**NATIONAL INSTITUTE OF MANAGEMENT QUETTA**

**MID CAREER MANAGEMENT COURSE**

**FORM “A”**

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| **PARTICIPANTS’ BIO DATA FORM** | | | | |
| **Important Notes**: | | | | **Passport Size**  **1 ½ X 1 ½** |
| * To be copied and filled in duplicate. | | | |
| * No column to be left blank. Please give reason in case it is being left blank. | | | |
| * Form should be typed or filled in ***LEGIBLE HAND WRITING***. | | | |
| * Please staple two copies of your recent passport size photographs with white background. | | | |
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|  | **Name:**  **(In Block Letter)** |  | | |
|  | **Present Grade or Equivalent:** |  | 1. **Date of appointment to present designation:** |  |
|  | **Present Designation:** |  | | |
|  | **Occupational Group/ Cadre:** |  | | |
|  | **Father’s Name:** |  | | |
|  | **Domicile  (Province/ District)** | **Province \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
|  | **Addresses:** | **Official**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Home Present**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Home Permanent (*If different*)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | **Addresses with Cell Nos. in Emergency** |  | | |

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|  | **Contact Information**: | | | | **Office**: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | **Fax**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| **Res**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | **Cell**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| **Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | |
|  | **Date of Birth**: | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | **Place of Birth**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **(City & Province)** | | | | | | | | | | | | | | | | |
|  | **C.N.I.C.No.** | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  | **\_** |  |  |  |  |  |  |  | **\_** |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Marital Status**: | | | | **Married / Unmarried / Widowed / Divorced  *(Encircle/Tick the relevant one)*** | | | | | | | | | | | | | | | | | | | | | | |
|  | **Children**: | | | | **Son(s)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Daughter** **(s)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Total** \_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | |
|  | **Date of Joining Service in BS-17**: | | | | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Day | | - | Month | | - | Year | | | | |  |  | - |  |  | - |  |  |  |  | | | | | | | | | | | | | | | 1. **CTP No:** \_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_   **STP No:** \_\_\_\_\_\_\_Year\_\_\_\_\_\_\_\_\_ | | | | | | | | |
|  | **Positions held since promotion to BS-18 or equivalent, in Government or other organizations, showing dates and duration of each assignment held:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Grade or Equivalent | | Assignment/ Designation | | | | Ministry Division / Department / Org. | | | | | | | | | | | From | | | | | To | | | | **Duration**  **(month/ year)** |
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| **(Add separate page if required)** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Present basic pay: | | | | | | **RS**. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | |
|  | Date of promotion in BS-18: | | | | | | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Day | | - | Month | | - | Year | | | | |  |  | - |  |  | - |  |  |  |  | | | | | | | | | | | | | | | | | | | | | |
|  | Brief description of responsibilities of present post: | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | **Educational qualifications (Post Graduate, Graduate and Diploma) with disciplines and years starting with highest qualification)** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Diploma /Degree | | | | | Subject | | | | | | | | | | Institution | | | | | | | | | | Year | |
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|  | **Training Received:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Name of Course | | | Duration **(weeks/months)** | | | | | | **Dates** | | | | | | | | | | | **Name of Institution** | | | | | | |
| **From** | | | | | **To** | | | | | |
| 1. **In Pakistan** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **(Add separate page if required)** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **From Abroad (write name of Country also in last Column)** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | Area of Specialization: | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | Additional technical or professional qualifications, if any: | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | **Published/unpublished work:** *(Books, articles, reports)* | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | **Membership of official and unofficial committees / commissions:** | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | **Membership of academic/ literary / professional associations:** | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | **Name of the nominating government department / organization:** | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | **Name and designation of the authority which maintains the PER of the nominee and to whom the report of the nominee to be sent:** | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | **Height** (Feet/inches)  **Weight** (Kgs) | | | | | | **Height** | | | | | | | | | | | | | | **Weight** | | | | | |
| **Feet\_\_\_\_\_\_\_\_ Inches\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | **Kg.\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
|  | | **Preference of Sports \*** | | | | | | **Choice-1** | | | | | | **Choice -2** | | | | | | | | | | | **Choice-3** | | |
|  | | | | |  | | | | | | | | | | |  | | | |
|  | | **Health Concerns:** | | | | | |  | | | | |  | | | | | | | | | | |  | | | |
| **Diabetes, Cardiac, Ulcer, Hepatic, BP, Vertigo, Lumbago** | | | | | |

**(\*) Badminton, Lawn Tennis, Table Tennis, Volley ball, Pool/Snooker, Golf, Squash, Chess, Walking / Jogging, etc.**

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

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

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