



DUPLICATE GAT RESULT CARD

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)

Postal City

City: _____ District: _____

8. Phone No: **(OFF)** _____ **(RES.)** _____ **(Mobile)** _____
(City Code - Phone No)

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 _____

Note: By hand collection of Result Cards is not allowed. Result cards will be dispatched through TCS.



National Testing Service

Building Standards in Educational and Professional Testing

NTS COPY

Branch Code: _____ Date: _____

Branch Name: _____

ONLINE DEPOSIT SLIP

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

	Allied Bank Limited (Formerly, Allied Bank of Pakistan Limited)	<input type="checkbox"/>
Remote Branch:	I-8 Markaz Branch Islamabad (0140947)	
A/C Title:	NTS-Pakistan-SWF	A/C No. 0010008325640076

***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



National Testing Service

Building Standards in Educational and Professional Testing

BANK COPY

Branch Code: _____ Date: _____

Branch Name: _____

ONLINE DEPOSIT SLIP

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

	Allied Bank Limited (Formerly, Allied Bank of Pakistan Limited)	<input type="checkbox"/>
Remote Branch:	I-8 Markaz Branch Islamabad (0140947)	
A/C Title:	NTS-Pakistan-SWF	A/C No. 0010008325640076

***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

Applicant Signature

Cashier

Officer