



Application form

Reg. No
To be filled by CTSP



GOVERNMENT OF GILGIT-BALTISTAN Director Health Services Baltistan Region Skardu

Recruitment Test for Health Department Jobs

Eligibility Criteria

A. Is your age according to the prescribed age limit for the desired post as on 20 December, 2018? Yes No

B. Is your Qualification /Experience according to the desired post? Yes No

C. Do you have Domicile of Gilgit Baltistan? Yes No

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

Picture 1

Paste your recent passport size color photograph not older than 6 Months having blue background with gum

تصویر لازماً مسلک کریں بصورت دیگر فارم عمل میں نہیں لایا جائیگا۔

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 یا غلط معلومات پر مبنی درخواست فارم کو مسترد کر دیا جائے 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 in case of multiple selection please use separate form with separate fee.

| | |
|---|---|
| 01. <input type="checkbox"/> Charge Nurse (BS-14) | 02. <input type="checkbox"/> DEO (BS-12) |
| 03. <input type="checkbox"/> UDC (BS-14) | 04. <input type="checkbox"/> LDCs (BS-11) |

03. District of Domicile: Fill Only One Box (Mandatory)

| | | | | |
|----------------------------------|-----------------------------------|---------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> Gilgit | <input type="checkbox"/> Daimer | <input type="checkbox"/> Skardu | <input type="checkbox"/> Astore | <input type="checkbox"/> Ghizer |
| <input type="checkbox"/> Ghanche | <input type="checkbox"/> Kharmang | <input type="checkbox"/> Shigar | <input type="checkbox"/> Nagar | <input type="checkbox"/> Hunza |

04. Desired Test City:

| | | |
|---------------------------------|---------------------------------|------------------------------------|
| <input type="checkbox"/> Gilgit | <input type="checkbox"/> Skardu | <input type="checkbox"/> Islamabad |
|---------------------------------|---------------------------------|------------------------------------|

On condition
(at least 200 Applicants)

05. Are you a Government Servant and applying through proper channel?

In case of Yes, NOC will be required at the time of interview.

Yes No

Quota Women

Quota Disabled Person

Please attach your disability certificate

Contingent Employee

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:

08. Candidate CNIC #:

امیدوارانہ ذاتی قومی شناختی کارڈ ب فارم کا اندراج لازماً درج کرے بصورت دیگر درخواست فارم عمل میں نہیں لایا جائیگا۔

09. Date of Birth:

10. Religion:

Muslim Non Muslim

In case of Non Muslim,
specify your Religion.

11. Gender: Male Female

12. Marital Status: Married Single

13. Postal Address: _____
All correspondence will be made on this address though courier service or ordinary postal service.

_____ City: _____ District: _____

14. Permanent Address: _____
Kindly write correct permanent address as written on your CNIC, otherwise you will be rejected.

_____ City: _____ District: _____

15. Mobile: _____ 16. Phone No: (OFF): _____
DO NOT give your portable mobile number (which is converted from one network to another) so that SMS delivery is ensured. City Code - Phone No

17. Resident: _____ 18. Email: _____
Parents Mobile Number

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/Courses: (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 | To |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

22. GENERAL INSTRUCTION/ INFORMATION:

- ✓ 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).
- ✓ By hand submission of application form is not allowed.
- ✓ Mobile phones or any electronic gadgets are not allowed in test center premises.
- ✓ 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 proceders and register your complaint on CTSP's complaint form.

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

Picture 3

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۔

23.Undertaking by the Applicant:

I _____ d/s/w of _____ do here by solemnly declare and affirm that I have read and understood the instructions and conditions for appearing in the CTSP Test, and I have filled-up the application form as per instructions given below. In case of any information contained herein is found at any stage to be missing, untrue, false, my candidature can be cancelled at any stage (even after employment, if so revealed later), and I shall be liable to legal action.

