

# REGISTRATION FORM

Registration No. \_\_\_\_\_  
To be filled by NTS



## Shaheed Zulfiqar Ali Bhutto Medical University, PIMS Islamabad

### Admission in Residency Training Programs

**Picture 1**  
Paste your  
recent  
passport size  
color photograph  
with gum

**Bank Online Deposit of Rs: 2000/- from Designated Bank Branches.**

Bank Code

Deposit Date

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

#### 1. Desired Test City Fill Only One Box for Desired Test City (Mandatory)

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

- |                                       |                                      |                                    |  |
|---------------------------------------|--------------------------------------|------------------------------------|--|
| 1. <input type="checkbox"/> Islamabad | 3. <input type="checkbox"/> Karachi  | 5. <input type="checkbox"/> Quetta | 7. <input type="checkbox"/> Faisalabad |
| 2. <input type="checkbox"/> Lahore    | 4. <input type="checkbox"/> Peshawar | 6. <input type="checkbox"/> Multan | 8. <input type="checkbox"/> Gujranwala |

#### 2. Desired Program & Department Fill Only One Box for Desired Program and Department (Mandatory)

Note: To apply for more than one programs, please use separate form. This form will be considered valid only for first selected program in the sequence)

##### Medicine and Allied

- |   |   |  |
|---|---|--|
| 1. <input type="checkbox"/> MD (Cardiology)       | 2. <input type="checkbox"/> MD (Critical Care Medicine) | 3. <input type="checkbox"/> MD (Dermatology) |
| 4. <input type="checkbox"/> MD (Gastroenterology) | 5. <input type="checkbox"/> MD (Internal Medicine)      | 6. <input type="checkbox"/> MD (Neonatology) |
| 7. <input type="checkbox"/> MD (Nephrology)       | 8. <input type="checkbox"/> MD (Paediatric Medicine)    | 9. <input type="checkbox"/> MD (Psychiatry)  |

##### Surgery and Allied

- |   |   |  |
|---|---|--|
| 1. <input type="checkbox"/> MS (Accident & Emergency) | 2. <input type="checkbox"/> MS (Anaesthesia)        | 3. <input type="checkbox"/> MS (E.N.T)                     |
| 4. <input type="checkbox"/> MS (General Surgery)      | 5. <input type="checkbox"/> MS (Neuro Surgery)      | 6. <input type="checkbox"/> MS (Obstetrics and Gynecology) |
| 7. <input type="checkbox"/> MS (Ophthalmology)        | 8. <input type="checkbox"/> MS (Paediatric Surgery) | 9. <input type="checkbox"/> MS (Plastic Surgery)           |

##### Basic Medical Sciences

- |   |  |
|---|--|
| 1. <input type="checkbox"/> Ph.D (Chemical Pathology) | 2. <input type="checkbox"/> Ph.D (Haematology) |
|---|--|

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

3. Name in Full:

4. Father's Name:

5. Candidate CNIC# :

Mandatory (write your own CNIC No also attached the photocopy of your CNIC. Other wise you are not Eligible )

6. Gender: ☐ Male ☐ Female

7. Date of Birth:    -

Write your Correct Date of Birth  
otherwise you will be rejected

8. Email:

9. Postal Address:

(All correspondence will be made on this address)

City:  District:

10. Phone No: (OFF) (RES.) (Mobile) (City Code - Phone No) Mandatory

11. PMDC Registration No: 12. Valid Upto:

13. Nationality: 14. Domicile: For Pakistani nationals only

15. Academic Information: (Please attach all documents) (Mandatory)

Certificate / Degree Level	Major Subject	Year of Passing	Obtained Marks	Total Marks	Percentage	Institute/Board
Matric / O Level (10 Years)						
F.Sc / A Level (12 Years)						
Additional Qualification						

Degree Name	First Professional		Second Professional		Third Professional		Fourth Professional		Final Professional		Year of Passing	Name of Medical College / University
	Part I	Part II	Percentage Marks	No. of Attempts	Percentage Marks	No. of Attempts	Percentage Marks	No. of Attempts	Percentage Marks	No. of Attempts		
<input type="checkbox"/> MBBS												
<input type="checkbox"/> BDS												

16. House Job: (Mandatory)

I) Hospital / Institute Name:

II) Date From: III) To:

IV) Duration:

17. Experience:

Sr #	Organization/ Employee Name	Job Title	Job Duration	
			From	To
1.				
2.				
3.				

