

**APPLICATION FORM**

Reg. No. _____

To be Filled by NTS

PROVINCIAL HEALTH SERVICES ACADEMY (PHSA) PESHAWAR

ADMISSION IN PARAMEDICAL TECHNOLOGIES SESSION 2017-2019

Project ID: N-17-4297

Screening Test for admission to

Two Years Paramedical Diploma Course

Photograph 01
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۔

01. Bank Online Deposit of Rs: 600/- 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 Interview Station: Choose your desired interview station. (Mandatory)

01. <input type="checkbox"/> ZAB PGPI, Peshawar	02. <input type="checkbox"/> PIMT Abbottabad	03. <input type="checkbox"/> PIMT D.I. Khan	04. <input type="checkbox"/> PIMT Swat
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03. Desired Admission Seat and Category: Tick relevant box with relevant selection of candidate type. (Mandatory)

01. <input type="checkbox"/> KP Seats	i. <input type="checkbox"/> Fresh Candidate	ii. <input type="checkbox"/> In-Service Candidate
02. <input type="checkbox"/> FATA Seats	i. <input type="checkbox"/> Fresh Candidate	ii. <input type="checkbox"/> In-Service Candidate
03. <input type="checkbox"/> Disable Quota Seats	i. <input type="checkbox"/> For Fresh Candidates Only	
04. <input type="checkbox"/> Employee Children Seats (Health Dept.) (Fresh candidates only)	i. <input type="checkbox"/> Paramedics Children	ii. <input type="checkbox"/> Nurses Children
	iii. <input type="checkbox"/> Class-IV Employee Children of Health Dept.	iv. <input type="checkbox"/> PHSA Network Employee Children

04. Desired Priority of Institutes for Admission: Fill the box with available institutes as per your priority. (Mandatory)

Priority Number	Institute Name (Note: Candidate shall not mark an option twice and opt for a single institute for each priority.)			
First Priority	i. <input type="checkbox"/> ZAB PGPI, Peshawar	ii. <input type="checkbox"/> PIMT Abbottabad	iii. <input type="checkbox"/> PIMT D.I. Khan	iv. <input type="checkbox"/> PIMT Swat
Second Priority	i. <input type="checkbox"/> ZAB PGPI, Peshawar	ii. <input type="checkbox"/> PIMT Abbottabad	iii. <input type="checkbox"/> PIMT D.I. Khan	iv. <input type="checkbox"/> PIMT Swat
Third Priority	i. <input type="checkbox"/> ZAB PGPI, Peshawar	ii. <input type="checkbox"/> PIMT Abbottabad	iii. <input type="checkbox"/> PIMT D.I. Khan	iv. <input type="checkbox"/> PIMT Swat
Fourth Priority	i. <input type="checkbox"/> ZAB PGPI, Peshawar	ii. <input type="checkbox"/> PIMT Abbottabad	iii. <input type="checkbox"/> PIMT D.I. Khan	iv. <input type="checkbox"/> PIMT Swat

05. Desired Priority of Technologies for Admission: Fill the box with available technology as per your priority. (Mandatory)

Priority	Name of Technology	Priority	Name of Technology	Priority	Name of Technology
Priority 01		Priority 06		Priority 10	
Priority 02		Priority 07		Priority 11	
Priority 03		Priority 08		Priority 12	
Priority 04		Priority 09		Priority 13	
Priority 05					

Note: Write your Technologies from below given list.

Anesthesia	Cardiology	Dental	Dialysis	Gastroenterology
Health (PHC Multipurpose)	Physiotherapy	Ophthalmology	Pathology	Pharmacy
Pulmonology	Radiology	Surgical		

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

06. Name in Full:

07. Father's Name:

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

09. Gender: Male Female

10. Marital Status: Married Single

11. Date of Birth: - -
Write your Correct Date of Birth otherwise you will be rejected

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

13. 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.

14. Guardian Cell / Phone Number: _____

15. Are you currently Employed? Yes No
 If yes give the name of the Institution / Organization: _____

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

17. Religion: Muslim Non-Muslim

18. Are you a Hafiz-e-Quran? Yes No
If yes, please attach documentary evidence

19. Academic Information: Candidate having O-Level / A-Level write their marks after taking Equivalence Certificate from IBCC

Certificate / Degree Name	Degree Title	Specialization / Major Subject	Year Passing	Obtained Marks / CGPA	Total Marks / CGPA	Board / University / Institute
Matric (10 Years)	<input type="checkbox"/> Matric	i. <input type="checkbox"/> Biology				
	<input type="checkbox"/> O-Level	ii. <input type="checkbox"/> Other 1: _____ ii. <input type="checkbox"/> Other 2: _____				
Intermediate (12 Years)	<input type="checkbox"/> Pre-Medical	i. <input type="checkbox"/> Biology				
	<input type="checkbox"/> A-Level	ii. <input type="checkbox"/> Other 1: _____ ii. <input type="checkbox"/> Other 2: _____				
Certificate from KP Medical Faculty			Duration in Months			

