Application form

Reg. No

Application form Tokylide CISP
GOVERNMENT OF GILGIT-BALTISTAN Director Health Services Baltistan Region Skardu Recruitment Test for Health Department Jobs
Recruitment Test for Health Department Jobs
Eligibility Criteria Picture 1
A. Is your age according to the prescribed age limit for the desired post as on 20 December, 2018? Paste your recent passport size color
B. Is your Qualification /Experience according to the desired post? Ves No Photograph not older than 6 Months having
C. Do you have Domicile of Gilgit Baltistan? If your reply is "Yes" to A B & C above only then please proceed further. Otherwise you are not eligible to apply blue backgroundwith gum
ديگرفارم عمل مين نيس لايا جانگا
01. Bank Online Deposit of Rs: 220/- from Designated Bank Branches
Bank Code Deposit Date *Note: Application Form will not be entertained without Original Deposit Slip (CTSP Copy)
نوٹ: درخواست فارم پُر کرنے سے پہلے فارم پر درج ہدایات غور سے پڑھیں اور فارم کو احتیاط سے پُر کریں،
نامکمل پاغلط معلومات پر مبنی درخواست فارم کومستر د کر دیاجائے گا۔
02. Post Applied for: Fill Only One Box for Desired Post. (Mandatory) To apply for more than one posts, please use separate form. This form will be considered valid only for the first selected post in the sequence. Please mark only one choice incase of multiple selection please use separate form with separate fee.
01. Charge Nurse (BS-14) 02. DEO (BS-12)
03. UDC (BS-14) 04. LDCs (BS-11)
03. District of Domicile: Fill Only One Box (Mandatory)
Gilgit Daimer Skardu Astore Ghizer
Ghanche Kharmang Shigar Nagar Hunza
04. Desired Test City: Gilgit Skardu Islamabad
On condition (at least 200 Applicants)
05. Are you a Government Servant and applying through proper channel?
Quota Women Quota Disabled Person Contingent Employee Contingent Employee Please attach your disability certificate Contingent Employee before 30 June 2016 Subject to G-B government policy.
Personal Information: Use CAPITAL letters and leave spaces between words.
06. Name in Full:
07. Father's Name:
ید در چون موجوع و Write your own CNIC No or B Form No زمادری کرے یصورت دیگر درخواست فار محمل میں نیں لایا جائیگا سیاست موجوع
09. Date of Birth: 10. Religion: Muslim Non Muslim

11. Gender: Male Female	12. Marital	Status: Married Single
13. Postal Address:	r ordinary postal service.	
Ci	y:	District:
14. Permanent Address:		
Cit	y:	District:
15. Mobile: DO NOT give your portable mobile number (which is converted from one network to another) so that SMS delivery is ensured.	16. Phone No: (OFF): City Code - Phone No	
17. Resident:	18. Email:	

19. Academic Information: (Please Do Not attach copies of your academic certificates at this stage)

1. Result awaiting candidates are not eligible. 2. CTSP will not issue Roll No Slips to those who have not filled in their academic record properly.

3. Candidate should convert their grades into marks. (O Level / A Level or any other degree having grade)

4. Write exact degree name & major subject mention in certificate / transcript.

Certificate / Degree Level	Degree / Certificate Title	Specialization / Major Subject	Roll Number	Year Passing	Obtained Marks / CGPA	Total Marks / CGPA	Board / University / Institute
Matric (10 Years)							
Intermediate (12 Years)							
Bachelor (14 Years)							
Bachelor (Hons) / Master (16 Years)							
MS/ M.Phil (18 Years)							
Higher (If Any)							

20. Professional Qualification/Diploma/Coruses: (If any/ Mandatory)

Sr.#	Certificate/Degree	Passing Year	Obtained Marks	Total Marks	Board/University/Institute
1.					
2.					
3.					

21. Employment Record : (Please Do Not attach copies of your experience certificates at this stage)

Sr.#	Organization/Employer Name	Job Title	Job Duration	
			From	То
1.				
2.				
3.				

