**Annex III**

**Proposal Submission form**

**Dear Sir/Madam,**

Having examined the Solicitation Documents, the receipt of which is hereby duly acknowledged, I undersigned, offer to provide individual consulting services to UNDP Pakistan in accordance with the Price Schedule and TORs attached herewith and made part of this proposal.

I undertake, if my proposal is accepted, to commence and complete delivery of all services specified in the contract within the time frame stipulated.

I agree to abide by this proposal for a period of **90 day**s from the date fixed for opening of proposal in the invitation for proposal, and it shall remain binding upon us and may be accepted at any time before the expiration of that period.

I understand that you are not bound to accept any proposal you may receive.

Dated: this -------day of --------------2021

**Signature**

Note: This file should be password protected. The password should only be share once requested through Email [**pramila.tripathi@undp.org**](mailto:pramila.tripathi@undp.org)**;**

Submission will be rejected if financial proposal is not password protected or if the value for Financial Proposal is revealed in Technical Proposal**.**

**Annex IV**

**OFFEROR’S LETTER TO UNDP**

**CONFIRMING INTEREST AND AVAILABILITY**

**FOR THE INDIVIDUAL CONTRACTOR (IC) ASSIGNMENT**

Date

*(Name of Resident Representative/Bureau Director)*

United Nations Development Programme

*(Specify complete office address)*

Dear Sir/Madam:

I hereby declare that:

1. I have read, understood and hereby accept the Terms of Reference describing the duties and responsibilities of [*indicate title of assignment*] under the [*state project title*];
2. I have also read, understood and hereby accept UNDP’s General Conditions of Contract for the Services of the Individual Contractors;
3. I hereby propose my services and I confirm my interest in performing the assignment through the submission of my CV which I have duly signed and attached hereto as Annex 1;
4. In compliance with the requirements of the Terms of Reference, I hereby confirm that I am available for the entire duration of the assignment, and I shall perform the services in the manner described in my proposed approach/methodology which I have attached hereto as Annex 3 [delete this item if the TOR does not require submission of this document];
5. I hereby propose to complete the services based on the following payment rate: *[please check the box corresponding to the preferred option]:*

* An all-inclusive daily fee of [*state amount in words and in numbers indicating currency]*
* A total lump sum of [*state amount in words and in numbers, indicating exact currency]*, payable in the manner described in the Terms of Reference.

1. For your evaluation, the breakdown of the abovementioned all-inclusive amount is attached hereto as Annex 2;
2. I recognize that the payment of the abovementioned amounts due to me shall be based on my delivery of outputs within the timeframe specified in the TOR, which shall be subject to UNDP's review, acceptance and payment certification procedures;
3. This offer shall remain valid for a total period of \_\_\_\_\_\_\_\_\_\_\_ days [*minimum of 90 days*] after the submission deadline;
4. I confirm that I have no first degree relative (mother, father, son, daughter, spouse/partner, brother or sister) currently employed with any UN agency or office *[disclose the name of the relative, the UN office employing the relative, and the relationship if, any such relationship exists];*
5. If I am selected for this assignment, I shall *[please check the appropriate box]:*

* Sign an Individual Contract with UNDP;
* Request my employer *[state name of company/organization/institution]* to sign with UNDP a Reimbursable Loan Agreement (RLA), for and on my behalf. The contact person and details of my employer for this purpose are as follows:

1. I hereby confirm that *[check all that applies]*:

* At the time of this submission, I have no active Individual Contract or any form of engagement with any Business Unit of UNDP;
* I am currently engaged with UNDP and/or other entities for the following work:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Assignment** | **Contract Type** | **UNDP Business Unit / Name of Institution/Company** | **Contract Duration** | **Contract Amount** |
|  |  |  |  |  |
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* I am also anticipating conclusion of the following work from UNDP and/or other entities for which I have submitted a proposal:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Assignment** | **Contract Type** | **Name of Institution/ Company** | **Contract Duration** | **Contract Amount** |
|  |  |  |  |  |
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1. I fully understand and recognize that UNDP is not bound to accept this proposal, and I also understand and accept that I shall bear all costs associated with its preparation and submission and that UNDP will in no case be responsible or liable for those costs, regardless of the conduct or outcome of the selection process.
2. ***If you are a former staff member of the United Nations recently separated, please add this section to your letter:*** I hereby confirm that I have complied with the minimum break in service required before I can be eligible for an Individual Contract.
3. I also fully understand that, if I am engaged as an Individual Contractor, I have no expectations nor entitlements whatsoever to be re-instated or re-employed as a staff member.
4. Are any of your relatives employed by UNDP, any other UN organization or any other public international organization?

C:\Users\jennifer.pareja\Desktop\bpi.PNGYES  NO If the answer is "yes", give the following information:

|  |  |  |
| --- | --- | --- |
| **Name** | **Relationship** | **Name of International Organization** |
|  |  |  |
|  |  |  |
|  |  |  |

1. Do you have any objections to our making enquiries of your present employer?

YES  NO 

1. Are you now, or have you ever been a permanent civil servant in your government’s employ?

YES  NO  If answer is "yes", WHEN?

1. REFERENCES: List three persons, not related to you, who are familiar with your character and qualifications.

|  |  |  |
| --- | --- | --- |
| **Full Name** | **Email Address** | **Business or Occupation** |
|  |  |  |
|  |  |  |
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1. Have you been arrested, indicted, or summoned into court as a defendant in a criminal proceeding, or convicted, fined or imprisoned for the violation of any law (excluding minor traffic violations)?

YES  NO  If "yes", give full particulars of each case in an attached statement.

I certify that the statements made by me in answer to the foregoing questions are true, complete and correct to the best of my knowledge and belief. I understand that any misrepresentation or material omission made on a Personal History form or other document requested by the Organization may result in the termination of the service contract or special services agreement without notice.

DATE: SIGNATURE:

NB. You will be requested to supply documentary evidence which support the statements you have made above. Do not, however, send any documentary evidence until you have been asked to do so and, in any event, do not submit the original texts of references or testimonials unless they have been obtained for the sole use of UNDP.

**Annexes** *[please check all that applies]***:**

* CV shall include Education/Qualification, Processional Certification, Employment Records /Experience
* Breakdown of Costs Supporting the Final All-Inclusive Price as per Template
* Brief Description of Approach to Work (if required by the TOR)

**THIS DOCUMENT SHOULD BE PASSWORD PROTECTED IN YOUR SUBMISSION.**

**BREAKDOWN OF COSTS[[1]](#footnote-1)**

**SUPPORTING THE ALL-INCLUSIVE FINANCIAL PROPOSAL**

1. **Breakdown of Cost by Components:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Cost Components** | **Unit Cost**  **PKR** | **Quantity** | **Total Rate for the Contract Duration- PKR** |
| 1. **Personnel Costs** |  |  |  |
| Professional Fees |  |  |  |
| Life Insurance |  |  |  |
| Medical Insurance |  |  |  |
| Communications |  |  |  |
| Land Transportation |  |  |  |
| Others (pls. specify) |  |  |  |
|  |  |  |  |
| 1. **Travel[[2]](#footnote-2) Expenses to Join duty station** |  |  |  |
| Round Trip Airfares to and from duty station |  |  |  |
| Living Allowance |  |  |  |
| Travel Insurance |  |  |  |
| Terminal Expenses |  |  |  |
| Others (pls. specify) |  |  |  |
|  |  |  |  |
| 1. **Duty Travel** |  |  |  |
| Round Trip Airfares |  |  |  |
| Living Allowance |  |  |  |
| Travel Insurance |  |  |  |
| Terminal Expenses |  |  |  |
| Others (pls. specify) |  |  |  |

1. **Breakdown of Cost by Deliverables\***

|  |  |  |
| --- | --- | --- |
| **Deliverables**  *[list them as referred to in the TOR]* | **Percentage of Total Price (Weight for payment)** | **Amount** |
| Deliverable 1 |  |  |
| Deliverable 2 |  |  |
| Deliverable 3 |  |  |
|  |  |  |
| Total | 100% | PKR …… |

*\*Basis for payment tranches*

**ANNEX V**

**THIS DOCUMENT SHOULD BE PASSWORD PROTECTED IN YOUR SUBMISSION.**

**FINANCIAL PROPOSAL**

The Consultant is required to prepare the Price Schedule as a separate document from the rest of the technical response. All prices/rates quoted must be in **PKR.** The format shown below should be used in preparing the price schedule.

**Consultant is required to provide a copy of contract signed with another entity as evidence of its daily consultancy fee.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr. #** | **Description/Break-up of Financial Proposal** | **Unit** | **Unit Cost**  **(PKR)** |
|  |  |  |  |
| **A.** | **Consultancy Fee:** |  |  |
| **B.** | **Travel** |  |  |
| **C.** | **Others (Please specify using the breakdown table provided above)** |  |  |
| **Total PKR** | | |  |

|  |  |  |
| --- | --- | --- |
| **Deliverables**  *[list them as referred to in the TOR]* | **Percentage of Total Price (Weight for payment)** | **Amount** |
|  |  |  |
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|  |  |  |
| Total | 100% | PKR…… |

*\*Payment shall be made based on the deliverables agreed in the final contract that will be signed with the selected candidate.*

Name: …………………………………………..

Signature: ……………………………………….. Date: ……………………………………

**Annex VI**

|  |  |  |  |
| --- | --- | --- | --- |
| **signature_1487453639NT FOSULTANINDIVIDUAL CONTRACTORS**  **STATEMENT OF HEALTH – INDIVIDUAL CONTRACTORS**  Name of Consultant/Individual Contractor:  Last Name, First Name  **Statement of Good Health**  In accordance with the provisions of Clause 5 of the [General Terms & Conditions for Individual Contractors](https://intranet.undp.org/unit/oolts/oso/psu/_layouts/15/WopiFrame.aspx?sourcedoc=/unit/oolts/oso/psu/Support%20Documents%20on%20the%20IC%20Guidelines/UNDP%20General%20Conditions%20for%20Individual%20Contractors.pdf&action=default), I am submitting this statement to certify that I am in good health and take full responsibility for the accuracy of this Statement. I am aware that information pertaining to inoculation requirements in respect of official travel to countries can be referred to at <http://www.who.int/ith>.  I certify that my medical insurance coverage is valid for the period from       to (if applicable)  I certify that my medical insurance covers medical evacuations at Duty Station(s):       Duty Station(s) Rating:      “B through E”. Duty stations with “A” or “H” do not require medical evacuation coverage.  The name of my medical insurance carrier is:  Policy Number:  Telephone Number of Medical Insurance Carrier:  **A copy of proof of insurance MUST be attached to this form.** | | | |
|  |  |  |  |
| Signature of Consultant/Individual Contractor Date  This statement is only valid for Consultant/Individual Contractor Contract No. | | | |
|  |  |  |  |
| Signature of Officer Supervising the Contract Name | | | |
|  |  |  | |
| Business Unit | | | |

