



**REGISTRATION FORM**  
**Bahauddin Zakariya University, Multan**  
**Customized Test by NTS for**  
**Undergraduate & Graduate Program**

Affix two  
recent  
photographs  
**1 x 1.5**  
**Inches**  
**only**

**1. Bank Online Deposit of Rs: 400/- Designated Bank Branches only.**

Bank Name		Branch code	
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**2. Desired Test City** (Please tick only One.) *(Mandatory)*

1. <input type="checkbox"/> D.G.KHAN	2. <input type="checkbox"/> MULTAN	3. <input type="checkbox"/> SAHIWAL
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**3. Desired Program** (Please tick only One.) *(Mandatory)*

1. <input type="checkbox"/> B.B.A	2. <input type="checkbox"/> M.B.A	3. <input type="checkbox"/> Telecommunication
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**4. NAME**

(Use CAPITAL LETTERS)

**5. FATHER'S NAME**

(Use CAPITAL LETTERS)

**6. CNIC**  -  -

**7. Date of Birth**

D D M M Y Y

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**8. E-MAIL:**

(Mandatory, most of the future correspondence will be done using e-mail address)

**9. Gender**

<input type="checkbox"/> Male	<input type="checkbox"/> Female
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**10. POSTAL ADDRESS**

(All correspondence will be made on this address through Pakistan Postal service)

CITY \_\_\_\_\_ Postal City District \_\_\_\_\_

**11. TELEPHONE NO.** (OFF) \_\_\_\_\_ (RES.) \_\_\_\_\_ Mobile \_\_\_\_\_  
 (City Code- Phone No.)

**12. ACADEMIC RECORD**

Certificate/ Degree	Major Subjects	Obtained Percentage only	Board/ University
SSC (10 Years)			
HSSC (12 Years)			
Bachelor (14 Years)			

**UNDERTAKING BY THE APPLICANT**

I \_\_\_\_\_ d/s/w of \_\_\_\_\_ do hereby solemnly affirm that the information given in this Registration form is true and correct to the best of my knowledge and belief. I fully understand that my false statement or material omission/ suppression of any fact shall render me liable to disciplinary action and/or cancellation of my test.

Date: \_\_\_\_\_

Signature of the Candidate \_\_\_\_\_

➤ **By Hand submission of Application Form is not allowed.**

**Send Registration Forms to:**

**MANAGER OPERATIONS**  
**NATIONAL TESTING SERVICE**  
**402, Street 34, I-8/2 Islamabad.**  
**Contact #: 051-9258478-79**

**Test Schedule**

Test Date:	Sunday, 13 <sup>th</sup> December 2009
Last Date of submission of Application Forms:	Thursday, 3 <sup>rd</sup> December 2009



Branch Code: \_\_\_\_\_ Date: \_\_\_\_\_

Branch Name: \_\_\_\_\_

### ONLINE DEPOSIT SLIP

(\* Please tick the relevant bank)

<input type="checkbox"/>	<b>Muslim Commercial Bank</b>	<input type="checkbox"/>
Remote Branch:	I-8 Markaz Branch, Islamabad (1501)	
A/C Title:	NTS-Collection	A/C No. 0041749181000999
<input type="checkbox"/>	<b>UNITED BANK LTD.</b>	<input type="checkbox"/>
Remote Branch:	Cantt Br Rawalpindi (0041)	
A/C Title:	NTS-Collection	A/C No. 011-2530-9
<input type="checkbox"/>	<b>Allied Bank Limited</b> (Formerly: Allied Bank of Pakistan Limited)	<input type="checkbox"/>
Remote Branch:	Bara Tower Br Abbottabad (0004)	
A/C Title:	NTS-Collection	A/C No. 01-100-2614-5

Applicant's Name:	
Father Name:	
CNIC No/ B Form No:	
Amount Rs:	Amount in word: Rs.,

Applicant Signature

Cashier

Officer



Branch Name: \_\_\_\_\_ Branch Code: \_\_\_\_\_ Date: \_\_\_\_\_

### ONLINE DEPOSIT SLIP

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

<input type="checkbox"/>	<b>Muslim Commercial Bank</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>UNITED BANK LTD.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Allied Bank Limited</b> (Formerly: Allied Bank of Pakistan Limited)
Remote Branch:	I-8 Markaz Branch, Islamabad (1501)		Remote Branch:	Cantt Br Rawalpindi (0041)		Remote Branch:	Bara Tower Br Abbottabad (0004)
A/C Title:	NTS-Collection	A/C No. 0041749181000999	A/C Title:	NTS-Collection	A/C No. 011-2530-9	A/C Title:	NTS-Collection
Note: Bank Service Charges: Nil		Note: Bank Service Charges: Nil		Note: Bank Service Charges: Nil		Note: Bank Service Charges Rs 50/- only	

I understand that the transaction will be carried out entirely at my risk and I Accept the term and conditions in this regard.

Applicant's Name:	
Father Name:	
CNIC No/ B Form No:	
Applicant's Address:	
Amount Rs:	Amount in word: Rs.,

Applicant Signature

Cashier

Officer