Please Attach Photograph

MARITIME SECURITY WORKSHOP-8

(APPLICATION FORM FOR APPLICANTS)

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| --- |
| **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/ Whatsapp: +923323474517.

\*\* For any queries, please contact 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**)