

**APPLICATION FORM**Reg. No. _____
To be Filled by NTS**PROVINCIAL HEALTH SERVICES
ACADEMY - PHSA PESHAWAR**

Test for Admission

Project ID:
N-17-4370**General Nursing Diploma & Midwifery Course (4 Years)
Session (2018 - 2021)**

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۔

Eligibility Criteria:

A. Are you Female Candidate having Domicile from KP/FATA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Are you Un-married?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. Do you have Biology/Chemistry/Physics/Maths as major subject with at least 55% marks in Matric?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D. Do you fall in age group of 15 - 30 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If your reply is "Yes" to A, B, C & D above, only then please proceed further. Otherwise you are not eligible to apply.

01. Bank Online Deposit of Rs: 600/- from Designated Bank Branches

Bank Code	Deposit Date
-----------	--------------

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

02. Category of Seat / Applicant: Fill relevant boxes for Desired Categories. **(Mandatory)**

01. <input type="checkbox"/> Khyber Pakhtunkhwa (KP)	02. <input type="checkbox"/> FATA	03. <input type="checkbox"/> Disable Person From KP / FATA
--	-----------------------------------	--

03. Priority of Desired Institute for Admission: Write Institute Code & Name by Priority. **(Mandatory)**

Priority	Institute Code	Institute Name
First Priority	<input type="text"/>	
Second Priority	<input type="text"/>	
Third Priority	<input type="text"/>	
Fourth Priority	<input type="text"/>	
Fifth Priority	<input type="text"/>	
Sixth Priority	<input type="text"/>	
Seventh Priority	<input type="text"/>	
Eighth Priority	<input type="text"/>	
Ninth Priority	<input type="text"/>	

04. Desired Institute for Interview: Write Institute Code & Name from list given below. **(Mandatory)**

Institute Code	Institute Name
<input type="text"/>	

List of Institutes with Codes:

Code	Institute of Name	Code	Institute of Name
0 1	School of Nursing Ayub Teaching Hospital Abbottabad	0 2	School of Nursing Bannu
0 3	School of Nursing Mufti Mehmood Memorial Hospital D.I. Khan	0 4	School of Nursing Liaquat Memorial Hospital Kohat
0 5	School of Nursing Mardan Medical Complex Mardan	0 6	School of Nursing Saidu Sharif Swat
0 7	School of Nursing Khyber Teaching Hospital Peshawar	0 8	School of Nursing Hayatabad Medical Complex Peshawar
0 9	School of Nursing Lady Reading Hospital Peshawar		



05. 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. Peshawar02. D.I. Khan03. Abbottabad04. Swat**Personal Information:** Use CAPITAL letters and leave spaces between words.

06. Name in Full:

07. Daughter of:

08. Candidate CNIC #:

Write your own CNIC No. Or B Form No.

 - -

09. Gender:

Female

(Only Female can apply)

10. Date of Birth:

Write your Correct Date of Birth otherwise you will be rejected

 - -

11. Martial Status:

Un-Married (Only)

12. Postal Address:

All correspondence will be made on this address through courier service or ordinary postal service.

_____ City: _____ District: _____

13. Phone No: (OFF)

City Code - Phone No

(RES.)

(Mobile)

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 a Disabled Person?

If yes, please attach Disability Certificate

 Yes No

16. Are you a Hafiz-e-Quran from a recognized Madrassa?

If yes, please attach Hfiz Certificate

 Yes No**17. Academic Information:**

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	<input type="checkbox"/> Physics				
	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Chemistry <input type="checkbox"/> Biology <input type="checkbox"/> Mathematics				
Intermediate (12 Years)	<input type="checkbox"/> FSC (Pre-Medical)	<input type="checkbox"/> Physics				
	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Chemistry <input type="checkbox"/> Biology				

