

NATIONAL WORKSHOP BALOCHISTAN - XIII
(APPLICATION FORM FOR PARTICIPANTS)

PART 1 - BASIC DETAILS

1.	Full Name			
2.	Religion (Islam, Christian, Hinduism, Sikhism, Ahmadi etc)			
3.	Sect (Sunni, Shia, Deobandi etc)			
4.	Gender			
5.	Marital Status			
6.	CNIC No			
7.	Father / Husband Name			
8.	Date of Birth			
9.	Place of Birth			
10.	Caste and Sub Caste (Tribe)			
11.	Domicile / District			
	Education details			
	Ser	Qualification / Degree (with Maj Subj)	Year of Qual	Institution
12.	a.			
	b.			
	c.			
	d.			
13.	Category (Select One)			
	Academia			
a.	(1)	University Faculty		c. Civil Society / Business Community / Notables
	(2)	College Faculty		d. Media Persons / Social Media Influencers
	(3)	School Faculty		e. Politicians / Political Figures
b.	Youth (Age limit: 20-30 yrs)		f. GoB Officials (Minimum Grade 17)	
14.	Political Affiliation (if any) / include Students Organization/ Boys Scouts, Girls Guide			
PART 2 - PERSONEL CONTACT / ADDRESS DETAILS				
15.	Present Residential Address			
16.	Permanent Residential Address			

17.	Contact Details					
	a.	Mobile Number:				
	b.	Home Number:				
	c.	Office Number:				
	d.	Email:				
18.	Social Media Account		Username / ID		Using Since	Followers
	a.	YouTube Channel:				
	b.	Facebook:				
	c.	Instagram:				
	d.	Twitter:				
PART 3 - PROFESSION DETAILS						
19.	Job / Appointment / Designation					
20.	Company / Department / Organization					
21.	Experience in Current Job					
22.	Experience in Working with any Government Department					
23.	Experience in Working with NGO / INGO					
24.	Previous experience of any Workshop		NSW	NWB	NWKP	Any other (mention name)
25.	Reason of Recommendation (Relevance / Potential for Uplift of Balochistan in next 3-5 Years)					
26.	Family member who have already attended NWB					
27.	Remarks					

I swear by Almighty God / Solemnly affirm in the presence of Almighty God that the information given in this Data Form is true and correct to the best of my knowledge and belief. I fully understand that my false statement or material omission / suppression of any fact shall render me liable to consequences.

Dated: ____/____/2024

(Signature of Applicant)