

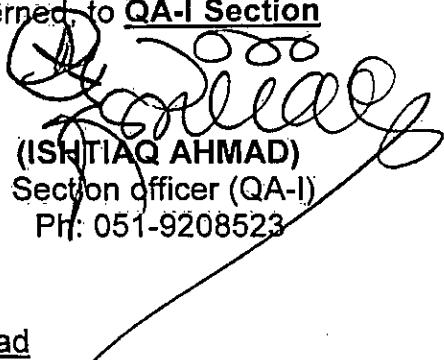
Government of Pakistan
FINANCE DIVISION
(HRM Wing)

CIRCULAR

Subject: - **04 DAY TRAINING WORKSHOP ON STRENGTHENING GOVERNANCE THROUGH ARTIFICIAL INTELLIGENCE (AI) ENABLED WHOLE OF GOVERNMENT (WOG) APPROACHES (9TH TO 12TH FEBRUARY, 2026)**

Establishment Division vide its O.M No.10(28)/2025-MSW-II dated 9th January, 2026 is planning to conduct a four-day Training / Workshop titled "Strengthening Governance through Artificial Intelligence (AI)-Enabled Whole-of-Government (WOG) Approaches" scheduled from 9th to 12th February, 2026 at Pakistan Planning & Management Institute (PPMI), Sector H-8/1, Islamabad. The timings during the aforementioned training/workshop shall be 08:30 AM to 02:30 PM.

2. All interested Officers (BPS-17 to BS-20) of Finance Division are requested to furnish their nominations duly filled in and signed application form (Annex-A) recommended from the AFS/head of the Wing concerned to QA-I Section by 22.01.2026.



(ISHTIAQ AHMAD)
Section officer (QA-I)
Ph: 051-9208523

All Officers (BS-17 to BS-20), Finance Division, Islamabad
Finance Division's U.O.F.3 (4) QA-I/2014 dated 12.01.2026

Copy to:-

✓ • Webmaster, with the request to upload the circular on this Division's website.



Government of Pakistan
Cabinet Secretariat
Establishment Division
(Management Services Wing)

NOMINATION FORM

04-DAY TRAINING/WORKSHOP ON

"STRENGTHENING GOVERNANCE THROUGH ARTIFICIAL INTELLIGENCE (AI) ENABLED WHOLE-OF-GOVERNMENT (WOG) APPROACHES"

(9th – 12th February, 2026)

Nominating Organization: _____

Address of the Nominating Organization: _____

Particulars of the Nominee:

1. Name (in Block Letters): _____
2. Designation (With Pay Scale): _____
3. Date of Birth (With Year): _____
4. Address: (i) Office: _____
(ii) Residence: _____
5. Telephone: Office: _____ Res: _____ Cell: _____
Fax No.: _____ Email-id: _____
6. Educational Qualification(s): _____
7. Training Received in M.S Wing, if any: _____
8. Date of Joining Service: _____
9. Group/Cadre/Service: _____
10. Date of Appointment to the Present Post: _____
11. Brief Description of Present Responsibilities: _____

Date: _____
Place: _____

Signature of Nominee

FOR OFFICIAL USE ONLY

Reference no: _____
Received on: _____
Checked by: _____
Approved /Not Approved

Signature (with name) & Stamp of
Nominating Authority
Telephone No.: _____
Fax