

NATIONAL INSTITUTE OF MANAGEMENT (NIM) KARACHI

NOMINATION FORM (26th SMC) 2nd September to 20th December 2019

A.	PERSONAL	INFO	RMATIO	<u>N</u>				
1.	Name: Fa				Cather's Name:			
2.	Gender:		Male	□ Fe	male			
3.	Date of birth	:						
4.	Domicile:							
5.	CNIC No							
6.	Religion:							
7.	Occupationa	l Grou	p/Cadre:					
8.	Designation:							
9.	Marital Statu (Encircle the			/ Unmarr	ied / Wid	owed / D	Divorced	
10.	Children:	(i)	Son (s)_		(ii)	Daug	nter (s)	
11.	Official Add	ress: _						
12.	Residential A	 Address	::					
	i) Presen	ıt :						
	ii) Perma (If diff	nent :_ ferent)						
13.	Contact Information	(i)	Office: _			(ii)	Residence:	
	iniormation	(iii)	Fax No:			(iv)	Mobile:	
		(v)	F-mail a	ddress:				

B. 14.	WORK EXPERIENCE Date of Joining Service (Exact date):							
15.	Date of Appointment to the Present Post:							
16.	Present Gross Pay: Rs.							
17.	7. Date of Promotion (Exact date):							
	BS – 19							
18.	Brief Description of Res	Brief Description of Responsibilities of Present Post:						
19.		notion to BS-19 or equivalent, i lates and duration of each assig						
Ass	ignment held and grade Or equivalent	Ministry/Division/ Department/Organization	From To (Please specify month and year if dates not available)					

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Educational Qualifications (from Matriculation to date starting with the latest one) with disciplines and years: 20.

Degree/Diploma	Subject	Institution	Year

TRAINING RECORD Training (s) Received:

i) In Pakistan

N. C.C.	Duration of	Each Course	N. CT.
Name of Course	From	To	Name of Institution

ii) Abroad:

Name of Course	Duration of each Course		Name of Institution	Country	
Name of Course	From	To	1 value of institution	Country	

22.	Area of Specialization
23.	Additional Technical or Professional Qualifications, if any:
24.	Published/Unpublished work (Books, articles, reports):
25.	Membership of Official and Unofficial Committees/Commissions:
26.	Membership of Academic/Literary/Professional Associations:
27.	Membership of Club's in Pakistan:
28.	Name of the Nominating Agency/Government Department/Organizations:

29.	Name and Designation of the A to whom the report of the nomi	•	PER of the nominee and
Dated:			
Place:			nature of the Participant me: