Registration No.



REGISTRATION FORM

Bahauddin Zakariya University Multan



GAT- Special Test for Agriculture Sciences
For 16 Years & 18 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 Dat	te	
*Note: Application Form will not be enterta	ined without Original Deposit S	olip (NTS Copy)	
1. Test City			
Multan			
2. Desired Program:			
Desired Program Fill Only One Box for Desired Program			
GAT - General (For 16 Years of Education)	GAT - Sul (For 18 Yea	bject ars of Education)	
Personal Information: Use CA 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 M Y 1		nail:	
9. Postal Address: (All correspondence will be made on this address though	o courier service or ordinary postal service)		
	City:	Postal City District:	
10. Phone No: (OFF)(City Code - Phone No)	(RES.)	(Mobile)	

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)						
M.Phil (18 Years)						

Un	dert	aking	By	The	App	lican	t:

I	d/s/w c	of				do
hereby solemnly affirm that I have read a	and unders	stood	the con	ditions fo	or appear	ing in the
NTS Test and that I have filled the form a	s per instru	uction	s given	above ar	nd in the	event any
information contained herein is found to b	e untrue, l	shall b	oe liable	to discip	linary act	ion which
may result in cancellation of my test.					-	

Picture 2
Affix your recent passport size color photograph with Stapler

Date:	Signature of the Candidate	Provide 2 recent photograph
Date	Signature of the Candidate	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 <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	National Testing Service Building Standards in Educational and Professional Testing BANK COPY
Branch Code: Date:	Branch Code: Date:
ONLINE DEPOSIT SLIP (* Please deposit fee in only one bank & tick the relevant bank)	ONLINE DEPOSIT SLIP (* Please deposit fee in only one bank & tick the relevant bank)
AlliedBank Limited	Remote I-8 Markaz Branch Islamabad (0947) Note: Bank Service Charges Free of Cost Muslim Commercial Bank
Remote Cantt BrRawalpindi (0041) Note: Bank Service Charges Free of Cost	Remote Cantt BrRawalpindi (0041) 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:	Applicant's Name:
Father Name:	Father Name:
CNIC No/ B Form No:	CNIC No/ B Form No:
Amount n Rs: Amount in word: Rs. Five Hundred Rupees Only. Non Refundable/ Non Transferable	Amount in Rs: Amount in word: Rs. Amount in word: Rs. Amount in Non Refundable/ Non Transferable

Applicant Signature

Cashier B.Z.U2011

Cashier B.Z.U2011

Applicant Signature