میں نے درخواست فارم پر درج ہدایات غور سے پڑھیں ہیں اور فارم کو احتیاط سے پُر کیا ہے، نامکمل یا غلط معلومات دینے پر میرے فارم کو مسترد کر دیا جائے۔
CTSP اور متعلقہ ادارہ میرے خلاف قانونی کارروائی کا حق رکھتا ہے اور تمام تر قانونی اخراجات میں برداشت کروں گا۔

Picture 2

Paste your recent passport size color photograph not older than 6 Months having blue background with Stapler

تصویر لازماً منسلک کریں بصورت دیگر فارم عمل میں نہیں لایا جائیگا۔

Date _____ Candidate's Signature _____ Thumb Impression _____

انولپ (درخواست کے لفافے) کے اوپر پروجیکٹ آئی ڈی اور پوسٹ کا نام لازماً لکھیں۔

براہ مہربانی اپنے درخواست فارم کے ساتھ صرف (CTSP'S COPY) والا چالان فارم لگائیں، بصورت دیگر آپ کا درخواست فارم قبول نہیں کیا جائے گا۔

فارم بھیجنے کی آخری تاریخ 20 دسمبر 2018 ہے۔

درخواست فارم CTSP Head Office Islamabad کو بذریعہ ڈاک / کوریئر مقررہ تاریخ تک بھیجے جاسکتے ہیں۔

Career Testing Services Pakistan بذریعہ ڈاک پاکستان پوسٹ دیر سے موصول ہونی والی درخواست کا ذمہ دار نہیں ہوگا۔

Help line

Phone : 051-2706809

Mobile : 0331-2223898

Website : www.ctsp.com.pk

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

اپنا فارم اس پتے پر ارسال کریں

Career Testing Services Pakistan

CTSP Headquarter, Office No.802,
Sector D-12/2 Main Double Road Islamabad.

Project ID(DHS/GB/14/18)



Career Testing Services Pakistan

BANK'S COPY



GOVERNMENT OF GILGIT-BALTISTAN Director Health Services Baltistan Region Skardu

Branch Code: _____ Branch Name: _____ Date: _____

ONLINE DEPOSIT SLIP

(*Please deposit fee in only one bank & tick the relevant bank)

| | |
|---|--------------------------|
| HBL HABIB BANK | <input type="checkbox"/> |
| A/C Title: Career Testing Services Pakistan | |
| A/C No: 02297901021503 | |

| | |
|---|--------------------------|
| UBL where you come first | <input type="checkbox"/> |
| A/C Title: Career Testing Services Pakistan | |
| A/C No: 1055-238639241 | |

| | |
|--|--------------------------|
| KARAKORAM COOPERATIVE BANK LTD GILGIT-BALTISTAN | <input type="checkbox"/> |
| A/C Title: Career Testing Services Pakistan | |
| A/C No: Cant Branch: Bank Code(3025) A/C#(6106) | |

*Note: Desired Bank Stamp is required on the Deposit Slip & Original Deposit 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 Name: | Father Name: |
| CNIC No/ B Form No: | Applied for: |
| Total Fee: Rs. 220/- <input type="checkbox"/> | Amount in word: Rs. Rupees Two Hundred and Twenty Only <input type="checkbox"/> |

Last date for fee submission: Thursday 20th December, 2018

بینک حضرات چالان پردی گئی آخری تاریخ کے بعد فیس وصول نہ کریں۔

Applicant's Signature

Cashier

Officer



Career Testing Services Pakistan

CANDIDATE'S COPY



GOVERNMENT OF GILGIT-BALTISTAN Director Health Services Baltistan Region Skardu

Branch Code: _____ Date: _____

Branch Name: _____

ONLINE DEPOSIT SLIP

(*Please deposit fee in only one bank & tick the relevant bank)

| | |
|---|--------------------------|
| HBL HABIB BANK | <input type="checkbox"/> |
| A/C Title: Career Testing Services Pakistan | |
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| | |
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| UBL where you come first | <input type="checkbox"/> |
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| A/C No: 1055-238639241 | |

| | |
|--|--------------------------|
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Fee for Director Health Services Baltistan Region Skardu Jobs

Total Fee: 220/- Amount in word: Rs. Rupees Two Hundred and Twenty Only

Last date for fee submission: **Thursday 20th December, 2018** بینک حضرات چالان پردی گئی آخری تاریخ کے بعد فیس وصول نہ کریں۔

Applicant's Signature

Cashier

Officer



Career Testing Services Pakistan

CTSP'S COPY



GOVERNMENT OF GILGIT-BALTISTAN Director Health Services Baltistan Region Skardu

Branch Code: _____ Date: _____

Branch Name: _____

ONLINE DEPOSIT SLIP

(*Please deposit fee in only one bank & tick the relevant bank)

| | |
|---|--------------------------|
| HBL HABIB BANK | <input type="checkbox"/> |
| A/C Title: Career Testing Services Pakistan | |
| A/C No: 02297901021503 | |

| | |
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Applicant's Signature

Cashier

Officer