

Government of Pakistan
Finance Division
(Quality Assurance Section-I)
HRM Wing

SUBJECT: STAKEHOLDER WORKSHOP ON THE PROPOSED SOUTH ASIA PENSION FORUM ASIAN DEVELOPMENT BANK HEADQUARTERS, MANILA PHILIPPINE 23-24 SEPTEMBER, 2010

All the officers of Finance Division are requested to visit the website of the Finance Division (www.finance.gov.pk/trainings.html) to obtain details regarding the subject training course , *Sponsored by Government OF Republic of Korea* , and forward their nominations duly recommended by the AFS concerned. ‘HRD Proforma-A’ and ‘EAD Foreign Training Proforma’ is also available at the website which is required to be filled in by the nominee. The brief detail of the Training Programme is as under:-

Subject	STAKEHOLDER WORKSHOP ON THE PROPOSED SOUTH ASIA PENSION FORUM ASIAN DEVELOPMENT BANK HEADQUARTERS, MANILA, PHILIPPINES.
Duration	23RD SEPTEMBER TO 24TH SEPTEMBER, 2010
Objectives	<ul style="list-style-type: none"> The workshop intended as an objective platform for key stakeholders in the region to discuss their views regarding the proposed south Asia pension forum (SAPF) as well as the rationale, scope and structure of the SAPF based on their own research, capacity building and informational needs in the areas of pension policy design reform and implementation.
Eligibility Criteria	
Candidate should	<p>Senior government official one from federal Ministry of finance and two from provincial finance Department.</p> <ul style="list-style-type: none"> The nominated official should be preferably be directly dealing with pension reforms in their respective domains.
Financial Status	ADB will make arrangements and cover expenses related to the nominees, hotel accommodation, daily subsistence allowance, miscellaneous travel expenses and roundtrip economy class airfare.

Dead Line fixed by the E.A.D. Telephonically discussed and agreed on 11 th august,2010	06-08-2010
Dead Line to submit the nomination to QA-I (Room No.330) duly recommended by AFS concerned along-with the Proforma A and EAD Foreign Training Proforma.	10-08-2010

(Tasnim Bajwa)
Section Officer (QA-I)
Ph: 9208523

1. Joint Secretary (HRM), Finance Division, Islamabad
 2. Joint Secretary (PF), Finance Division, Islamabad.
 3. Joint Secretary (Development), Finance Division, Islamabad.
 4. Joint Secretary (Investment), Finance Division, Islamabad.
 5. Joint Secretary (Expenditure), Finance Division, Islamabad.
 6. Joint Secretary (Budget), Finance Division, Islamabad.
 7. Joint Secretary (EF-P), Finance Division, Islamabad.
 8. Joint Secretary (CF-I), Finance Division, Islamabad.
 9. Joint Secretary (Imp), Finance Division, Islamabad.
 10. Joint Secretary (CF-II), Finance Division, Islamabad.
 11. Joint Secretary (IF/BKG), Finance Division, Islamabad.
 12. Joint Secretary (ERU), Finance Division, Islamabad.
 13. Joint Secretary (EF-C & B), Finance Division, Islamabad
 14. Joint Secretary (Regulations), Finance Division, Islamabad.
 15. Principal Economic Adviser (EA Wing), Finance Division, Islamabad.
 16. Financial Advisor (Cabinet), Finance Division, Islamabad.
 17. Financial Advisor (FBR), Finance Division, Islamabad.
 18. Financial Advisor (Education), Finance Division, Islamabad.
 19. Financial Advisor (Communication), Finance Division, Islamabad.
 20. Financial Advisor (Water & Power & W&P & NR), Finance Division, Islamabad.
 21. Financial Advisor (Privatization & Environment), Finance Division, Islamabad.
 22. Financial Advisor (Planning & Development), Finance Division, Islamabad.
 23. Financial Advisor (Interior), Finance Division, Islamabad.
- Fin. Div. U.O. No. 2 (2) QA-I/2010, dated: 10-08-2010**

Copy to:-

1. PS to AFS (HRM), Finance Division, Islamabad.
2. PS to AFS (EF-P), Finance Division, Islamabad.
3. DS (QA), Finance Division, Islamabad.
4. Web Incharge, Finance Division, Islamabad with the request that the course may be inserted in the website of the Finance Division.

FORM GID/1

The Commonwealth Secretariat

GOVERNANCE & INSTITUTIONAL DEVELOPMENT DIVISION (GIDD)

NOMINATION

by the Government of _____

for a training course/study visit/training attachment/workshop* *(delete as applicable)*

for _____ *(name)*

in _____ *(subject field)*

due to start _____ *(date if known)*

in _____ *(country)*.

This form (GID/1) should be completed for each nominee with a passport sized photo of the nominee.

Part I is to be completed by the nominee.

Part II is to be completed by the nominee's departmental head.

The form should then be endorsed below by an officer in the Government Ministry or Department designated as the Point of Contact (PoC) for the Governance & Institutional Development Division of the Commonwealth Secretariat, and posted or faxed to:

The Director
Governance & Institutional Development Division
The Commonwealth Secretariat
Marlborough House
Pall Mall
London SW1Y 5HX
United Kingdom

Fax: 44 (0)20 7747 6335/6515

All correspondence with GIDD about this application will be through the PoC.

