



**Planning Commission  
Government of Pakistan**

Apply for the Position: - \_\_\_\_\_

1. First name	Middle name	Last name
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2. Date of Birth(day/month/yr) ( / / )	3. Place of birth	4. Nationality(ies) at birth	5. Present Nationality(ies)	6. Sex M / F
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7. Marital Status:  
Single  Married

8. Permanent address	9. Present address	10. Telephone:
		11. Cell:
		12. E-mail:

13. What is your preferred field of work / expertise? (If applicable)

1. Economic Policy	<input type="checkbox"/>	7. Development Communications	<input type="checkbox"/>
2. Implementation and Monitoring	<input type="checkbox"/>	8. Governance, Innovation and Reforms	<input type="checkbox"/>
3. Private Sector Development & Competitiveness	<input type="checkbox"/>	9. Energy	<input type="checkbox"/>
4. Social Sectors and Devolution	<input type="checkbox"/>	10. Food Security and Climate Change	<input type="checkbox"/>
5. Infrastructure & Regional Connectivity	<input type="checkbox"/>	11. Science & Technology	<input type="checkbox"/>
6. Coordination	<input type="checkbox"/>	12. Research	<input type="checkbox"/>
		13. Strategy Formulation, Project Management, Performance Management, Communication Strategy and Campaign Management at senior level	<input type="checkbox"/>

14. EDUCATION, Give full details

DEGREE(S)	ATTENDED FROM/TO		SUBJECTS	UNIVERSITY / INSTITUTE NAME (with complete address)
	Month/Year	Month/Year		

15. LIST PROFESSIONAL SOCIETIES AND ACTIVITIES IN CIVIC, PUBLIC OR INTERNATIONAL AFFAIRS

16. LIST ANY SIGNIFICANT PUBLICATIONS YOU HAVE WRITTEN (DO NOT ATTACH)

17. EMPLOYMENT RECORD: Starting with present post, list in REVERSE ORDER every employment you have had. Use a separate block for each post include also service in the Armed Forces and note any period during which you were not gainfully employed. Give both gross and net salaries per annum for your last or present post.

FROM	TO	POST TITLE:
ORGANIZATION NAME:		TYPE OF BUSINESS
ADDRESS OF EMPLOYER:		
DESCRIPTION OF YOUR DUTIES:		
FROM	TO	POST TITLE:
ORGANIZATION NAME:		TYPE OF BUSINESS
ADDRESS OF EMPLOYER:		
REASON FOR LEAVING:		
DESCRIPTION OF YOUR DUTIES:		
FROM	TO	POST TITLE:
ORGANIZATION NAME:		TYPE OF BUSINESS
ADDRESS OF EMPLOYER:		
REASON FOR LEAVING:		
DESCRIPTION OF YOUR DUTIES:		

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ORGANIZATION NAME:		TYPE OF BUSINESS	
ADDRESS OF EMPLOYER:			
REASON FOR LEAVING:			
DESCRIPTION OF YOUR DUTIES:			

18. I certify that the statements made by me in answer to the foregoing questions are true, complete and correct to the best of my knowledge and belief. I understand that any misrepresentation or material omission requested by Planning Commission liable to termination or dismissal.

DATE:  
(day, month, year)

SIGNATURE: