

Government of Pakistan
FINANCE DIVISION
HRM Wing
(QA - I Section)

CIRCULAR

Subject:- **03-DAYS TRAINING ON "ORGANIZATIONAL DEVELOPMENT"**
(24TH - 26TH NOVEMBER, 2020)

Management Services(MS) Wing, Establishment Division, Islamabad vide its letter No.7(4)/2020-21-MSW-III (Trg) OD dated 12th October, 2020, has invited nominations for training workshop on "**Organizational Development**" from on 24th - 26th November, 2020 at the Training Hall of Management Services Wing, Establishment Division, 4th Floor, Shaheed-i-Millat, Secretariat, Islamabad to enhance their managerial skills and capabilities.

2. In view of the above, the officers of Finance Division, in BP-17 to BS-19 are requested to forward their C.V and nominations on the prescribed proforma for the subject workshop duly recommended by the AFS concerned to QA-I Section latest by **10-11-2020** positively. Prescribed Nomination Form is attached herewith.



(SANIA AKRAM KHAN)
Section Officer (QA-I)
Ph: 9208523

All Addl. Finance Secretaries/Sr.JSs/Eco.Adviser/JSs/FAs/DSs/DFAs, Finance Division. Ibd
Finance Division's U.O No.F.3(4)QA-I/2014 - 579 **dated 16-10-2020**

Copy to:-

✓ Mr. Faheem Anwar, Webmaster, EA Wing with the request to upload the circular for information on Finance Division's website.



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

NOMINATION FORM

TRAINING ON "ORGANIZATIONAL DEVELOPMENT"
(24TH-26TH NOVEMBER, 2020)

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. Any Training Received in the past
from M.S. Wing _____

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 No.: _____

* All fields mandatory