

EOI SUBMISSION FORM

Contract Reference No : PR/02/Q/13/22
 Deadline for Receiving Application :

CURRICULUM VITAE (CV) AND EXPECTED REMUNERATION

1. Personal Details:

{Notes shown in brackets { } in italic should not appear on the final document to be submitted}

Position /Title	Project Consultant
Name of Consultant:	<i>{Insert full name}</i>
Date of Birth:	<i>{day/month/year}</i>
Country of Citizenship/Residence	
Contact address	
Contact number	
Email address	

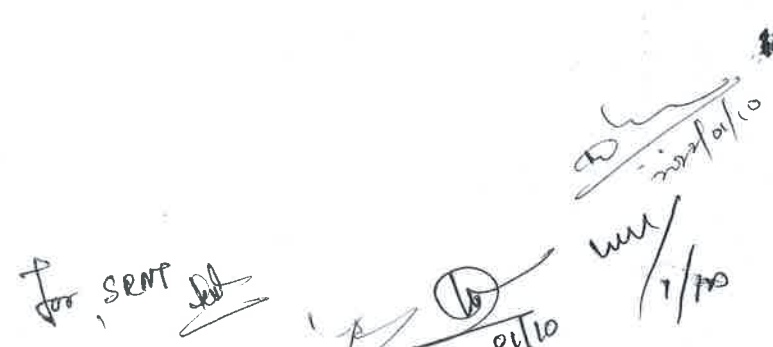
2. Education qualifications:

Institution (Date from – Date to):	Degree(s) or Diploma(s) obtained:

3. Employment Record [related to the Project Consultancy, starting with present position, list in reverse order every employment held by staff member since graduation, giving for each employment (see format here below): dates of employment, name of employing organization, positions held.]:

From _____ [Year]: _____ To [Year]: _____

Employer:
 Positions held:



 For sent [Signature] 01/10
 [Signature] 01/10
 [Signature] 01/10

Detailed Tasks Assigned	Work Undertaken that Best Illustrates Capability to Handle the Tasks Assigned
<p><i>[List all tasks to be performed under this assignment]</i></p>	<p><i>[Among the assignments in which the staff has been involved, indicate the following information for those assignments that best illustrate staff capability to handle the tasks listed under point 11.]</i></p> <p>Name of assignment or project: _____</p> <p>Year: _____</p> <p>Location: _____</p> <p>Client: _____</p> <p>Main project features: _____</p> <p>Positions held: _____</p> <p>Activities performed: _____</p>

For SRMT-
JCB

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4. Expected remuneration and other charges: (Should be completed by the consultant)

Description	Expected Monthly Remuneration (1)	No of Months (2)	Total Amount (Excluding VAT) (3) = (1) X (2)
Project Consultant	01

5. Certification:

I, the undersigned, certify that to the best of my knowledge and belief, this CV correctly describes myself, my qualifications, and my experience. I understand that any wilful misstatement described herein may lead to my disqualification or dismissal, if engaged.

_____ Date: _____
[Signature of staff member or authorized representative of the staff] Day/Month/Year

Full name of authorized representative: _____

7 for SPAT. 

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