



Sindh Water Sector Improvement Project Phase - I Project Coordination & Monitoring Unit



Profile Form for Nomination against Local / Foreign Training

Instructions:

- a) Please fill all the columns in ***block letters*** only.
- b) Please send hard & soft copy of filled form to the Training Manager through Proper Channel.
- c) This form can also be downloaded from web site (www.wsip.com.pk).
- d) Concealing facts or misquoting will lead to disqualification for nomination.

1. Name	2. Gender	3. Computerized National Identity Card Number																		
	M F																			
4. Date of birth: (day, month & year)																				
5. Complete mailing address (es):																				
a. Current work place/Organization																				
b. Present Residential Address:																				
c. Permanent Residential Address:																				
6. Contact Phone Numbers (with code):										Res.			Office			Mobile				
7. Email address:																				
8. Passport Number										9. Valid up to (Please write day, month & year)										
10. Place of issue:																				
11. Date of joining Service:(day, month & year)																				
12. Status of Employment: (Regular/Deputation/Contract)																				
13. Date of joining present post: (day, month & year)																				
14. Designation										15. Place of posting										

16. Academic qualification:		Highest Degree		Subject		
17. Experience in years:		Professional		Administrative	Any other	
18. Professional Profile <i>(Please write complete details of employments starting from the latest):</i>						
S #	Position held	Place of posting / Organization	Main responsibilities	From __ to (Indicate month & year)		
19. In-service Foreign Trainings received <i>(Starting from the latest)</i>						
S #	Name/Title of the training/Course	Duration	Name of Training Institute	Year of Training		
1.						
2.						
20. In-service Local Trainings received <i>(Starting from the latest)</i>						
S #	Name/Title of the training/Course	Duration	Name of Training Institute	Year of Training		
1.						
2.						
3.						
21. Computer Proficiency <i>(Please indicate your expertise level):</i>						
S #	Area	Nil	Able to use	Good at work	Proficient	Expert
1	MS. Word					
2	Power Point					
3	Excel					
4	E-Mail					
5	Web Browsing					
6	Any other _____					

28. Remarks of the Head: Please give specific recommendations including your comments about use of this training in the implementation the employee in accordance of his / her TORs.

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Signature, Designation