



# National Cyber Emergency Response Team

## Information Security Consultant Registration form

Note: Please complete all sections of this form accurately. Incomplete applications will not be considered.

### 1. Instructions

- i). This form is to be completed by an individual information security consultant, ensuring that all relevant details are provided comprehensively and accurately.
- ii). Additional information may be attached separately if the provided space is insufficient.
- iii). The applicant is responsible for ensuring that the form is completed accurately, and all required supporting documents are duly attached.
- iv). A sealed hard copy must be submitted to the **Director GRC**, nCERT, L-Block, Pak Secretariat F-5/1, Islamabad. Alternatively, a scanned copy may be submitted via email to **dirgrc@pkcert.gov.pk**.
- v). In case of any amendments or updates, the revised form must be resubmitted, and changes must be formally communicated to nCERT.
- vi). Incomplete, inaccurate, or improperly filled forms will not be processed and may result in rejection.
- vii). All required supporting documents must be attached in clear, legible form and duly certified or attested where necessary.
- viii). All documents must be submitted in the specified format (PDF, Word, or as prescribed) and properly named (e.g., "ApplicantName\_Certification.pdf").
- ix). All submitted information must comply with applicable laws, regulations, and standards as prescribed by nCERT or other relevant regulatory authorities.
- x). The applicant shall ensure confidentiality of all sensitive information and prevent any unauthorized disclosure.
- xi). Any intentional misrepresentation, false declaration, or provision of misleading information shall result in disqualification and may lead to legal proceedings.
- xii). nCERT reserves the right to request additional documentation, clarification, or verification at any stage of the evaluation process.

<b>2. Personal Information</b>	
Full Name (as per CNIC)	
Father's Name	
CNIC Number	
Gender	
Contact Number	
Email Address	
Current City / Location	
Postal Address	
LinkedIn Profile URL	

<b>3. Application Details</b>	
<b>3.1 Consultant Level Applied For</b>	
Select One	<input type="checkbox"/> Expert Consultant <input type="checkbox"/> Senior Consultant <input type="checkbox"/> Junior Consultant
<b>3.2 Domain of Expertise Applied For</b>	
Select All That Apply	<input type="checkbox"/> IT (Information Technology) <input type="checkbox"/> Cloud <input type="checkbox"/> OT (Operational Technology)
<b>3.3 Consultant Deployment Category</b>	
Organization Category You Are Applying to Serve	<input type="checkbox"/> CAT-I <input type="checkbox"/> CAT-II <input type="checkbox"/> CAT-III <input type="checkbox"/> VA/PT Services OR to Assist Senior or Expert Consultant <input type="checkbox"/> CAT-IV <input type="checkbox"/> VA/PT Services OR to Assist Senior or Expert Consultant

<b>4. Educational Qualification</b>	
<b>4.1 Highest Degree Held</b>	
Select One	<input type="checkbox"/> Bachelor's Computer Science / IT / Cyber Security / Information Security / Equivalent <input type="checkbox"/> Master's (MS) Information Security / Cyber Security / Related Field <input type="checkbox"/> PhD Information Security / Cyber Security / Related Field <input type="checkbox"/> Other (specify below)
Degree Title (if Other)	

Institution / University	
Year of Graduation	
<b>4.2 Additional Degrees (if any)</b>	
Degree	
Institution	
Year	

## 5. Professional Experience

### 5.1 Summary of Experience

Total IT & IS Experience (Years)	
Cyber Security Specific Experience (Years)	
GRC / Risk / Audit / VA-PT Experience (Years)	
OT Experience (Years)	
Cloud Experience (Years)	

S. No	Organization	Designation	From	To	Key Responsibilities
1.					
2.					
3.					
4.					
5.					

## 6. Audit / Assessment Experience

Please list at least the required number of audit/assessment engagements for your applied level

S. No	Organization / Client	Type (Gap Assessment / Risk Assessment / Consultancy for Audit Readiness/ Audit / VA / PT)	Year	Brief Description
1.				
2.				
3.				
4.				
5.				
6.				

7.				
8.				
9.				
10.				

## 7. Professional Certifications

### 7.1 Certification Requirements by Level

S. No	Certification Name	Issuing Body	Certificate No.	Valid Until (MM/YYYY)
1.				
2.				
3.				
4.				
5.				

## 8. Domain Expertise self-assessment

Rate your proficiency in each area (1 = Basic | 2 = Intermediate | 3 = Advanced | 4 = Expert)

### IS Domain

GRC & Compliance	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Risk Assessment & Management	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Security Audit & Gap Analysis	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Vulnerability Assessment	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Penetration Testing	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Identity & Access Management	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Network Security Architecture	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

### Cloud Security Domain

Cloud Architecture & Security (AWS, Azure, GCP)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
ISO/IEC 27017 / CCSP / Cloud GRC	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Cloud Risk Assessment	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Cloud Access & Identity Management	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

### OT Domain

OT / ICS / SCADA Security	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
ISA/IEC 62443 Standard	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
OT Risk Assessment & Compliance	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
IT/OT Convergence Security	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

## 9. Professional References

Provide two professional references who can attest to your experience and expertise

Reference 1 Full Name

Designation & Organization

Contact Number

Email Address

Reference 2 Full Name

Designation & Organization

Contact Number

Email Address

## 10. Documents Submission Checklist

Mark each document enclosed with this application

- Signed Application Form (this document)
- Updated CV / Resume
- Degree Certificate(s) copies
- Academic Transcripts
- Professional Certification(s) copies
- Professional Certification Verification Letters / URLs
- Audit / Assessment engagement
- Any other supporting documents

## 11. Declaration

I, the undersigned, hereby declare that:

- i). All information provided in this application form is true, accurate, and complete to the best of my knowledge.
- ii). I understand that any misrepresentation or omission of information may result in disqualification of my application or termination of engagement.
- iii). I consent to the verification of all credentials, certifications, references, and experience details provided herein by nCERT or any authorized body.
- iv). I agree to comply with all applicable rules, code of conduct, and confidentiality requirements of PISF consultancy engagements.
- v). I acknowledge that meeting the eligibility criteria does not guarantee selection or engagement.

<b>Applicant's Signature:</b>  _____	<b>Date of Submission:</b>  _____
<i>(Signature)</i>	<i>(DD / MM / YYYY)</i>
<b>Full Name:</b>  _____	<b>CNIC Number:</b>  _____

**12. For nCERT office use only**

Application Reference No.	
Date Received	
Received By (Name & Designation)	
Documents Complete	<input type="checkbox"/> Yes <input type="checkbox"/> No
Eligibility Status	<input type="checkbox"/> Eligible <input type="checkbox"/> Not Eligible <input type="checkbox"/> Pending Verification
Remarks / Notes	
Reviewed By	
Approval Signature	

PKCERT