

REGISTRATION FORM

Registration No: _____

To be filled by BTS

(BS Nursing 4 years Program 2020-2024)

Picture 1

Paste you (Not 3 Months Old) passport size with white background color photograph with gluestick

Select one Nursing College (mandatory)

1 BMC Hospital Quetta <input type="checkbox"/>	2 Sheikh Zahid Hospital Qta <input type="checkbox"/>	3 DHDC Khuzdar <input type="checkbox"/>
4 DHQ Hospital Loralai <input type="checkbox"/>	5 DHQ Hospital SIBI <input type="checkbox"/>	6 Sandeman Hospital Qta <input type="checkbox"/>
7 DHDC Turban <input type="checkbox"/>	8 Jam Ghulam Qadir Hospital <input type="checkbox"/>	9 DHQ Hospital Panjgoor <input type="checkbox"/>
10 DHQ Hospital Kharan <input type="checkbox"/>	11 DHQ Hospital Pishin <input type="checkbox"/>	

1. Fees Deposit Slip of Rs: 400/- UBL ONLY

Payment Method used	Deposit Date:
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*Note: Application Form will not be entertained without Original Fees Deposit Slip (BTS Copy)

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

2. Name:	<table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																										
3. Father's Name:	<table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																										
4. Candidate CNIC: (Without Dash)	<table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																										
5. Gender:	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; padding: 5px;">Male: <input type="checkbox"/></td> <td style="width: 50%; padding: 5px;">Female: <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">D D M M</td> <td style="text-align: center;">Year</td> </tr> </table>													Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	D D M M	Year										
Male: <input type="checkbox"/>	Female: <input type="checkbox"/>																										
D D M M	Year																										
6. Date of Birth:	<table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td> </tr> </table>																										
7. Marital Status:	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; padding: 5px;">Married: <input type="checkbox"/></td> <td style="width: 50%; padding: 5px;">Unmarried: <input type="checkbox"/></td> </tr> </table>						Married: <input type="checkbox"/>	Unmarried: <input type="checkbox"/>	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; padding: 5px;">8. Religion: Muslim: <input type="checkbox"/></td> <td style="width: 50%; padding: 5px;">Non Muslim: <input type="checkbox"/></td> </tr> </table>							8. Religion: Muslim: <input type="checkbox"/>	Non Muslim: <input type="checkbox"/>										
Married: <input type="checkbox"/>	Unmarried: <input type="checkbox"/>																										
8. Religion: Muslim: <input type="checkbox"/>	Non Muslim: <input type="checkbox"/>																										
9. Address:	<table border="1" style="width: 100%; height: 40px;"> <tr> <td style="height: 20px;"></td> </tr> <tr> <td style="height: 20px;"></td> </tr> </table>																										
Note: (All correspondence will be made on Current living address though courier service or ordinary postal service)																											
10. Mobile No:	<table border="1" style="width: 100%; height: 20px;"> <tr> <td></td> </tr> </table>							<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; padding: 5px;">11. Local/Domicile</td> <td style="width: 50%;"></td> </tr> </table>							11. Local/Domicile												
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13. Academic Information: (Please attach your attested complete documents)

Certificate /Degree Level	Degree Name	Major Subject	Passing Year	Obtained Marks / CGPA	Total Marks / CGPA	Institute/Board
Matric						
Intermediate						
Bachelors						
Masters						
Professional Qualification						

14. Employment Record: (Please attach your attested complete required documents)

S.No#	Organization / Employer Name	Job Title	Job Duration Write only Month & Year	
			From	To
1				
2				

Days:

Months:

Years:

16. Total Job Experience:**Undertaking By The Applicant:**

I hereby certify that information given in this form is absolutely true. Any information found false, may be treated as breach of trust and **I shall be liable for cancellation of my application.** It is certified that I have carefully read the form and personally filled it and I understood all the contents / columns that I have filled up.

Date: _____

Signature of the Candidate: _____

Picture 2
Affix your
Not 3 months old
passport size (white
background)
color
photograph with stapler

General Instructions:

- Please send your application form through TCS, Hand submission of Application Form is strictly not allowed.
- Please attach your attested CNIC Copy, all required attested documents/certificates/Photographs & Original Fees Deposit Slip (BTS Copy) only.
- Please fill the Application Form properly with complete information. Incomplete Forms Will not be accepted.
- BTS will not be responsible for late receiving of applications through other couriers.
- Bank demand draft/Cross Cheque are not acceptable, if attached with application form, it would not be accepted.

Help line:





Phone Number: 081-2301696



Website: www.bts.org.pk**Please Send Application Forms to:**

Balochistan Testing Service
Office # 2, Shah Complex, Ainy Center, Near Alhamd
university, Airport Road Quetta.



Fee will not be refundable.

 Balochistan Testing Service			 Balochistan Testing Service		
BTS Copy			Bank Copy		
Date: _____			Date: _____		
Branch Name/Code (if paid through bank): _____			Branch Name/Code (if paid through bank): _____		
F E E S D E P O S I T S L I P			F E E S D E P O S I T S L I P		
		United Bank Limited <input type="checkbox"/>			United Bank Limited <input type="checkbox"/>
Branch:	Hali Road Quetta (Branch Code 1055)		Branch:	Hali Road Quetta (Branch Code 1055)	
A/C Title:	Balochistan Testing Service	A/C NO# 219823113	A/C Title:	Balochistan Testing Service	A/C NO# 219823113
Note: 1. Please Stamp all copies of deposit Slip. 2. The Bank Must Return "BTS Copy & Candidate copy" to the Candidate. 3. Deposit Slip will not be accepted without Candidate CNIC/ B Form No.			Note: 1. Please Stamp all copies of deposit Slip. 2. The Bank Must Return "BTS Copy & Candidate copy" to the Candidate. 3. Deposit Slip will not be accepted without Candidate CNIC/ B Form No.		
Applicant's Name:			Applicant's Name:		
Father Name:			Father Name:		
CNIC No/ B Form No:			CNIC No/ B Form No:		
Amount As: Rs.400/-		Amount in words: Four hundred Rupees Only/- Non Refundable/ Non Transferable	Amount As: Rs.400/-		Amount in words: Four hundred Rupees Only/- Non Refundable/ Non Transferable
Applicant Signature	Cashier	Officer	Applicant Signature	Cashier	Officer

 Balochistan Testing Service		
Candidate Copy		
Date: _____		
Branch Name/Code (if paid through bank): _____		
F E E S D E P O S I T S L I P		
		United Bank Limited <input type="checkbox"/>
Branch:	Hali Road Quetta (Branch Code 1055)	
A/C Title:	Balochistan Testing Service	A/C NO# 219823113
Applicant's Name:		
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