DEPARTMENT GOVERNMENT OF THE PUNJAB

Profile Form for nomination against local/ foreign training

Instructions:

- a) Please fill all the columns in <u>block letters</u> only.
- b) Attach relevant documents in support of higher qualification/experience / certification etc.
- c) Please send hard & soft copy of filled form (*with photographs & documents*) to the Deputy Secretary
- d) This form can also be downloaded from web site of this Administrative Department.
- e) Concealing facts or misquoting will lead to disqualification for nomination.

1. Name						2. 0	2. Gender			3. Computerized National Identity Card Number								
					М		F				-					-		
4. Passport Number							Valid up to (Please write day, month & year)											
5. Da	te of jo	ining G	Govt. Se	rvice:(d	ay, moi	nth & ye	<i>year)</i> 6. Date of birth: <i>(day, month & year)</i>							<u> </u>				
D	D	Μ	Μ	Y	Y	Y		Y	D	D	Μ	Μ	Y	Y	7	Y	Ŋ	ľ
		Employ <i>in the</i> .		t box):	Perr	nanent		Contract		1	8. Age in Years (As on 2008)							
9. Date of joining present post: (day, month & year)10. Pay s					ay scale	e 11. Domicile			12. Designation 13. Place									
D D M M Y Y Y Y																		
14. C	omple	te maili	ng add	ress(es):										•				
a. Cu	rrent w	ork pla	ce/Org	ganizatio	n													
	b. Present Residential Address:																	
c. Permanent Residential Address:																		
15. Contact Phone Numbers <i>(with code):</i> Res					Res.				Offic	ce		М	obile					
16.Email address <i>(if any):</i>																		
17. Academic qualification: Highest Degree					gree					5	Subject							

18. Pro	fessional Qualific						Any other	•			
19. International Certification obtained <i>(Please tick with score):</i>				FL	TEFF	L	IELTS	GRE	- Any other		
20. Any obtair	v other Technical ned:			L			1	-			
21. Experience in years: Professional					Administrative				Any other		
22. Pro	fessional Profile	(Please write	complete	e det	tails of p	ostinį	gs startinį	g from the l	atest):		
S. No. Position held BPS Pla			Place of	ace of posting / Organization				Main responsibilities		From to (Indicate month & year)	
	service Foreign T	0	•								
S. No.	Name/Title of	the training/	Course	se Duration Name of Tr				ining Instit	tute	Year of Training	
1.											
2.											
24. In-s	service Local Tra	ainings receiv	ved (Start	ing	from the	latest	<i>:):</i>			1	
S. No.	Name/Title of t	the Training/	'Course	arse Duration Name of '			ne of Tra	Training Institute			Training
1.											
2.											
25. Cor	nputer Proficiend	cy <i>(Please in</i>	dicate yo	ur ex	xpertise .	level):	,				
S. No.	. Area				Able to use		Good at work		Proficient		Expert
1	MS. Word										
2	Power Point										
3	Excel										
4	E-Mail										
5	5 Web Browsing										
6	Any other										

26. List of Publications: Journal/Books, if any									
S. No.	Title	Author	Journal	Year	Country where published	Vol. No.	Pages		
1									
2									
3									
27. Please mention any distinction / award received									

28. Brief Job Description of Present Position

29. Please indicate training:	areas of interest for	i)	ii)							
iii)		iv)	v)							
30. Completed AC	Rs record up to									
31. Please indicate	the areas in which you	u feel that ye	our immediate subordinates need training:							
S.No.	Name of the Pos	st	Suggested area of training							
1										
2										
3										
32. Any other information you would like to indicate :										

Date:				Signatures	
	Office of Deputy Secretary (Department) Ph N	lo <u>.</u> 042	_ , E-mail ,	,
	web site http://	gov.pk	Dated		