**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 --------------2022

**Signature**

**ANNEX-VI**

**P-11 FORM**

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| --- | --- | --- |
| INSTRUCTIONSPlease answer each question clearly and completely. Type or print in ink. Read carefully and follow all directions. | UNITED NATIONS DEVELOPMENT PROGRAMMEPERSONAL HISTORY FORM***(for Service Contracts and Individual Contracts)*** |  |
| 1. Family Name  | First Name | Middle name | Maiden name, if any |
| 2. Date of Birth | Da | Mo | Yr | 3. Place of Birth  | 4. Nationality (ies) at birth  | 5. Present nationality (ies)  | 6. Sex  |
| 7. Height  | 8. Weight  | 9. Marital status  Single Married Separated Widow Divorced  |
| 10. Permanent address  Telephone No.  Fax No.  | 11. Present Address (if different)  Telephone No.  Fax No.  | 12. Office Telephone No.  Office Fax No.  Office E-mail No.  |
| 13. Do you have a spouse and/or children? 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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| 14. Have you taken up any legal permanent status in any country other than that of your nationality? YES NO  If the answer is "yes", which country?  |
| 15. Have you taken any legal steps towards changing your present nationality? YES NO  If answer is "yes", explain fully:  |
| 16. Are any of your relatives employed by UNDP, any other UN organization or any other public international organization? YES NO  If the answer is "yes", give the following information: |
| NAME | Relationship | Name of International Organization |
|  |  |  |
|  |  |  |
| 17. What is your preferred field of work?  |
| 18. KNOWLEDGE OF LANGUAGES. What is your mother tongue?  |
|  | READ | WRITE | SPEAK | UNDERSTAND |
| OTHER LANGUAGES | Easily | Not Easily | Easily | Not Easily | Fluently | Not Fluently | Easily | Not Easily |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| 19. For clerical grades only *Indicate speed in words per minute* | *List any office machines or equipment you can use* |
|  | English | French | Other languages |  |
|  |  |  |  |  |  |
| Typing |  |  |  |  |  |
| Shorthand |  |  |  |  |  |

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| 20. EDUCATIONAL. Give full details - N.B. Please give exact titles or degree in original language.A. UNIVERSITY OR EQUIVALENT Please do not translate or equate to other degrees. |
| NAME, PLACE AND COUNTRY | ATTENDED FROM/TO | DEGREES and ACADEMIC | MAIN COURSE |
|  | Mo./Year | Mo./Year | DISTINCTIONS OBTAINED | OF STUDY |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| B. SCHOOLS OR OTHER FORMAL TRAINING OR EDUCATION FROM AGE 14 (e.g. high school, technical school or apprenticeship) |
| NAME, PLACE AND COUNTRY | TYPE | ATTENDED FROM/TO | CERTIFICATES OR |
|  |  | Mo./Year | Mo./Year | DIPLOMAS OBTAINED |
|  |  |  |  |  |
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|  |  |  |  |  |
| 21. LIST PROFESSIONAL SOCIETIES AND ACTIVITIES IN CIVIC, PUBLIC OR INTERNATIONAL AFFAIRS |
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|  |
| 22. LIST ANY SIGNIFICANT PUBLICATIONS YOU HAVE WRITTEN (Do not attach) |
|  |
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|  |
| 23. EMPLOYMENT RECORD: Starting with your present function, list in reverse order every employment you have had. Use a separate block for each FUNCTION. Include also 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. Give both gross and net salaries per annum for your last and present FUNCTION.A. PRESENT FUNCTION (LAST FUNCTION, IF NOT PRESENTLY IN EMPLOYMENT) |
| FROM | TO | SALARY PER ANNUM | EXACT TITLE OF YOUR FUNCTION: |
| MONTH/YEAR | MONTH/YEAR | STARTING | FINAL |  |
|  |  |  |  |  |
| NAME OF EMPLOYER: | TYPE OF BUSINESS: |
| ADDRESS OF EMPLOYER: | NAME OF SUPERVISOR: |
|  | NO AND KIND OF EMPLOYEESSUPERVISED BY YOU: | REASON FOR LEAVING: |
| DESCRIPTION OF YOUR DUTIES |
|  |

