



NATIONAL INSTITUTE OF MANAGEMENT, KARACHI
(APPLICATION FORM)

APPOINTMENT AGAINST DISABLED QUOTA

Application No. _____
(For office use)

Post Applied For: _____

Name of Candidate: _____

Father's Name: _____

CNIC No: _____

Domicile: _____ District: _____

Dated of Birth: _____ Age on Closing Date: _____

Religion: _____ Nationality _____ Marital Status _____

Permanent Address: _____

Postal Address: _____

Mobile No: _____ E-mail Address: _____

Nature of Disability _____

Photo

QUALIFICATION

Sr. No	Degree	Major Subjects	Marks		Division/ Grade	Passing Year	University/Board
			Obtain	Total			

PROFESSIONAL QUALIFICATIONS/COURSES/TRAINING

Sr. No.	Diploma/Course / Certificate	Passing Year	Duration (Months)	University/Board / Institution

DETAIL OF EXPERIENCE:

Sr. No.	Position Held	Field of work	Duration			Name of the Organization
			From	To	Total Period	

Dated: _____

Signature of Candidate: _____