



National Testing Service - Pakistan

Building Standards in Educational and Professional Testing

City: _____

District _____

Test Center (Complete Address):

No of room's _____ Size of room _____ ft X _____ ft. seating capacity per room _____

No of Halls _____ Size of hall _____ ft X _____ ft. seating capacity per Hall _____

Total seating Capacity of Candidates Minimum: _____ Maximum: _____

(If Dimensions of rooms/ halls are different please give brief details on a separate page)

1	Premises Ownership	Public Sector	<input type="checkbox"/>	Private Sector	<input type="checkbox"/>				
2	Air-conditioning/ Heating	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>				
3	Backup Generator	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>				
4	Environment of the premises	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>
5	Cleanness	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>
6	Accessibility for candidates	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>
7	Lights, Fans, Heaters	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>
8	Chairs / Furniture Condition	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>
9	Toilets	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>
10	Drinking water	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>
11	Parking Area	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>
12	Waiting (guardian)Area	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>

Contact Person/Liaison Officer Details:

Name: _____ CNIC #: _____

Ph No. _____ Mobile No: _____

Designation: _____

Test Center Availability

NTS shall confirm the availability of test center one week before test through Call/Email or Written Intimation.

UNDERTAKING BY THE PRINCIPAL:

I have no objection to give my Institute as a test center for the conduction of NTS tests subject to availability and prior notice.

Name: _____ CNIC #: _____

Ph. No. _____ Mobile No: _____

Owner/Principal Signature

Liaison Officer Signature

Stamp

Remarks (Additional Information)