



# Syed Abdullah Shah Institute of Medical Sciences SASIMS - Sehwan Sharif

Project ID: S-19-3464

**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۔

**01. Bank Online Deposit of Rs: 550/- 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. This form will be considered valid only for the first selected post in the sequence.

01. <input type="checkbox"/> C.T. Scan Technician (BPS-09)	02. <input type="checkbox"/> MRI Technician (BPS-09)	03. <input type="checkbox"/> ETT Technician (BPS-09)
04. <input type="checkbox"/> Senior Blood Bank Technician (BPS-11)	05. <input type="checkbox"/> Senior Laboratory Technician (BPS-11)	06. <input type="checkbox"/> CSSD Technician (BPS-09)
07. <input type="checkbox"/> Computer Operator (BPS-12)	08. <input type="checkbox"/> Staff Nurse (BPS-16)	09. <input type="checkbox"/> ICU Technician (BPS-09)
10. <input type="checkbox"/> Neonatology Technician (BPS-09)	11. <input type="checkbox"/> Incinerator Operator (BPS-09)	12. <input type="checkbox"/> Anesthesia Technician (BPS-09)

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

03. Name in Full:	<input type="text"/>											
04. Father's Name:	<input type="text"/>											
05. Candidate CNIC #:	<input type="text"/> - <input type="text"/> - <input type="text"/>											
Write your own CNIC No. Or B Form No. <small>Write your own CNIC No. Or B Form No, otherwise form will not be entertained.</small>												
06. Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	07. Date of Birth:	D	D	M	M	Y	Y	Y	Y	
Write your Correct Date of Birth otherwise you will be rejected												
08. Postal Address:	<input type="text"/>											
All correspondence will be made on this address through courier service or ordinary postal service.												
City:						District:						
09. Phone No:	<input type="text"/>											
City Code - Phone No												
Mobile:	<input type="text"/>											
DO NOT give your portable mobile number (which is converted from one network to another) so that SMS delivery is ensured.												
10. Are you a Govt. Servant and applying through proper channel?	<input type="checkbox"/> Yes <input type="checkbox"/> No											
In case of Yes, please attach NOC												
11. Do you have valid registration with PMDC?	<input type="checkbox"/> Yes <input type="checkbox"/> No											
If Yes, please write your valid Registration Number: <input type="text"/>												
12. Do you possess BSN recognized by Pakistan Nursing Council?	<input type="checkbox"/> Yes <input type="checkbox"/> No											
If yes, please attach Certificate												

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

(Subject to a minimum of 200 candidates, otherwise the candidates will be assigned next nearest test city)

01. <input type="checkbox"/> Hyderabad	02. <input type="checkbox"/> Sehwan Sharif
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**14. District of Domicile:** Fill Only One Box **(Mandatory)**

01. <input type="checkbox"/> Badin	02. <input type="checkbox"/> Kambar & Shahdadkot	03. <input type="checkbox"/> Sujawal	04. <input type="checkbox"/> Sukkur
05. <input type="checkbox"/> Dadu	06. <input type="checkbox"/> Karachi	07. <input type="checkbox"/> Mirpurkhas	08. <input type="checkbox"/> Tando Allahyar
09. <input type="checkbox"/> Ghotki	10. <input type="checkbox"/> Kashmore	11. <input type="checkbox"/> Naushahro Firoze	12. <input type="checkbox"/> Tando M. Khan
13. <input type="checkbox"/> Hyderabad	14. <input type="checkbox"/> Khairpur	15. <input type="checkbox"/> Sanghar	16. <input type="checkbox"/> Tharparkar
17. <input type="checkbox"/> Jacobabad	18. <input type="checkbox"/> Larkana	19. <input type="checkbox"/> Shaheed Benazirabad	20. <input type="checkbox"/> Thatta
21. <input type="checkbox"/> Jamshoro	22. <input type="checkbox"/> Matiari	23. <input type="checkbox"/> Shikarpur	24. <input type="checkbox"/> Umerkot

**15. 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 mentioned in certificate / transcript.  
 4. Result awaited candidates are not eligible to apply.