18. Total Job Experience: Days Months Years

## 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 GAT (General) 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 \_\_\_\_\_

**Picture 2**  
**Affix your**  
**recent**  
**passport size**  
**color**  
**photograph**  
**with Stapler**

- **Attach your Two recent Passport Size Photograph, CNIC Copy and Original Bank Deposit Slip (NTS Copy)**
- **By Hand submission of Application Form is not allowed.**
- **Mobile Phones are not allowed in Test Center premises.**

- **Last date for application submission is Monday, 27th October 2014.**
- **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.**
- **Applications received on Tuesday, 28th October 2014. will not be entertained by NTS.**

### Help line:

**UAN. +92-51-844-444-1**

**Website: [www.nts.org.pk](http://www.nts.org.pk)**

### Please Send Application Forms to:

**Manager Operations**  
**National Testing Service**  
**1-E, Street No. 46, I-8/2,**  
**Islamabad.**



# National Testing Service-Pakistan

Building Standards in Educational and Professional Testing


**NTS COPY**

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"/>
Remote Branch: I-8 Markaz Branch Islamabad (0140947)	
A/C Title: NTS-Pakistan-Collection	A/C No. 0010008325640018
Note: Bank Service Charges <b>Free of Cost</b>	


  

 <b>Muslim Commercial Bank</b>	<input type="checkbox"/>
Remote Branch: I-8 Markaz Branch, Islamabad (1501)	
A/C Title: NTS-Collection	A/C No. 0041749181000999
Note: Bank Service Charges <b>Free of Cost</b>	

 <b>UNITED BANK LTD.</b>	<input type="checkbox"/>
Remote Branch: Cantt Br Kashmir Road Rawalpindi (0041)	
A/C Title: NTS- Pakistan	A/C No. 217767828
Note: Bank Service Charges <b>Free of Cost</b>	

 <b>HABIB BANK LTD</b> THE POWER TO LEAD	<input type="checkbox"/>
Remote Branch: H9 Shalimar Recording Co ISB (1742)	
A/C Title: NTS-Collection	A/C No. 1742-79002786-03
Note: Bank Service Charges <b>Free of Cost</b>	

**\*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:	
Father Name:	
CNIC No/ B Form No:	

Amount Rs: <b>2000/-</b>	Amount in word: Rs. <b>Two Thousand Rupees Only</b>
<b>Non Refundable/ Non Transferable</b>	

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Cashier  
(SZABMU 09-11-2014)

\_\_\_\_\_  
Officer




# National Testing Service-Pakistan

Building Standards in Educational and Professional Testing


**BANK COPY**

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


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

 <b>Allied Bank Limited</b> (Formerly Allied Bank of Pakistan Limited)	<input type="checkbox"/>
Remote Branch: I-8 Markaz Branch Islamabad (0140947)	
A/C Title: NTS-Pakistan-Collection	A/C No. 0010008325640018
Note: Bank Service Charges <b>Free of Cost</b>	


  

 <b>Muslim Commercial Bank</b>	<input type="checkbox"/>
Remote Branch: I-8 Markaz Branch, Islamabad (1501)	
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 <b>HABIB BANK LTD</b> THE POWER TO LEAD	<input type="checkbox"/>
Remote Branch: H9 Shalimar Recording Co ISB (1742)	
A/C Title: NTS-Collection	A/C No. 1742-79002786-03
Note: Bank Service Charges <b>Free of Cost</b>	

**\*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.

Applicant's Name:	
Father Name:	
CNIC No/ B Form No:	

Amount Rs: <b>2000/-</b>	<b>Two Thousand Rupees Only</b>
<b>Non Refundable/ Non Transferable</b>	

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Cashier  
(SZABMU 09-11-2014)

\_\_\_\_\_  
Officer