For Completion by the Government Designated Point of Contact:

I certify that this nomination has the endorsement of the Government and that to the best of my knowledge the details given in the application form are correct. *(If you are nominating more than one person for this programme please indicate an order of priority.)*

Signed: _____

Stamp of Department

Name: _____

Position: _____

Department/Ministry: _____

Date: _____

FORM GID/1 Part I

The Commonwealth Secretariat
GOVERNANCE & INSTITUTIONAL DEVELOPMENT DIVISION (GIDD)

PERSONAL DETAILS To be completed by the nominee.

*Please use BLOCK CAPITALS or typewriter *Circle as appropriate*

-
1. **Surname or family name:**
 2. Forenames or personal names: *Please attach*
 3. Title: Mr/Mrs/Miss/Ms/Dr/Other* 4. Male/Female* *a photograph*
 5. Date of Birth: Place of Birth: *here*
 6. Nationality (if different from passport):

7. **Home address:**

Phone: _____ Fax/E-mail: _____

8. **Work Address:**

Phone: _____ Fax: _____ E-mail/Telex: _____

9. **Passport Details:** Nationality: _____ Number: _____
Date/Place issued: _____ Type: _____ Expires: _____

10. Name & address of person to be contacted in an emergency (including telephone number).
Relationship of this person to you: _____

11. Have you ever travelled abroad before?
If YES, give details.

12. Give details of any disability, or any medical condition which may require treatment during your training, or any dietary restrictions.

13. Please make an assessment of your ability in English (Circle as appropriate),
Reading: Excellent/Good/Average/Poor
Writing: Excellent/Good/Average/Poor
Speaking: Excellent/Good/Average/Poor

14. **Education Record**

If possible attach copies (NOT the originals) of your academic transcripts, etc. Include any professional attachments, short courses or workshops which you have attended. Indicate any courses currently being taken, expected date of completion, and the qualification to be obtained.

<u>Institution</u>	<u>Location</u>	<u>Dates Attended</u>		<u>Qualifications</u>
		<u>From</u>	<u>To</u>	<u>obtained & subjects studied</u>

15. Please give details of any other professional qualifications not mentioned above.

16. **Employment Record**

Please list current occupation first and then your 2 previous posts.

Current Employer
(and nature of business):

Job Title:

Dates:

Duties of the Post:

Previous Employer
(and nature of business):

Job Title:

Dates:

Duties of the Post:

Previous Employer
(and nature of business):

Job Title:

Dates:

Duties of the Post:

17. **Personal Statement**

Please describe briefly those aspects of your present work which relate to the training requested.
How will the training help?
Are there other skills which the training should cover?

18. **Undertaking**

I _____ (name in CAPITALS)

of _____ (Country) certify that the statements made by me in Part I of this form are true, complete, and correct to the best of my belief.

I also fully understand that if I am granted an award it may subsequently be withdrawn if I fail to make adequate progress, or for other sufficient cause determined by GIDD, my own, or the host Government. I undertake to return to my country after completion of the training programme.

Except as mentioned in 12 above, I confirm that I am in good health.

Signature: _____ Date: _____

FORM GID/1 Part II

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The Commonwealth Secretariat

GOVERNANCE & INSTITUTIONAL DEVELOPMENT DIVISION (GIDD)

TRAINING REQUIREMENTS

To be completed by the employer.

1. Name of Nominee _____

If others are nominated for this training please indicate their priority relative to the nominee.

<u>Higher Priority</u>	<u>Equal Priority</u>	<u>Lower Priority</u>
1.	1.	1.
2.	2.	2.
3.	3.	3.

2. Training Needs

Please indicate the subject, nature, and level of the training requested.

Why is this training required? (Please indicate relevance to national development.)

Describe any particular problems which the training is intended to help solve.

(Continue on a separate sheet if necessary)

3. Content & Objectives of the Training

Please specify in as much detail as possible:-
- why the nominee was selected.

- what post he/she will fill on return.

- the skills you wish him/her to acquire.

(Continue on a separate sheet if necessary)

4. Other Sources of Assistance or Sharing of Costs

Are you requesting assistance from elsewhere? Give details.

Yes/No*

If partial assistance were offered by GIDD, is your Government or any other source prepared to meet any part of the cost? Please give details.

Yes/No*

Complete either Section A for formal courses,
or Section B - study visits for training attachments
and the section on Costs.

A For formal courses

5. If you have a particular course in mind, please give:-

- exact course title
- institution & country
- course start dates & duration
(if known)

Has an application been made by or on behalf of the nominee(s)? (If so, please give details and attach copies of any response, offer, or rejection. Yes/No

6. If you do not know of a particular course, please give (on a separate sheet) as much information as possible to assist in identifying a suitable programme; eg specific subject areas, specialisations, and possible countries or institutions.

B Study Visits & Attachments

7. If you know of any suitable places for the visit or attachment, please give details, including the address of the host organisation, dates/duration, details of the required training, and copies of any relevant correspondence.

8. If no approach has been made, please give details of the visits/experiences to which the nominee(s) should be exposed, with details of their present and future work. Include details of industrial processes, machinery or equipment used.

(Continue on a separate sheet.)

9. Anticipated Cost of Training

Please give anticipate costs for the training as shown below, indicating whether these are known, estimated, or unknown. (Please attach explanatory documents where appropriate.) **Please note that the absence of this information may delay Processing.**

- Travel**
- Fees**
- Subsistence Allowances**
- Other costs** (specify)

10. Please comment, if appropriate, on any answers given by the nominee in Part 1.

11. I confirm that I believe all the statements in this form to be correct.

Signed: _____ Position: _____

Name: _____ Date: _____ Organisation: _____