Reg. No: _____
*To be filled by CTSP*

CTSP®

# Application form

## GOVERNMENT OF GILGIT-BALTISTAN
## Directorate of Health Services Baltistan Region Skardu (P-2)

*Recruitment Test for the posts*
***(BS-14 to BS-06 )***

## Eligibility Criteria

| | | |
|---|---|---|
| A. Is your age according to the prescribed age limit for the desired post as on **12th June, 2019?** | ☐ Yes | ☐ No |
| B. Is your Qualification /Experience according to the desired post? | ☐ Yes | ☐ No |
| C. Do you have Local/Domicile of required District? | ☐ 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 منسلک کریں بصورت دیگر فارم عمل میں نہیں لایا جائیگا۔

## 01. Bank Online Deposit of Rs: 266/- 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، فارم جمع ہونے کے بعد کسی قسم کی تصحیح نہیں کی جائے گی۔ 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 incase of multiple selection please use separate form with separate fee.

| | | | |
|---|---|---|---|
| 01. ☐ UDC (BS-14) | 02. ☐ DEO (BS-12) | 03. ☐ LDC (BS-11) | 04. ☐ Dora M/F(BS-06) |

***Note:** According to Advertisement the *Post of S.No. 04* is only for the candidates having Local/Domicile of Ghanche District.

## 03. District of Local/Domicile: Select your Domicile District. (Mandatory)

| | | | |
|---|---|---|---|
| ☐ Skardu | ☐ Ghanche | ☐ Kharmang | ☐ Shigar |

## 04. Desired Test City: (For Test City Islamabad) In case of less then 200 candidate, the Test Center will be in Gilgit City.

| | |
|---|---|
| ☐ Skardu | ☐ Islamabad |

On condition
( at least 200 Applicants)

## 05. Are you a Government Servant and applying through proper channel? ☐ Yes ☐ No

In case of Yes, please attach you NOC copy at this stage and original NOC will be required at the time of interview. **(Mandatory)**

**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 #:** ☐☐☐☐☐-☐☐☐☐☐☐☐-☐
Write your own CNIC No or B Form No

اُمیدوار اپنا ذاتی قومی شناختی کارڈ/ب فارم کا اندراج لازماً درج کرے بصورت دیگر درخواست فارم عمل میں نہیں لایا جائیگا

**09. Date of Birth:** D D - M M - Year ☐☐-☐☐-☐☐☐☐

**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:** _____ **Tehsil:** _____ **District:** _____

**14. Permanent Address:** _____

Kindly write correct permanent address as written on your CNIC, otherwise you will be rejected.

**City:** _____ **Tehsil:** _____ **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:** _____

Parents Mobile Number

**18. Email:** _____

(Mandatory)

## 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 | Year Passing | Obtained Marks / CGPA | Total Marks / CGPA | Percentage% | 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: (Mandatory)

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

## 21. Employment/Post Relevant Experience Record: (Mandatory) (Please do not attach copies of your experience certificates)

| Sr.# | Organization/ Employer Name | Job Title | Job Duration | | Total years of Experience |
|---|---|---|---|---|---|
| | | | From | To | |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |

## 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 **(CTSP's 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.
- ✓ If you do not receive you roll no slip or result online, you will follow CTSP's procedures and register your complaint on CTSP's complaint form.
- ✓ **Last date for Fees Submission is 12-06-2019**
- ✓ **Last date for receiving application form from Courier is 15-06-2019**

**Picture 2**

**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۔

- اس درخواست فارم کو موڑنا اور تہ کرنا منع ہے۔
- انولپ (درخواست لفافہ) 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۔
- فیس جمع کرنے کی آخری تاریخ 12 جون 2019 ہے اور فارم وصول کرنے کی آخری تاریخ 15 جون 2019 ہے۔
- 15 جون 2019 کے بعد موصول ہونے والا درخواست فارم قابل قبول نہیں ہوگا۔
- Career Testing Services Pakistan بذریعہ ڈاک یا پاکستان پوسٹ دیر سے موصول ہونی والی درخواست کا ذمہ دار نہیں ہوگا۔

## 23.Undertaking by the Applicant:

I_____ S/D/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، فارم جمع ہونے کے بعد کسی قسم کی تصحیح نہیں کی جائے گی۔ نامکمل یا غلط معلومات دینے پر میرے فارم کو مسترد کر دیا جائے۔ **CTSP** اور متعلقہ ادارہ میرے خلاف قانونی کاروائی کا حق رکھتا ہے اور تمام تر قانونی اخراجات میں برداشت کروں گا۔

**Picture 3**

**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 _____

**Office Call Timing:** From 9:00 am To 5:00 pm **Website:** **www.ctsp.com.pk**

**Help line**

**Phone:** 051-2706809

**Mobile:** 0331-2223898

**Website:** **www.ctsp.com.pk**

**اپنا فارم اس پتہ پر ارسال کریں**

**Career Testing Services Pakistan**

**Office No.802, Sector D-12/2, Major Road 01, Islamabad.**

**Project ID: (DHS-2/GB/2919)**

# Career Testing Services Pakistan

CTSP®

**BANK'S COPY**

## GOVERNMENT OF GILGIT-BALTISTAN

## Directorate of Health Services Baltistan Region Skardu (P-2)

Branch Code: _____ Branch Name: _____ Date: _____

ONLINE DEPOSIT SLIP

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

| NBP | HBL HABIB BANK | UBL where you come first | KARAKORAM COOPERATIVE BANK LTD GILGIT-BALTISTAN |
|---|---|---|---|
| A/C Title: Career Testing Services Pakistan | A/C Title: Career Testing Services Pakistan | A/C Title: Career Testing Services Pakistan | A/C Title: Career Testing Services Pakistan |
| A/C No: 4158318822 | A/C No: 02297901021503 | A/C No: 1055-238639241 | 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-2/GB/2919)** |
| **Applicant's Name:** | **Father Name:** |
| **CNIC No/ B Form No:** | **Applied for:** _____ |
| **Test Fee 220 + Collection Account Charges 46 = Total Fee: Rs. 266/-** | **Amount in word: Rs.** Two Hundred and Sixty Six Only |

**Last date for fee submission:** **Wednesday 12th June, 2019** بینکر حضرات چالان پر دی گئی آخری تاریخ کے بعد فیس وصول نہ کریں۔

Applicant's Signature | Cashier | Officer

---

# Career Testing Services Pakistan

CTSP®

**CANDIDATE's COPY**

## GOVERNMENT OF GILGIT-BALTISTAN

## Directorate of Health Services Baltistan Region Skardu (P-2)

Branch Code: _____ Date: _____

Branch Name: _____

ONLINE DEPOSIT SLIP

| NBP | HBL HABIB BANK | UBL where you come first | KARAKORAM COOPERATIVE BANK LTD GILGIT-BALTISTAN |
|---|---|---|---|
| A/C Title: Career Testing Services Pakistan | A/C Title: Career Testing Services Pakistan | A/C Title: Career Testing Services Pakistan | A/C Title: Career Testing Services Pakistan |
| A/C No: 4158318822 | A/C No: 02297901021503 | A/C No: 1055-238639241 | 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-2/GB/2919)** |
| **Applicant's Name:** | |
| **Father Name:** | |
| **CNIC No/ B Form No:** | |
| **Applied for:** _____ | |

**Fee for Directorate of Health Services Baltistan Region Skardu Jobs**

| | | | |
|---|---|---|---|
| TF = 220<br>CAC = 46 | **Total Fee: 266/-** | **Amount in word: Rs.** | Two Hundred and Sixty Six Only |

**Last date for fee submission:** **Wednesday 12th June, 2019** بینکر حضرات چالان پر دی گئی آخری تاریخ کے بعد فیس وصول نہ کریں۔

Applicant's Signature | Cashier | Officer

---

# Career Testing Services Pakistan

CTSP®

**CTSP's COPY**

## GOVERNMENT OF GILGIT-BALTISTAN

## Directorate of Health Services Baltistan Region Skardu (P-2)

Branch Code: _____ Date: _____

Branch Name: _____

ONLINE DEPOSIT SLIP

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

| NBP | HBL HABIB BANK | UBL where you come first | KARAKORAM COOPERATIVE BANK LTD GILGIT-BALTISTAN |
|---|---|---|---|
| A/C Title: Career Testing Services Pakistan | A/C Title: Career Testing Services Pakistan | A/C Title: Career Testing Services Pakistan | A/C Title: Career Testing Services Pakistan |
| A/C No: 4158318822 | A/C No: 02297901021503 | A/C No: 1055-238639241 | 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-2/GB/2919)** |
| **Applicant's Name:** | |
| **Father Name:** | |
| **CNIC No/ B Form No:** | |
| **Applied for:** _____ | |

**Fee for Directorate of Health Services Baltistan Region Skardu Jobs**

| | | | |
|---|---|---|---|
| TF = 220<br>CAC = 46 | **Total Fee: 266/-** | **Amount in word: Rs.** | Two Hundred and Sixty Six Only |

**Last date for fee submission:** **Wednesday 12th June, 2019** بینکر حضرات چالان پر دی گئی آخری تاریخ کے بعد فیس وصول نہ کریں۔

Applicant's Signature | Cashier | Officer