Certificate / Degree Level	Degree / Sanad Title	Specialization / Major Subject	Year Passing	Obtained Marks	Total Marks	Board / University / Institute
<b>Matric / Equivalent</b> (10 Years)	<input type="checkbox"/> Matric <input type="checkbox"/> O-Level	<input type="checkbox"/> Science <input type="checkbox"/> Arts				
<b>Intermediate / D.A.E</b> (12 / 13 Years)	<input type="checkbox"/> F.A <input type="checkbox"/> F.Sc <input type="checkbox"/> Other: _____					
<b>Bachelor</b> (14 Years)	<input type="checkbox"/> B.A <input type="checkbox"/> B.Sc <input type="checkbox"/> Other: _____					
<b>Bachelor (Hons) / Masters</b> (16 Years)	<input type="checkbox"/> M.A <input type="checkbox"/> M.Sc <input type="checkbox"/> Other: _____					
<b>Diploma / Course / Certificate</b>	<input type="checkbox"/> Diploma <input type="checkbox"/> Course <input type="checkbox"/> Certificate	<input type="checkbox"/> CT Scan Tech. <input type="checkbox"/> MRI Tech. <input type="checkbox"/> ETT Tech. <input type="checkbox"/> Blood Bank Tech. <input type="checkbox"/> Laboratory Tech. <input type="checkbox"/> SSD Tech. <input type="checkbox"/> I.T <input type="checkbox"/> ICU Tech. <input type="checkbox"/> Neonatology Tech. <input type="checkbox"/> Incinerator Operator <input type="checkbox"/> Anesthesia Tech. <input type="checkbox"/> Other: _____				

**16. Employment Record:** (Please attach copies of your experience certificates)

Sr #	Organization / Employer Name	Job Title	Job Duration Write only Month & Year	
			From	To
01				
02				
03				

17. Total Job Experience as on closing date of application:     Years    -     Months

## 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

Paste 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.
- 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, Attested copies of CNIC, Academic Certificates, Domicile Certificate, Hope Certificate in case of result awaiting 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 **Monday 21<sup>st</sup> January, 2019.**
- 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)

Keep Visiting NTS Website

### Please Send Application Forms to:

**NATIONAL TESTING SERVICE (HQ)**

SASIMS (PROJECT)

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



## National Testing Service-Pakistan

Building Standards in Educational and Professional Testing

**NTS COPY**

**Syed Abdullah Shah Institute of Medical Sciences - SASIMS**

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

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

### ONLINE DEPOSIT SLIP

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

<b>Allied Bank Limited</b> Formerly Allied Bank of Pakistan Limited	<input type="checkbox"/>	<b>Muslim Commercial Bank</b>	<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	
<b>Meezan Bank</b> The Premier Bank Bank	<input type="checkbox"/>	<b>HBL</b> HABIB BANK	<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)

**Last date for fee submission: Monday 21<sup>st</sup> Jan, 2019**

بینکر حضرات چالان پردی گئی آخری تاریخ کے بعد فیس وصول نہ کریں۔

Project ID:	<b>S-19-3464</b>	
Applicant's Name:		
Father Name:		
CNIC No/ B Form No:		
Post Name:		
<b>GST INVOICE</b>		
NTN #	<b>2680612-6</b>	
GST #	<b>3277876121192</b>	
NTS fee: 487/-	Amount in word: Rs. <b>Five Hundred &amp; Fifty Rupees Only</b> Non Refundable/ Non Transferable	
GST@ 13%: 63/-		
Total: 550/-		
Applicant Signature	Cashier	Officer



## National Testing Service-Pakistan

Building Standards in Educational and Professional Testing

**BANK COPY**

**Syed Abdullah Shah Institute of Medical Sciences - SASIMS**

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

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

### ONLINE DEPOSIT SLIP

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

<b>Allied Bank Limited</b> Formerly Allied Bank of Pakistan Limited	<input type="checkbox"/>	<b>Muslim Commercial Bank</b>	<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	
<b>Meezan Bank</b> The Premier Bank Bank	<input type="checkbox"/>	<b>HBL</b> HABIB BANK	<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:

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.

**Last date for fee submission: Monday 21<sup>st</sup> Jan, 2019**

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Total: 550/-		
Applicant Signature	Cashier	Officer



## National Testing Service-Pakistan

Building Standards in Educational and Professional Testing

**CANDIDATE COPY**

**Syed Abdullah Shah Institute of Medical Sciences - SASIMS**

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

### ONLINE DEPOSIT SLIP

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

<b>Allied Bank Limited</b> Formerly Allied Bank of Pakistan Limited	<input type="checkbox"/>	<b>Muslim Commercial Bank</b>	<input type="checkbox"/>	<b>Meezan Bank</b> The Premier Bank Bank	<input type="checkbox"/>	<b>HBL</b> HABIB BANK	<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	
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