**Exemption of fee for Disabled Person only** 



# DISTRICT HEALTH OFFICER JAMSHORO

Project ID: S-19-3466

01. Bank Online Deposit of Rs: 550/- from Designated Bank Branches.

Screening test for various posts

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D.		ro	- 1
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Paste your recent passport size color photograph not older than 6 Months having blue background with gum

Bank Code		Are you a Disabled Person? Yes No			
Deposit Date		ندور حضرات پرفیس لاگوئیس ہوگی۔ براہ کرم نادرا کا جاری کردہ مخصوص قومی شاختی کارڈ بطور ثبوت لف کریں۔ قومی شاختی کارڈ نہ نک مصرف سے سے موثلہ شدہ میں			
*Note: Application Form will not be entertained without 0	Original Deposit Slip (NTS Copy)	نے کی صورت میں حکومت کے منظور شدہ ادارے ہے جاری کردہ Disability Certificate لف کریں۔ یصورت دیگر خواست فارع کمل میں نہیں لایا جائیگا۔			
02. Desired Post: Fill Only One Box for To apply for more than one posts, please use separate of the posts.	or Desired Post. (Mandatory) arate form with separate fee. This form wil	Il be considered valid only for the first selected post in the sequence			
01. Computer Operator (BPS-12)	<b>02.</b> Dental Technician (BPS-09)	<b>03.</b> Dispenser/Dresser (BPS-09)			
04. Blood Bank Technician (BPS-09)	05. Health Technician (BPS-09)	06. Central Oxygen Technicia (BPS-09)			
07. ECG Technician (BPS-09)	<b>08.</b> Hemodialysis Tech (BPS-09)	o9. Cu Technician (BPS-09))			
10. Laboratory Technician (BPS-09)	11. Lady Health Visitor (BPS-09)	12. OT Technician (BPS-09)			
13. Physiotherapy Technician (BPS-09)	14. Senior Store Keepe (BPS-09)	15. Ultrasound Technician (BPS-09)			
16. X-ray Technician (BPS-09)	17. Mid Wife (BPS-06)				
Personal Information: Use C.	APITAL letters and leave space	es between words.			
03. Name in Full:					
04. Father's Name:					
05. Candidate CNIC #: Write your own CNIC No. Or B Form No.	-				
06. Gender: Male Fe		Birth: D D M M Y Y Y Y Will be rejected D - D M M Y Y Y Y Will be rejected			
08. Postal Address:  All correspondence will be made on this address through cou	rier service or ordinary postal service.				
	City:	District:			
09. Phone No: (OFF)	(RES.)	(Mobile)  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 Government Servant and applying through proper channel?  In case of Yes, please attach NOC  Yes					
11. Are you a Disabled Person? If yes, please attach Disability Certificate	Yes No 12. F	Religion: Muslim Non Muslin			
13 Test City:	Hyderahad				

For the Po	osts at Sr. No. 2 to 17.							
01. Denta	ıl Technician	02. D	02. Dispenser/Dresser 03. Blood Bank Technici			hnician		
04. Health	n Technician	05. Central Oxygen Technician			ician	06. ECG Technician		
07. Hemo	odialysis Technician	08.	08.			09. Laboratory Technician		
10. Lady	Health Visitor	11. O	T Technicia	n		12. Ph	ysiotherapy <sup>-</sup>	Technician
13. Senio	r Store Keeper	14. U	14. Ultrasound Technician 15. X-Ray Technician			an		
16. Mid W	/ife							
16. Acade Note: 1. NTS will 2. Candida 3. Write ex	ct of Domicile: our District of Domicile. (Mandato mic Information: (P not issue Roll No Slips to those who have in the should convert their grades into marks. (I act degree name & major subject mention in	lease do not attach o	ic record properly.					
Certificate / Degree Level	waiting candidates are not eligible.  Degree / Sanad Title	Specialization / Major Subject		Year Passing	Obtained Marks	Total Marks	Board / Unive	ersity / Institute
Matric / Equivalent (10 Years)	Matric O' Level Other:	Science Other:	Arts		70017	76617		
Intermediate / D.A.E (12 / 13 Years)	F.A F.Sc  D.A.E  Other:							
Bachelor (14 Years)	B.A B.Sc  Other:							
Bachelor (Hons) / Master (16 Years)	MA M.Sc Other:							
MS / M.Phil (18 Years)	MS M.Phil Other:							
Diploma / Certificate	Diploma Certificate	Diploma in I.T					SBTE Sindh board Other:	of Technical Education
17. Relev	ant Employment I	Record: (PI	lease do not att	ach copies o	of your experience	ce certificates a		
Sr# Org	anization / Employer Name	•	Job Ti	tle			Job Du Write only Mo From	
01								
02								
03								
18. Total Job Ex	xperience as on closing date	of application:	Years M	lonths				

