MOST IMMEDIATE

No. 2(4)/2011-Admn-I Government of Pakistan Ministry of Commerce

Islamabad, the 27th November, 2012

CIRCULAR

Copy of the Economic Affairs Division's O.M No.4(1)SEA/2013 dated 19-11-2012 is forwarded for information/necessary action with the request that the nominations of suitable officers fulfilling the eligibility criteria duly recommended /approved by their Senior respective officers to Admn-I Section latest by 07-12-2012 for onward submission to Economic Affairs Division. The application form & other relevant documents may be available at Ministry's website: www.commerce.gov.pk.

Section Officer (Admn-I)

Government of Pakistan Economic Affairs Division SEA Section

No. 4(1) SEA/2013

Islamabad the November 19, 2012

OFFICE MEMORANDUM

SUBJECT:- Advance Regional Workshop on Government Procurement for WTO members and Observers in Asia and the pacific" to be held from 29-31 January 2013 in Singapore under Singapore -World Trade Organization Third Country training programme.

The undersigned is directed to say that the Government of Singapore has invited two nomination for the above <u>Fully Funded</u> training course. The Government of Singapore will bear round trip economy airfares and local hospitality accommodation, local transfers. Training allowance and hospitalization insufrance. (Copy of training form is attached).

2. The eligibility criteria and objectives of the subject course are as under:

Eligibility Criteria

- Nominated by their respective governments.
- Middle to Senior Level Government Officials.
- Proficient in spoken and written English.
- Bellow 50 years of age.
- In good health.

Objectives

- To familiarize participants with WTO activities related to Government procurement, notably as they relate to trade, governance and economic performance.
- To inform participants of the outcomes of the Agreement on Government Procurement (GPA) renegotiation.
- To elaborate the content of and the benefits and challenges of accession to the agreement.
- 3. Nomination of suitable candidates fulfilling the laid-down eligibility criteria prescribed by the sponsoring agency duly approved by the competent authority alongwith following documents may be forwarded to this Division by **December 17**, 2012 positively.

Application form (duly filled in)
 Profarma for Foreign Training
 One copy

3. Surety Bonds/Undertaking One copy (each original)

4. Photocopy of NIC

5. Copy of Passport

4. Incomplete/late submission of documents/nomination will not be entertained. Moreover, any deliberate provision of wrong information on the part of the candidate shall be viewed seriously.

Muhammad Tahir Section Officer (SEA) Ph: 9202084

Ministry of Commerce, Secretary. Government of Pakistan, Islamabad.

Trade Development Authority of Pakistan (TDAP), Chairman, 3rd Floor, Block-A, Finance & Trade Centre P.O. Box No. 1293, Shahrah-e-Faisal, Karachi 75200 Pakistan.

Copy forwarded for similar action to:-

- 1) Chairman P&D Board, Govt. of the Punjab, Lahore
- 2) Additional Chief Secretary, P&D Deptt., Government of Sindh, Karachi
- 3) Additional Chief Secretary, P&D Deptt., Government of KPK, Peshawar
- 4) Additional Chief Secretary, P&D Deptt., Government of Balochistan, Quetta
- 5) Chief Secretary, Govt. of AJK, Muzaffarabad
- 6) Chief Secretary, Northern Areas, Gilgit.
- 7) Chief Secretary, FATA Secretariat, Peshawar.
- 8) Joint Secretary (Training), Establishment Division, Islamabad





SINGAPORE - WORLD TRADE ORGANIZATION THIRD COUNTRY TRAINING PROGRAMME

SINGAPORE – WTO ADVANCED REGIONAL WORKSHOP ON GOVERNMENT PROCUREMENT FOR WTO MEMBERS AND OBSERVERS IN ASIA AND THE PACIFIC

29 TO 31 JANUARY 2013

APPLICATION FORM

In order to be valid, this form must be completed in full and the information be clear and legible (without all the requested details, it will not be taken into account)

Name (exactly as ap	pearing in your pa	assport):	First name:	
Official mailing address:		Home address:		
	r	0		
Tel. No.:		Tel. No.:		
Fax No.:		Fax No.:		
E-Mail:		E-Mail:		
	ate and place of irth:	Marital status:	Male [] Female []	
Passport No.:		Name and address of person to be notified in case of emergency:		
Place & date of issue:				
Date of expiry:				
Dietary Restriction: English language (mother tongue/excellent/good):				

Higher Education:	1.*		
Name and location of institution:	Dates: From - To	Title of Degree:	Subject:
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Employment record: you ha	It is important to ve occupied giv	give complete informate details of your duties	ation. For each post
respon	sibilities	*	
A. Present post:		Description of your wo	ork
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Title of post:	E.		
Years in post: from	to		
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Name of supervisor or or chief:	lepartment		
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B. Previous post:	Description of your work
Name and address of organization:	
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* n ,	
Name of department or division:	-
Title of post:	
Years in post: from to	
Today in post. Nom	
Name of supervisor or department	-
chief:	
Please indicate your responsibilities	

	ribe how you believe y o put to use any know		
the GPA (by	orate what type of train the WTO, other interning provided by your g	iational organization	ive received in the are ons, bilateral donors,
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Description to the GPA:	of the duties you expe	ect to assume on y	our return home in re
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(Signature of Nominee)

NOMINE	E'S DECLARATION	. 5		
1		_, of		
11	(Name)	(Country)		
declare t	hat:			
	I information provided is true, complete ge, and that I have not willfully suppress	e and accurate to the best of my belief and ssed any material fact;		
	am medically fit and free from any medi ne training in Singapore; and	lical problem which may impair my ability to		
Singapo Group H (All succ Surgical condition liable for coverage	lospital & Surgical Insurance policy. Dessful participants are covered under Good Insurance. The Group Hospital & Surgins/illnesses or any outpatient medical/donal medical expenses beyond what is considered.	Group Personal Accident Insurance and Group Personal Accident and Group Hospital & gical Insurance does <u>not</u> cover any pre-existing dental treatment. Participants are personally covered by the insurance policy. As the make their own arrangements to obtain		
Upon su	uccessful selection for the training aware	rd, I undertake to:		
(a) carry out instructions and abide by such terms and conditions as may be stipulated by the nominating and host governments in respect of this workshop;				
(b) abide by the rules and regulations of the training institution in which I undertake to study in or be trained under;				
(c) s	submit/present any report which may be	e required;		
(d) re gain;	efrain from engaging in political activitie	es and any form of employment for profit or		
(e) r	return to my home country upon comple	etion of the training; and		
(f) o	discontinue the workshop should I be for	ound guilty of misconduct or be medically unfit.		
and/or a	any of the above declarations are found	e terms and conditions of the training award, d to be untrue; the award will be terminated with art from Singapore on my own expense.		

(Date)

)FF	ICIAL DECLARATION (to be comp	leted by the Non	ninating Govern	ment)
On l	pehalf of the Government of			,
		(Co	untry)	, certify that
'	(Name	of Official)		, cerary triat
(a) (b)	I have examined the educational, professional or other certificates quoted by the nominee in form and I am satisfied that they are authentic and relate to the nominee. The nominee is medically fit and free from infectious disease and that, having regard to his physical and mental history, there is no reason to suppose that the nominee is other than fundertake the journey to Singapore and to remain in Singapore for the duration of training.			
(c)	Should the nominee seek medical content would be personally liable for all me the Group Personal Accident Insurance	nsultation/treatment nedical expenses in	during his period curred, other than	of stay in Singapo those covered und
(d)	The nominee has attained a level of him/her to follow the seminar of study.	proficiency in both	spoken and writ	ten English to enal
l no	ominate (Mr/Mrs/Miss/Dr)	9 ¹¹ 8		holding
	ssport No	VI.	- 200	
	(Name)		(Signature)	
	(Name of Organisation)	2 0 2	(Designation)
_	(Address of Organisation)	Country Code	Area Code	Office Tel No.
	(Email Address)	Country Code	Area Code	Office Fax No.
End	orsement by the nominating country's Ministry of Foreig	gn Affairs or the National Fo	ocal Point for Technical /	Assistance:
				k.
	(Name)			
	(Designation)	э		¢.
_	(Signature)		. (Name of Or	ganisation)
0.	(Email Address)	Country Co	ode Area Code	Office Tel No.
		V	-	2 ²
		Country Co	ode Area Code	Office Fay No.

Pleaso note:
This application form must be duly <u>completed and endorsed</u> by the Ministry of Foreign Affairs or the National Focal Point for Technical Assistance in your country. Please attach copies of the relevant supporting documents (educational certificates, testimonials, experience and training requirements), which are to be submitted with the form. INCOMPLETE AND/OR UNENDORSED FORMS WILL NOT BE ACCEPTED.

To: GOVERNMENT OF THE REPUBLIC OF SINGAPORE AND WORLD TRADE ORGANIZATION

Dear Sir

LETTER OF INDEMNITY

In consideration of your allowing me to do	my training with the relevant Government
departments/statutory boards/institutions in	Singapore, I,
Passport Number	of, hereby
declare that I shall be personally liable for	and shall indemnify the Government of the
Republic of Singapore and World Trade Org	anization against all liabilities, claims, losses,
demands, actions, suits, proceedings, costs	or expenses whatsoever arising under any
statute or at common law which may be m	ade or taken against the Government of the
Republic of Singapore and World Trade Orga	nization or incurred or become payable by the
Government of the Republic of Singapore and	d World Trade Organization in respect of any
medical illness, personal injury (whether fatal of	or otherwise) to or the death of any person or in
respect of any injury or damage whatsoever to	o any property, real or personal arising out of or
in the course of or by reason of my carelessne	ess or negligence, omission or default during my
training with the relevant Government departm	ents/statutory boards/institutions in Singapore.
Dated this day of	2012/13
Signed by (Signature of trainee)	(Name of trainee)
(-3	(Company)
in the presence of	
service respondence of the contract of the con	
Signed by	
Signed by(Signature of witness)	(Name & designation of witness)