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Registration No. _____

To be filled by NTS

**Primary & Secondary Healthcare Department
Government of the Punjab
(Career Opportunities)**



Note : Fill your own registration form and send it to NTS, if you copy the registration form of any other candidate, both registration form will be rejected.

Application Form No: PSHCD-209749

1. Desired Test City: LAHORE
2. Desired Post: IT OFFICER
3. District Applied : Chiniot, Hafizabad, Jhang, Sargodha, Toba Tek Singh,
4. Personal Information

Name : ARSLAN HAIDERFather's Name : PERVEZ ABBASC.N.I.C No. : 33202-2474179-5Gender : MALEDate of Birth : 01/09/1991
*dd/mm/yyyy*Email : ARSLANHAIDER01@GMAIL.COMReligion : MUSLIMDistrict of Domicile : JHANGPostal City : JHANGPostal Address : SARVER STREET, REHMAN COLONEY GOJRA ROAD JHANG SADARPhone No. (Mobile) : 3137190401Phone No. (Res) : 03335925956Phone No. (Office) : —

5. Academic Information (Please attach your academic documents with hard copy of application form)**Note:**

1. NTS will not issue Roll No Slips to those who have not given their academic record accordingly.
2. Candidate should convert their grade/marks into percentage.
3. Write exact degree name & major subject mentioned in certificate/ transcript.

Certificate / Degree Name	Degree Name	Major Subjects	Year Passing	Total Marks/CGPA	Obtained Marks/CGPA	University / Board
SSC/O-Level (10 Years)	MATRIC	SCIENCE	2006	1050	814	FAISALABAD BOARD
HSSC/A-Level (12 Years)	F.SC	PRE-ENGINEERING	2008	1100	715	FAISALABAD BOARD
Bachelor (14 Years)				0	0	
Bachelor/Master (16 Years)	BS(SE)	QUALITY ASSURANCE	2012	4	2.59	UNIVERSITY OF SARGODHA
MS/M.Phil (18 Years)				0	0	

Certificate / Degree Name	Degree Name	Year Passing	Institute Name
Other Certificate / Degree			

6. Experience (Please attach your attested documents with hard copy of application form)

Designation	Name of Organization	From	To
WEB DEVELOPER	B-WISE PVT LTD.	29/09/2012	31/03/2017

Total Experience: 4 Years 6 Months**Undertaking By The Applicant:**

I _____ d/s/w of _____ do hereby solemnly affirm that I have read and understood the conditions for appearing in the NTS Test and that I have filled the form as per instructions given above and in the event any information contained herein is found to be untrue, I shall be liable to disciplinary action which may result in cancellation of my test.

Date: _____ Signature of the Candidate: _____

Affix your recent passport size color photograph with Stapler

Provide 2 recent photograph, to be pasted in photograph column

Please attach following documents (duly attested):

(i) CNIC (ii) Two recent passport size photographs (iii) Educational Documents

By hand submission of application form is not allowed.

Mobile phones are not allowed in Test Center premises.

Help line:

+92-51-844-444-1

Website. www.nts.org.pk

Send Application Forms:

(Primary & Secondary GOP Project)

NTS Headquarter,

96, Street No.4, Sector H-8/1, Islamabad



NTS COPY

Deposit Id : **PSHCD-209749** Deposit Date : _____

Branch Name : _____ Bank Code : _____

<p>Allied Bank Limited <small>(Formerly Allied Bank of Pakistan Limited)</small></p> <p>A/C Title: NTS-Pakistan-Collection</p> <p>A/C No: 0010008325640018</p> <p>Note: Bank Service Charges Free of Cost</p>	<p>Muslim Commercial Bank</p> <p>A/C Title: NTS-Pakistan</p> <p>A/C No: 0647943831005734</p> <p>Note: Bank Service Charges Free of Cost</p>
<p>Meezan Bank <small>The Premier Islamic Bank</small></p> <p>Remote Branch: National Testing Service-Pakistan</p> <p>A/C No: 0101820001</p> <p>Note: Bank Service Charges Free of Cost</p>	<p>HABIB BANK LTD <small>THE POWER TO LEAD</small></p> <p>A/C Title: NTS-Pakistan</p> <p>A/C No: 17427900464503</p> <p>Note: Bank Service Charges Free of Cost</p>

*** 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 : ARSLAN HAIDER		
Father's		
Name : PERVEZ ABBAS		
CNIC No. /		
B. Form No. : 33202-2474179-5		
Test Fee: Rs. 431 + (16% GST) 69 = 500		
Additional District Applied = 4 X 100 = 400		
Amount Rs:	900/-	Amount in Words: Rs. Nine Hundred Rupees Only
Non Refundable / Non Transferable		

Applicant Signature _____ Cashier _____ Officer _____



BANK COPY

Deposit Id : **PSHCD-209749** Deposit Date : _____

Branch Name : _____ Bank Code : _____

<p>Allied Bank Limited <small>(Formerly Allied Bank of Pakistan Limited)</small></p> <p>A/C Title: NTS-Pakistan-Collection</p> <p>A/C No: 0010008325640018</p> <p>Note: Bank Service Charges Free of Cost</p>	<p>Muslim Commercial Bank</p> <p>A/C Title: NTS-Pakistan</p> <p>A/C No: 0647943831005734</p> <p>Note: Bank Service Charges Free of Cost</p>
<p>Meezan Bank <small>The Premier Islamic Bank</small></p> <p>Remote Branch: National Testing Service-Pakistan</p> <p>A/C No: 0101820001</p> <p>Note: Bank Service Charges Free of Cost</p>	<p>HABIB BANK LTD <small>THE POWER TO LEAD</small></p> <p>A/C Title: NTS-Pakistan</p> <p>A/C No: 17427900464503</p> <p>Note: Bank Service Charges Free of Cost</p>

*** Note for Bank Staff:**
Please enter Deposit Id for reconciliation at NTS end.

Applicant's		
Name : ARSLAN HAIDER		
Father's		
Name : PERVEZ ABBAS		
CNIC No. /		
B. Form No. : 33202-2474179-5		
Test Fee: Rs. 431 + (16% GST) 69 = 500		
Additional District Applied = 4 X 100 = 400		
Amount Rs:	900/-	Amount in Words: Rs. Nine Hundred Rupees Only
Non Refundable / Non Transferable		

Applicant Signature _____ Cashier _____ Officer _____