

APPLICATION FORM



AFIC & NIHD, RAWALPINDI

(Recruitment of Phase III & Balance Vacancies of Phase I-II)



Eligibility Criteria:

A. Is your age according to the prescribed age limit for the desired post?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Do you have requisite Qualification & Experience as mentioned in Advertisement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. Is your Domicile according to the desired post as mentioned in Advertisement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**PASTE YOUR RECENT
PASSPORT SIZE
COLOR
PHOTOGRAPH WITH
GUM**

If your reply is "Yes" to A, B & C above, only then please proceed further. Otherwise you are not eligible to apply.

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

*Note: Application form will not be entertained without original deposit slip (UTS Copy)

Bank Code		Deposit Date	
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02. Name of Post Applied For: _____ **BPS:** _____

03. Desired Test City: Fill only one box (Mandatory).

01. <input type="checkbox"/> Islamabad	02. <input type="checkbox"/> Lahore	03. <input type="checkbox"/> Peshawar
04. <input type="checkbox"/> Karachi	05. <input type="checkbox"/> Quetta	

04. Province of Domicile: Fill only one box for Province of Domicile (Mandatory).

01. <input type="checkbox"/> Islamabad/ Punjab	02. <input type="checkbox"/> Sindh (U)	03. <input type="checkbox"/> Sindh (R)	04. <input type="checkbox"/> KPK
05. <input type="checkbox"/> Balochistan	06. <input type="checkbox"/> Azad Kashmir	07. <input type="checkbox"/> FATA/ GB	

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

01. Name in Full:

02. Father's Name:

03. Candidate CNIC #:

04. Gender: Male Female

05. Have you any disability? Yes No

06. Date of Birth:

D	D	--	M	M	Y	Y
					1	9

07. Email:

08. Postal Address: _____
 _____ City _____ District _____

09. Phone No: (Res.) _____ (Mobile) _____

10. Religion: Muslim Non-Muslim

11. Are you a Govt serving employee? Yes No

06. Academic Information:

- Note:** 1. UTS will not issue Roll No Slips to those who have not filled in their academic record properly.
2. Candidate should convert their grades into marks.
3. Write exact degree name & major subject mentioned in certificate/ transcript.

Certificate/ Degree Name	Degree Title	Major Subject	Year Passing	Obtained Marks/CGPA	Total Marks/ CGPA	Board/ University
Middle (8 Years)						
Matric (10 Years)						
Intermediate (12 Years)						
Bachelor (14 Years)						
Bachelor (Hons)/ Master (16 Years)						
Others						

07. Employment Record:

Sr. No	Organization/ Employer Name	Job Title	Duration	
			From	To
01				
02				

08. Total Job Experience: _____

09. CNIC No:

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10. Mobile No: (same as mentioned above) _____

