



Office Of The  
**AUDITOR-GENERAL OF PAKISTAN**

(Constitution Avenue)

**ISLAMABAD**

No. P.F/HR-II/PIPFA.CIPFA/03-2021/923

Dated: 19.09.2024


S. N	Name of Office (s)	S.N	Name of Office (s)
1.	Rector PAAA, Lahore.	9.	Director General Audit, Local Govt. Punjab (North), Lahore.
2.	Deputy Auditor General (Central), Lahore.	10.	Director General Audit Works (Provincial), Lahore.
3.	Director General Audit (Climate Change & Environment), Islamabad.	11.	Director General, Performance Audit Wing (PAW), Lahore.
4.	Director General Audit, Defense Services (North), Rawalpindi.	12.	Director General Audit (Social Safety Net), Islamabad.
5.	Director General Audit Works (Federal), Islamabad.	13.	Director General (B&A), Local.
6.	Director General Audit (FG), Islamabad.	14.	Director General Audit Local Govt. (South), Multan.
7.	Director General Audit (Water Resources), Lahore.	15.	Director General, Foreign Audit and International, Islamabad.
8.	Director General Audit (Power), Lahore.		

Sub:- **Nomination in CIPFA Thematic Area "State Owned Enterprises/Extractive Industries Audit"**

The undersigned is directed to refer to the subject cited above.

2. It is requested that at least (02) nominations for "State Owned Enterprises/Extractive Industries Audit" training course under CIPFA training program in respect of Departmental Cadre employee having at least 10 years service remaining from date of retirement may kindly be furnished to this office at the earliest on enclosed proforma.

Encl:- As above.

  
Amina Soomro  
Audit Officer (Exam)

Copy to:-

1. The Director (CIPFA), Lahore.

2. The Asstt. Audit Officer (IT) with the request to upload the same on the official website of DAGP.

**Nomination form for Certification Trainings under CIPFA in  
“State Owned Enterprises/Extractive Industries Audit”**

IDC  DC  (Tick relevant box)

Name of the Officer: \_\_\_\_\_

Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Qualification (s): \_\_\_\_\_

Email Address \_\_\_\_\_

Region (Domicile): \_\_\_\_\_

Designation / BPS: \_\_\_\_\_

Office Name: \_\_\_\_\_

Contact Number:- \_\_\_\_\_

Immediate Controlling Officer: \_\_\_\_\_

Apex Controlling Office: \_\_\_\_\_

Has the probationary period been terminated (PA&AS only): Yes  No