



# MEDICAL TEACHING INSTITUTION AYUB TEACHING HOSPITAL ABBOTTABAD

Screening Test for

Clinical Psychologist

Project ID: N-19-4457

**Picture 1**

Paste your recent  
passport size color  
photograph (with open face)  
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 <b>Age</b> according to the prescribed age limit for the desired Post as on <b>12-02-2019</b> ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Do you have relevant / prescribed <b>Qualification</b> as Advertised?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. Are you <b>Domiciled</b> in Khyber Pakhtunkhwa including New Merged Tribal Districts?	<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.

Bank Online Deposit of **Rs: 460/-** from Designated Bank Branches.

Bank Code	
Deposit Date	

\*Note: Application Form will not be entertained without Original Deposit Slip (NTS Copy)

Exemption of fee for **Disabled Person** only

Are you a Disabled Person?  Yes  No

معذور حضرات پر فیس لاگو نہیں ہوگی۔ براہ کرم نادرا کا جاری کردہ مخصوص قومی شناختی کارڈ بطور ثبوت لف کریں۔ قومی شناختی کارڈ نہ ہونے کی صورت میں حکومت کے منظور شدہ ادارے سے جاری کردہ Disability Certificate لف کریں۔ بصورت دیگر درخواست فارم عمل میں نہیں لایا جائیگا۔

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

01. Name in Full:																													
02. Father's Name:																													
03. Candidate CNIC #:											-											-							
Write your own CNIC No. Or B Form No.																													
04. Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	05. Date of Birth:	D	D	-	M	M	-	Y	Y	Y	Y	Write your Correct Date of Birth otherwise you will be rejected															
06. Postal Address:														All correspondence will be made on this address through courier service or ordinary postal service.															
City:										District:																			
07. 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.									
08. Are you a Govt Employee and applying through proper channel?														<input type="checkbox"/> Yes						<input type="checkbox"/> No									
In case of Yes, please attach NOC																													
09. Are you a Disabled Person?														<input type="checkbox"/> Yes						<input type="checkbox"/> No									
If yes, please attach Disability Certificate																				If yes, state nature of your disability:									
10. Religion:														<input type="checkbox"/> Muslim						<input type="checkbox"/> Non Muslim									
																				If Non Muslim, Please Specify:									

11. Test City:

Abbottabad

## 12. Academic Information: (Please attach attested 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 mention in certificate / transcript.  
 4. Result awaiting candidates are not eligible.

Certificate / Degree Level	Degree / Sanad Title	Specialization / Major Subject	Year Passing	Obtained Marks / CGPA	Total Marks / CGPA	Board / University / Institute
<b>Matric / Equivalent</b> (10 Years)	<input type="checkbox"/> Matric <input type="checkbox"/> O' Level <input type="checkbox"/> Other: _____	<input type="checkbox"/> Science <input type="checkbox"/> Arts <input type="checkbox"/> Other: _____				
<b>Intermediate</b> (12 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) / Master</b> (16 Years)	<input type="checkbox"/> M.A <input type="checkbox"/> M.Sc <input type="checkbox"/> BS (Hons) <input type="checkbox"/> Other: _____	<input type="checkbox"/> Psychology <input type="checkbox"/> Clinical Psychology <input type="checkbox"/> Other: _____				
<b>MS / M.Phil</b> (18 Years)	<input type="checkbox"/> MS <input type="checkbox"/> M.Phil <input type="checkbox"/> Other: _____					

13. Do you possess post degree Diploma in Clinical Psychology from recognized institution?

Yes       No

14. Do you possess six months experience in Drug Abuse Centre or Psychiatry unit recognized medical institution?

Yes       No

## 15. Relevant Employment Record: (Please attach attested copies of your experience certificates.)

Sr #	Organization / Employer Name (Please write the most recent first)	Job Title	Job Duration Write only Month & Year	
			From	To
01				
02				
03				

16. Total Relevant Job Experience as on closing date of applications:  Years -  Months

## 17. District of Domicile: Fill Only One Box (Mandatory) (Please attach attested copies of your Domicile certificates.)

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"/> Newly Merged Tribal Districts		

## 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 or false, 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 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 employment, and also proceeding of a legal action.
- Attach your Two recent Passport Size Photographs, Attested copies of CNIC, Domicile Certificate, Relevant Academic / Experience / Domicile Certificates 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 **Tuesday, 12<sup>th</sup> February, 2019.**

## 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)**

Ayub Teaching Hospital -

Clinical Psychologist (PROJECT)

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



## National Testing Service-Pakistan

Building Standards in Educational and Professional Testing

**NTS COPY**

**AYUB TEACHING HOSPITAL, ABBOTTABAD  
CLINICAL PSYCHOLOGIST**

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	<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: Tuesday 12<sup>th</sup> Feb, 2019**

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

Project ID:	<b>N-19-4457</b>
Applicant's Name:	
Father Name:	
CNIC No/ B Form No:	
Post Name:	

### GST INVOICE

NTN #	<b>2680612-6</b>
GST #	<b>3277876121192</b>
NTS fee: 400/-	Amount in word: Rs. <b>Four Hundred &amp; Sixty Rupees Only</b> Non Refundable/ Non Transferable
GST@ 15%: 60/-	
Total: 460/-	

Applicant Signature \_\_\_\_\_ Cashier \_\_\_\_\_ Officer \_\_\_\_\_



## National Testing Service-Pakistan

Building Standards in Educational and Professional Testing

**BANK COPY**

**AYUB TEACHING HOSPITAL, ABBOTTABAD  
CLINICAL PSYCHOLOGIST**

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	<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 be accepted without Candidate CNIC/ B Form No.

**Last date for fee submission: Tuesday 12<sup>th</sup> Feb, 2019**

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

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GST@ 15%: 60/-	
Total: 460/-	

Applicant Signature \_\_\_\_\_ Cashier \_\_\_\_\_ Officer \_\_\_\_\_



## National Testing Service-Pakistan

Building Standards in Educational and Professional Testing

**CANDIDATE COPY**

**AYUB TEACHING HOSPITAL, ABBOTTABAD - CLINICAL PSYCHOLOGIST**

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	<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	
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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Project ID:	<b>N-19-4457</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>
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GST@ 15%: 60/-	
Total: 460/-	

Applicant Signature \_\_\_\_\_ Cashier \_\_\_\_\_ Officer \_\_\_\_\_