

**REGISTRATION FORM**

Registration No. \_\_\_\_\_

Filled by NTS



# FATIMA JINNAH MEDICAL COLLEGE, LAHORE

**Admission Session 2013-2014**

**Picture 1**  
Paste your  
recent  
passport size  
color photograph  
**with gum**

07 seats reserved for Real Daughters of Federal Government Serving Civil Employees

**Bank Online Deposit of Rs: 800/- 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)**

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

1. Name in Full: _____	
2. Father's Name: _____	
3. Mother's Name: _____ <small>(If the eligibility is claimed on the basis of mother's employment in Federal Government)</small>	
4. Candidate CNIC# : _____ <small>Write your own CNIC No. Or B Form No.</small>	5. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
6. Date of Birth: _____ <small>Write your Correct Date of Birth other wise you will be rejected</small>	7. Email: _____
8. Postal Address: _____ <small>(All correspondence will be made on this address though courier service or ordinary postal service)</small>	
City: _____ Postal City District: _____	
9. Phone No: (OFF) _____ (RES.) _____ (Mobile) _____ <small>(City Code - Phone No)</small>	
10. Province: _____ 11. District of Domicile: _____	
12. Applying Qouta <input type="checkbox"/> Gazetted <input type="checkbox"/> Non Gazetted	

**13. Academic Information: (Please attach your documents)**

- Note:** 1. NTS will not issue Roll No Slips to those who have not given their academic record accordingly .  
2. Candidate should convert their grades into marks. (O Level/A Level or any other degree having grade. )  
3. Write exact degree name & major subject mention in certificate/ transcript.  
4. Result awaiting candidates are not eligible.

Certificate / Degree Level	Degree Name	Major Subject	Year Passing	Obtained Marks	Total Marks	Institute/Board
Matric (10 Years)						
Intermediate Pre Medical (12 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**

- **Attach your recent Photograph, CNIC copy and Original Bank Deposit Slip NTS Copy.**
- **Attach Copy of Matric & FS.c Certificate and Detailed Marks Sheet.**
- **Attach Copy Domicile Certificate.**
- **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.**

- **Last date for application submission is 15th January 2014**
- **Application should reach NTS office latest by last date of submission of Application Form.**
- **NTS will not be responsible for late receiving of application through courier / Pakistan Post etc.**
- **Applications received on 16th January 2014 will not be entertained by NTS**

### Help line:

**UAN: +92-51-844-444-1**

**Website: [www.nts.org.pk](http://www.nts.org.pk)**

### Send Application Forms to:

**Manager Operations**  
**National Testing Service**  
**96, STREET # 04, SECTOR H-8/1**  
**ISLAMABAD**

## **Declaration by the Candidate**

This is to certify that I have read the rules and regulations governing the 07 seats reserved for the real daughters of Federal Government Serving Civil Servants (as defined in the Rules of Business 1973 and its Schedules I & III) at Fatima Jinnah Medical College, Lahore and agreed to abide by them. I also hereby agree that if admitted, I shall conform to all present rules, regulations and orders in force in the Medical Institution including those that may be made hereafter for the admission to the institution. I undertake that so long as I am student of the institution I will do nothing either within or outside the institution premises that may interfere with its orderly administration and discipline or may bring the institution or its administration into dispute. I further undertake that if fail to observe the discipline of the institution I can be expelled or punished in any other way by the Principal at any time during the course of my studies at the institution.

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

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

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## **SOLEMN AFFIRMATION BY PARENTS**

I \_\_\_\_\_ Father/Mother of Miss \_\_\_\_\_ an applicant for admission in Fatima Jinnah Medical College Lahore do hereby solemnly affirm that all statements or particulars made in the above application are true to the best of my knowledge and belief. I am aware that if any of the statements made in the above application is found to be wrong, my daughter would be liable to be refused admission in FJMC even if otherwise eligible and if admitted would be liable to expulsion from the institution at any time during the course of her studies, in which case, free and other dues paid by her at the time of expulsion shall be forfeited, furthermore, such a wrong or false statement would make my daughter and me liable to any further departmental or legal action which the Government may deem necessary. I further solemnly affirm that I am a Federal Government civil employee serving in the Ministry/ attached department namely \_\_\_\_\_ as \_\_\_\_\_ in BPS \_\_\_\_\_ and that the applicant is my real daughter and that I am enclosing attested copy of my last 3 pay slips issued by AGPR.

PLACE \_\_\_\_\_

Signature of Father/ Mother \_\_\_\_\_

DATE \_\_\_\_\_

NAME: \_\_\_\_\_

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## **VERIFICATION BY THE MINISTRY/DIVISION/DEPARTMENT**

(To be signed by an officer of BPS-19 or above of the Admn Wing of the concerned Ministry/ Division)

It is verified that Mr. / Ms. \_\_\_\_\_ is, to the best of our knowledge, father/ Mother of the applicant and that the above named officer/official is a Federal Government Civil Servant as defined in Rules of Business, 1973 and its Schedules I & II and fulfills the definition of Civil Servants as defined in Civil Servants Act, 1973. It is further verified that the above named officer/officials is a serving employee working as \_\_\_\_\_ in BPS \_\_\_\_\_ in the Ministry/ Divisions/ Attached Department of \_\_\_\_\_

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

\_\_\_\_\_  
Signature

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

Designation: \_\_\_\_\_

Phone No. \_\_\_\_\_

**Affix Official Stamp Please**



# 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)

 <b>Allied Bank Limited</b> <small>(Formerly Allied Bank of Pakistan Limited)</small>	<input type="checkbox"/>
Remote Branch: I-8 Markaz Branch Islamabad (0140947)	
A/C Title: NTS-Pakistan-Collection	A/C No. 0010008325640018
Note: Bank Service Charges <b>Free of Cost</b>	

 <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
Note: Bank Service Charges <b>Free of Cost</b>	

 <b>UNITED BANK LTD.</b>	<input type="checkbox"/>
Remote Branch: Cantt Br Kashmir Road Rawalpindi (0041)	
A/C Title: NTS-Pakistan	A/C No. 0205523391
Note: Bank Service Charges <b>Free of Cost</b>	

 <b>HABIB BANK LTD.</b> <small>THE POWER TO LEAD</small>	<input type="checkbox"/>
Remote Branch: H9 Shalimar Recording Co ISB (1742)	
A/C Title: NTS-Collection	A/C No. 1742-79002786-03
Note: Bank Service Charges <b>Free of Cost</b>	

**\*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: <b>800/-</b>	Amount in word: Rs. <b>Eight Hundred Rupees Only.</b> <b>Non Refundable/ Non Transferable</b>

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Cashier

\_\_\_\_\_  
Officer




# National Testing Service


Building Standards in Educational and Professional Testing


**BANK COPY**


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

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

 <b>Allied Bank Limited</b> <small>(Formerly Allied Bank of Pakistan Limited)</small>	<input type="checkbox"/>
Remote Branch: I-8 Markaz Branch Islamabad (0140947)	
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A/C Title: NTS-Collection	A/C No. 1742-79002786-03
Note: Bank Service Charges <b>Free of Cost</b>	

**\*Note:**

1. Please Stamp both copies of deposit Slip.
2. The Bank Must Return "NTS Copy" to the Candidate.
3. Deposit Slip will not accepted without Candidate CNIC/ B Form No.

Applicant's Name: _____	
Father Name: _____	
CNIC No/ B Form No: _____	
Amount Rs: <b>800/-</b>	Amount in word: Rs. <b>Eight Hundred Rupees Only.</b> <b>Non Refundable/ Non Transferable</b>

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Cashier

\_\_\_\_\_  
Officer