

**APPLICATION FORM**

Reg. No. _____

To be Filled by CTSP

**Government of Gilgit-Baltistan
DIRECTORATE OF HEALTH SERVICES
GILGIT-BALTISTAN****Screening Test for the posts of DHS G-B****I****01. Eligibility Criteria:**

A. Is your age according to the prescribed age limit for the desired Post as on 20-05-2020 ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Do you have relevant / prescribed Qualification and Experience as mentioned in Advertisement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. Do you possess Local/Domicile of Gilgit-Baltistan ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

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

02. Bank Online Deposit of Rs: 290/- from Designated Bank Branches

Bank Code	Deposit Date
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*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۔

03. 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.

01. <input type="checkbox"/> Physiotherapist (PPS-07)	02. <input type="checkbox"/> ICU Medical Officer (PPS-07)
03. <input type="checkbox"/> Biomedical Engineer (PPS-07)	04. <input type="checkbox"/> Staff/ General Nurse (PPS-06)
05. <input type="checkbox"/> ICU Nurse (PPS-05)	06. <input type="checkbox"/> Physiotherapy Technician (PPS-03)
07. <input type="checkbox"/> Junior Pathology/ Lab technician (PPS-03)	08. <input type="checkbox"/> Junior Surgical Technician (PPS-03)
09. <input type="checkbox"/> Junior Cardiology Technician (PPS-03)	10. <input type="checkbox"/> Junior Medical Technician (PPS-03)
11. <input type="checkbox"/> Junior Dialysis Technician (PPS-03)	12. <input type="checkbox"/> Junior Medical Technician (F) (PPS-03)
13. <input type="checkbox"/> Junior Medical Technician (M) (PPS-03)	14. <input type="checkbox"/> ECG Technician (PPS-03)
15. <input type="checkbox"/> Maintenance Supervisor (PPS-03)	16. <input type="checkbox"/> ICU Technician (PPS-03)
17. <input type="checkbox"/> Anesthesia Technologist (PPS-03)	18. <input type="checkbox"/> OT Technician (F) (PPS-03)
19. <input type="checkbox"/> OT Technician (M) (PPS-03)	20. <input type="checkbox"/> Receptionist (PPS-02)
21. <input type="checkbox"/> Dresser (BPS-02)	22. <input type="checkbox"/> Auto calve Operator (PPS-01)

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

01. Name in Full:	<input type="text"/>
02. Father/Husband Name:	<input type="text"/>
03. Candidate CNIC #:	<input type="text"/>

04. Date of Birth: Write your Correct Date of Birth otherwise you will be rejected

D D - M M - Year

05. Gender: Male Female

06. Marital Status: Single Married

07. Religion: Muslim Non Muslim

If Non Muslim, Please Specify: _____

08. Are you a Serving Government Employee? Yes No
If yes, please attach NOC

Total Continuous Job Experience as on closing date of applications: Years - Months - Days

09. Are you applying against Disability Quota? Yes No
If yes, please attach Social Welfare Disability Certificate

If Yes, Please Specify: _____ Social Welfare Certificate No: _____

10. Are you applying against Women Quota? Yes No

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

_____ District: _____ City: _____

12. Personal Mobile No: _____
Do not give your ported / converted mobile number, otherwise you will not receive SMS from CTSP.

13. Resident Mobile No: _____
Do not give your ported / converted mobile number, otherwise you will not receive SMS from CTSP.

14. Email Address: (Mandatory) _____

05. District of Local/Domicile: Select your District of Local/Domicile **(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

06. Desired Test City: Gilgit Skardu Islamabad Islamabad On condition (at least 200 Applicants)

07. Academic Information: (Do not attach copies of your academic qualification certificates.)

- Note: **1.** CTSP will not issue Roll No Slips to those who have not filled in their academic record properly
2. Candidate should convert their grades into marks. (O Level / A Level or any other degree having grade).
3. Write exact degree name & major subject mention in certificate / transcript. **4.** Result awaiting candidates are not eligible.

Degree Level / Certificate	Specialization / Major Subject	Year Passing	Obtained Marks / CGPA	Total Marks / CGPA	Percentage%	Board / University / Institute
Metric <small>(10 Years)</small>						
Intermediate <small>(12 Years)</small>						
Bachelor <small>(14 Years)</small>						
Bachelor^(Hons) / Master <small>(16 Years)</small>						
MS/M.Phil <small>(18 Years)</small>						
Higher <small>(If Any)</small>						

08. Professional Qualification/Diploma/Courses: (Do not attach copies of your professional qualification certificates.)

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

09. Employment/Post Relevant Experience Record:

Sr.#	Designation <i>Your Designation / Position Title</i>	Organization Type <i>(Government / Semi Government / Private)</i>	Organization Name <i>(Name of the Organization / Department)</i>	Job Duration		Total years of Experience
				From	To	
1.						
2.						
3.						
4.						

10. Undertaking By The Applicant:

I _____ s/d/w of _____ do hereby 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 or forged, my candidature can be canceled at any stage (even after employment, if so revealed later), and I shall be liable to legal action.

Date: _____ Thumb Impression

Candidate's Signature _____

Picture 2

Affix your recent passport size color photograph with Open face

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

11. Check List Provide the following documents other wise Application Form will not be entertained.

- Original Bank Deposit Slip (CTSP Copy)
- 03 Passport size color photograph to be attached with the form.
- Attested Copy of CNIC
- Copy of your Domicile certificate.

