HR. No. _____
To be Filled by MTS

MTS™

Project ID : HR/CC/Aug.20

Capital College of Nursing & Health Sciences
OFFICIAL RECRUITMENTS

Application Form

Screening Test for official posts

Picture 1
Paste your latest passport size color photograph having blue background with gum
تصویر لازماً منسلک کریں بصورت دیگر فارم عمل میں نہیں لایا جائیگا۔

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

Bank Code		Deposit Date	

*Note: Application Form will not be entertained without Original Deposit Slip.

02. Desired Post: (Mandatory) To apply for more than one post, please use separate form with separate fee.
This form will be considered valid only for the first selected post in the sequence.

01. Post Applied For	

03. Desired Test City: Fill One Box Only (Mandatory)
(Subject to a minimum of 200 candidates, other wise the candidates will be assigned next nearest test city)

01. ☐ Islamabad / Rwp	02. ☐ Lahore	03. ☐ Sargodha	04. ☐ Sahiwal
05. ☐ Faisalabad	06. ☐ Multan	07. ☐ Bahawalpur	08. ☐ Karachi
09. ☐ Hyderabad	10. ☐ Sukkur	11. ☐ Peshawar	12. ☐ Abbottabad
13. ☐ D.I. Khan	14. ☐ Quetta	15. ☐ Khuzdar	16. ☐ Gawadar
17. ☐ Muzaffarabad	18. ☐ Gilgit	19. ☐ Sakardu	20. ☐ R.Y.Khan

04. Province / Region of Domicile: Fill Only One Box. (Mandatory)

01. ☐ Punjab (Including Federal Capital)	02. ☐ Khyber Pakhtunkhwa	03. ☐ Balochistan	04. ☐ Sindh (Urban)
05. ☐ Sindh (Rural)	06. ☐ AJK	07. ☐ Gilgit Baltistan	08. ☐ FATA

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

05. Name in Full: _____

06. Father's Name: _____

07. Husband's Name: _____
(If applicable)

08. Candidate's CNIC #: ☐☐☐☐☐ - ☐☐☐☐☐☐☐ - ☐

09. Gender: ☐ Male ☐ Female ☐ Others

13. Date of Birth: D D - M M - Y Y Y Y
Write your Correct Date of Birth otherwise candidature will be rejected

10. Marital Status: ☐ Married ☐ Unmarried ☐ Divorced ☐ Widow / Widower

11. Religion: ☐ Muslim ☐ Non-Muslim

Incase of Non-Muslim, please specify Religion: _____

12. Sect: _____

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13. Caste / Tribe: _____

14. Incase of Disability, please specify nature of disability: ☐ **Blindness** ☐ **Other:** _____

15. Present / Postal Address: _____

Only for Information: MTS will not issue Roll No Slips through courier/postal services. Candidate are required to take electronic print of Roll No. Slip from MTS website for appearing in tests.

_____ **City:** _____ **District:** _____

16. Permanent Address: _____

_____ **City:** _____

17. Phone No: (Office) _____ **(Residence)** _____ **(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.

18. Email Address: _____

بذریعہ SMS ٹیسٹ اور رزلٹ سے متعلق ہدایات کی یقینی فراہمی کیلئے فراہم کردہ موبائل نمبر اور موبائل نیٹ ورک ایک ہی کمپنی کا ہو۔

19. Academic Information: (Attach copy of last attained higher Degree / Result Card only)

Note: **1. Candidates having not filled in their academic record correctly, will be liable to rejection.**
2. Candidate should convert their grades into marks. (O Level / A Level or any other degree having grade).
3. Before applying for the post, candidate should get equivalence of his / her degrees / certificates from HEC / IBCC at his / her own to avoid inconvenience.
4. Write exact degree name & major subject mention in certificate / transcript. **5. Result awaiting candidates are not eligible to apply.**

Certificate / Degree Name	Degree Title	Major Subject (s)	Year Passing	Obtained Marks / CGPA	Total Marks / CGPA	Grade / Division	Institute / Board / University
Primary / Middle (05 / 08 Years)	✘ Please do not write in this portion.						
Matric / Eqvt. (10 Years)							
Intermediate / D.A.E / Eqvt. (12 / 13 Years)							
Bachelor / Eqvt. (14 Years)							
Bachelor (Hons) **/ Master / Eqvt.** (16 Years)							
MS / M.Phil / Eqvt. (18 Years)							
Additional Degree (If Any)							
Certificate / Diploma / Course			Duration				

Check List: Please make sure that you have attached below mentioned attested documents (Mandatory)

- ☐ Copy of CNIC
- ☐ Copy of Domicile
- ☐ Copy of last attained higher degree / result card
- ☐ Copy of Relevant Experience Certificate
- ☐ Deposit Slip
- ☐ Relevant certificate to substantiate age relaxation claim (If Applicable).
- ☐ Disability Certificate. (If Applicable).
- ☐ Copy of Discharge Certificate (For Personnel retired from Armed Forces only).
- ☐ NOC (For Government Employees Only)

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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 MTS Recruitment Test, and I have filled-up the application form as per instructions given below.

