

### **APPLICATION FORM**

### **RECHECKING OF GAT PAPER**

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

1. Test Name:				
2. Test Date:				
3. Roll No:				
4. Name in Full:				
5. Father's Name:				
6. Candidate CNIC# :				
7. Postal Address:  (All correspondence will be made on this address)				
	City:	District:		
8. Phone No: (OFF)	(RES.)	(Mobile)		
9. Remarks:  (Please write any additional information, which may help in rechecking of your paper)				
Undertalian De The Analisente				
Undertaking By The Applicant:  I d/s/w of do hereby solemnly declare that the information provided on this form is true and correct to the best of my knowledge.				
Date:	Signature of the Candidate			

**HELP LINE:** 

**UAN** : +92-51-844-444-1 **Website**: www.nts.org.pk

**Please Send Application Forms to:** 

Incharge Result Section NATIONAL TESTING SERVICE (HQ)

Plot 96, Street No. 4, Sector H-8/1, Islamabad.

NTS
Branch Code: _
Branch Name: _

## National Testing Service-Pakistan Building Standards in Educational and Professional Testing

#### NTS COPY

Branch Code:		Date:		
Branch Name:				
		LINE DEPOSIT SLIP sit fee in only one bank & tick the relevant bank)		
	A/C No:	TS Pakistan 7427900464503		
*Note: Bank Service Charges Free of Cost  *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: 300/-	Amount in word: Rs.	Three Hundred Rupees Only Non Refundable/ Non Transferable		
Applicant Signature		Cashier Officer		



Applicant Signature

# National Testing Service-Pakistan Building Standards in Educational and Professional Testing

Branch Code:		Date:		
Branch Name:		LINEDEROCITELID		
		LINE DEPOSIT SLIP usit fee in only one bank & tick the relevant bank)		
	HBI	HABIB BANK		
	A/C Tittle: NTS Pakistan			
A/C No: 17427900464503		7427900464503		
	Note: Bank Service Charges Free of Cost			
*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 300/-	Amount in word: Rs.	Three Hundred Rupees Only Non Refundable/ Non Transferable		

Cashier

Officer