



**SAARC Tuberculosis and HIV/AIDS Centre (STAC)  
Thimi, Bhaktapur, Kathmandu, Nepal**

**Application Form for the Post of Senior Microbiologist (Professional)**

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INSTURCTIONS: Please fill up the Form completely and clearly.  
Type or print in ink. If needed, additional pages may be attached.  
Be sure to sign and date the Form.

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Photograph

1. Name (As per Certificates)

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2. Present Address

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3. Mailing Address (if separate from present Address)

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4. Permanent Address

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5. (a) Place of Birth

(b) Date of Birth

\_\_\_\_\_  
Day    Month    Year

6. (a) Citizenship at Birth

(b) Present Citizenship

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7. Sex (tick appropriate):

Male

Female

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8. Marital Status (tick appropriate):

Married

Single

Widowed

Divorced

Separated

9. Have you any dependant/s?

Yes

No

If the answer is “Yes” provide following information:

Name	Date of Birth	Relationship

10. Have you taken up legal residence status in any country other than that of your nationality?

Yes  No

If the answer is “Yes” which country?

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11. Have you taken any legal steps towards changing your present nationality?

Yes  No

If answer is “Yes” explain fully

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12. Education; Furnish details

A. General Education: University/College Level

Name and Place of Institute	Degree/Diploma*	Year	Main Subject(s)

\*Please attaché the copy of mark sheets & certificates



14. Language Proficiency (tick appropriate)

	Excellent	Good	Fair
English			
Others			

15. Experience in International/Regional Organizations in the field of TB and HIV/AIDS Laboratories.

Name and Address	Position	From -To	Nature of work

\*Please attaché supporting document/s.

16. List of Professional societies and activities in civic, public or international affairs

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18. Employment Record: Starting with your present or most recent post, list in reverse order every employment in government service during the last ten years and any significant experience not included in that period which you believe will be helpful in evaluating your record. Use a separate block for each post. *Use additional sheets of paper, if served in more than two organization.*

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Date: _____	Salaries per annum (Excl... Allowances)	Exact title of your post
From _____	Starting                      Present	
To (Present) _____		

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Name of Supervisor	Allowances, etc	Duty Station
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Name of Employer	Total Tax	Number & Kind of employees supervised by you
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Address of Employer	Net Salary	Reason for leaving If applicable
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Description of your work

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Date: _____	Salaries per annum (Excl. Allowances)	Exact title of your Post
From _____	Starting	Present
To (Present) _____		

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Name of Supervisor	Allowances. etc	Duty Station
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Name of Employer	Total Tax	Number & Kind of employees supervised by you
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Address of Employer	Net Salary	Reason for leaving If applicable
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Description of your work

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19. References: List three persons not related to you who are familiar with your Character and qualification.

Full Name & Designation	Full Address with Tel, Fax/Email	Occupation/ Designation

20. Have you any objections to making inquiries with your present employer?

21. Legal Convictions (include all convictions other than those for minor violations of road traffic qualifications:

Charge	Date	Where tried	Conviction

22. State any other relevant facts, include information regarding any residence or prolonged travel abroad, giving dates, areas, purposes, etc. Also state any disabilities which might limit your field of work. Final appointment will be subject to physical examination.



I certify that the statements made by me in the foregoing items are true, complete, correct to the best of my knowledge and belief. I understand that any false statement or any required information withheld from this Form may provide grounds for the withdrawal of any offer of appointment or dismissal if an appointment has been accepted.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Place: \_\_\_\_\_



**RECOMMENDATION OF CANDIDATE'S EMPLOYER**

I do hereby certify that Dr./Mr./Ms/Mrs. \_\_\_\_\_  
\_\_\_\_\_ of \_\_\_\_\_  
\_\_\_\_\_

shall be released on deputation to join the SAARC Tuberculosis and HIV/AIDS Centre (STAC), Kathmandu, Nepal  
as per stipulated date if he/she is appointed as \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Institution: \_\_\_\_\_

\_\_\_\_\_  
Office Seal

**RECOMMENDATION OF THE CONCERNED MINISTRY**

I do hereby certify that Dr./Mr./Ms/Mrs. \_\_\_\_\_

\_\_\_\_\_ of the Ministry of \_\_\_\_\_

shall be released on deputation to join the SAARC Tuberculosis and HIV/AIDS Centre (STAC), Kathmandu, Nepal  
as per stipulated date if he/she is appointed as \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

\_\_\_\_\_  
Office Seal

**Attachment:**

- i. Copies of all the Certificates of Academic Qualifications
- ii. Copy of Experiences Certificates
- iii. List of publications in the field of Tuberculosis and HIV/AIDS (research, operational research, clinical trials, surveillance, epidemiology) **-Attach or quote references of Journals, books, etc.)**
- iv. Copies of Certificates of Trainings of related field.
- v. Copy of CV.
- vi. Recommendation of Candidate's Employer
- vii. Recommendation of concerned Ministry