

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)				
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.



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

NTS COPY

Branch Code:		Date:
Branch Name:		
		NLINE DEPOSIT SLIP posit fee in only one bank & tick the relevant bank)
	A/C Title:	Allied Bank Limited crossly Alled Bank of Paksasu Lenad NTS-Paksistan-Collection 0010008325640110 nk Service Charges Free of Cost
Deposit Slip (NTS Application Form Applicant's	Copy) along	is required on the Deposit Slip & Send Original Application Form to NTS Office Intertained without Original Deposit Slip (NTS Copy)
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:				
		LINE DEPOSIT SLIP sit fee in only one bank & tick the relevant bank)		
	A A	Ilied Bank Limited mely: Allied Bank of Pakistan Limited		
	A/C Title: N	TS-Pakistan-Collection		
	A/C No: 00	010008325640110		
	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 Rs: 300/-	Amount in word: Rs.	Three Hundred Rupees Only Non Refundable/ Non Transferable		

Cashier

Officer