CURRICULUM VITAE

1.	Position applied for	
2.	Post Code:	
3.	Name of The Firm:	
4.	Name of Expert:	
5.	Current Residential address	
6.	Mobile No.	
7.	E-mail Address:	
8.	Date of birth :	
9.	Aadhar Card No.	
10.	Pan Card No.	
11.	Qualification:	
12	Category:	
13.	Membership of professional Associations	
14.	Other Trainings	
15.	Work Experience	
16.	Languages:	

Language	Speaking	Reading	Writing
English			
Hindi			
Bengali			

17.	Employment Record:	
i.	From - To :	
	Employer :	
	Position held:	
ii.	From - To :	
	Employer :	
	Position held:	
iii.	From - To :	
	Employer :	
	Position held:	
iv.	From - To:	
	Employer :	
	Position held:	
v.	From - To:	
	Employer:	
	Position held:	

18. Detailed Task Assigned	13. Work Undertaken that Best Illustrate Capability to Handle the tasks assigned
	A. Name of Assignment:
	Year:
	Location :
	Client:
	Main Project Feature:
	Position held:
	Activity Performed:

19.	Certification

I, the undersigned, certify to the best of my knowledge and belief that

i. This CV correctly describes my qualifications and experience;

ii. I am not a current employee of the Executing or the Implementing Agency;

iii. In the absence of medical incapacity, I will undertake this assignment for the duration and in terms of the inputs specified for me;

iv. I was not part of the team who wrote the terms of reference for this consulting services assignment;

v. I am not currently debarred by a multilateral development bank or temporarily suspended by ADB/World Bank/Government organization/PSU;

vi. I certify that I have been informed by the firm that it is including my CV in the Proposal for the [insert name of project and contract]. I confirm that I will be available to carry out the assignment for which my CV has been submitted in accordance with the implementation arrangements and schedule set out in the Proposal.

I understand that any wilful misstatement described herein may lead to my disqualification or dismissal, if engaged.

[Signature of expert or authorized representative of the firm]

Date:
(Day/Month/Year)
Full name of authorized representative