



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

**Application Form for the Post of Administrative Officer (GSS-I)**

INSTRUCTIONS: 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.

Photograph

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

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?

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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 attach the copies 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 attach the copies of mark sheets &amp; certificates

## 13. Language Proficiency (tick appropriate)

	Excellent	Good	Fair
English			
Others			

## 14. Experience in Diplomatic Organization/International/Regional organizations/Embassy/Government Agencies in the field of TB and HIV/AIDS Laboratories.

Name and Address	Position	From -To	Nature of work

\*Please attach supporting document/s.

15. Employment Record: Starting with your present or most recent post, list in reverse order every employment in any organization during the last five 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.*

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

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


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

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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16. 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

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

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

Charge	Date	Where tried	Conviction

19. 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

**Attachment:**

- i. Copies of all the Certificates of Academic Qualifications
- ii. Copy of Experiences Certificates
- iii. Copies of Certificates of Trainings of related field.
- iv. Copy of CV format provide by STAC.
- v. Recommendation of Candidate's Employer