Imaging Technologist (BS-17)	03. <input type="checkbox"/> Medical Laboratory Technologist (BS-17)
04. <input type="checkbox"/> Nutritionist (BS-17)	05. <input type="checkbox"/> Clinical Psychologist (BS-17)	06. <input type="checkbox"/> Speech Therapist (BS-17)
07. <input type="checkbox"/> Operation Theatre Technologist (BS-17)	08. <input type="checkbox"/> Dental Technologist (BS-17)	09. <input type="checkbox"/> Emergency Medical Technologist (BS-17)
10. <input type="checkbox"/> Renal / Urology Technologist (BS-17)	11. <input type="checkbox"/> Anesthesia Technologist (BS-17)	12. <input type="checkbox"/> Audiology Technologist (BS-17)
13. <input type="checkbox"/> Respiratory Therapist (BS-17)		

03. Station Applied For: Fill Only One Box **(Mandatory)****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"/> Sheikhupura	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	



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

04. Name in Full:

05. Father's Name:

06. Candidate CNIC #: - -
Write your own CNIC No. Or B Form No.

07. Gender: Male Female

08. Date of Birth: D D - M M - 1 9 Y Y
Write your Correct Date of Birth otherwise you will be rejected

09. Postal Address: _____
All correspondence will be made on this address though courier service or ordinary postal service.

_____ City: _____ District: _____

10. 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.

11. Are you a Government Servant and applying through proper channel?
If yes, please attach NOC Yes No

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

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

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. Islamabad / Rwp 02. Lahore 03. Multan 04. Faisalabad

15. 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"/> Sheikhupura	34. <input type="checkbox"/> Sialkot	35. <input type="checkbox"/> Toba Tek Singh	36. <input type="checkbox"/> Vehari

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						

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 **Monday 6th March, 2017.**
- Applications received on or after **Tuesday 7th March, 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 - AHP (Project)

1-E, Street No. 46, Sector I-8/2, Islamabad.