**ANNEX - II**

**P-11 Form**

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| new logo blue**UNITED NATIONS DEVELOPMENT PROGRAMME**  **Personal History Form** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **INSTRUCTIONS: Please answer each question clearly and completely. Type or print in ink. Read carefully and follow all directions. If you need more space, attach additional pages of the same size.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1. Family name (surname)** | | | | | | | | | | | | **2. First names** | | | | | | | | | | | | | | | | | | | | | **3. Maiden name, if applicable** | | | | | | | | |
| **4. Date of birth**  day month year | | | | **5. Place of birth** | | | | | | | | | | | **6. Nationality at birth** | | | | | | | | **7. List all your current nationality(ies)** | | | | | | | | | | | | | | **8. Gender**  Male  Female | | | | |
| **9. Marital status** Single  Married  Separated  Widow(er)  Divorced | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **10.** Entry into United Nations service might require assignment and travel to any area of the world in which the United Nations has responsibilities. Do you have/experience any condition/situation which might limit your prospective field of work or your ability to engage in air travel?  No  Yes  If "Yes", please describe: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **11. Permanent address** | | | | | | | | **12. Present address** if different from that indicated in box 11 | | | | | | | | | | | | | | | | | **13. Telephone numbers**  Home/Mobile;  Work; | | | | | | | | | | | | | | | | |
| Telephone No. | | | | | | | | Telephone No. | | | | | | | | | | | | | | | | | **14. Personal and/or professional e-mail address:** | | | | | | | | | | | | | | | | |
| **15.** Have you any dependents? Yes  No  If the answer is “Yes”, give the following information: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ;Name | | | Date of birth | | | | | | | Relationship | | | | | | | | | | Name | | | | | | | | | | Date of birth | | | | | | | | | | Relationship | |
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| **16.** Have you taken up legal permanent residence status in any country other than that of your nationality?  No  Yes  If “Yes”, which country(ies)? | | | | | | | | | | | | | | | | | | | | | **17.** Have you taken any steps towards changing your present nationality?  No  Yes  If “Yes”, explain fully: | | | | | | | | | | | | | | | | | | | | |
| **18.**  Are any of your family members (spouse/partner, father/mother, brother/sister, son/daughter) employed in the UN Common System, including UNDP? Yes  No  If "Yes”, give the following information: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name** | | | | | | | | | **Relationship** | | | | | | | | | | | | | | | | | | **Name of Organization & Duty Station** | | | | | | | | | | | | | | |
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| **19.Do you have any other (extended) family members employed by UNDP?** No  Yes  If "Yes”, give the following information: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name** | | | | | | | | | | **Relationship** | | | | | | | | | | | | | | | | | | | | **Name of Unit & Duty Station** | | | | | | | | | | | |
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| **20.** Would you accept employment for less than six months? Yes  No | | | | | | | | | | | | | | | | | | | | | **21.** Have you been interviewed for any UNDP positions in the last 12 months? If so, for which post(s)? | | | | | | | | | | | | | | | | | | | | |
| **22.Languages – indicate mother tongue 1st** | | Ability to operate in the listed language(s) in a work environment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **Read** | | | | | | | | | | | **Write** | | | | | | | | | **Speak** | | | | | | | | | | | | | **Understand** | | | | | | |
|  | | none  limited  working knowledge  proficient | | | | | | | | | | | none  limited  working knowledge  proficient | | | | | | | | | none  limited  working knowledge  proficient | | | | | | | | | | | | | none  limited  working knowledge  proficient | | | | | | |
|  | | none  limited  working knowledge  proficient | | | | | | | | | | | none  limited  working knowledge  proficient | | | | | | | | | none  limited  working knowledge  proficient | | | | | | | | | | | | | none  limited  working knowledge  proficient | | | | | | |
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|  | | none  limited  working knowledge  proficient | | | | | | | | | | | none  limited  working knowledge  proficient | | | | | | | | | none  limited  working knowledge  proficient | | | | | | | | | | | | | none  limited  working knowledge  proficient | | | | | | |
