

APPLICATION FORM

WORKSHOP ON QUALITY & ACCOUNTABILITY

September 03-05, 2012

Hyderabad, Sindh

PERSONAL RECORD:

Name: _____

Sex: ☐ Female ☐ Male Age: _____

(Optional) Religion: ☐ Muslim ☐ Christian ☐ Hindu ☐ Others _____

Educational Qualification: ☐ Matric ☐ Intermediate ☐ Graduation ☐ Masters

ID card number: _____

Other _____

Any Health Concerns: _____

EMPLOYMENT RECORD:

Name of Organization: _____

Mailing Address: _____

Province: _____ Country: _____

Phone No: _____ Fax: _____

Email: _____

Date of Employment: ____ / ____ / ____ (day/month/year)

Present Designation: _____

Name of Employer: _____

PLEASE RESPOND TO THE FOLLOWING QUESTIONS:

Q: What is the nature of work of your organization?

Q: State the department in which you work?

Q: List your responsibilities at work?

1. _____
2. _____
3. _____
4. _____
5. _____

Q: Have you ever attended any workshop on '**Quality & Accountability**' before? If yes, then please give details?

Q: List your expectations from this workshop?

1. _____
2. _____
3. _____

Q: List how would you benefit from this workshop?

1. _____
2. _____
3. _____

NOTE :

- Kindly send your application form via email at shaprograms@cwspa.org.pk by August 01, 2012
- Organization is willing to pay the Registration and Travel expenses. ☐ Yes ☐ No
- **Incomplete Applications will not be entertained.**

SIGNATURE OF EMPLOYER

DATE

SIGNATURE OF APPLICANT

DATE