11. Address as per Domicile: _____

PASTE YOUR RECENT PASSPORT SIZE COLOR PHOTOGRAPH WITH GUM

12. Please tick against one post you want to apply for:

Sr. No	Name of Post Applied for	<input checked="" type="checkbox"/>	Sr. No	Name of Post Applied for	<input checked="" type="checkbox"/>
1	Stenotypist	<input type="checkbox"/>	2	Store Keeper	<input type="checkbox"/>
3	Medical Gases Technician	<input type="checkbox"/>	4	Mechanical Technician	<input type="checkbox"/>
5	Dispenser	<input type="checkbox"/>	6	Radiographer Technician	<input type="checkbox"/>
7	ECG Technician	<input type="checkbox"/>	8	Laboratory Technician	<input type="checkbox"/>
9	Computer Technician	<input type="checkbox"/>	10	ETT Technician	<input type="checkbox"/>
11	Ultrasound Technician	<input type="checkbox"/>	12	Theatre Technician	<input type="checkbox"/>
13	Anesthesia Technician	<input type="checkbox"/>	14	CSSD Technician	<input type="checkbox"/>
15	Electro-physiology Laboratory Technician	<input type="checkbox"/>	16	Medical Transcriptionist	<input type="checkbox"/>
17	Medical Records Technician	<input type="checkbox"/>	18	Dark Room Technician	<input type="checkbox"/>
19	SAECG Technician	<input type="checkbox"/>	20	Pacing Technician	<input type="checkbox"/>
21	CD Recording Technician	<input type="checkbox"/>	22	Aluminum Technician/ Glass Fitter	<input type="checkbox"/>
23	Civilian Workshop Assistant-Biomedical	<input type="checkbox"/>	24	High Skilled- I Technician- (Biomedical)	<input type="checkbox"/>
25	Accounts Clerk	<input type="checkbox"/>	26	Receptionist	<input type="checkbox"/>
27	Lower Division Clerk/ Computer Operator	<input type="checkbox"/>	28	Nursing Assistant- Head up Tilt Test	<input type="checkbox"/>
29	Nursing Assistant- Holter test	<input type="checkbox"/>	30	Exchange Operator	<input type="checkbox"/>
31	Assistant Medical Transcriptionist (Lower Division Clerk)	<input type="checkbox"/>	32	Nursing Assistant	<input type="checkbox"/>
33	High Skilled-II Technician (Biomedical)	<input type="checkbox"/>	34	Dresser	<input type="checkbox"/>

13. Undertaking by the applicant:

I _____ d/s/w of _____ do hereby solemnly declare that all the information provided by me in this application form and all the additional particulars/documents/ certificates furnished alongwith it are true to the best of my knowledge and belief and nothing has been concealed. I also declare that I have never been dismissed or removed from Govt service under any provincial, federal government autonomous and semi-autonomous or state enterprise. If any wrong or incorrect is found later, I shall be liable to disciplinary action which may result in cancellation of my candidature and even my employment.

Date: _____ Signature of the candidate: _____

Instructions:

- Fill the application form properly with complete and correct information.
- Do not leave any field blank, otherwise your application shall be rejected.
- Incorrect, false or forged information may result in cancellation of your candidature at any stage.
- Attach two recent passport size photograph and attested copy of CNIC.
- By hand submission of application form is not allowed.
- **Test fee is non-refundable and non-transferable.**

- ❖ Last Date for application submission is **Monday, 07th November 2016.**
- ❖ Application should reach UTS office latest by last date of submission of Application form.
- ❖ UTS will not be responsible for late receiving of application through courier/ Pakistan post etc.

Please Send Application Forms to:

**Manager Operations
Universal Testing Services (UTS),
103, Sumbal Road, F10/1,
Islamabad.
Help line: 051-2153534**



Universal Testing Services

UTS Copy

Date: _____ Branch Code: _____ Branch Name: _____

نوٹ: برائے مہربانی فیس صرف ایک بینک میں جمع کروائیں اور اس بینک کے دیئے ہوئے باکس پر نشان لگائیں۔ بینک مہر پر کاپی پر ضروری ہے۔ برائے مہربانی اصلی بینک سلف یوٹی ایس کے پتہ پر پہنچادیں۔ یوٹی ایس کاپی کے بغیر درخواست نامکمل سمجھی جائے گی۔



Bank Alfalah



Branch: Online Branches Nationwide
A/C Title: Universal Testing Services
A/C No: 5626-5000-579407



United Bank Ltd.



Branch: Online Branches Nationwide
A/C Title: Universal Testing Services
A/C No: 228600116

Applicant Name: _____ S/D of: _____ Cell No: _____

CNIC No: _____ Post Applied For: _____

Amount RS: 500/--

Amount in Words: Five hundred only.



Universal Testing Services

Customer Copy

Date: _____ Branch Code: _____ Branch Name: _____

نوٹ: برائے مہربانی فیس صرف ایک بینک میں جمع کروائیں اور اس بینک کے دیئے ہوئے باکس پر نشان لگائیں۔



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Universal Testing Services

Bank Copy

Date: _____ Branch Code: _____ Branch Name: _____

نوٹ: برائے مہربانی فیس صرف ایک بینک میں جمع کروائیں اور اس بینک کے دیئے ہوئے باکس پر نشان لگائیں۔



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