| **23.** For General Service support level posts only, indicate if you have passed the following tests:  UN/ASAT – Administrative Support Assessment Test (formerly known as clerical test):  No Yes  if “Yes”, date taken:  UNDP/AFT – UNDP Accountancy and Finance Test: No  Yes  if “Yes”, date taken: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **24.EDUCATION**: Give full details - NB Please give exact titles of degrees in original language  Degrees claimed in the job application (even if they are not a requirement for the post) must be completed at the time of the application.  UNDP only recognizes degrees and diplomas from educational institutions that have been recognized or otherwise approved by competent authorities at the time that they were obtained. Degrees requiring little or no actual course work, degrees awarded for payment of fees only, and degrees granting substantial credits for “lifetime achievements” or “life/work experience” will normally not be recognized. Incomplete degrees are unacceptable to UNDP, regardless of whether they are associated with a recognized higher educational institution.  A. List all educational institutions attended, including secondary school, and diplomas/degrees or equivalent qualifications obtained (highest level education first). Give the exact name of the institution and the title of degrees, diplomas, etc. (Please do not translate or indicate equivalent degrees). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name, place and country** | | | | | **Attended from/to**  **Mo/Year Mo. /Year** | | | | | | | | | | | | **Degrees / Diplomas obtained** | | | | | | | | | **Main course of study** | | | | | | | | | | | | | **In person or**  **online/remote?** | | |
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| B. **Post-qualification training courses / learning activities** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name, place and country** | | | | | **Type** | | | | | | | | | | | | | **Attended from/to**  **Mo/Year Mo. /Year** | | | | | | | | | | | | | | **Certificates or Diplomas obtained** | | | | | | | **In person or**  **online/remote?** | | |
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| C.**UN Language Proficiency Exams (if any)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| D. **UNDP Certification Programmes (if any)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **25. List membership of professional societies and activities in civic, public or international affairs** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **26. List any significant publications you have written (do not attach them) or any special recognitions you have received** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **27.** Have you already been issued a UN Index Number? No  Yes  If “Yes”, please indicate this number: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **28. EMPLOYMENT RECORD:** Starting with your present post, list in reverse order every employment you have had. Use a separate block for each employment. Include service in the armed forces and note any period during which you were not gainfully employed. If you need more space, attach additional pages of the same size. Provide gross salary per annum and **indicate currency** for your last or present post.  Are you a current or former UNV? Yes  No  If ”Yes”, please indicate roster number: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **PRESENT POST (Last post, if not presently employed)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FROM | TO | | | | | SALARIES PER ANNUM | | | | | | | | | | | | | FUNCTIONAL TITLE: As specified in your Letter of Appointment/Contract:  UN grade of your post (if applicable):  (do not indicate equivalency)  Last UN step in your post (if applicable): | | | | | | | | | | | | | | | | | | | | | | |
| Month/Year | Month/Year | | | | | Starting (gross) | | | | | | | | | | Final (gross) | | |  | | | | | | | | | | | | | | | | | | | | | | |
| NAME OF EMPLOYER: | | | | | | | | | | | | | | | | | | | TYPE OF BUSINESS: | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | EMPLOYMENT TYPE:  Full time:  Part Time:  (     %) | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | **Type of contract:**  100 Series  Permanent  FTA  SC | | | | | | | | | | 200 series  Indefinite  TA  UNV | | | | | | | | ALD/300 series  Continuing  SSA / IC  Other | | | | |
| ADDRESS OF EMPLOYER | | | | | | | | | | | | | | | | | | | NAME OF SUPERVISOR:  E-mail Address and Telephone No. of Supervisor: | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | Do/did you supervise staff? If so:  Number of professional staff supervised:  Number of support staff supervised: | | | | | | | | | | | | | | | | | | | | | | |
| Description of your duties and related accomplishments: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reason for leaving: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **PREVIOUS POSTS (In reverse order i.e. most recent post first)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FROM | TO | | | | | | | SALARIES PER ANNUM | | | | | | | | | | | FUNCTIONAL TITLE: As specified in your Letter of Appointment/Contract:  UN Grade of your post (if applicable):  (do not indicate equivalency)  Last UN step in your post (if applicable): | | | | | | | | | | | | | | | | | | | | | |
| Month/Year | Month/Year | | | | | | |  | | | | | | | | Final (gross) | | |  | | | | | | | | | | | | | | | | | | | | | |
| NAME OF EMPLOYER | | | | | | | | | | | | | | | | | | | TYPE OF BUSINESS: | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | EMPLOYMENT TYPE:  Full time:  Part Time:  (     %) | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | **Type of contract:**  100 Series  Permanent  FTA  SC | | | | | | | | | 200 series  Indefinite  TA  UNV | | | | | | | | | ALD/300 series  Continuing  SSA / IC  Other | | | |
| ADDRESS OF EMPLOYER | | | | | | | | | | | | | | | | | | | NAME OF SUPERVISOR:  E-mail Address and Telephone No. of Supervisor: | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | Did you supervise staff? If so:  Number of professional staff supervised:  Number of support staff supervised: | | | | | | | | | | | | | | | | | | | | | |
| Description of your duties and related accomplishments: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reason for leaving: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FROM | TO | | | | | | | SALARIES PER ANNUM | | | | | | | | | | | FUNCTIONAL TITLE: As specified in your Letter of Appointment/Contract:  UN Grade of your post (if applicable):  (do not indicate equivalency)  Last UN step in your post (if applicable): | | | | | | | | | | | | | | | | | | | | | |
| Month/Year | Month/Year | | | | | | |  | | | | | | | | Final (gross) | | |  | | | | | | | | | | | | | | | | | | | | | |
| NAME OF EMPLOYER | | | | | | | | | | | | | | | | | | | TYPE OF BUSINESS: | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | EMPLOYMENT TYPE:  Full time:  Part Time:  (     %) | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | **Type of contract:**  100 Series  Permanent  FTA  SC | | | | | | | | | 200 series  Indefinite  TA  UNV | | | | | | | | ALD/300 series  Continuing  SSA / IC  Other | | | | |
| ADDRESS OF EMPLOYER | | | | | | | | | | | | | | | | | | | NAME OF SUPERVISOR:  E-mail Address and Telephone No. of Supervisor: | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | Did you supervise staff? If so:  Number of professional staff supervised:  Number of support staff supervised: | | | | | | | | | | | | | | | | | | | | | |
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| Reason for leaving: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FROM | TO | | | | | | | SALARIES PER ANNUM | | | | | | | | | | | FUNCTIONAL TITLE: As specified in your Letter of Appointment/Contract:  UN Grade of your post (if applicable):  (do not indicate equivalency)  Last UN step in your post (if applicable): | | | | | | | | | | | | | | | | | | | | | |
| Month/Year | Month/Year | | | | | | |  | | | | | | | | Final (gross) | | |  | | | | | | | | | | | | | | | | | | | | | |
| NAME OF EMPLOYER | | | | | | | | | | | | | | | | | | | TYPE OF BUSINESS: | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | EMPLOYMENT TYPE:  Full time:  Part Time:  (     %) | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | **Type of contract:**  100 Series  Permanent  FTA  SC | | | | | | | | | 200 series  Indefinite  TA  UNV | | | | | | | | ALD/300 series  Continuing  SSA / IC  Other | | | | |
| ADDRESS OF EMPLOYER | | | | | | | | | | | | | | | | | | | NAME OF SUPERVISOR:  E-mail Address and Telephone No. of Supervisor: | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | Did you supervise staff? If so:  Number of professional staff supervised:  Number of support staff supervised: | | | | | | | | | | | | | | | | | | | | | |
| Description of your duties and related accomplishments: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reason for leaving: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FROM | TO | | | | | | SALARIES PER ANNUM | | | | | | | | | | | | FUNCTIONAL TITLE: As specified in your Letter of Appointment/Contract:  UN Grade of your post (if applicable):  (do not indicate equivalency)  Last UN step in your post (if applicable): | | | | | | | | | | | | | | | | | | | | | |
| Month/Year | Month/Year | | | | | |  | | | | | | | | | Final (gross) | | |  | | | | | | | | | | | | | | | | | | | | | |
| NAME OF EMPLOYER | | | | | | | | | | | | | | | | | | | TYPE OF BUSINESS: | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | EMPLOYMENT TYPE:  Full time:  Part Time:  (     %) | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | **Type of contract:**  100 Series  Permanent  FTA  SC | | | | | | | | | 200 series  Indefinite  TA  UNV | | | | | | | | | ALD/300 series  Continuing  SSA / IC  Other | | | |
| ADDRESS OF EMPLOYER | | | | | | | | | | | | | | | | | | | NAME OF SUPERVISOR:  E-mail Address and Telephone No. of Supervisor: | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | Did you supervise staff? If so:  Number of professional staff supervised:  Number of support staff supervised: | | | | | | | | | | | | | | | | | | | | | |
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| Reason for leaving: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FROM | TO | | | | | SALARIES PER ANNUM | | | | | | | | | | | | | FUNCTIONAL TITLE: As specified in your Letter of Appointment/Contract:  UN Grade of your post (if applicable):  (do not indicate equivalency)  Last UN step in your post (if applicable): | | | | | | | | | | | | | | | | | | | | | |
| Month/Year | Month/Year | | | | |  | | | | | | | | | | Final (gross) | | |  | | | | | | | | | | | | | | | | | | | | | |
| NAME OF EMPLOYER | | | | | | | | | | | | | | | | | | | TYPE OF BUSINESS: | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | EMPLOYMENT TYPE:  Full time:  Part Time:  (     %) | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | **Type of contract:**  100 Series  Permanent  FTA  SC | | | | | | | | | 200 series  Indefinite  TA  UNV | | | | | | | | | | ALD/300 series  Continuing  SSA / IC  Other | | |
| ADDRESS OF EMPLOYER | | | | | | | | | | | | | | | | | | | NAME OF SUPERVISOR:  E-mail Address and Telephone No. of Supervisor: | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | Did you supervise staff? If so:  Number of professional staff supervised:  Number of support staff supervised: | | | | | | | | | | | | | | | | | | | | | |
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| Reason for leaving: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Month/Year | Month/Year | | | | | |  | | | | | | | | | Final (gross) | | |  | | | | | | | | | | | | | | | | | | | | | |
| NAME OF EMPLOYER | | | | | | | | | | | | | | | | | | | TYPE OF BUSINESS: | | | | | | | | | | | | | | | | | | | | | |
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| Month/Year | Month/Year | | | | | | Starting (gross) | | | | | | | | | Final (gross) | | |  | | | | | | | | | | | | | | | | | | | | | |
| NAME OF EMPLOYER | | | | | | | | | | | | | | | | | | | TYPE OF BUSINESS: | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | **Type of contract:**  100 Series  Permanent  FTA  SC | | | | | | | | | 200 series  Indefinite  TA  UNV | | | | | | | | | | ALD/300 series  Continuing  SSA / IC  Other | | |
| ADDRESS OF EMPLOYER | | | | | | | | | | | | | | | | | | | NAME OF SUPERVISOR:  E-mail Address and Telephone No. of Supervisor: | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | Did you supervise staff? If so:  Number of professional staff supervised:  Number of support staff supervised: | | | | | | | | | | | | | | | | | | | | | |
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| Reason for leaving: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FROM | TO | | | | | SALARIES PER ANNUM | | | | | | | | | | | | | FUNCTIONAL TITLE: As specified in your Letter of Appointment/Contract:  UN Grade of your post (if applicable):  (do not indicate equivalency)  Last UN step in your post (if applicable): | | | | | | | | | | | | | | | | | | | | | |
| Month/Year | Month/Year | | | | | Starting (gross) | | | | | | | | Final (gross) | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| NAME OF EMPLOYER | | | | | | | | | | | | | | | | | | | TYPE OF BUSINESS: | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | EMPLOYMENT TYPE:  Full time:  Part Time:  (     %) | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | **Type of contract:**  100 Series  Permanent  FTA  SC | | | | | | | | | 200 series  Indefinite  TA  UNV | | | | | | | | | | ALD/300 series  Continuing  SSA / IC  Other | | |
| ADDRESS OF EMPLOYER | | | | | | | | | | | | | | | | | | | NAME OF SUPERVISOR:  E-mail Address and Telephone No. of Supervisor: | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | Did you supervise staff? If so:  Number of professional staff supervised:  Number of support staff supervised: | | | | | | | | | | | | | | | | | | | | | |
| Description of your duties and related accomplishments: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reason for leaving: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FROM | TO | | | | | | SALARIES PER ANNUM | | | | | | | | | | | | FUNCTIONAL TITLE: As specified in your Letter of Appointment/Contract:  UN Grade of your post (if applicable):  (do not indicate equivalency)  Last UN step in your post (if applicable): | | | | | | | | | | | | | | | | | | | | | |
| Month/Year | Month/Year | | | | | | Starting (gross) | | | | | | | | | Final (gross) | | |  | | | | | | | | | | | | | | | | | | | | | |