22. GENERAL INSTRUCTION/ INFORMATION:

- \checkmark Please fill the application form properly with complete and correct information/ answers.
- ✓ Please do not leave any field blank, otherwise your application will be rejected.
- ✓ If there is no post in your local/domicile district without open merit do not apply.
- ✓ Incorrect or false information may result in cancellation of your candidature at any stage, even after employment, and also proceeding of a legal action.
- ✓ Attach your three recent passport size Photographs, copy of CNIC and original bank deposit slip (CTS Copy).
- \checkmark By hand submission of application form is not allowed.
- \checkmark Mobile phones or any electronic gadgets are not allowed in test center premises.
- \checkmark Use separate application form for each post you are applying for.
- ✓ Application Fee (Service Charges)/Bank charges is non-refundable/non-transferable to other category.
- ✓ Information about Roll No Slip/Test date/Test Center will be provided by SMS, Website, Email, Face book.
- ✓ If you do not receive you roll no slip or result online, you will follow CTSP's proceeders and register your complaint on CTSP's complaint form.

Last date for submission of application form is 20-12-2018

Office Call Timing: From 9:00 am To 5:00 pm

23.Undertaking by the Applicant:

Picture 2 d/s/w of do here by solemnly I declare and affirm that I have read and understood the instructions and conditions for appearing in Paste your recent passport size color the CTSP Test, and I have filled-up the application form as per instructions given below. In case of photograph not older than any information contained herein is found at any stage to be missing, untrue, false, my candidature 6 Months having can be cancelled at any stage (even after employment, if so revealed later), and I shall be liable to blue backgroundwith Stapler legal action. تصويرلاز مأمنسلك كرين بصورت میں نے درخواست فار م پر درج ہدایات غور سے پڑھیں ہیں اور فار م کواحتیاط سے پُر کیاہے ، نامکمل پاغلط معلومات دینے پر میر ے فار م کو مستر د کر دیاجائے۔ ديگرفارمعل ميں نہيں لايا جائرگا. **CTSP**ادر متعلقہ ادارہ میرے خلاف قانونی کار دائی کا حق رکھتا ہے اور تمام تر قانونی اخراجات میں بر داشت کر وں گا۔ Date Candidate's Signature Thumb Impression انولب (درخواست کے لفاف) کے اوپر پر وجیکٹ آئی ڈی اور یوسٹ کا نام لاز ماکھیں۔ براہ مہر بانی اپنے در خواست فارم کے ساتھ صرف (CTSP'S COPY) والا چالان فارم لگائیں، بصورت دیگر آپ کا در خواست فارم قبول نہیں کیا جائے گا۔ فارم بصح کی آخری تاریخ 20 دسمبر 2018 ہے۔ 4 درخواست فارم CTSP Head Office Islamabad كوبذريعه ڈاك/كوريئر مقررہ تاريخ تك بصبح جاسكتے ہيں۔ 4 Career Testing Services Pakistan بذريعه ڈاک يا پاکتان يوسٹ دير سے موصول ہونی والی درخواست کا ذمہ دارنہيں ہوگا۔ 4 **Help line** بنافار م ا^س بیتہ <u>پر ار</u>سال Phone : 051-2706809 **Career Testing Services Pakistan** Mobile : 0331-2223898 **CTSP Headquarter, Office No.802,** Website : www.ctsp.com.pk Sector D-12/2 Main Double Road Islamabad.

Project ID(DHS/GB/14/18)

Picture 3 Paste your recent passport size color photograph not older than 6 Months having blue background with Gum تصوريلاز مأمسلك كرين بصورت ديگرفارم عمل مين نبيس لايا جائيگا -



