

# NATIONAL INSTITUTE OF BANKING & FINANCE

## STATE BANK OF PAKISTAN

### APPLICATION/NOMINATION FORM

#### PROGRAMS UNDER PAKISTAN TECHNICAL ASSISTANCE PROGRAM (2017-18)

<b>48<sup>TH</sup> INTERNATIONAL CENTRAL BANKING COURSE</b> <input type="checkbox"/> DATE: 6 <sup>TH</sup> FEBRUARY TO 24 <sup>TH</sup> FEBRUARY, 2018 LAST DATE TO APPLY: 5 <sup>TH</sup> JANUARY, 2018	<b>45<sup>TH</sup> INTERNATIONAL COMMERCIAL BANKING COURSE</b> <input type="checkbox"/> DATE: 26 <sup>TH</sup> FEBRUARY TO 16 <sup>TH</sup> MARCH, 2018 LAST DATE TO APPLY: 26 <sup>TH</sup> JANUARY, 2018
<b>ENGLISH LANGUAGE COURSE FOR THE CENTRAL ASIAN REPUBLICS (CARs)</b> <input type="checkbox"/> DATE: 26 <sup>TH</sup> MARCH TO 13 <sup>TH</sup> APRIL, 2018 LAST DATE TO APPLY: 23 <sup>TH</sup> FEBRUARY, 2018	<b>ISLAMIC BANKING COURSE (SELF-FINANCE)</b> <input type="checkbox"/> DATE: 26 <sup>TH</sup> MARCH TO 13 <sup>TH</sup> APRIL, 2018 LAST DATE TO APPLY: 23 <sup>TH</sup> FEBRUARY, 2018

PTAP NOMINEE

SELF FINANCE CANDIDATE

NAME OF THE SPONSORING INSTITUTION \_\_\_\_\_

### PERSONAL INFORMATION

FIRST NAME _____	MIDDLE NAME _____	LAST NAME _____
GENDER _____	DATE OF BIRTH (DD/MM/YY) _____	NATIONALITY _____
PASSPORT NUMBER _____	ISSUED ON (DD/MM/YY) _____	VALID UNTIL (DD/MM/YY) _____

### CONTACT DETAILS

EMAIL-1 \_\_\_\_\_ EMAIL 2 \_\_\_\_\_

MOBILE (COUNTRY CODE-AREA \_\_\_\_\_ CODE FAX NO: \_\_\_\_\_

TELEPHONE NO-1: \_\_\_\_\_ TELEPHONE NO-2: \_\_\_\_\_ FAX NO-3: \_\_\_\_\_

(COUNTRY CODE-AREA CODE-TELE NO) (COUNTRY CODE-AREA CODE-TELE NO) (CODE-FAX NO)

\_\_\_\_\_

## OCCUPATIONAL DETAILS

ORGANIZATION \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

JOB TITLE \_\_\_\_\_ EMPLOYED SINCE \_\_\_\_\_

## DETAILS OF NOMINATING OFFICER:

NOMINATED BY: \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

EMAIL: \_\_\_\_\_ POSTAL ADDRESS (OFFICE) \_\_\_\_\_

FAX \_\_\_\_\_ TELEPHONE \_\_\_\_\_

(COUNTRY CODE-AREA CODE-FAX NO): \_\_\_\_\_ (COUNTRY CODE-AREA CODE-FAX NO): \_\_\_\_\_

**Please give a short description of main tasks and responsibilities in your present position and explain how your work relates to the subject of the course (max. 200 words)**


**Are there any specific problems or issues that you are especially interested in and would particularly like to discuss during the course? (max 200 words)**


**What possible effects do you expect this course to have on your work? (max 200 words)**


SIGNATURE OF NOMINEE

SIGNATURE AND STAMP OF NOMINATING OFFICER

\_\_\_\_\_

\_\_\_\_\_

## MEDICAL CERTIFICATE/INSURANCE

Mr./Ms./Mrs. \_\_\_\_\_ has been  
examined on \_\_\_\_\_ and I \_\_\_\_\_ certify that  
he/she is **NOT** suffering from Coronary Artery Disease/Hypertension/Chronic Amoebiasis/ Chronic  
Malaria/HIV/Ebola or any other infectious or life threatening disease. I also certify that the nominee is  
healthy and fit to undertake the course and associated travel.

In case the nominee is suffering from any disease please give a brief account of treatment and present  
medication:

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**Signature & Stamp of Medical Officer**

**Signature & Stamp of Nominating Officer**

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