

NIBAF, Pakistan International Courses 2024-25



Our international programs aim to promote human resource potential of regional financial institutions. The dynamic courses offered by this institute comprehensively cover operational, analytical and technical aspects of central banking, commercial banking and Islamic banking. Besides training courses, NIBAF, Pakistan also offers services for conducting seminars and arranging workshops in the sphere of banking and finance. These services help countries cope with the challenging and ever changing operational



Application Form



PAKISTAN TECHNICAL ASSISTANCE PROGRAM (2024-25)

53RD INTERNATIONAL CENTRAL BANKING COURSE ----- DATE: February 3 - 21, 2025	50TH INTERNATIONAL COMMERCIAL BANKING COURSE ----- DATE: DATE: February 3 - 21, 2025	
LAST DATE TO APPLY: January 17, 2025	LAST DATE TO APPLY: January 17, 2025	
<input type="checkbox"/> Self-Finance Candidate	Name of the Sponsoring Institute:	
<input type="checkbox"/> PTAP Nominee		
APPLICANT DETAILS		
First Name:	Middle Name:	Last Name:
Gender:	DOB (DD/MM/YY):	Nationality:
Passport No.	Issuing Country:	Valid Until (DD/MM/YY):
Academic Qualification:	Professional Experience (Years):	At Current Job Since:
CURRENT JOB INFORMATION		
Job Title:	Division/Section:	Department:
Agency/Organization Name:	Agency/Organization Address:	Official Email:
Telephone (with country & city code):	WhatsApp:	Cell Number (with country code):

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Summarize your main job assignments as they relate to the subject of the course. Please note that the application will not be processed without adequate description of duties.

IMPORTANT: Please read the course description and qualifications to ensure that you are qualified for the course to which you are applying. (Max. 200 words)

Are there any specific topics or issues that you are interested in and would particularly like to discuss during the course? (max. 200 words)



SPONSOR'S NOMINATION AND CERTIFICATION FORM

Sponsor Details:

First Name:	Middle Name:	Last Name:
Designation:	Department:	
Devison/Section:	Agency Name:	
Agency Address:	Email ID:	
Email ID:		
Telephone (with country & city code):	Fax (with country & city code):	

I, the undersigned, acting on behalf of the above agency where the applicant is employed, hereby:

- ◇ Certify that the information supplied by the applicant on the preceding page is correct;
- ◇ Certify that the participant is in good health, free from any contagious disease and free from any pre-existing medical condition (including pregnancy) or physical handicap, which could impair attendance at the course;
- ◇ Understand that participant or their sponsoring agency is responsible for purchasing the participant's roundtrip air ticket and making all travel arrangements (only those participating on self-finance basis).

Date:	Sponsor's Signature:	Agency Seal:
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MEDICAL CERTIFICATE

Mr./Ms./Mrs _____ has been examined on _____
and I certify that he/she is NOT suffering from Coronary Artery Disease/Hypertension/Chronic Amoebiasis/Chronic Malaria/HIV
or any other infectious or life threatening disease. I also certify that the nominee is healthy and fit to undertake the course and
associated travel.

In case the nominee is suffering from any disease please give a brief account of treatment and present medication:

Signature & Stamp of Medical Officer

Signature & Stamp of Nominating Officer