Career Testing Services Pakistan

BANK'S COPY



GOVERNMENT OF GILGIT-BALTISTAN

Director Health Services Baltistan Region Skardu

Applicant's Name:	Branch Code:	Branch Name:						_ Date:	
Image: Service Failing Service Faile Failing Failing Failing Failing Failing Fa						ant bank)			
Image: C227201021503 Image: 1055/2453241 Image: C227301021503 *Note: Desired Bark Storp is required on the Deposet Silp (CTSP Copy) along Application Form. Application Form will not be entertained without Organita Deposet Silp (CTSP Copy) Project ID: (DHS/GB/14/18) Applicant's Father Name: Applicant's CNIC No/ B Applicant's Brown No: Applicant's Total Fee: Rs. 220/ Answer: Officer Officer Carceer Testing Services Pakistan		حبيب بيت DL	where	you come fi		2.15	GILGIT-BALTISTAN		
"Note: Desired Bank Stamp is required on the Deposit Sile & Original Deposit Sile (CTSP Copy) Project ID: (DHS/GB/14/18) Project ID: (DHS/GB/14/18) Application Form will not be extertained without Opinal Deposit Sile (CTSP Copy) Project ID: (DHS/GB/14/18) Application Form No: Application Form No: Total Fee: Rs. 220/- Amment in write: Bank Rupees Two Hundred and Twenty Only Applicant's Signature Cashier Officer Officer Applicant's Signature Cashier Officer Officer Careeer Testing Services Pakistan Region Skardu Career Testing Services Pakistan Composition Skardu Now: Director Health Services Baltistan Region Skardu State Services Balt	Title: C		Title: Ca			A/C Title: Care	0		
without Original Deposit Slip (CTSP Copy) Project ID: (DHS/GB/14/18) Applicant's Name: CNC No' Applicant's Total Fee: Rs. 220/- Answer: Answer: Total Fee: Rs. 220/- Applicant's Signature Cashier Officer Officer Applicant's Signature Cashier Officer Officer Careeer Testing Services Pakistan Cashier Officer Career Testing Services Pakistan Career Testing Services Baltistan Region Skardu Career Testing Services Baltistan Region Skardu Now Director Health Services Baltistan Region Skardu Now Career Testing Services Pakistan Covernment of GLIGIT-BALTISTAN Director Health Services Baltistan Region Skardu Now Career Testing Services Career Career Testing Services Career Career Testing Se									
Applicant's Name: Name: Name: Name: Name: Name: Applied for: Applicant's Signature Carcer Testing Services Pakistan Carcer Testing Services					Copy) along Appli	cation Form. Ap	plication Form will no	t be entertained	
Name: Name: Name: Applied for: Total Fee: 8.s. 200' Assumit in wrd: Rs. Rupees Two Hundred and Twenty Only Applicant's Signature Cashier Officer Officer Career Testing Services Pakistan CANDIDATE's COPY CANDIDATE's COPY CANDIDATE's COPY COVERNMENT OF OLICITEALTISTAN Director Health Services Baltistan Region Skadu Name: OULER DEFORT SLIP ('New door the order of a State selector) OULER DEFORT SLIP OULER DEFORT SLIP OULER DEFORT SLIP ('New door the order of a State selector) Director Health Services Baltistan Region Skadu ubb Mare: OULER DEFORT SLIP ('New door the order of a State State selector) OULER DEFORT SLIP ('New door the order of a State State selector) Director Health Services Baltistan Region Skadu ubb Director Health Services Baltistan Region Skadu ubb Mare: Outer form wind the de ordering Sector State State selector) Director Health Services Baltistan Region Skadu ubb Mare: Mare: Mare: Outer Defort State Sector	Project ID:			(DH	S/GB/14/18)				
CNIC No/ Applied for: Total Fee: Rs. 20/- Amount in wed; R. Rupees Two Hundred and Twenty Only Last date for fee submission: Thursday 20 th December, 2018 Applicant's Signature Cashier Officer Officer Applicant's Signature Cashier Officer Officer Career Testing Services Pakistan Cashier CANDIDATE's COPY Career Testing Services Pakistan Cover Enting Services Baltistan Region Skardu Career Testing Services Baltistan Region Skardu Scace Date Brend Code: Date: Colored Testing Services Baltistan Region Skardu Director Health Services Baltistan Region Skardu Name: Date: Date: Colored Testing Services Baltistan Region Skardu Director Health Services Baltistan Region Skardu Name: Director Health Services Baltistan Region Skardu Jobe Total Peer Testing Services Baltistan Region Skadu Jobe Director Health Services Baltistan Region Skadu Jobe Total Peer Testing Services Baltistan Region Skadu Jobe Test for Director Health Services Baltistan Region Skadu Jobe Total Peer Zult OHS/GBI/4/15) Polearth OHS	Applicant's								
Do to influe. Answell is word: Re. Rupees Two Hundred and Twenty Only Last date for fee submission: Thursday 20" December, 2013	CNIC No/								
Total Fee: Rs. 220/- wrdt Ru Rupees Two Hundred and Twenty Only Last date for fee submission: Thursday 20 th December, 2018	B Form No:				Applied for:				
Applicant's Signature Officer Cashier Officer Carceer Testing Services Pakistan CANDIDATE's copp COVERNMENT OF GLIGIT-BALTISTAN Director Health Services Baltistan Region Skardu Cover Todig worke Baltistan Region Skardu how: Curce Todig worke Baltistian Region Skardu how: Curce Todig worke Baltistan Region Skardu Jobs Prove Todig worke B	Total Fee: Rs.		220/-			Rupees T	wo Hundred and	Twenty Only	
Carceer Testing Services Pakistan CANDIDATE's COPY COVERNMENT OF GILGIT-BALTISTAN Director Health Services Baltistan Region Skardu h Cod:			ursday 20			<i>ن ندر</i> ي- -	نارت نے بعد پی وطنو 	*	بي ^{مر ر} طرات چالا
CANDIDATE'S COPY COVERNMENT OF GILGIT-BALTISTAN Director Health Services Baltistan Region Skardu Cover cover dealth Services Baltistan Region Skardu Jobs Cover cover dealth Services Baltistan Region Skadu Jobs Cover dealth Services Baltistan Region Skadu Jobs Cover cover dealth Services Baltistan Region Skadu Jobs Cover cover dealth Services Baltistan Region Skadu Jobs Cover dealth S	Applicant's Sigi	lature		Casi	lier			Officer	
in outrim in Name: CNLINE DEFORT SLIP ('Please deposit for in only one bank & lick the relevant bank) in Mame: in Services Palistan in Services Palista	Director Health Sei	<u>vices Baltistan Reg</u>		<u>l</u>	<u>Di</u>	rector Hea	lith Services E		
PURDE DEPORT FLB (Proceed equate the form one bank & dat the reference means (Proceed equate the form one bank & dat the reference means (Proceed equate the form one bank & data the reference	h Code:		Date:		Branch Code: _			I	Date:
Mage Back Image Provides Pakistan Description Image Pakistan					Branch Name:		ONLINE DEPOSIT SI	.IP	
Image: Career Testing Services Pakistan Image: Career Testing Services Paki						· ·		the relevant bank)	
02297901021503 ^{Arc} 1055-238639241 ^{Arc} Cast Banch: Bark Code(3025)AC486105 te: Desired Bank Stamp is required on the Deposit Slip & Original Deposit (CTSP Copy) along Application Form. silcation Form will not be entertained without Original Deposit Slip (CTSP Copy) opject ID: (DHS/GB/14/18) uplicant's me: (DHS/GB/14/18) there (DHS/GB/14/18) votice for Director Health Services Baltistan Region Skadu Jobs Applied for: Detail Fee: 220/- Amount in word: Rs. Rupees Two Hundred and Twenty Only	5 L . E		KARAKORAM COOPERATIVE BAN GILGIT-BALTISTAN						ARAKORAM COOPERATIVE BANK I GILGIT-BALTISTAN
te: Desired Bank Stamp is required on the Deposit Slip & Original Deposit (CTSP Copy) along Application Form. lication Form will not be entertained without Original Deposit Slip (CTSP Copy) oject ID: (DHS/GB/14/18) pplicant's me: ther me: KIC No/ Form No: pplied for: Fee for Director Health Services Baltistan Region Skadu Jobs otal Fee: 220/- Amount in word: Rs. Rupees Two Hundred and Twenty Only	areer resuling services rakistali				A/C Title: Career Test				0
Slip (CTSP Copy) along Application Form. alication Form will not be entertained without Original Deposit Slip (CTSP Copy) ogiet ID: (DHS/GB/14/18) Slip (CTSP Copy) along Application Form. Application Form will not be entertained without Original Deposit Slip (CTSP Copy) Project ID: (DHS/GB/14/18) Applicant's me: there: Manue: Free for Director Health Services Baltistan Region Skadu Jobs Dital Fee: 220/- Amount in word: Rs. Rupees Two Hundred and Twenty Only Total Fee: 220/- Manue:				L#(0100)	:				
