



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

Application Form for the Post of Epidemiologist (Professional)

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.

1. Name (As per Certificates)

2. Present Address

3. Mailing Address (if separate from present Address)

4. Permanent Address

5. (a) Place of Birth

(b) Date of Birth

Day Month Year

6. (a) Citizenship at Birth

(b) Present Citizenship

7. Sex (tick appropriate):

Male

Female

8. Marital Status (tick appropriate):

Married

Single

Widowed

Divorced

Separated

9. Have you any dependent/s?

Yes

No

If the answer is “Yes” provide following information:

| Name | Date of Birth | Relationship |
|------|---------------|--------------|
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| | | |
| | | |

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?

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

Yes

No

If answer is “Yes” explain fully

12. Education; Furnish details

A. General Education: University/College Level

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

*Please attaché the copy of mark sheets & certificates

12. B. Professional Education/Experience

General Education: University/College Level

| Name & Place of Institute | Degree/Diploma | Year | Fields of study |
|---------------------------|----------------|------|-----------------|
| | | | |
| | | | |
| | | | |

*Please attaché the copy of mark sheets & certificates

13. State your professional competence/experiences in the field of Tuberculosis and HIV/AIDS at Regional/National/Supra Reference Laboratories (including surveillance, epidemiology, research). *Use additional sheets of paper, if required.*

14. Language Proficiency (tick appropriate)

| | Excellent | Good | Fair |
|---------|-----------|------|------|
| English | | | |
| Others | | | |
| | | | |
| | | | |
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15. Experience in International/Regional Organizations in the field of TB and HIV/AIDS Laboratories.

| Name and Address | Position | From-To | Nature of work |
|------------------|----------|---------|----------------|
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*Please attaché supporting document/s.

16. List of Professional societies and activities in civic, public or international affairs. *Use additional sheets of paper, if required.*

17. List of publications in the related fields (research, operational research, clinical trials, surveillance, epidemiology) (Attach or quote references of Journals, books, etc.). *Use*

additional sheets of paper, if required.

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.*

| | | |
|--------------|--|---------------------------------|
| <i>Date:</i> | <i>Salaries per annum (Excl... Allowances)</i> | <i>Exact title of your post</i> |
| <i>From</i> | <i>Starting To present</i> | |

| | | |
|---------------------|-----------------|--------------|
| Name of Supervisor: | Allowances, etc | Duty Station |
|---------------------|-----------------|--------------|

| | | |
|-------------------|-----------|--|
| Name of Employer: | Total Tax | Number & Kind of employees supervised by you |
|-------------------|-----------|--|

| | | |
|----------------------|------------|--------------------------------------|
| Address of Employer: | Net Salary | Reason for leaving If applicable: |
|----------------------|------------|--------------------------------------|

Description of your work

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 objection 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