14. Please mark relevant field certificate from Sindh Medical Faculty:

# **Undertaking By The Applicant:**

	<u> </u>		
the NTS To any inform candidatur	est, and I have filled-up the applicati ation contained herein is found at a	do hereby solemnly tood the instructions and conditions for appearing ir ion form as per instructions given below. In case only stage to be missing, untrue, false or forged, myen after employment, if so revealed later), and I shall	Affix your recent passport size color
Date:	Thumb Impression	Candidate's Signature	تضویرلاز ماً 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 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)
- 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 **Wednesday 30<sup>th</sup> January, 2019**.

**HELP LINE:** 

**Please Send Application Forms to: NATIONAL TESTING SERVICE (HQ)** UAN : +92-51-844-444-1

Website: www.nts.org.pk

DHO Jamshoro (Project) Plot 96, Street # 4 H-8/1, Islamabad.

Keep Visiting NTS Website for updates about test date and for other information.

	esting Service-Pakistan rds in Educational and Professional Testing
<u></u>	TS COPY
	I OFFICER JAMSHORO
DISTRICT HEALTF	1 OFFICER JAMSHURU
Branch Code:	Date:
Branch Name:	
	EDEPOSIT SLIP only one bank & tick the relevant bank)
Allied Bank Limited	Muslim Commercial Bank
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
Meezan Bank The Premier Islamic Bank	HBL HABIBBANK
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
Slip (NTS Copy) along Application Forn	red on the Deposit Slip & Send Original Deposit in to NTS Office d without Original Deposit Slip (NTS Copy)
	Wednesday 30 <sup>th</sup> Jan, 2019 بینکر حضرات چالان پردی گئی آخری تا
	19-3466
Applicant's Name:	
Father Name:	
CNIC No/ B Form No:	
Post Name:	
l co	ST INVOICE

Project ID:		S-19-3466	
Applicant's Name:			
Father Name:			
CNIC No/ B Form No:			
Post Name:			
		GST INVOICE	
NTN#		2680612-6	
GST#		3277876121192	
NTS fee: 487/-	1	Five Hundred & Fifty Dun	ooo Only
GST@ 13%: 63/-	Amount in word: Rs.	Five Hundred & Fifty Rup Non Refundable/ Non Transferable	-
Total: 550/-		Non Neighbors Non Hansierabi	
Applicant Signature		Cashier	Officer