oject ID: (DHS/GB/14/18) pplicant's me: ther ther me: ther ther me: ther me: ther ther <td>(CTSP Copy) along Application F</td> <td>orm.</td> <td></td> <td></td> <td> Slip (CTSP </td> <td>Copy) along Applic</td> <td>cation Form.</td> <td></td> <td></td>	(CTSP Copy) along Application F	orm.			 Slip (CTSP 	Copy) along Applic	cation Form.		
me: ther me: MIC No/ Form No: pplied for: Fee for Director Health Services Baltistan Region Skadu Jobs Total Fee: 220/- Amount in word: Rs. Rupees Two Hundred and Twenty Only	oject ID:	0 1 1 1	51 OOPy)			onn wii not be en	•		сору)
me: ther me: MIC No/ Form No: pplied for: Fee for Director Health Services Baltistan Region Skadu Jobs Total Fee: 220/- Amount in word: Rs. Rupees Two Hundred and Twenty Only	oplicant's						(
me: Name: CNIC No/ Form No: Deplied for: Fee for Director Health Services Baltistan Region Skadu Jobs Detal Fee: 220/- Amount in word: Rs. Rupees Two Hundred and Twenty Only Total Fee: 220/- Amount in word: Rs. Rupees Two Hundred and Twenty Only Total Fee: 220/- Amount in word: Rs. Rupees Two Hundred and Twenty Only Total Fee: 220/- Amount in word: Rs. Rupees Two Hundred and Twenty Only Total Fee: 220/- Amount in word: Rs. Rupees Two Hundred and Twenty Only Total Fee: 220/- Amount in word: Rs. Rupees Two Hundred and Twenty Only Total Fee: 220/- Amount in word: Rs. Rupees Two Hundred and Twenty Only Total Fee: 220/- Amount in Word: Rs. Rupees Two Hundred and Twenty Only Total Fee: 220/- Amount in Word: Rs. Rupees Two Hundred and Twenty Only Total Fee: 220/- Amount in Word: Rs. Rupees Two Hundred and Twenty Only Total Fee: 220/- Amount in Word: Rs. Rupees Two Hundred and Twenty Only Total Fee: 220/- Amount in Word: Rs. Rupees Two Hundred and Twenty Only Total Fee: 220/- Amount in Word: Rs. Rupees Two Hundred and Twenty Only Total Fee: 220/- Amount in Word: Rs. Rupees Two Hundred and Twenty Only Total Fee: 220/- Amount in Word: Rs. Rupees Two Hundred and Twenty Only Word: Rs. Rupees Two Hundred and Twenty Only The fee for Director Health Services Baltistan Region Skadu Jobs	ime:				• •				
SIC No/ CNIC No/ Form No: B Form No: opplied for: Applied for: Fee for Director Health Services Baltistan Region Skadu Jobs otal Fee: 220/- Amount in word: Rs. Rupees Two Hundred and Twenty Only Total Fee: 220/-	ther				Father				
Form No: poplied for: Fee for Director Health Services Baltistan Region Skadu Jobs Detal Fee: 220/- Amount in word: Rs. Rupees Two Hundred and Twenty Only Total Fee: 220/- Amount in word: Rs. Rupees Two Hundred and Twenty Only	ime:				i				
Poplied for: Applied for: Fee for Director Health Services Baltistan Region Skadu Jobs Detal Fee: 220/- Amount in word: Rs. Rupees Two Hundred and Twenty Only Total Fee: 220/- Mount in word: Rs. Rupees Two Hundred and Twenty Only					•				
Fee for Director Health Services Baltistan Region Skadu Jobs Detal Fee: 220/- Amount in word: Rs. Rupees Two Hundred and Twenty Only Image: Colspan="2">Total Fee: 220/- Amount in word: Rs. Rupees Two Hundred and Twenty Only Image: Colspan="2">Colspan="2"Colspa						·			
Detail Fee: 220/- Amount in word: Rs. Rupees Two Hundred and Twenty Only Total Fee: 220/- Amount in word: Rs. Rupees Two Hundred and Twenty Only	pplied for:				Applied for	or:			
tal Fee: 220/- word: Rs. Rupees Two Hundred and Twenty Only Total Fee: 220/- word: Rs. Rupees Two Hundred and Twenty Only	Fee for Director Healt	h Services Baltistan Region	Skadu Jobs		F	ee for Director	Health Services Ba	altistan Region S	kadu Jobs
it date for fee submission: Thursday 20 [°] December, 2018 يَكْرَ حترات پالان پِردَكُ كَا آخرى تاريخ کے بعد فيم دمول دکري۔ Last date for fee submission: Thursday 20 [°] December, 2018		Rupees Two Hundred and Tw			1		Health Controco B		
			enty Only		Total Fe		unt in		ity Only
	st date for fee submission: Thursda	•	· · L	بینکر دهنرات چ		e: 220/- word	unt in : Rs. Rupees Two H	lundred and Twen	· · L
pplicant's Signature Cashier Officer Applicant's Signature Cashier Officer	st date for fee submission: Thursda	•	· · L	بیکر «عزات چ		e: 220/- word	unt in : Rs. Rupees Two H	lundred and Twen	· · L