



NATIONAL INSTITUTE OF MANAGEMENT (NIM)
KARACHI

NOMINATION FORM (28th SMC)

Monday 26th October 2020 to Friday 29th January, 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 **Published/Unpublished work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: _____

Signature of the Participant

Place: _____

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 enclosed along with prescription).

1. _____
2. _____
3. _____

Status of COVID-19 test: Copy of (COVID-19 Test Result) _____

Name: _____ **Signature:** _____

NATIONAL INSTITUTE OF MANAGEMENT (NIM)
KARACHI

28th 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: _____