# Application Forms

Form 3A : ApplicationSubmission Form

Form 3B : CV of the Applicant

Form 3C: Remuneration and Reimbursable

## Application Submission

[*Location*: dd/mm/yy]

To:

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[Name]

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[Address of Client]

Dear Sirs:

I am hereby submitting my Application to provide the consulting Services for [Insert title of assignment] in strict accordance with your Request for Application dated [dd/mm/yy].

I declare that I was not associated, nor have been associated in the past, directly or indirectly, with a Consultant or any other entity that has prepared the design, specifications and others documents in accordance with Clause 5.

I further declare that I have not been declared ineligible by the Government of Bangladesh on charges of engaging in corrupt, fraudulent, collusive or coercive practices in accordance with Clause 4.

I undertake, if I am selected, to commence the consulting Services for the assignment not later than the date indicated in Clause 12.1.

I understand that you are not bound to accept any Application that you may receive.

I remain,

Yours sincerely,

|  |  |
| --- | --- |
|  | Signature |
|  | Print name |
|  | Address:  Tel: |

### Attachment:

## Form 3B.Curriculum Vitae (CV) of the Applicant

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | PROPOSED POSITION FOR  THIS PROJECT : | *[From the Terms of Reference, state the position for which the Consultant will be engaged.].* | | | | |
| 2 | NAME OF PERSON : | *[state full name]* | | | | |
| 3 | DATE OF BIRTH : | [ dd/mm/yy] | | | | |
| 4 | NATIONALITY : |  | | | | |
| 5 | MEMBERSHIP IN PROFESSIONAL  SOCIETIES | *[state rank and name of society and year of attaining that rank].* | | | | |
| 6 | EDUCATION | *[list all the colleges/universities which the Applicant attended, stating degrees obtained, and dates, and list any other specialised education of the Applicant ].* | | | | |
| 7 | OTHER TRAINING | *[indicate significant training since degrees under EDUCATION were obtained, which is pertinent to the proposed tasks of the Consultant].* | | | | |
| 8 | LANGUAGES & DEGREE OF  PROFICIENCY | Language | Speaking | | Reading | Writing |
|  | *e.g. English* | *Fluent* | | *Excellent* | *Excellent* |
| 9 | COUNTRIES OF WORK EXPERIENCE |  | | | | |
| 10 | EMPLOYMENT RECORD  *[starting with present position list in reverse order* **[every employment held and state the start and end dates of each employment]** | *[The Applicant should clearly distinguish whether as an “employee” of the firm or as a “Consultant” or “Advisor” of the firm].*  *[The Applicant should clearly indicate the Position held and* ***give a brief description of the duties*** *in which the Applicant was involved].* | | | | |
|  | EMPLOYER 1 | FROM: *[e.g. January 1999]* | | TO: *[e.g. December 2001* | | |
|  | EMPLOYER 2 | FROM: | | TO: | | |
|  | EMPLOYER 3 | FROM: | | TO: | | |
|  | EMPLOYER 4 (etc) | FROM: | | TO: | | |
| 11 | WORK UNDERTAKEN THAT BEST ILLUSTRATES THE CAPABILITY TO HANDLE THIS ASSIGNMENT | *[give an outline of experience and training most pertinent to tasks on this assignment, with degree of responsibility held. Use about half of a page A4].* | | | | |
| 12 | COMPUTER SKILL |  | | | | |

CERTIFICATION

*[Do not amend this Certification].*

I, the undersigned, certify that (i) I was not a former employee of the Client immediately before the submission of this proposal, and (ii) to the best of my knowledge and belief, this CV correctly describes myself, my qualifications, and my experience. I understand that any wilful misstatement described herein may lead to my disqualification or dismissal, if engaged.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | | |
| Print name |  | | |
| Date of Signing  dd / mm / yyyy |  |  |  |

## Form 3C.Indicative Remuneration& Expenses

The Consultant should provide an indication of the remuneration as per the format shown below. This will not be used for evaluation of the Consultant’s Application but solely for the purposes of Application Negotiations to be held as stated in **Clause 9.1 .**

1. **Remuneration**

|  |  |  |
| --- | --- | --- |
| Rate  (per month / day / hour in Tk) | Staff Time  (No. month / day / hour) | Total (Tk) |
|  |  |  |

**Note: A month consists of 30 calendar days.**

1. **Reimbursable (as applicable)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Rate per unit** | **Total unit** | **Total Amount (Tk)** |
| 1. Per Diem Allowance |  |  |  |
| 1. Air Travel Costs |  |  |  |
| 1. Other Travel Costs   (state mode of travel) |  |  |  |
| 1. Communication charges |  |  |  |
| 1. Reproduction of Reports |  |  |  |
| 1. Other Expenses (*to be listed)* |  |  |  |
|  |  |  |  |
|  |  | Sub-total |  |

|  |  |
| --- | --- |
| CONTRACT CEILING (1) + (2) |  |