

**APPLICATION FORM
FOR CONSULTANTS TO SUPPORT IMPLEMENTATION OF “PEOPLE CENTRIC
INTERVENTIONS TO MAKE BHUBANESWAR CITY A SOCIALLY SMART CITY”**

BHUBANESWAR SMART CITY LIMITED

POSITION APPLIED:

BIO-DATA

1. Full Name

First Name Middle Name Last Name

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2. Date of Birth

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3. Age as on 01.11.2016

4. Full Postal Address for communication (Including e-mail address):

Email:

5. Telephone Number

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6. Mobile Number

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7. Educational Qualifications (Matriculation onward)

Exam	University/Institute	Year of Passing	% of Marks	Subject

8. Post Qualification Training (if any)

Name of the training/course	Type	Duration	Certificate/Diploma obtained	Mode- full time/ online/remote

9 Total number of years of experience -----

10. Number of years of work in Youth/Gender (mention which ever applicable)

Year	Areas (Youth/Gender)	Supporting Agency (Government, International NGO, UN Agency)	Key Activities

11. Employment Record: (Starting with your present post, list in reverse order every employment you have had. Use a separate block for each employment)

A. PRESENT POST (Last post, if not presently employed)					
Name of the Employer and address	Supported by (specify the International agency, UN agency and others)	Position (specify)	Duration	Salary (Monthly take home salary)	Experience (for Youth Specialist specify youth centric development programs implemented; and working experience with government system at which level) (for Gender Specialist specify programmes implemented on women's empowerment, violence against women or gender issues; and working experience with government system at which level)

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B. Previous Posts (starting from most recent past)

Name of the Employer and address	Supported by (specify International Agency, UN agency and others)	Position (specify level-national or state)	Duration	Salary (Monthly take home salary)	Experience (for Youth Specialist specify youth centric development programs implemented and working experience with government system at which level) (for Gender Specialist specify programmes implemented on women's empowerment, violence against women or gender issues and working experience with government system at which level)

11. Key accomplishments

12. List of Publications (if any)

Name	Full Address, including E-Mail Address and Telephone Number	Organisation

CERTIFICATE

I certify that above information is true to my knowledge and belief .I also agree that in the event of any misrepresentation and/ or falsification of information, my engagement shall be liable for termination without notice and without prejudice to any other administrative/ legal proceedings that Bhubaneswar Smart City Limited may deem fit to initiate.

Place:	Signature:
Date:	Name:

Please note: Only application in prescribed format will be accepted.