

## **SAARC AGRICULTURE CENTRE (SAC)**



BARC Campus, Farmgate, New Airport Road Dhaka-1215, Bangladesh

(Consortium for Scaling-up Climate Smart Agriculture in South Asia (C-SUCSeS)

## APPLICATION FORM FOR PROJECT COORDINATOR

Name of the post Project Coord	dinator			
INSTRUCTION: 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 certificate):				x Photograph
2. Present Address (Including tel. no., e-mail,	etc.):			
3. Mailing Address / Contact Information (In-E-mail, etc.):	cluding tel. no.,			
4. Permanent Address:				
5. A) Place of Birth:				
5. B) Date of Birth			Month	Year
5. C) Age as on	Da	ıy	Month	Year
6. (A) Citizenship at Birth:	6 (B) Present Citizens	ship	): :	



7. Sex (Check):	Male		Female	
8. Marital Status (Ch	neck):			
Married	Single	Widowed	Divorced	Separated

9. **Educational background**: Furnish details starting from last Degree (Enclose true copies of certificate and transcript):

Name of Institution and	Degree/Diploma	Year	Main subject(s)
Place	/ Certificate	~	

10. State your professional competence in the post applied for (Not more than 150 words, please enclose supporting documents, if any):

11. Language proficiency [Please tick ( $\sqrt{}$ ) in the appropriate box. Also enclose certificate if there be any]:

		Read		Write			Speak		
	Excellent	Good	Fair	Excellent	Good	Fair	Excellent	Good	Fair
English									
Others:						L			
							×		
			-						

12. **Employment Record**: Starting with your present or most recent post, list in reverse order every employment 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 as required.

A:

Date	Exact Title of your post			
From/ To/				
N. C.C.				
Name of Supervisor				
Name & address of Employer	Number & kind of employees supervised			
	by you:			
	Officer -			
	Other support Staff -			
Description of your work				



Date	Exact Title of your post
From/ To/	
10	
Name of Supervisor	×
Name & address of Employer	Number & kind of employees supervised
mane a dual ess of Employer	
	by you:
	Officer -
	Other support Staff -
Description of your work	
C.	
Date	Exact Title of your post
	Exact Title of your post
From / / To /	
From/ To/	
Name of Supervisor	
Name & address of Employer	Number & kind of employees supervised
	by you:
	Officer - Other support Staff -
Description of your work	other support stair -
4	



13. List of Profession	nal publication	ns & rep	orts (Please attach	separate sheets, if red	quired):
14. Do you have a	any objection	to make	inquiry of your pr	esent / last employer?	?
Y	'es		2	No	
15. References: List qualifications.	two persons r	not relat	ed to you who are	familiar with your cha	racter and
Full Name		Full Add	dress with email II	) & telephone no.	
			V		
16. Legal conviction traffic). Please sta	s (include all ate last first.	convict	ions other than th	ose for minor violation	ons like road
Charge	Date		Where	Conviction	
				9	
		K			

A

17. Please state any disabilities or any disease etc. which might limit you field of appointment will be subject to physical examination)	work (Final
I certify that the statements made by me in the foregoing items are true, complete, a to the best of my knowledge and belief. I understand that any false statements or an information withheld from this form may provide grounds for the withdrawal of a appointment or dismissal.	ny required
Date: Signature:	
	B