

## South Asian Association for Regional Cooperation (SAARC) SAARC ENERGY CENTRE (SEC)

H. No. 255, Akram Road, Bani Gala, Islamabad 44000 – Pakistan

## **APPLICATION FORM FOR DEPUTY DIRECTOR (PROGRAMS)**

Pos	tion applied for:	
1.	Name (as per certificates):	
2.	Present Postal Address:	Photograph
3.	Mailing Address (If different than the present address):	
4.	Permanent Postal Address:	
5.	Email ID: Cell No:	
6.	(a) Place of Birth (b) Date of Birth Day	
7.	(a) Citizenship at Birth: (b) Present Citi	zenship:
8. 9.	Gender (Please check one):  Marital Status (Please check one):  Married Single Widowed Divorced	Separated
10.	Do you have any dependants? Yes No	

In case, answer is "Yes", please provide the following information

	Name	Date of Birth	Relationship
.1.			y other than that of your nationalit
	Yes In case, answer is "Yes", where we have a second	No	
2.		gal steps towards changing your	
	Yes	No	p
	If answer is "Yes", please p	rovide details:	

Name and Place of Institution along with latest QS Ranking; (Engineering & Technology) and/or (Social Sciences & Management) where applicable	Degree/Diploma	Year	Duration (Year)	Major Subject(s)

	A. Exact Title	o of Docition	Per	iod	
	A. EXACT THE	e or Position	From	То	
Name of	Supervisor		Kind of Emplo	yees	Duty Station
e and Address	s of Employer				
Responsibilitie	es and Achieveme	nts (Maximum 1			
•		iits (iviaxiiiiuiii 1	50 words)		
		iits (iviaxiiiiuiii 1	50 words)		
	ng, if applicable.	iits (iviaxiiiiuiii 1	50 words)		
		iits (iviaxiiiiuiii 1	50 words)		
	ng, if applicable.		50 words)	iod	
			·	iod To	
	ng, if applicable.		Per		
on(s) for leavi	ng, if applicable.	e of Position  Number and	Per	То	Duty Station
on(s) for leavi	ng, if applicable.  B. Exact Title  Supervisor	e of Position  Number and	Per From Kind of Emplo	То	Duty Station
on(s) for leavi	ng, if applicable.  B. Exact Title  Supervisor	e of Position  Number and	Per From Kind of Emplo	То	Duty Station
Name of	ng, if applicable.  B. Exact Title  Supervisor	e of Position  Number and Superv	Per From Kind of Emplo ised by you	То	Duty Station

C. Exact Title of Position	Per	iod
C. Exact Title of Fosition	From	То

	Supervisor	Supervised by	Employees you	<b>Duty Station</b>
Name and Address	of Employer			
Key Responsibilities	and Achievemen	ts (Maximum 150 word	ds)	
Reason(s) for leavir	ng, if applicable.			
Yes	ublications in the pok(s), etc.), add ro			mployer? quote reference(s) of the
				Inches to Paralle to
Sr. No.	Title of Publication	Year	Referer	nce Impact Factor
Sr. No.		Year	Referer	nce Impact Factor
Sr. No.		Year	Referer	Impact Factor

Langua nguage	Read		e check	theck appropriate columns,  Write  Fair Excellent Good			Speak	
Memb	er of profess	sional ins	titution(	s):				
Refere qualifi			ns not r	elated to you				ind
. Refere qualifi	ences (list thr cations.):		ns not r				naracter a	ind

23. Please s	tate any disa	bilities which m	night limit your perfo	ormance:	
-		-	• •		implete and correct to nent or any required
information		this document even if an appo	, .		ithdrawal of offer of
appointment	or dismissal,		intment has already	y been made an	a acceptea.
appointment	or dismissal,		ointment has airead	, been made an	а ассертеа.
appointment  Date:					a accepted.

**INSTRUCTIONS:** Please fill up this Application Form completely and clearly by typing-in and send it on the given email ID along with scan copies of all the relevant documents. Handwritten applications will not be considered for selection. Ensure to insert your scanned signature and date on this Form.

## **CERTIFICATE FROM THE CONCERNED MINISTRY/EMPLOYER**

(Applicable for Public Sector Applicant Only)

I do hereby certify that Dr./Mr./Ms./Mrs.	
Designation	in the Department/ Ministry of
	SAARC Energy Centre, Islamabad, Pakistan per stipulated
date if he/she is appointed as	by the SAARC
Energy Centre (SEC), Islamabad, Pakistan.	
Date:	Signature:
	Name:
	Address:
Officer Seal	