



**NATIONAL INSTITUTE OF MANAGEMENT (NIM)**  
**KARACHI**

**NOMINATION FORM (29<sup>th</sup> SMC)**  
**Monday 7<sup>th</sup> June to Friday 24<sup>th</sup> September, 2021**

**A. PERSONAL INFORMATION**

1. **Name:** \_\_\_\_\_ **Father's Name:** \_\_\_\_\_  
(Capital Letters) (Capital Letters)
2. **Gender:**       Male       Female
3. **Date of birth:** \_\_\_\_\_
4. **Domicile:** \_\_\_\_\_
5. **CNIC No.** \_\_\_\_\_
6. **Religion:** \_\_\_\_\_
7. **Occupational Group/Cadre:** \_\_\_\_\_
8. **Common Training Program (if applicable)** \_\_\_\_\_
9. **Designation/Department:** \_\_\_\_\_
10. **Marital Status:**      Married / Unmarried / Widowed / Divorced  
(Encircle the relevant one)
11. **Children:**      (i)      Son (s) \_\_\_\_\_ (ii)      Daughter (s) \_\_\_\_\_

**B. WORK EXPERIENCE**

12. **Date of Joining Service (Exact date):** \_\_\_\_\_
13. **Date of Appointment to the Present Post:** \_\_\_\_\_
14. **Present Gross Pay: Rs.** \_\_\_\_\_
15. **Date of Promotion in BS-19 (Exact date):**  
BS – 19 \_\_\_\_\_



**C. ACADEMIC RECORD**

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

Degree/Diploma	Subject	Institution	Year

**D. TRAINING RECORD**

22. **Training (s) Received:**

i) **In Pakistan**

Name of Course	Duration of Each Course		Name of Institution
	From	To	

ii) **Abroad:**

Name of Course	Duration of each Course		Name of Institution	Country
	From	To		

23. **Area of Specialization** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

24. **Additional Technical or Professional Qualifications, if any:**
25. **Published/Unpublished work  
(Books, articles, reports):**
26. **Membership of Official and Unofficial  
Committees/Commissions:**
27. **Membership of Academic/Literary/Professional Associations:**
28. **Membership of Club 's in Pakistan:**
29. **Name of the Nominating Agency/Government Department/Organizations:**
30. **Name and Designation of the Authority who maintains the PER of the nominee and  
to whom the report of the nominee to be sent:**

Dated: \_\_\_\_\_

Place: \_\_\_\_\_

**Signature of the Participant**  
Name:

**MEDICAL INFORMATION**

Please find details of permanent disease/illness as under for record / information of a medical officer:

Blood Group \_\_\_\_\_ Height (Inches)\_\_\_\_\_ Weight (Kgs) \_\_\_\_\_

I am suffering from \_\_\_\_\_ disease/illness and taking following medicine regularly as prescribed by physician. My last medical check-up was held on \_\_\_\_\_ by civil surgeon as a requirement of training (Copy of last prescription and latest annual medical examination report is attached.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Status of COVID-19 test:

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**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**NATIONAL INSTITUTE OF MANAGEMENT (NIM)**  
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**29<sup>th</sup> Senior Management Course (SMC)**

**A. Proposed Topics for Individual Research Papers IRPs (Capital Letters)**

- i) \_\_\_\_\_  
\_\_\_\_\_
- ii) \_\_\_\_\_  
\_\_\_\_\_
- iii) \_\_\_\_\_  
\_\_\_\_\_

**B. Proposed Topics for Current Issue Presentations CIPs (Capital Letters)**

- i) \_\_\_\_\_  
\_\_\_\_\_
- ii) \_\_\_\_\_  
\_\_\_\_\_
- iii) \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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**JOINING REPORT**

I have joined this institute on (date) \_\_\_\_\_ at (time) \_\_\_\_\_ as a participant of 29<sup>th</sup> Senior Management Course (SMC).

**Participant's Information**

Name of Participant: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Service Group: \_\_\_\_\_

Common Training Program \_\_\_\_\_

Current Posting Address: \_\_\_\_\_

Date of Joining Service: \_\_\_\_\_

Date of Promotion: (BS-19) \_\_\_\_\_

Academic Qualification: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Cell # \_\_\_\_\_

E-mail: \_\_\_\_\_

To send your joining and relieving notification, please provide complete address of your nominating agency/department.

Name: \_\_\_\_\_

Designation \_\_\_\_\_

Address of Nominating Agency/Department: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