| NAME OF EMPLOYER | | | | | | | | | | | | | | | | | | | TYPE OF BUSINESS: | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | **Type of contract:**  100 Series  Permanent  FTA  SC | | | | | | | | | 200 series  Indefinite  TA  UNV | | | | | | | | | | ALD/300 series  Continuing  SSA / IC  Other | | |
| ADDRESS OF EMPLOYER | | | | | | | | | | | | | | | | | | | NAME OF SUPERVISOR:  E-mail Address and Telephone No. of Supervisor: | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | Did you supervise staff? If so:  Number of professional staff supervised:  Number of support staff supervised: | | | | | | | | | | | | | | | | | | | | | |
| Description of your duties and related accomplishments: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reason for leaving: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **29.** Have you any objections to our making inquiries of:  (a) your present employer? No  Yes  (b) your previous employers? No  Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **30.** Are you now, or have you ever been, a national civil servant in your government?  No  Yes  If "Yes", Indicate dates of service:       Functions:       Country: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **31.** References: list **three** persons not related to you who are familiar with your character and qualifications and who may be contacted for a reference  UNDP will not seek a reference from your *current* employer without obtaining prior consent. However, please note that UNDP may seek references from your former employers. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | | | | | | | | | Full Address, including E-Mail Address and Telephone Number | | | | | | | | | | | | | | | | | | | | | Name of Organization,  Business or Occupation | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
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| **32.** State any other relevant facts in support of your application. Include information regarding any periods of residence outside the country of your nationality | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **33.** Have you ever been convicted, fined, or imprisoned for the violation of any law (excluding minor traffic violations)?  No  Yes  If “Yes”, give full particulars of each case in an attached statement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **34.** Have you ever had disciplinary measures imposed on you, including dismissal or separation from service, on the grounds of misconduct?  No  Yes  If “Yes”, give full particulars of each case in an attached statement. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **35.** Have you ever been separated from service on the grounds of unsatisfactory performance?  No  Yes  If “Yes”, give full particulars of each case in an attached statement. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **36.** I certify that the information I have provided in the present document is true, complete and correct to the best of my knowledge. I understand that any misrepresentation or material omission made in this document may lead to the termination of my appointment or to dismissal. I understand this also applies to any other information or document requested by the Organization for the purpose of my recruitment to and employment with UNDP.  In connection with this application, I authorize former employers and educational institutions to release information about my background to UNDP or its agent. My signature below releases the aforesaid parties providing information about me from any liability whatsoever in collecting and disseminating the information obtained.  **DATE**:      **SIGNATURE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Note:**  Applications for employment at UNDP must include a completed and signed Personal History form (P.11). By submitting a Personal History form, the applicant authorizes UNDP or its agent to verify and validate all information provided in the P.11. The P.11 form is not valid without signature. The signed P.11 form serves to release any party cited in the form from any liability whatsoever for releasing information to UNDP or its agent.  You may be requested to provide documentary evidence of the statements you have made above. Do not, however, send any documentary evidence until you have been asked to do so and, in any event, do not submit the originals of any references, testimonials or certificates of academic achievement unless they have been obtained for the sole use of UNDP.  If Degrees/Certificates are in foreign language, you may be required to provide official English translation at time of request. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

1. The costs should only cover the requirements identified in the Terms of Reference (TOR) [↑](#footnote-ref-1)
2. Travel expenses are not required if the consultant will be working from home. [↑](#footnote-ref-2)