Please Attach Photograph

MARITIME SECURITY WORKSHOP-8

(APPLICATION FORM FOR APPLICANTS)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **PART-1 (BASIC DETAILS)** | | | | | | | |
| 1. | Full Name | | | |  | |
| 2. | Gender | | | |  | |
| 3. | Marital Status | | | |  | |
| 4. | CNIC No | | | |  | |
| 5. | Date of Birth | | | |  | |
| 6. | Place of Birth | | | |  | |
| 7. | Domicile/District | | | |  | |
| 8. | **Education details** | | | | | |
| **S No** | **Qualification/Degree** | | **Year of Qual** | **Institution** | |
| a. | Ph.D. | |  |  | |
| b. | Specialization | |  |  | |
| c. | Specialization | |  |  | |
| 9. | **Category(Select One)** | | | | | |
| a. | **Politician** | | | |  |
| b. | **Bureaucracy** | | | |  |
| c. | **Academia/ Think Tank** | | | |  |
| d. | **Business Community** | | | |  |
| e. | **Maritime Sector** | | | |  |
| f. | **Entrepreneurs (Self Payment Basis)\*\*\*** | | | |  |
|  | g. | **Media** | | | |  |
| 10. | Political Affiliation (if any) | | | | |  |
| **PART-2 (PERSONELCONTACT/ ADDRESS DETAILS)** | | | | | | | |
| 11. | Present Residential Address | |  | | | | |
| 12. | Permanent Residential Address | |  | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 13. | **Contact Details** | |  | | | | | |
| a. | Mobile Number: |  | | |  | | |
| b. | Home Number: |  | | |  | | |
| c. | Office Number: |  | | |  | | |
| d. | Email: |  | | |  | | |
| **PART-3 (PROFESSION/ BUSINESS DETAILS)** | | | | | | | | |
| 14. | Job/Appointment/Designation | | |  | | | | |
| 15. | Company/Department/Organization | | |  | | | | |
| 16. | Experience in Current Job | | |  | | | | |
| 17. | Experience in Working with any Government Department | | |  | | | | |
| 18. | Previous experience of any Workshop | | | **NSW** | **NWB** | | **NWKP** | **Any other** (mention name) |
|  |  | |  |  |
| 19. | Family member who has already attended MARSEW (If any) | | |  | | | | |
| 20. | Remarks | | |  | | | | |
| 21 | Please attach your detailed CV (as desired) | | | | | | | |

**\*** Application forms may be submitted on email address [dmarsew@pnwc.gov.pk/](mailto:dmarsew@pnwc.gov.pk/) Whatsapp: +923323474517.

\*\* For any queries, please contact [dmarsew@pnwc.gov.pk/](mailto:dmarsew@pnwc.gov.pk/) Whatsapp: +92-3323474517.

**\*\*\* Workshop Fee for Entrepreneur/ Self Finance Category: Rs 450,000/-**

I swear by Almighty God/Solemnly affirm in the presence of Almighty God that the information given in this Data Form is true and correct to the best of my knowledge and belief. I fully understand that my false statement or material omission / suppression of any fact shall render me liable to consequences.

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

(**Signature of Applicant**)