B. PREVIOUS FUNCTION (IN REVERSE ORDER) PAGE 3

|  |  |  |  |
| --- | --- | --- | --- |
| FROM | TO | SALARY PER ANNUM | EXACT TITLE OF YOUR FUNCTION: |
| MONTH/YEAR | MONTH/YEAR | STARTING | FINAL |  |
|  |  |  |  |  |
| NAME OF EMPLOYER: | TYPE OF BUSINESS: |
| ADDRESS OF EMPLOYER: | NAME OF SUPERVISOR: |
|  | NO AND KIND OF EMPLOYEESSUPERVISED BY YOU: | REASON FOR LEAVING: |
| DESCRIPTION OF YOUR DUTIES |
|  |
| FROM | TO | SALARY PER ANNUM | EXACT TITLE OF YOUR FUNCTION: |
| MONTH/YEAR | MONTH/YEAR | STARTING | FINAL |  |
|  |  |  |  |  |
| NAME OF EMPLOYER: | TYPE OF BUSINESS: |
| ADDRESS OF EMPLOYER: | NAME OF SUPERVISOR: |
|  | NO AND KIND OF EMPLOYEESSUPERVISED BY YOU: | REASON FOR LEAVING: |
| DESCRIPTION OF YOUR DUTIES |
|  |
| FROM | TO | SALARY PER ANNUM | EXACT TITLE OF YOUR FUNCTION: |
| MONTH/YEAR | MONTH/YEAR | STARTING | FINAL |  |
|  |  |  |  |  |
| NAME OF EMPLOYER: | TYPE OF BUSINESS: |
| ADDRESS OF EMPLOYER: | NAME OF SUPERVISOR: |
|  | NO AND KIND OF EMPLOYEESSUPERVISED BY YOU: | REASON FOR LEAVING: |
| DESCRIPTION OF YOUR DUTIES |
|  |
| FROM | TO | SALARY PER ANNUM | EXACT TITLE OF YOUR FUNCTION: |
| MONTH/YEAR | MONTH/YEAR | STARTING | FINAL |  |
|  |  |  |  |  |
| NAME OF EMPLOYER: | TYPE OF BUSINESS: |
| ADDRESS OF EMPLOYER: | NAME OF SUPERVISOR: |
|  | NO AND KIND OF EMPLOYEESSUPERVISED BY YOU: | REASON FOR LEAVING: |
| DESCRIPTION OF YOUR DUTIES |
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| --- | --- | --- | --- |
| FROM | TO | SALARY PER ANNUM | EXACT TITLE OF YOUR FUNCTION: |
| MONTH/YEAR | MONTH/YEAR | STARTING | FINAL |  |
|  |  |  |  |  |
| NAME OF EMPLOYER: | TYPE OF BUSINESS: |
| ADDRESS OF EMPLOYER: | NAME OF SUPERVISOR: |
|  | NO AND KIND OF EMPLOYEESSUPERVISED BY YOU: | REASON FOR LEAVING: |
| DESCRIPTION OF YOUR DUTIES |
|  |
| FROM | TO | SALARY PER ANNUM | EXACT TITLE OF YOUR FUNCTION: |
| MONTH/YEAR | MONTH/YEAR | STARTING | FINAL |  |
|  |  |  |  |  |
| NAME OF EMPLOYER: | TYPE OF BUSINESS: |
| ADDRESS OF EMPLOYER: | NAME OF SUPERVISOR: |
|  | NO AND KIND OF EMPLOYEESSUPERVISED BY YOU: | REASON FOR LEAVING: |
| DESCRIPTION OF YOUR DUTIES |
|  |
| FROM | TO | SALARY PER ANNUM | EXACT TITLE OF YOUR FUNCTION: |
| MONTH/YEAR | MONTH/YEAR | STARTING | FINAL |  |
|  |  |  |  |  |
| NAME OF EMPLOYER: | TYPE OF BUSINESS: |
| ADDRESS OF EMPLOYER: | NAME OF SUPERVISOR: |
|  | NO AND KIND OF EMPLOYEESSUPERVISED BY YOU: | REASON FOR LEAVING: |
| DESCRIPTION OF YOUR DUTIES |
|  |
| FROM | TO | SALARY PER ANNUM | EXACT TITLE OF YOUR FUNCTION: |
| MONTH/YEAR | MONTH/YEAR | STARTING | FINAL |  |
|  |  |  |  |  |
| NAME OF EMPLOYER: | TYPE OF BUSINESS: |
| ADDRESS OF EMPLOYER: | NAME OF SUPERVISOR: |
|  | NO AND KIND OF EMPLOYEESSUPERVISED BY YOU: | REASON FOR LEAVING: |
| DESCRIPTION OF YOUR DUTIES |
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| 24. DO YOU HAVE ANY OBJECTIONS TO OUR MAKING ENQUIRIES OF YOUR PRESENT EMPLOYER? YES NO  |
| 25. ARE YOU NOW, OR HAVE YOU EVER BEEN A PERMANENT CIVIL SERVANT IN YOUR GOVERNMENT’S EMPLOY? YES NO  If answer if "yes", WHEN?   |
| 26. REFERENCES: List three persons, not related to you, who are familiar with your character and qualifications. *Do not repeat names of supervisors listed in item 24.* |
| FULL NAME | FULL ADDRESS | BUSINESS OR OCCUPATION |
|  |  |  |
|  |  |  |
|  |  |  |
| 27. STATE ANY OTHER RELEVANT FACTS IN SUPPORT OF YOUR APPLICATION. INCLUDE INFORMATION REGARDING ANY RESIDENCE OUTSIDE THE COUNTRY OF YOUR NATIONALITY. |
| 28. 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.  |
| 29. 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. |

**Annex VII**

**This form will be required from recommended consultant before issuance of contract.**

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| **NT 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 DateThis statement is only valid for Consultant/Individual Contractor Contract No.       |
|  |       |       |  |
| Signature of Officer Supervising the Contract Name |
|  |       |  |
| Business Unit  |