



APPLICATION FORM

Reg. No. _____
To be Filled by NGTS

NEXT GENERATION TESTING SERVICE (NGTS)

Screening Test for the Post of

- Supervisor Coordinator Invigilator
 Naib Qasid Computer Operator

Project ID: AJK-01

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۔

Bank Online Deposit of Rs: 500/- from Designated Bank Branches.

Bank Code	
Deposit Date	

*Note: Application Form will not be entertained without Original Deposit Slip (NGTS Copy)

Exemption of fee for Disabled Person only



Are you a Disabled Person? Yes No

معدود حضرات پر فیس الاگو نہیں ہوگی۔ براہ کرم نادرا کا جاری کردہ مخصوص قومی شناختی کارڈ بطور ثبوت منسلک کریں۔ قومی شناختی کارڈ نہ ہونے کی صورت میں حکومت کے منظور شدہ ادارے سے جاری کردہ Disability Certificate منسلک کریں۔ بصورت دیگر درخواست فارم عمل میں نہیں لایا جائیگا۔

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

01. Name in Full: _____

02. Father's Name: _____

03. Candidate CNIC #: _____
Write your own CNIC No. Or B Form No. _____

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

04. CNIC Expiry Date: - -

05. Gender: Male Female

06. Date of Birth: - -

Write your Correct Date of Birth as per your Matric Certificate

07. Postal Address: _____

Only for Information: NGTS will not issue Roll No Slips through courier/postal services. Candidate must required to take electronic print out of Roll No. (having picture of candidate) from NGTS website for appearing in

_____ District: _____ City: _____

08. Permanent Address: _____

_____ District: _____ City: _____

09. Phone No: (Res) _____ Mobile: _____

City Code - Phone No

DO NOT give your portable mobile number (which is converted from one network to another) so that S MS delivery is ensured.

10. Email ID: _____

11. Are you a Government Servant and applying through proper channel?
In case of Yes, an NOC will be required at the time of interview. Yes No

12. Are you a Disabled Person?
If yes, please attach Disability Certificate Yes No

13. Religion: Muslim Non Muslim

Incase of Non Muslim, please specify: _____

14. Desired Test City: (Mandatory)

Subject to a minimum of 200 candidates, otherwise the candidates will be assigned next nearest test city.

Name of Test City: 1. _____ 2. _____
Please mention your nearest city test center for recruitment processes. Test Center List if available on our website.

We have test center in divisional level in AJK, please mention your nearest city & Division name, we will provide test facility according to the strength of candidates in your city or division.

Candidates can also contact us for more information and guideline through email and our official what's app No which is reserve for candidates help and guideline.

Please write us at: info@ngts.org.pk

What's app your query on:0334 8702425

Call Us: 051-4261179

15. District of Domicile: Write your Province and District Name

Division	District Name
<input type="text"/>	<input type="text"/>

16. Academic Information: (Please do not attach copies of your academic certificates at this stage.)

Note: 1. NGTS will not issue Roll No Slips to those who have not filled in their academic record properly.

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

Certificate/Degree	Degree Title	Major Subject	Passing Year	Marks Obtained	Total Marks	Board/University
Middle						
SSC						
Intermediate						
BA/BS						
Master						
Certificate/ Diploma						
Other						

Undertaking By the Applicant:

I _____ d/s/w of _____ do hereby solemnly declare and affirm that I have read and understood the instructions and conditions for appearing in the NGTS 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 cancelled 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 not older than 6 Months having blue background

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

GENERAL INSTRUCTIONS / INFORMATION:

- The applicant does not require attaching educational documents at the time of submission of application form.
- Please fill the Application Form properly with complete and correct information / answers.
- Please DO NOT leave any field blank, otherwise your application may not be considered.
- Attach your Two recent Passport Size Photographs, Copy of CNIC and Original Bank Deposit Slip (NGTS Copy)
- By Hand submission of Application Form is not allowed.
- Mobile Phones or any Electronic Gadgets are not allowed in Test Center premises.
- Please use A-4 size paper to print this form.

Please study thoroughly detailed Instructions and Terms & Conditions on NGTS website and Advertise

HELP LINE

UAN : +92-51-4261179

Website : www.ngts.org.pk

Keep Visiting NGTS Website

Please Send Application Forms to:

NEXT GENERATION TESTING SERVICE

Post Box No: 793 Post Office I-10/4
Islamabad.

Only for Information: NGTS will not issue Roll No Slips through courier/postal services. Candidate must required to take electronic print out of Roll No. (having picture of candidate) from NGTS website for appearing in tests.



**Next Generation Testing Service
(BANK COPY)**

Branch Cod: _____ Branch Name: _____ Date: _____

ONLINE DEPOSIT SLIP
(Please deposit fee in your nearest UBL Branch)

		Test Processing Fee	500/-
A/C Title: Next Generation Testing Service A/C No: 0456286491233		Total	500
Project ID	AJK-01	<div style="display: flex; justify-content: space-between; align-items: flex-end; padding: 10px;"> <div style="width: 45%; border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="width: 45%; border-bottom: 1px solid black; margin-bottom: 5px;"></div> </div> <p align="center">Applicant's Signature Bank Stamp /Sign</p>	
Applicant's Name:			
Father's Name:			
CNIC / Form B No:			
Post Name			



**Next Generation Testing Service
(CANDIDATES COPY)**

Branch Cod: _____ Branch Name: _____ Date: _____

ONLINE DEPOSIT SLIP
(Please deposit fee in your nearest bank)

		Test Processing Fee	500/-
A/C Title: Next Generation Testing Service A/C No: 0456286491233		Total	500
Project ID	AJK-01	<div style="display: flex; justify-content: space-between; align-items: flex-end; padding: 10px;"> <div style="width: 45%; border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="width: 45%; border-bottom: 1px solid black; margin-bottom: 5px;"></div> </div> <p align="center">Applicant's Signature Bank Stamp /Sign</p>	
Applicant's Name:			
Father's Name:			
CNIC / Form B No:			
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Applicant's Name:			
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