In case, any information contained herein is found at any stage to be missing, untrue, false or forged, my candidature can be cancelled at any stage (even after employment, if so revealed later), and I shall be liable to legal action. The candidate is bound to submit verified copy of all educational docs to MTS / Concerned Authority at final selection.

Date: _____ Applicant' s Signature _____
(as per CNIC)

Picture 2 Affix your latest passport size color photograph having blue background with Stapler تصویر لازماً منسلک کریں بصورت دیگر فارم عمل میں نہیں لایا جائیگا۔	Left Thumb _____ Right Thumb

دائیں/بائیں ہاتھ کے انگوٹھے کا صاف نشان لگائیں بصورت دیگر درخواست فارم عمل میں نہیں لایا جائیگا۔

GENERAL INSTRUCTIONS / INFORMATION:

1. Please fill the Application Form properly with complete and correct information / answers.
2. Attach your Two latest Passport Size Photographs, Attested copies of CNIC & Domicile, Relavent certificate to substantiate age relaxation claim, Higher Degree / Result Card attained / Experience and Original Bank Deposit Slip.
3. By Hand submission of Application Form is not allowed.
4. Mobile Phones or any Electronic Gadgets are not allowed in Test Center premises.
5. MTS will conduct computer based e-recruitment test for all posts.
6. Must mentioned your applied post on envelop.
7. Application fee is non refundable & non transferable.
8. Please DO NOT leave any field blank, otherwise your application may not be considered.

Last date for submission of application form is 20-12-2019

HELP LINE:

TEL/Whatsapp 051-4470777
Email : mts.net.pk@gmail.com
Website : www.mts.net.pk

Please Send Application Forms to:

MULTI TESTING SERVICES (Pvt.)Ltd.
Fatima Plaza, Service Road West,
Islamabad Expressway

امتحانی رول نمبر سلپ یا نتیجہ بذریعہ ڈاک یا کوریئر ارسال نہیں کیا جائیگا۔

Candidates are advised to visit MTS website on alternate / daily basis and keep their cell numbers (provided in application forms) functional for tests / result intimations.

اُمیدواران ٹیسٹ اور رزلٹ کے حوالے سے معلومات، امتحانی رول نمبر سلپ اور نتیجہ کیلئے روزانہ کی بنیاد پر ایم ٹی ایس ویب سائٹ ملاحظہ کرتے رہیں اور درخواست فارم میں فراہم کردہ موبائل نمبر کھلا رکھیں۔

Public Feedback

Do you think need our application form needs any improvement? ☐ Yes ☐ No

Should MTS conduct mobile application based/online screening test? ☐ Yes ☐ No

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MTS is looking for The Abilities & Ideas not degrees!

Describe your abilities for the desired post

متعلقہ پوسٹ کے لیے اپنی قابلیت اور استعداد بیان کریں۔

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Thanks we appreciates your description

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نوٹ:فیس جمع کرنے کے لیے HBL بینک میں موجود ڈپازٹ
سلپ استعمال کریں۔اور نیچے دی گئی تفصیل کے مطابق مکمل کریں۔

HBL HABIB BANK حبیب بینک

Deposit Slip
Bank Copy

Branch:		Date:	D	D	M	M	Y	Y	Y	Y		
Account Title	Multi Testing Service (Pvt.) Ltd.											
IBAN:	P K _ _ H A B B 0 0 2 4 9 3 7 0 0 0 2 9 8 1 0 3											
Currency:	☐PKR ☐USD ☐EURO ☐GBP ☐JPY ☐Others	Account Type: ☐ Current ☐ Savings										
Credit Card No.	- -											
☐ CASH	(ENTER NOTES DENOMINATIONS ON REVERSE) (نوٹوں کی تفصیل پیچھے لکھیں)	AMOUNT										

BANK / BRANCH	CHEQUE/INSTRUMENT.NO.					
	TOTAL AMOUNT					

Total Amount in Words: ____________________

Depositor's Name ____________________

Contact No. ____________________

Depositor's CNIC No. ____________________
(For HBL Walk in Customers Also attach CNIC Copy)

Depositor's Account No. ____________________
(For HBL Customers / Account Holders)

Received By: ____________________ Depositor's Signature ____________________