# **National Testing Service-Pakistan**

BANK COPY

Branch Code:		Date: _	
Branch Name:			
		INEDEPOSITSLIP fee in only one bank & tick the relevant bank)	
Allied Bank Limi Formely: Allied Bank of Pakistan	ited Limited	Muslim Comme	rcialBank
A/C Title: NTS-Pakistan-Col	lection	A/C Title: NTS-Pakistan	
A/C No: 00100083256400	18	A/C No: 064794383100573	34
Note: Bank Service Charge	s Free of Cost	Note: Bank Service Charge	s Free of Cost
Meezan Bank m	e Premier Islamic Bank	IABL HABIB BANK	
A/C Title: National Testing Se	ervice-Pakistan	A/C Title: NTS Pakistan	
A/C No: 0101820001		A/C No: 00427991771403	
Note: Bank Service Charge	s Free of Cost	Note: Bank Service Charge	s Free of Cost
		ion: Wednesday 30 <sup>th</sup>	
وصول نەكرىي-		: ت چالان پردی گئی آخری تاریخ <b>5-19-3466</b>	
		ت چالان پردی گئی آخری تاریخ	
وصول ندگریں۔ Project ID: Applicant's Name:		ت چالان پردی گئی آخری تاریخ	
وصول نه کریں۔ Project ID:		ت چالان پردی گئی آخری تاریخ	
وصول نه کریں۔ Project ID: Applicant's Name:		ت چالان پردی گئی آخری تاریخ	
وصول نه کریں۔ Project ID: Applicant's Name:		ت چالان پردی گئی آخری تاریخ	
Project ID:  Applicant's Name: Father Name: CNIC No/ B Form No:		ت چالان پردی گئی آخری تاریخ	
Project ID:  Applicant's Name: Father Name: CNIC No/		ت چالان پردی گئی آخری تاریخ	
Project ID:  Applicant's Name: Father Name: CNIC No/ B Form No:		ت چالان پردی گئ آخری تاریخ <b>s-19-3466</b>	
Project ID:  Applicant's Name: Father Name: CNIC No/ B Form No: Post Name:		ت چالان پردی گئ آخری تاریخ S-19-3466 GST INVOICE	
Project ID:  Applicant's Name:  CNIC No/ B Form No:  Post Name:  NTN #  GST #		ت چالان پردی گی آخری تاریخ S-19-3466 GST INVOICE 2680612-6	
Project ID:  Applicant's Name:  CNIC No/ B Form No:  Post Name:  NTN #  GST #  NTS fee: 487/-	Lamount in	ت چالان پردی گی آخری تاریخ S-19-3466 <b>GST INVOICE</b> 2680612-6 3277876121192 Five Hundred & Fifty Ru	بینگر حضرا بینگر حضرا
Project ID:  Applicant's Name:  CNIC No/ B Form No:  Post Name:  NTN #  GST #  NTS fee: 487/- GST@ 13%: 63/-	کے بعدفیں	ت چالان پردی گی آخری تاریخ S-19-3466 <b>GST INVOICE</b> 2680612-6 3277876121192	بینگر حضرا بینگر حضرا
Project ID:  Applicant's Name:  CNIC No/ B Form No:  Post Name:  NTN #  GST #  NTS fee: 487/-	Lamount in	ت چالان پردی گی آخری تاریخ S-19-3466 <b>GST INVOICE</b> 2680612-6 3277876121192 Five Hundred & Fifty Ru	بینگر حضرا بینگر حضرا



## **National Testing Service-Pakistan**

## CANDIDATE COPY

#### **DISTRICT HEALTH OFFICER JAMSHORO**

Branch Code:	Branch Name:	Date:
51411011 00401		

ONLINE DEPOSIT SLIP

	( 100.04	, , , , , , , , , , , , , , , , , , , ,		
Allied Bank Limited Formelly: Allied Bank of Pakistan Limited	MuslimCommercialBank	Meezan Bank The Premier Islamic Bank	HBL HABIB BANK	
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	

\*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: Wednesday 30<sup>th</sup> Jan, 2019

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

Project ID: S-19-3466					
Applicant's Name:		Father Name:			
CNIC No/ B Form No:			Post Name:		
GST INVOICE		NTS fee:	487/-		F' Harris de d'A F'' Barris Orde
NTN#	2680612-6	GST@ 13%:	63/-	Amount in word: Rs.	Five Hundred & Fifty Rupees Only Non Refundable/ Non Transferable
GST#	3277876121192	Total:	550/-		Non Refundable/ Non Hanslerable

Applicant Signature	Cashier	Officer