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Registration No.

To be filled by NTS



**Government of the Punjab Primary & Secondary Healthcare  
Department  
(Career Opportunities at 83 Tehsil Headquarter Hospitals)**



Form No.: PSHCD-4004749

1. Desired Test City: MULTAN2. Desired Post: IT/STATISTICAL OFFICER

Applied in: THQ HOSPITAL CHUNIAN, THQ HOSPITAL DUNYAPUR, THQ HOSPITAL LIAQATPUR, THQ HOSPITAL MAILSI, THQ HOSPITAL ROJHAN, THQ HOSPITAL SARA-E-ALAMGIR

## 3. Personal Information

Name : ARSLAN MAJIDFather's Name : MAJID HUSSAINC.N.I.C No. : 36302-7979826-5Gender : MALEDate of Birth : 17/07/1989

dd/mm/yyyy

Email : AMHMULTAN@GMAIL.COMReligion : MUSLIMProvince of Domicile : PUNJABDistrict of Domicile : MULTANPostal City : MULTANPostal Address : GARDEN TOWN, TAUNSA STREET, MULTAN CANTTPhone No. (Mobile) : 3006323103

Phone No. (Res) : \_\_\_\_\_

Phone No. (Office) : \_\_\_\_\_

Are you disable? NORegistered  
Disability : \_\_\_\_\_

Nature of Disability : \_\_\_\_\_

## 4. Academic Information

Certificate / Degree Name	Degree Name	Major Subjects	Year Passing	Total Marks/CGPA	Obtained Marks/CGPA	University / Board
<b>SSC/O-Level</b> (10 Years)	SSC	SCIENCE	2005	850	379	BISE MULTAN
<b>HSSC/A-Level/DAE</b> (12/13 Years)	F.A	ECONOMICS, EDUCATION, ISLAMIC EDUCATION	2008	1100	464	BISE MULTAN
<b>Bachelor</b> (14 Years)	B.COM	COMMERCE	2011	1500	888	AIOU ISLAMABAD
<b>Bachelor/Master</b> (16 Years)	MCS	COMPUTER SCIENCE	2017	4	3.06	VIRTUAL UNIVERSITY OF PAKISTAN
<b>MS/M.Phil</b> (18 Years)				0	0	
<b>Other Certificate/Diploma</b>				Year		

**6. Post Qualification Experience**

Designation	Name of Organization	From	To
IT MANAGER	EDUSOFT SYSTEM SOLUTIONS	01/04/2020	01/01/2021
MEDICAL REPRESENTATIVE	HELIX PHARMACEUTICAL	27/04/2021	22/12/2021

**Total Experience: 1 Years 10 Months**Are You Government/Semi Government Employee having NOC & Applying Through Proper Channel? NOAre you Officer from Treasury Service/Subordinate Accounts Service? NODo you have 6 Months Computer Course/Diploma? YES**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: \_\_\_\_\_



Provide 2 recent photograph, to be pasted in photograph column

**Please attach following documents:****CNIC Copy & Two recent Passport Size Photographs.****By hand submission of application form is not allowed.****Mobile phones are not allowed in Test Center premises.**

NTS will not issue Roll No Slips through courier/postal services. Candidate must required to take electronic print out of Roll No. (having picture of candidate) from NTS website for appearing in tests.

Submit your Application Form online. Only online filled Application Forms will be entertained. Hand written Application Forms will not be entertained.

**Last Date of Submission of application form is, Saturday, 15th January 2022.****Help line:****+92-51-844-444-1****Website. [www.nts.org.pk](http://www.nts.org.pk)****Send Application Forms:****(PSHCD 83 THQ Hospitals Project)****NTS Headquarter,****96, Street No.4, Sector H-8/1, Islamabad**



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**Candidate Copy**



Invoice No.: **10068721122044004749**



Fee can be paid via 1Link 1Bill Participating Banks/ATM/Internet  
Banking/Mobile Banking/EasyPaisha/JazzCash/TCS Express Counters.  
Application will only be considered valid after Fee verification via  
integrated system.

Last Date of Submission of application form is, Saturday, 15th January  
2022.

**Note For Banks:**

Please process the payment via 1Bill Invoice only. Do not deposit  
direct in the NTS Bank account.

Applicant's Name : <b>ARSLAN MAJID</b>		
Father's Name : <b>MAJID HUSSAIN</b>		
CNIC No. / B. Form No. : <b>36302-7979826-5</b>		
Post : <b>IT/STATISTICAL OFFICER</b>		
Test Fee: Rs. 325 + Service Charges: Rs. 10		
Amount Rs:	<b>335/- Including Tax/Charges</b>	Amount in Words: Rs. <b>Three Hundred &amp; Thirty Five Rupees Only Non Refundable / Non Transferable</b>

Applicant Signature

Cashier

Officer

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**Bank Copy**



Invoice No.: **10068721122044004749**



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