12. GENERAL INSTRUCTION/ INFORMATION:

- ✓ Please fill the application form properly with complete and correct information.
- ✓ Please do not leave any field blank in the form and do not OVERWRITE any information otherwise your application will be rejected.
- ✓ Incorrect or false information may result in cancellation of your candidature at any stage, even after employment, and also proceeding of a legal action.
- ✓ Please send the complete Application form (along with 3 recent colour passport size Photographs, copy of CNIC, your Local/Domicile Certificate and original bank deposit slip (CTSP's Copy) to **CTSP Office Plot #.140, St 9, Sec I-10/3, Industrial Area, Islamabad.**
- ✓ 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 20-05-2020**

Picture 3

Affix your recent passport size color photograph with Open face

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 20 مئی 2020 ہے۔
- Career Testing Services Pakistan بذریعہ ڈاک یا پاکستان پوسٹ دیر سے موصول ہونے والی درخواست کا ذمہ دار نہیں ہوگا۔

Office Call Timing: From 9:00 AM To 5:00 PM

Monday to Saturday

Cut Address box given below and affix it with gum on the envelope.

Help line

UAN: 051-111004455

Website: www.ctsp.com.pk

اپنا فارم اس پتے پر ارسال کریں

CAREER TESTING SERVICES PAKISTAN

Plot #.140, St 9, Sec I-10/3,
Industrial Area, Islamabad.

Project ID: (DHS-I/GB/39/20)



CAREER TESTING SERVICES PAKISTAN (Pvt) Ltd.

BANK'S COPY

Government of Gilgit-Baltistan DIRECTORATE OF HEALTH SERVICES GILGIT-BALTISTAN

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 (Pvt) Ltd.	
A/C No: 00427991886203	

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

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

*Note: Application Form will not be entertained without Original Deposit Slip (CTSP Copy). This Challan form can be deposit through cash management and manual system, and only through Cash is acceptable no other instrument.

Project ID: DHS-I/GB/39/20	
Applicant's Name:	Father Name:
CNIC No/ B Form No:	Mobile No:
Test Fee: 250	Applied for:
Bank Charges: 40	Total Fee: Rs. 290/- <input type="checkbox"/>
	Amount in word: Rs. Two Hundred and Ninety Only <input type="checkbox"/>

Cash should always be deposited at the respective counter and electronic computer generated receipt printed through flatbed printer on deposit slip/challan should be obtained before leaving the counter, please be sure to check the receipt and satisfy that complete details including account number and amount deposited are correctly printed failing which the bank will not be responsible. Manual stamp is prohibited.

اپنی رقم ہمیشہ کاؤنٹر پر جمع کروائیں اور ڈپازٹ سلپ پر فلیٹ بیڈ پر پرنٹر سے الیکٹرونک رسید حاصل کریں کاؤنٹر چھوڑنے سے پہلے اس الیکٹرونک رسید کے مکمل کوائف بمقدار رقم اور اکاؤنٹ نمبر چیک کر لیں بصورت دیگر بینک ذمہ دار نہ ہوگا۔

Last date for fee submission: Wednesday 20th May, 2020

Applicant's Signature

Bank Cashier

Bank Officer



CAREER TESTING SERVICES PAKISTAN (PVT) LTD.

CANDIDATE'S COPY

Government of Gilgit-Baltistan DIRECTORATE OF HEALTH SERVICES GILGIT-BALTISTAN

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 (Pvt) Ltd.	
A/C No: 00427991886203	

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

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

*Note: Application Form will not be entertained without Original Deposit Slip (CTSP Copy). This Challan form can be deposit through cash management and manual system, and only through Cash is acceptable no other instrument.

Project ID: DHS-I/GB/39/20	
Applicant's Name:	Father Name:
CNIC No/ B Form No:	Mobile No:
Applied for:	
Mobile No:	

Fee for Directorate of Health Services Jobs

TF: 250	Total Fee: 290/-	Amount in word: Rs. Two Hundred and Ninety Only <input type="checkbox"/>
BC: 40		

Cash should always be deposited at the respective counter and electronic computer generated receipt printed through flatbed printer on deposit slip/challan should be obtained before leaving the counter, please be sure to check the receipt and satisfy that complete details including account number and amount deposited are correctly printed failing which the bank will not be responsible. Manual stamp is prohibited. **Last date for fee submission: Wednesday 20th May, 2020**

Applicant's Signature

Bank Cashier

Bank Officer



CAREER TESTING SERVICES PAKISTAN (PVT) LTD.

CTSP'S COPY

Government of Gilgit-Baltistan DIRECTORATE OF HEALTH SERVICES GILGIT-BALTISTAN

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 (Pvt) Ltd.	
A/C No: 00427991886203	

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

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

*Note: Application Form will not be entertained without Original Deposit Slip (CTSP Copy). This Challan form can be deposit through cash management and manual system, and only through Cash is acceptable no other instrument.

Project ID: DHS-I/GB/39/20	
Applicant's Name:	Father Name:
CNIC No/ B Form No:	Mobile No:
Applied for:	
Mobile No:	

Fee for Directorate of Health Services Jobs

TF: 250	Total Fee: 290/-	Amount in word: Rs. Two Hundred and Ninety Only <input type="checkbox"/>
BC: 40		

Cash should always be deposited at the respective counter and electronic computer generated receipt printed through flatbed printer on deposit slip/challan should be obtained before leaving the counter, please be sure to check the receipt and satisfy that complete details including account number and amount deposited are correctly printed failing which the bank will not be responsible. Manual stamp is prohibited. **Last date for fee submission: Wednesday 20th May, 2020**

Applicant's Signature

Bank Cashier

Bank Officer