



REGISTRATION FORM

NAMAL COLLEGE, MIANWALI

NAT – I E

Affix two
recent
photographs
1 x 1.5 Inches
only

(For Candidates having 12 Years Education in Pre-Engineering/ Computer Sc.)

1. Bank Online Deposit of Rs: 500/- Designated Bank Branches only.

Bank Name		Branch code	
-----------	--	-------------	--

2. DESIRED TEST CITY (Tick only one.) (Subject to minimum of 200 candidates per test city for a test center.)

11	Rawalpindi	33	Pakpattan	53	Bhakkar	84	Hafizabad
12	Jhelum	34	Lodhran	54	Mandi Bahauddin	85	Gujrat
13	Chakwal	35	Sahiwal	55	Khushab	91	Islamabad
14	Attock	36	Layyah	61	Rahim Yar Khan	92	Karachi
21	Lahore	37	Muzaffargarh	62	Bahawalpur	93	Peshawar
22	Sheikhupura	38	Vehari	63	Bahawalnagar	94	Quetta
23	Nankana Sahib	41	Jhang	71	Dera Ghazi Khan	95	Muzafarabad
24	Okara	42	Toba Tek Singh	72	Rajanpur	96	Mirpur (AJK)
25	Kasur	43	Faisalabad	81	Gujranwala	97	Abbottabad
31	Multan	51	Sargodha	82	Sialkot	98	Bannu
32	Khanewal	52	Mianwali	83	Narowal	99	Kohat

3. NAME in full

(Use CAPITAL LETTERS)

4. FATHER'S NAME

(Use CAPITAL LETTERS)

5. NIC

 - -

Write your own N.I.C No. or B. Form No. only. (Don't write N.I.C No. of your Father etc.)

6. Date of Birth

DD MM YY

<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
---	---	---

7. E-MAIL:

(Mandatory, most of the future correspondence will be done using e-mail address)

8. Gender

<input type="checkbox"/> Male	<input type="checkbox"/> Female
-------------------------------	---------------------------------

9. POSTAL ADDRESS

(All correspondence will be made on this address through Pakistan Postal service, see instructions)

CITY _____ POSTAL CITY _____
DISTRICT _____

10. TELEPHONE NO. (OFF) _____ (RES.) _____ Mobile _____
(City Code-Phone No.)

11. ACADEMIC RECORD

Certificate/ Degree	Obtained Marks Percentage only	Board/ University
SSC/ O' Levels/ Equivalent		
HSSC/ A' Levels/ Equivalent		

UNDERTAKING BY THE APPLICANT

I _____ d/s/w of _____ do hereby solemnly affirm that the information given in this Registration form is true and correct to the best of my knowledge and belief. I fully understand that my false statement or material omission/ suppression of any fact shall render me liable to disciplinary action and/or cancellation of my test.

Date: _____

Signature of the Candidate _____

Help line: 051- 9258478-79. E-mail namal@nts.org.pk Website: www.nts.org.pk

**Send Application Forms to: Manager Operations
National Testing Service
402, Street No. 34, Sector I-8/2, Islamabad.**



Branch Code: _____ Date: _____

Branch Name: _____

ONLINE DEPOSIT SLIP

(* Please tick the relevant bank)

<input type="checkbox"/>	Muslim Commercial Bank	<input type="checkbox"/>
Remote Branch:	I-8 Markaz Branch, Islamabad (1501)	
A/C Title:	NTS-Collection	A/C No. 0041749181000999
<input type="checkbox"/>	UNITED BANK LTD.	<input type="checkbox"/>
Remote Branch:	Cantt Br Rawalpindi (0041)	
A/C Title:	NTS-Collection	A/C No. 011-2530-9
<input type="checkbox"/>	Allied Bank Limited <small>(Formerly: Allied Bank of Pakistan Limited)</small>	<input type="checkbox"/>
Remote Branch:	Bara Tower Br Abbottabad (0004)	
A/C Title:	NTS-Collection	A/C No. 01-100-2614-5

Applicant's Name:	
Father Name:	
CNIC No/ B Form No:	

Amount Rs:	Amount in word: Rs.,
------------	----------------------

Applicant Signature

Cashier

Officer



Branch Name: _____ Branch Code: _____ Date: _____

ONLINE DEPOSIT SLIP

(* Please deposit fee in only one bank & tick the relevant bank)

<input type="checkbox"/>	Muslim Commercial Bank	<input type="checkbox"/>	UNITED BANK LTD.	<input type="checkbox"/>	Allied Bank Limited <small>(Formerly: Allied Bank of Pakistan Limited)</small>
Remote Branch:	I-8 Markaz Branch, Islamabad (1501)		Remote Branch:	Cantt Br Rawalpindi (0041)	
A/C Title:	NTS-Collection	A/C No. 0041749181000999	A/C Title:	NTS-Collection	A/C No. 011-2530-9
Note: Bank Service Charges Rs. 55 only			Note: Bank Service Charges Rs 26/- only		
Remote Branch:	Bara Tower Br Abbottabad (0004)		A/C Title:	NTS-Collection	A/C No. 01-100-2614-5
Note: Bank Service Charges Rs 50/- only					

I understand that the transaction will be carried out entirely at my risk and I Accept the term and conditions in this regard.

Applicant's Name:
Father Name:
CNIC No/ B Form No:
Applicant's Address:

Amount Rs:	Amount in word: Rs.,
------------	----------------------

Applicant' Signature

Cashier

Officer