

REGISTRATION FORM

NTS Bahauddin Zakariya University Multan

Bachelor Program

Affix 2 recent passport size color photograph

*. Authentication Key	word					
A keyword (only 4 Digits) provided by the candidate	to submit correction query later for correction in	provisional candidate list on the NTS website				
Bank Online Deposit	of Rs: 450/- from Desig	gnated Bank Branches.				
Bank Code	Bank Code Deposit Date					
1. Desired Test City	Fill Only One Box for Desired Test 0	City				
Multan	Sahiwal	Layyah	Dera Gazi Khan			
2. Desired Program &						
Desired Program Fill Only One Box for Desired Program	Desired Field Write your preference	of Study es (1,2,3) for Desired Field of Study				
Bachelor Program	Business Adn	Business Administration Computer Sciences				
	Mass Commu	Mass Communication Commerce				
Personal Information	Dn Use CAPITAL letters and	d leave spaces between wo	rds.			
3. Name in Full:						
4. Father's Name:						
5. Candidate CNIC#: Write your own CNIC No. Or B Form No.			6. Gender: Male Female			
7. Date of Birth: D D M	- 1 9 - 1	8. Email:				
	s address though courier service or ordin	Po	stal City			
	City:		District:			
10. Phone No: (OFF)	(RES.))	(Mobile)			

11. Academic Information: (Please do not attach any documents)

Note

- 1. NTS will not issue Roll No Slips to those who have not given their academic record accordingly .
- 2. O-Level and A-Level Candidates should convert their Grades into Marks.

Certificate / Degree Name	Degree Name & Major Subject	Year Passing	Obtained Marks/ CGPA	Total Marks/ CGPA	Institute/Board
SSC (10 Years)					
HSSC (12 Years)					
Bachelor (14 Years)					

Indertaking By The	Applicant:	
	event any information contained herein is found	do hereby solemnly affirm that I st and that I have filled the form as per instructions d to be untrue, I shall be liable to disciplinary action
Date:	Sic	anature of the Candidate

▶By Hand submission of Application Form is not allowed.

Help line:

Phone No. 051-9258478-79.

Website: www.nts.org.pk

E-mail <u>info@nts.org.pk</u>

Send Application Forms to:

Manager Operations
National Testing Service
402, Street No. 34, Sector I-8/2,
Islamabad.

National Testing Service Building Standards in Educational and Professional Testing NTS COPY Branch Code: Date:	NIS	al Testing Ser	
Branch Name:	Branch Name:	Branch Code:	Date:
ONLINE DEPOSIT SLIP (*Please tick the relevant bank) Muslim Commercial Bank	Please deposit fee in any branch of following Banks)		Please deposit fee in only one bank & tick the relevant bank
Remote Branch: I-8 Markaz Branch, Islamabad (1501)	Muslim Commer		nk Limited nk of Pakistan Limited)
AC NTS-Collection AC 0041749181000999 UBL UNITED BANK UTA	Remote Branch: 1-8 Markaz Branch, A/C Title: NTS-Collection No. Note: Bank Service Charges F	041749181000999 A/C Title: NTS-Collection	Br Abbottabad (0004) AIC 01-100-2614-5 No. Darres Free of Cost
Remote Branch: Cantt Br Rawalpindi (0041) $\frac{\Delta C}{\text{Tite:}}$ NTS-Collection $\frac{\Delta C}{N_{0.}}$ 011-2530-9	UBL UNITED E		
Allied Bank Limited Formery, Mard Bank of Pasistan Limited) Remote Branch: Bara Tower Br Abbottabad (0004)	Remote Cantt Br Rawalpind Branch: A/C Title: NTS-Collection No.	Remote Jinnah Road	Br Abbottabad (0416)
Title: NTS-Collection No. 01-100-2614-5	Note: Bank Service Charges F	Free of Cost Note: Bank Service C	
Remote Jinnah Road Br Abbottabad (0416)	Applicant's Name:		
Branch: Art NTS-Collection Arc No. 0416-70001160-03	Father Name:		
Applicant's Name:	CNIC No/ B Form No:		
Father Name: CNIC No/	Applicant's Address:		
Amount in Four Hundred Fifty Rupees Only. Rs: Amount in word: Rs., Non Refundable/ Non Transferable	Amount Rs: 450/- Amount word:		Rupees Only.
Applicant Signature Cashier Officer	Applicant' Signature	Cashier	Officer
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