



REGISTRATION FORM

**Bahauddin Zakariya University
Multan**



Post Graduate Program (14 Years Education)

Picture 1
Paste your recent passport size color photograph with gum

Provide 2 recent photograph both are pasted in photograph column

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

Bank Name & Code	Deposit Date
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***Note: Application Form will not be entertained without Original Deposit Slip (NTS Copy)**

1. Desired Test City Fill Only One Box for Desired Test City

<input type="checkbox"/> Multan	<input type="checkbox"/> Sahiwal	<input type="checkbox"/> Layyah	<input type="checkbox"/> Dera Gazi Khan
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2. Desired Program & Field of Study:

Desired Program Fill Only One Box for Desired Program	Desired Field of Study Fill Only One Box for Desired Field of Study
<input type="checkbox"/> Post Graduate Program I (14 Years of Education)	<input type="checkbox"/> MCS <input type="checkbox"/> MIT <input type="checkbox"/> M.COM <input type="checkbox"/> MBA <input type="checkbox"/> MBA (Banking & Finance) <input type="checkbox"/> MSC (Accounting & Finance)
<input type="checkbox"/> Post Graduate Program II (14 Years of Education)	<input type="checkbox"/> Mass Communication
<input type="checkbox"/> Post Graduate Program III (Based on 4 years BBA Hons/ BBA Hons IT)	<input type="checkbox"/> MBA-II

Personal Information Use CAPITAL letters and leave spaces between words.

3. Name in Full: _____																	
4. Father's Name: _____																	
5. Candidate CNIC# : _____ <small>Write your own CNIC No. Or B Form No.</small>	6. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female																
7. Date of Birth: <table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table> - 19 <input type="text"/> <input type="text"/>	D	D	M	M	Y	Y	Y	Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	8. Email: _____
D	D	M	M	Y	Y	Y	Y										
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>										
9. Postal Address: _____ <small>(All correspondence will be made on this address though courier service or ordinary postal service)</small>																	
_____ City: _____	Postal City District: _____																
10. Phone No: (OFF) _____ (RES.) _____ (Mobile) _____ <small>(City Code - Phone No)</small>																	

11. Academic Information: (Please attach your documents)

Note: NTS will not issue Roll No Slips to those who have not given their academic record accordingly .

Certificate / Degree Level	Degree Name	Major Subject	Year Passing	Obtained Marks/CGPA	Total Marks/CGPA	Institute/Board
SSC (10 Years)						
HSSC/ DAE (12 Years)						
Bachelor (14 Years)						
Bachelor/ Master (16 Years)						

Undertaking By The Applicant:

I _____ d/s/w of _____ do hereby solemnly affirm that I have read and understood the conditions for appearing in the NTS Test and that I have filled the form as per instructions given above and in the event any information contained herein is found to be untrue, I shall be liable to disciplinary action which may result in cancellation of my test.

Date: _____

Signature of the Candidate _____

Picture 2
Affix your recent
passport size
color
photograph
with Stapler

Provide 2 recent photograph
both are pasted in photograph column

- Attach your recent Photograph, CNIC copy and Original Bank Deposit Slip NTS Copy
- By Hand submission of Application Form is not allowed.
- Mobile Phones are not allowed in Test Center premises.
- Please visit NTS Website according to the TEST Schedule to check your status.

Help line:

Phone No. ISB: 051-9258478-79

LHR: 042-99239258

KHI: 021-35215013

PES: 091-9218233

Website: www.nts.org.pk

E-mail: info@nts.org.pk

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: _____

Branch Name: _____

ONLINE DEPOSIT SLIP

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

Allied Bank Limited <small>(Formerly Allied Bank of Pakistan Limited)</small>	<input type="checkbox"/>	Muslim Commercial Bank	<input type="checkbox"/>
Remote Branch: I-8 Markaz Branch Islamabad (0947)		Remote Branch: I-8 Markaz Branch, Islamabad (1501)	
A/C Title: NTS-Collection A/C No. 01-167-0006-4		A/C Title: NTS-Collection A/C No. 0041749181000999	
Note: Bank Service Charges Free of Cost		Note: Bank Service Charges Free of Cost	
UNITED BANK LTD.	<input type="checkbox"/>	HABIB BANK LTD <small>THE POWER TO LEAD</small>	<input type="checkbox"/>
Remote Branch: Cantt Br Rawalpindi (0041)		Remote Branch: H9 Shalimar Recording Co ISB (1742)	
A/C Title: NTS-Collection A/C No. 011-2530-9		A/C Title: NTS-Collection A/C No. 1742-79002786-03	
Note: Bank Service Charges Free of Cost		Note: Bank Service Charges Free of Cost	

***Note:** Desired Bank Stamp is required on the Deposit Slip & Send Original Deposit Slip (NTS Copy) along Application Form to NTS Office

Application Form will not be entertained without Original Deposit Slip (NTS Copy)

Applicant's Name:
Father Name:
CNIC No/ B Form No:

Amount Rs: 500/-	Amount in word: Rs. Five Hundred Rupees Only.
	Non Refundable/ Non Transferable

Applicant Signature

Cashier
B.Z.U 2011

Officer



National Testing Service

Building Standards in Educational and Professional Testing

BANK COPY

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Branch Name: _____

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