



Department of the
AUDITOR-GENERAL OF PAKISTAN

Constitution Avenue, Islamabad

No.F.19/Trg/PAW/Misc/2023/ 193

Dated: 21 .01.2025

- ✓i. The Controller General of Accounts, Islamabad
- ii. The Military Accountant General, Rawalpindi
- iii. All Deputy Auditors General, local/Lahore/Karachi/Peshawar
- iv. All Directors General, FAOs, Islamabad/Rawalpindi/Lahore/Karachi/Peshawar/Quetta.

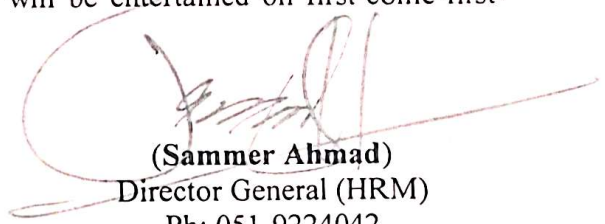
Subject: Nominations of BPS-17 and above IDC officers of PA&AS for International Intensive Training Programme in Performance Auditing (113th) Scheduled from 10th -28th February, 2025 at Lahore

Reference the subject, the Performance Audit Wing (PAW) has sought nominations of 05-10 BPS-17 and above IDC officers of PA&AS to attend International Intensive Training Programme in Performance Auditing (113th) Scheduled from 10th -28th February, 2025 at Lahore.

It is requested that nominations of suitable BPS-17 and above IDC officers, who are seriously willing to attend the aforementioned training programme, may be forwarded directly to PAW alongwith enclosed proforma duly filled by the officer under intimation to this office.

3. It may kindly be noted that nominations may be forwarded to PAW latest by 03.02.2025. The seats are limited and the nominations will be entertained on first-come-first-serve basis.

Encl.: As above


 (Sammer Ahmad)
 Director General (HRM)
 Ph: 051-9224042

Copy to:

1. Director General, PAW, Lahore, w.r.t. letter No. PAW/Trg-356/113th-ITP(Intl.)/2024-25/556, dated 03.01.2025. It is requested that necessary directions, if any, may directly be conveyed to the short-listed officers, in the light of meeting, dated 23.08.2024 or any other later instructions.
2. AAO (IT) to upload on DAGP website.

1157 24-1-25

3279 24/01/25

CGA Dy.No. 4688
Date: 24/01/25

050482
24-1-25

DG (Admin)

3445
27/1/25

CHA
DG/PAAS
DG Adli
24/01/2025
24/1

NOMINATION FORM*

(Please attach a recent photograph)

1. NAME : _____
(First) (Middle) (Last)
 2. DATE OF BIRTH: _____
 3. GENDER: _____ 4. NATIONALITY: _____
 5. MAILING ADDRESS: _____

 6. PHONE NO: _____ FAX NO: _____
EMAIL ID: _____
 7. EDUCATION (University degree or professional qualification)
 - (a) DEGREE/DIPLOMA: _____
 - (b) SUBJECT(S): _____
 - (c) INSTITUTION(S): _____
 8. EMPLOYMENT:
 - (a) CURRENT POSITION: _____
 - (b) EMPLOYER: _____
 - (c) DATE OF APPOINTMENT: _____
 - (d) EXPERIENCE OF PERFORMANCE AUDIT: _____
 9. ENGLISH LANGUAGE PROFICIENCY: (Please tick the relevant bracket)
 - (a) LEARNT ENGLISH AS A MEDIUM OF INSTRUCTION IN SCHOOL ()/COLLEGE()/
UNIVERSITY ()
 - (b) LEARNT ENGLISH ELSEWHERE, please give details:

 10. HOW WILL THE COURSE HELP YOU IN YOUR JOB?

 11. REASONS FOR ATTENDING THE COURSE:

- Signature of the Applicant _____ Date: _____

* All in capital letters