

**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****01. Eligibility Criteria:**

A. Is your age according to the prescribed age limit for the desired Post as on <b>13-03-2020</b> ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Do you have relevant / prescribed <b>Qualification</b> and <b>Experience</b> as mentioned in Advertisement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. Do you possess Local/Domicile of <b>Gilgit-Baltistan</b> ?	<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.

**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"/> Data Entry Operator	02. <input type="checkbox"/> Stenotypist
03. <input type="checkbox"/> Medical Technician	04. <input type="checkbox"/> Dental Technician
05. <input type="checkbox"/> Radiology Tech	06. <input type="checkbox"/> LDC
07. <input type="checkbox"/> Junior Pathology Tech	08. <input type="checkbox"/> Junior Ophthalmology Tech
09. <input type="checkbox"/> Junior Surgical Tech	10. <input type="checkbox"/> Junior Anesthesia Tech
11. <input type="checkbox"/> Junior X-Ray / Radiology Tech	12. <input type="checkbox"/> Junior ECG Tech
13. <input type="checkbox"/> Junior Dental Tech	14. <input type="checkbox"/> Junior MCH Tech
15. <input type="checkbox"/> Junior Medical Tech	16. <input type="checkbox"/> Junior Immunization Tech
17. <input type="checkbox"/> Electro Medical Technician	18. <input type="checkbox"/> Junior Pharmacy Technician
19. <input type="checkbox"/> Junior Nephrology (dialysis) Tech	20. <input type="checkbox"/> Telephone Operator
21. <input type="checkbox"/> Store Keeper	22. <input type="checkbox"/> Nurse Female
23. <input type="checkbox"/> Dispenser Grade-II	24. <input type="checkbox"/> Lab Assistant
25. <input type="checkbox"/> Nurse Aid Male / Female	26. <input type="checkbox"/> Dora Male / Female
27. <input type="checkbox"/> Assistant Electro Medical Tech	28. <input type="checkbox"/> Assistant Store Keeper
29. <input type="checkbox"/> Auto Clave Operator	30. <input type="checkbox"/> Nursing Assistant

**Picture 1**

Paste your recent passport size color photograph with gum

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

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

01. Name in Full:

02. Father's Name:

03. Candidate CNIC #:  -  -  Write your Correct Date of Birth mentioned on your CNIC otherwise you will be rejected

04. Date of Birth:  <sup>D</sup>  <sup>D</sup> -  <sup>M</sup>  <sup>M</sup> -     <sup>Year</sup>  
Write your Correct Date of Birth otherwise you will be rejected

05. Gender:  Male  Female

Female

06. Marital Status:  Single  Married

07. Religion:  Muslim  Non 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  
If yes, please attach Social Welfare Disability Certificate

11. Postal Address: \_\_\_\_\_  
All correspondence will be made on this address though 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 (10 Years)						
Intermediate (12 Years)						
Bachelor (14 Years)						
Bachelor (Hons) / Master (16 Years)						
MS/M.Phil (18 Years)						
Higher (If Any)						

**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 13-03-2020**

**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 13 مارچ 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-II/GB/40/20)



# 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\*)

<b>HBL</b> HABIB BANK	<input type="checkbox"/>
A/C Title: Career Testing Services Pakistan (Pvt) Ltd.	
A/C No: 00427991886203	

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

<b>KARAKORAM COOPERATIVE BANK LTD</b> 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.

<b>Project ID:</b> DHS-II/GB/40/20	
<b>Applicant's Name:</b>	<b>Father Name:</b>
<b>CNIC No/ B Form No:</b>	<b>Mobile No:</b>
<b>Test Fee: 250</b>	<b>Applied for:</b>
<b>Bank Charges: 40</b>	<b>Total Fee: Rs. 290/-</b> <input type="checkbox"/>
	<b>Amount in word: Rs. Two Hundred and Ninety Only</b> <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 کرادیں اور ڈپازٹ سلپ پر فلیٹ ہڈر پر نئے سے الیکٹرونک رسید حاصل کریں کاؤنٹر چھوڑنے سے پہلے اس الیکٹرونک رسید کے مکمل کوائف بعد رقم اور اکاؤنٹ نمبر چیک کر لیں بصورت دیگر بینک ذمہ دار نہ ہو گا۔

**Last date for fee submission: Friday 13th March, 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\*)

<b>HBL</b> HABIB BANK	<input type="checkbox"/>
A/C Title: Career Testing Services Pakistan (Pvt) Ltd.	
A/C No: 00427991886203	

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

<b>KARAKORAM COOPERATIVE BANK LTD</b> 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)	

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<b>Project ID:</b> DHS-II/GB/40/20	
<b>Applicant's Name:</b>	<b>Father Name:</b>
<b>CNIC No/ B Form No:</b>	<b>Mobile No:</b>
<b>Applied for:</b>	
<b>Fee for Directorate of Health Services Jobs</b>	
TF: 250	<b>Total Fee: 290/-</b>
BC: 40	<b>Amount in word: Rs. Two Hundred and Ninety Only</b> <input type="checkbox"/>

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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: \_\_\_\_\_

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<b>Applicant's Name:</b>	<b>Father Name:</b>
<b>CNIC No/ B Form No:</b>	<b>Mobile No:</b>
<b>Applied for:</b>	
<b>Fee for Directorate of Health Services Jobs</b>	
TF: 250	<b>Total Fee: 290/-</b>
BC: 40	<b>Amount in word: Rs. Two Hundred and Ninety Only</b> <input type="checkbox"/>

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