20. What was your Medium of study at Matric? English Urdu

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

01. <input type="checkbox"/> Abbottabad	02. <input type="checkbox"/> Bannu	03. <input type="checkbox"/> Battagram	04. <input type="checkbox"/> Buner
05. <input type="checkbox"/> Charsadda	06. <input type="checkbox"/> Chitral	07. <input type="checkbox"/> Dera Ismail Khan	08. <input type="checkbox"/> Hangu
09. <input type="checkbox"/> Haripur	10. <input type="checkbox"/> Karak	11. <input type="checkbox"/> Kohat	12. <input type="checkbox"/> Kohistan
13. <input type="checkbox"/> Lakki Marwat	14. <input type="checkbox"/> Lower Dir	15. <input type="checkbox"/> Malakand	16. <input type="checkbox"/> Mansehra
17. <input type="checkbox"/> Mardan	18. <input type="checkbox"/> Nowshera	19. <input type="checkbox"/> Peshawar	20. <input type="checkbox"/> Shangla
21. <input type="checkbox"/> Swabi	22. <input type="checkbox"/> Swat	23. <input type="checkbox"/> Tank	24. <input type="checkbox"/> Tor Ghar
25. <input type="checkbox"/> Upper Dir	26. <input type="checkbox"/> Bajaur Agency	27. <input type="checkbox"/> Khyber Agency	28. <input type="checkbox"/> Kurram Agency
29. <input type="checkbox"/> Mohmand Agency	30. <input type="checkbox"/> North Waziristan Agency	31. <input type="checkbox"/> Orakzai Agency	32. <input type="checkbox"/> South Waziristan Agency
33. <input type="checkbox"/> FR Bannu	34. <input type="checkbox"/> FR Dera Ismail Khan	35. <input type="checkbox"/> FR Kohat	36. <input type="checkbox"/> FR Lakki Marwat
37. <input type="checkbox"/> FR Peshawar	38. <input type="checkbox"/> FR Tank		

22. 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. Peshawar

02. D.I. Khan

03. Abbottabad

04. Swat

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 accordingly. 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: _____ Signature of the Candidate _____ Thumb Impression: _____

Photograph 02

Affix your recent
passport size color
photograph not older than
6 Months having
blue background with Stapler

تصویر لازماً نسک 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, attested copies of CNIC, Academic Certificates, Hafiz-e-Quran Sanad from registered Deeni Madaris 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.
- Last date for submission of application form is **Thursday 28th September, 2017.**
- Applications received on or after **Friday 29th September, 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 (HQ)

PHSA (Project)

Plot 96, Street # 4 H-8/1, Islamabad.

Keep Visiting NTS Website For Updates



National Testing Service-Pakistan

Building Standards in Educational and Professional Testing

NTS COPY

PROVINCIAL HEALTH SERVICES ACADEMY PHSA PESHAWAR

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	<input type="checkbox"/>
A/C Title: NTS-Pakistan-Collection		A/C Title: NTS-Pakistan		
A/C No: 0010008325640018		A/C No: 0647943831005734		
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"/>	HBL <small>HABIB BANK</small>	<input type="checkbox"/>
A/C Title: National Testing Service-Pakistan		A/C Title: NTS Pakistan		
A/C No: 0101820001		A/C No: 00427991771403		
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:	N-17-4297
Applicant's Name:	
Father Name:	
CNIC No/ B Form No:	
Post Name:	

GST INVOICE

NTN #	2680612-6
GST #	3277876121192
NTS fee:	522/-
GST@ 15%:	78/-
Total:	600/-
Amount in word: Rs.	Six Hundred Rupees Only Non Refundable/ Non Transferable

Applicant Signature _____ Cashier _____ Officer _____



National Testing Service-Pakistan

Building Standards in Educational and Professional Testing

BANK COPY

PROVINCIAL HEALTH SERVICES ACADEMY PHSA PESHAWAR

Branch Code: _____ Date: _____

Branch Name: _____

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A/C Title: National Testing Service-Pakistan		A/C Title: NTS Pakistan		
A/C No: 0101820001		A/C No: 00427991771403		
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.

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National Testing Service-Pakistan

Building Standards in Educational and Professional Testing

CANDIDATE COPY

PROVINCIAL HEALTH SERVICES ACADEMY PHSA PESHAWAR

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	<input type="checkbox"/>	<input type="checkbox"/>	Meezan Bank <small>The Premier Islamic Bank</small>	<input type="checkbox"/>	HBL <small>HABIB BANK</small>	<input type="checkbox"/>
A/C Title: NTS-Pakistan-Collection		A/C Title: NTS-Pakistan		A/C Title: National Testing Service-Pakistan		A/C Title: NTS Pakistan			
A/C No: 0010008325640018		A/C No: 0647943831005734		A/C No: 0101820001		A/C No: 00427991771403			
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			

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