

Instructions

APPLICATION FORM NATIONAL DISASTER RISK MANAGEMENT FUND

DR.	APPLICATION FOR THE POST OF MF	
		Recent Photograph
trı	uctions	
1.	Use Capital Letters.	
2.	Attach latest Resume/CV	
3.	Attach copies of CNIC, educational and experience certificates	
4.	Incomplete applications will not be considered	

PERSONAL INFORMATION A.

1. Name:	2. Father's Name:
3. Spouse Name:	4. CNIC:
5. Gender: Male Female	6. Domicile (District):
7. Date of Birth:(dd/mm/yyyy):	8. Age Year Month Day
9. Permanent Address:	10. Present Address:
11. Personal Contacts: a. Phone No. (including Area Code)	c. Email:
b. Cell No.	

ACADEMIC BACKGROUND B.

1. Qualification (Starting from last degree you obtained)

Degree held	Year	Field of Study	Division/ Grade	Marks/CGPA		Institution
				Obtained	Total	

2. Provide details of Professional Training, Certifications, Diploma etc.

Course/Diploma/Certification	Field of Study	Duration	Institution

C. PROFESSIONAL EXPERIENCE

1. Job Experience (Starting from latest job)

Name & Location of	& Location of Post held with pay scale	Job Profile	Period	
organization			From	То

Total Professional Experier	nce Y	'ears	Months	Γ	Days

2. Memberships

Name of organization/Institution/	Membership Type	Particulars (if any)	Period		
body	Tiembership Type	Turticulars (ii arry)	From	То	

3. Publications

Author(s)	Title of Paper	Title of Research Journal	Vol. & No.	Year

Declaration : I hereby undertake that information provided by me is correct to the best of my k	nowledge.
I am also aware that any false information will lead to disqualification of my candidature.	

Date:	Signature of Applicant:	