



Paper
Setter/Examiner
Profile

Affix
Photo

Name: _____ Registration No : _____

Address: Res: _____

Ph: _____

Office: _____

Ph: _____

Cell: _____

Education:

Academic: _____

Professional: _____

Organization _____

Job Title: _____

Exposure to Industry since how long _____ years

Practitioner since how long _____ years. Trade _____

Subjects of interest as Paper Setter/Examiner (Specialization only)

1- _____ 2- _____

Exposure to teaching since how long: _____ years

▪ University (Write Name) _____

▪ College (Write Name) _____

▪ ICAP ICMAP PIPFA ACCA (please tick)

▪ Other(s) (Write Name) _____

Engagement as Paper Setter/Examiner in other Institute(s), since how long: _____ years

▪ University (Write Name) _____

▪ College (Write Name) _____

▪ ICAP ICMAP PIPFA ACCA (please tick)

▪ Other(s) (Write Name) _____

Any information you like to add: _____

References (Members of BOG(PIPFA), ICAP and ICMAP(Must be filled))

1. _____ 2. _____

Date : _____

Signature

Please attach copy of last qualification.