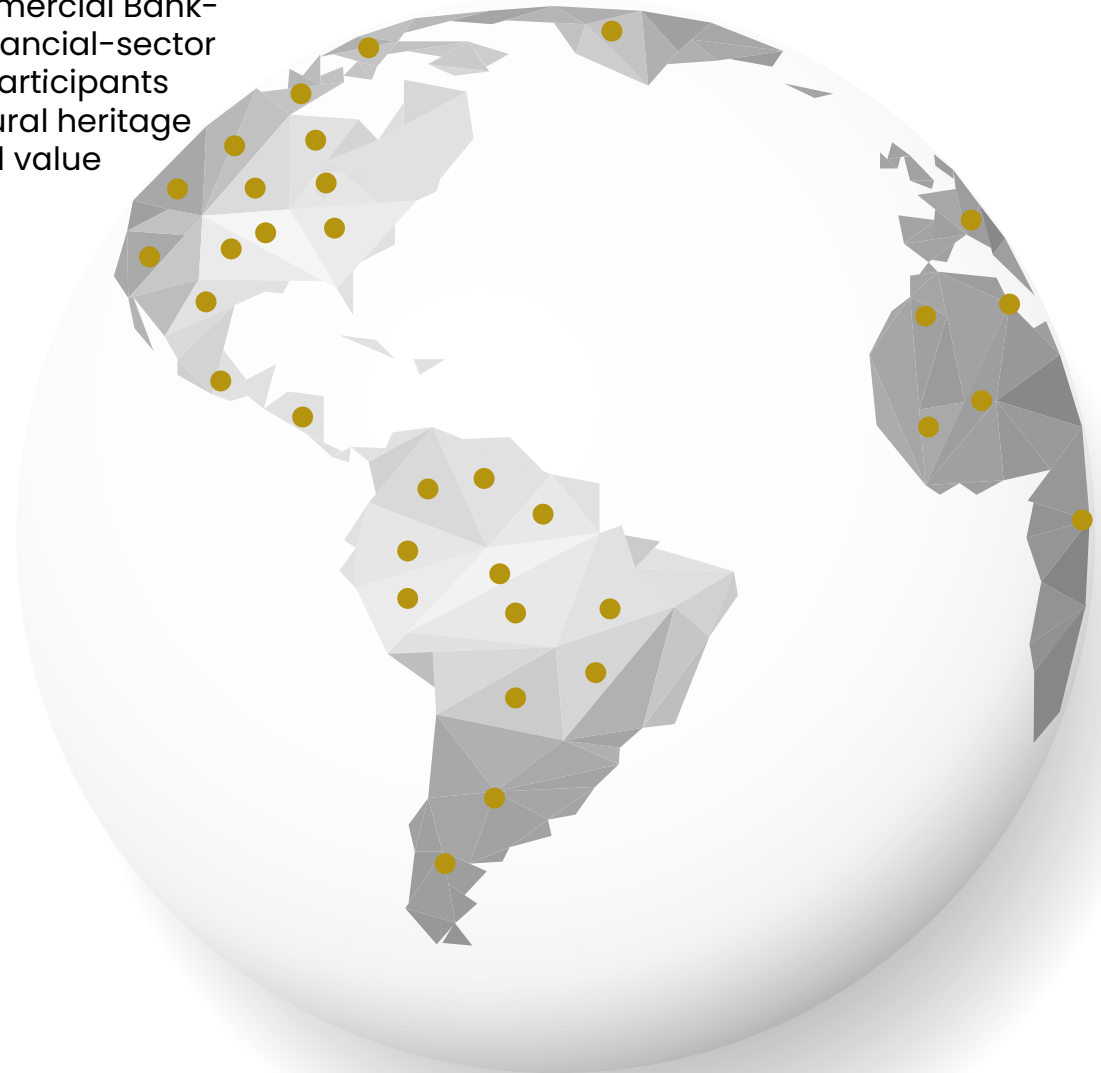


NIBAF, Pakistan International Training Courses 2025-26



NIBAF's International Central Banking and International Commercial Banking Courses offer comprehensive professional training for financial-sector officials worldwide. Alongside rigorous classroom learning, participants also gain a unique opportunity to experience Pakistan's cultural heritage and visit key national institutions—creating both professional value and meaningful cross-cultural engagement.



Application Form



PAKISTAN TECHNICAL ASSISTANCE PROGRAM (2025-26)

54th INTERNATIONAL CENTRAL BANKING COURSE ----- DATE: Jan 26 – Feb 13, 2026			51st INTERNATIONAL COMMERCIAL BANKING COURSE ----- DATE: Jan 26 – Feb 13, 2026		
LAST DATE TO APPLY: December 31, 2025			LAST DATE TO APPLY: December 31, 2025		
<input type="checkbox"/> Self-Finance Candidate			Name of the 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's Name:		Agency/Organization's Address:		Official Email:	
Telephone (with country & city code):		WhatsApp:		Cell Number (with country code):	



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)



NOMINATION AND CERTIFICATION FORM

Nominating Department/ Director Details:

First Name:	Middle Name:	Last Name:
Designation:	Department:	
Division/Section:	Organization's Name:	
Organization's Address:	Email ID:	
Email ID:		
Telephone (with country & city code):	Fax (with country & city code):	

I, the undersigned, acting on behalf of the above organization 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:

Nominating Director's Signature:

Organization's Seal:



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



CONTACT DETAILS

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