



NIBAF International Courses – FY 2019-20

**Application Form**

**National Institute of Banking & Finance  
State Bank of Pakistan**

**Application Form  
Pakistan Technical Assistance Program (2019-20)**

<input type="checkbox"/> <b>50<sup>th</sup> International Central Banking Course</b>  (02-20 Mar, 2020) Last date to apply: 17 <sup>th</sup> Jan, 2020	<input type="checkbox"/> <b>47<sup>th</sup> International Commercial Banking Course</b>  (02-20 Mar, 2020) Last date to apply: 17 <sup>th</sup> Jan, 2020	<input type="checkbox"/> <b>4<sup>th</sup> English Language Course for Central Asian Republics only</b>  (10-28 Feb, 2020) Last date to apply: 3 <sup>rd</sup> Jan, 2020
<input type="checkbox"/> Self-Finance Candidate	Name of the Sponsoring Institution:	
<input type="checkbox"/> PTAP Nominee		

**Applicant Details**

First Name:	Middle Name:	Last Name:
Gender:	DOB (DD/MM/YY):	Nationality:
Passport Number:	Issuing country:	Valid until (DD/MM/YY):
Academic Qualification:	Professional Experience (Years):	At current Job Since:

**Current Job Information**

Job Title:	Division/Section:	Department:
Agency/Organization Name:	Agency/ Organization Address:	Official Email:
Telephone (with country and city code):	Fax Number (with country and city code):	Cell Number (with country code):



Summarize your main job assignments as they relate to the subject of the course. Please note that the application will not be processed without adequate description of duties.

**IMPORTANT:** Please read the course description and qualifications to ensure that you are qualified for the course to which you are applying. (Max. 200 words)

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

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



### Sponsor's Nomination and Certification Form

Sponsor Details		
First Name	Middle Name	Last Name
Designation:	Department:	
Division/Section:	Agency Name:	
Agency Address:	Email ID:	
Email ID:		
Telephone(with country and city code):	Fax(with country and city code):	
<p>I, the undersigned, acting on behalf of the above agency where the applicant is employed, hereby:</p> <ul style="list-style-type: none"><li>• Certify that the information supplied by the applicant on the preceding page is correct;</li><li>• Certify that the participant is in good health, free from any contagious disease and free from any pre-existing medical condition (including pregnancy) or physical handicap, which could impair attendance at the course;</li><li>• Understand that participant or their sponsoring agency is responsible for purchasing the participant's roundtrip air ticket and making all travel arrangements (only those participating on self-finance basis).</li></ul>		
Date:	Sponsor Signature:	Agency Seal:



## Medical Certificate

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 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:

Signature & Stamp of Medical Officer

Signature & Stamp of Nominating Officer

\_\_\_\_\_

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