



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

**NOMINATION FORM (28<sup>th</sup> MCMC)**

**A. PERSONAL INFORMATION**

1. **Name:** \_\_\_\_\_  
(Capital Letters)
  
2. **Father's Name:** \_\_\_\_\_  
(Capital Letters)
  
3. **Gender:**      **Male**      **Female**
  
4. **Date of birth:** \_\_\_\_\_     5. **Religion** \_\_\_\_\_  
                                  Day   Month    Year
  
5. **CTP Batch:** \_\_\_\_\_     6. **STP Batch:** \_\_\_\_\_
  
6. **Domicile:**     Sindh  
                          Encircle one     

U	R	Punjab	KPK	Balochistan	AJK/Gilgit Biltistan	Islamabad
---	---	--------	-----	-------------	----------------------	-----------
  
7. **CNIC No.**     \_\_\_\_\_
  
8. **Present Posting (Designation/Department):** \_\_\_\_\_
  
09. **Martial Status:**     Married / Unmarried / Widowed / Divorced  
(Encircle the relevant one)
  
10. **Children:**     (i)     Son (s) \_\_\_\_\_     (ii)     Daughter (s) \_\_\_\_\_
  
11. **Official address:** \_\_\_\_\_
  
12. **Residential address:** \_\_\_\_\_  
  
     i)     Present: \_\_\_\_\_  
  
     ii)    Permanent: \_\_\_\_\_  
           (if different)
  
13. **Contact Information**     (i)     Office: \_\_\_\_\_     (ii)     Residence: \_\_\_\_\_  
  
                                   (iii)    Fax No: \_\_\_\_\_     (iv)     Mobile: \_\_\_\_\_  
                                   E-mail address: 1) \_\_\_\_\_     1) \_\_\_\_\_  
   2) \_\_\_\_\_     2) \_\_\_\_\_  
   3) \_\_\_\_\_     3) \_\_\_\_\_

**B. WORK EXPERIENCE**

14. **Date of joining service:** Day Month - Year ]

15. **Date of appointment to the present post:** \_\_\_\_\_

16. **Present gross pay: Rs.** \_\_\_\_\_

17. **Dates of promotion:**

a) BS – 18 \_\_\_\_\_ (b) BS – 17 (if applicable) \_\_\_\_\_

18. **Brief description of responsibilities of present post:**

19. **Positions held since induction in service, in Government or other organizations, showing dates and duration of each assignment held: (may use additional sheets, if needed)**

Assignment held and grade Or equivalent	Ministry/Division/ Department/Organization	<u>From</u> <u>To</u> (Please specify month and year if dates not available)

**C. ACADEMIC RECORD**

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

**Foreign / Local**

(i) Graduation

(ii) Post Graduation

<b>Degree/Diploma</b>	<b>Subject</b>	<b>Institution</b>	<b>Year</b>	<b>Specialization</b>

**D. TRAINING RECORD**

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

In Pakistan / Abroad

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

22. (a) **Additional technical or professional qualifications, if any:**

(b) Your proficiency in mathematics is?

Average	Fair	Good	Very Good
---------	------	------	-----------

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

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

**Signature of the Participant**

**Name:**

The Directing Staff (Admn)  
National Institute of Management  
Karachi.

**Subject: Hostel Accommodation**

Sir,

I have been nominated for the 28<sup>th</sup> MCMC which is commencing from Monday 19<sup>th</sup> August, 2019.

I shall avail Hostel accommodation (Applicable to those participants who are posted outside Karachi).

(Please tick any one):

Yes

No

Yours Sincerely,

Name:

Signature:

Present Posting:

- N.B:**
- Hostel accommodation will be given to those participants who are coming to join this course from outside Karachi and do not have their own or family accommodation in Karachi.
  - Those participants who are allotted hostel accommodation and if they do not avail the facility for next two days then they will return the key to the Mess Incharge and the accommodation will be cancelled.

**CALL NAMES SLIP**

Please indicate the call name that you would like to be used on your NIM Identity Card e.g.  
Khan / Ahmed / Mansoor.

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

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

**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. (Copy of last prescription and latest annual medical examination report is attached).

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

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





**INSTRUCTIONS TO BE NOTED**

- Any participant who misses a total of 04 days of course studies, whether with permission or otherwise, would be liable to be withdrawn from the course. Genuineness of the reason for absence cannot compensate for the loss of learning, hence, no exceptions would be allowed.
- The reporting date i.e. **Saturday 17<sup>th</sup> August, 2019 (Registration time is between 1000 to 1200 hrs.)** which is formal day, the participants are required to follow the dress code as per given in General Information Guidelines & Instructions.