



APPLICATION FORM

TRAINING WORKSHOP PROGRAM ON "Human Resource Development" 02 - 06 AUGUST, 2010 O'SPRING ESTATE, MURREE

GUIDING NOTES: Please fill the below form which will help us in tailor making the training workshop meeting and addressing your needs.

PERSONAL RECORD:

Name: _____

Sex: Female Male Age: _____ (Optional)

Religion: Muslim Christian Hindu Others: _____

Educational Qualification: Matric Intermediate Graduation Masters

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?

Q: Have you ever attended any workshop on 'Human Resource Development'? If yes, then please give details?

Q: List your expectations from this training workshop program?

1.

2.

3.

Q: List how would you benefit from this workshop?

1.

2.

3.

HR FUNCTION IN YOUR ORGANIZATION

1. Is there a HR department in your organization? Yes No
2. Is there a Staff Regulations in your organization? Yes No
3. List the HR Policies that are available in your organization.

4. Is there a performance appraisal mechanism in your organization? Describe, if yes.

5. Is there a salary scale for all the different positions and levels in your organization?



6. How would you rate the staff turnover in your organization?
 High Medium Low None

7. Is there a staff development program in your organization? Describe, if yes.

NOTE :

- Kindly send your application form by **23 June, 2010**.
- 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_____