18. What was your Medium of study at Matric?

 English Urdu**19. District of Domicile:** Fill Only One Box (Mandatory)01. Abbottabad02. Bannu03. Battagram04. Buner05. Charsadda06. Chitral07. Dera Ismail Khan08. Hangu09. Haripur10. Karak11. Kohat12. Kohistan13. Lakki Marwat14. Lower Dir15. Malakand16. Mansehra17. Mardan18. Nowshera19. Peshawar20. Shangla21. Swabi22. Swat23. Tank24. Tor Ghar25. Upper Dir26. Bajaur Agency27. Khyber Agency28. Kurram Agency29. Mohmand Agency30. North Waziristan Agency31. Orakzai Agency32. South Waziristan Agency33. FR Bannu34. FR Dera Ismail Khan35. FR Kohat36. FR Lakki Marwat37. FR Peshawar38. FR Tank

Undertaking By The Applicant:

I _____ d/o _____ 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 or false, my candidature can be canceled at any stage (even after provisional selection, 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 or false information may result in cancellation of your candidature at any stage, even after provisional selection and also proceeding of a legal action.
- Attach your Two recent Passport Size Photographs, Attested copies of CNIC, Domicile Certificate, Academic Certificates, Hafiz-e-Quran Certificate, Disability Certificate, as per instructions given in prospectus 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 **Friday, 19th January, 2018.**

HELP LINE:

UAN : +92-51-844-444-1
Website : www.nts.org.pk

Keep Visiting NTS Website

Please Send Application Forms to:

NATIONAL TESTING SERVICE (HQ)

PHSA (Project)

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



National Testing Service-Pakistan

Building Standards in Educational and Professional Testing

NTS COPY

PROVINCIAL HEALTH SERVICES ACADEMY General Nursing Diploma (4 Years Program)



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
A/C Title: NTS-Pakistan-Collection A/C No: 0010008325640018 Note: Bank Service Charges Free of Cost	A/C Title: NTS-Pakistan A/C No: 0647943831005734 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>
A/C Title: National Testing Service-Pakistan A/C No: 0101820001 Note: Bank Service Charges Free of Cost	A/C Title: NTS Pakistan A/C No: 00427991771403 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-17-4370
Applicant's Name:	
Father Name:	
CNIC No/ B Form No:	

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

Applicant Signature _____ Cashier _____ Officer _____



National Testing Service-Pakistan

Building Standards in Educational and Professional Testing

BANK COPY

PROVINCIAL HEALTH SERVICES ACADEMY General Nursing Diploma (4 Years Program)



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
A/C Title: NTS-Pakistan-Collection A/C No: 0010008325640018 Note: Bank Service Charges Free of Cost	A/C Title: NTS-Pakistan A/C No: 0647943831005734 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>
A/C Title: National Testing Service-Pakistan A/C No: 0101820001 Note: Bank Service Charges Free of Cost	A/C Title: NTS Pakistan A/C No: 00427991771403 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.

Project ID:	N-17-4370
Applicant's Name:	
Father Name:	
CNIC No/ B Form No:	

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

Applicant Signature _____ Cashier _____ Officer _____



National Testing Service-Pakistan

Building Standards in Educational and Professional Testing

CANDIDATE COPY

PROVINCIAL HEALTH SERVICES ACADEMY General Nursing Diploma (4 Years Program)



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"/> Meezan Bank <small>The Premier Islamic Bank</small>	<input type="checkbox"/> HBL <small>HABIB BANK</small>
A/C Title: NTS-Pakistan-Collection A/C No: 0010008325640018 Note: Bank Service Charges Free of Cost	A/C Title: NTS-Pakistan A/C No: 0647943831005734 Note: Bank Service Charges Free of Cost	A/C Title: National Testing Service-Pakistan A/C No: 0101820001 Note: Bank Service Charges Free of Cost	A/C Title: NTS Pakistan A/C No: 00427991771403 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-17-4370	
Applicant's Name:	Father Name:	
CNIC No/ B Form No:	NTS fee: 522/-	
GST INVOICE	Amount in word: Rs. Six Hundred Rupees Only Non Refundable/ Non Transferable	
		GST@ 15%: 78/-
		Total: 600/-
NTN #	2680612-6	
GST #	3277876121192	

Applicant Signature _____ Cashier _____ Officer _____