



South Asian Association for Regional Cooperation (SAARC)
SAARC ENERGY CENTRE (SEC)
House No. 697, Street 43, E-11/4
National Police Foundation
Islamabad – Pakistan

Application Form for Professional Staff

Position applied for: _____

1. Name (as per certificates):

2. Present Postal Address:

3. Mailing Address (If different than the present address):

4. Permanent Postal Address:

5. Email Id: _____ Cell No: _____

6. (a) Place of Birth

(b) Date of Birth

Day Month Year

7. (a) Citizenship at Birth

(b) Present Citizenship

8. Gender (Please check one): Male Female

9. Marital Status (Please check one):

Married Single Widowed Divorced Separated



10. Do you have any dependants?

Yes

No

In case, answer is "Yes", please provide the following information

| Name | Date of Birth | Relationship |
|------|---------------|--------------|
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11. Have you ever taken up legal residence status in any country other than that of your nationality?

Yes

No

In case, answer is "Yes", which country:

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

Yes

No

If answer is "Yes", please provide details:

13. Academic Qualifications (Please furnish details):

A. General Education: University/College Level

| Name and Place of Institution | Degree/Diploma | Year | Duration (Year) | Major Subject(s) |
|-------------------------------|----------------|------|-----------------|------------------|
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Professional/Computer Education

| Name and Place of Institution | Degree/Diploma | Year | Duration (Weeks) | Fields of study |
|-------------------------------|----------------|------|------------------|-----------------|
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14. State your professional competence in the field of Energy:

15. Language Proficiency (Please check appropriate columns):

| Language | Read | | | Write | | | Speak | | |
|----------|-----------|------|------|-----------|------|------|-----------|------|------|
| | Excellent | Good | Fair | Excellent | Good | Fair | Excellent | Good | Fair |
| | | | | | | | | | |
| | | | | | | | | | |
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16. Working Experience:

A. Experience in energy related assignments

| Name & Address of the Organisation | Position | Period | Nature of Work |
|------------------------------------|----------|--------|----------------|
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B. Experience in International/Regional Organisation (if any)

| Name & address of the organisation | Position | Period | Nature of work |
|------------------------------------|----------|--------|----------------|
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17. Member of professional institution(s) and relevant activities:

18. Author of international publications in the relevant field (Please attach or quote reference(s) of the Journal(s), Book(s), etc.):

| Sr. No. | Title of Publication | Year | Reference |
|---------|----------------------|------|-----------|
| | | | |
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19. Employment Record (Starting with your present or most recent position. List every employment position during the last ten years and any significant experience not included in that period which, you believe, may be helpful in evaluating your record. Use a separate block for each position. Use additional sheets of paper, if required.):

| A. Exact Title of Position | Period | | Monthly Salary* | | |
|-------------------------------|--------|----|-----------------|---------|------------|
| | From | To | Starting | Present | Allowances |
| | | | | | |

* Indicate currency of the salary

| Name of Supervisor | Number and Kind of Employees Supervised by you | Duty Station |
|--------------------|--|--------------|
| | | |

Name and Address of Employer

Description of your work

Reason(s) for leaving, if applicable.

| B. Exact Title of Position | Period | | Monthly Salary* | | |
|-------------------------------|--------|----|-----------------|---------|------------|
| | From | To | Starting | Present | Allowances |
| | | | | | |

* Indicate currency of the salary

| Name of Supervisor | Number and Kind of Employees Supervised by you | Duty Station |
|--------------------|--|--------------|
| | | |

Name and Address of Employer

Description of your work

Reason(s) for leaving, if applicable.

| C. Exact Title of Position | Period | | Monthly Salary* | | |
|-------------------------------|--------|----|-----------------|---------|------------|
| | From | To | Starting | Present | Allowances |
| | | | | | |

* Indicate currency of the salary

| Name of Supervisor | Number and Kind of Employees Supervised by you | Duty Station |
|--------------------|--|--------------|
| | | |

Name and Address of Employer

Description of your work

Reason(s) for leaving, if applicable.

20. Do you have any objections in making inquiries with your present employer?

Yes

No

21. References (List three persons not related to you who are familiar with your character and qualifications.):

| Full Name | Postal & Email Addresses | Occupation |
|-----------|--------------------------|------------|
| | | |
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22. Legal Convictions (include all convictions other than those for minor violations of road traffic rules and regulations):

| Charge | Date | Where tried | Conviction |
|--------|------|-------------|------------|
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23. Please state information regarding any residence or prolonged travel abroad, providing dates, areas, purposes, etc.

24. Please state any disabilities which might limit your field work (final appointment is subject to physical examination):

I certify that the statements made by me in this Application Form are true, complete and correct to the best of my knowledge and belief. I understand that any false statement or any required information withheld in this document may provide grounds for the withdrawal of offer of appointment or dismissal, even if an appointment has already been made and accepted.

Date: _____
dd month yyyy

Signature: _____

INSTRUCTIONS: Please fill up this Application Form completely and clearly. Type or print in ink and dispatch through proper channel. If required, additional pages may be used. Be sure to post your signature and date on this Form.

CERTIFICATE FROM 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 Energy Centre, Islamabad, Pakistan per stipulated date if he/she is appointed as _____ by the SAARC Energy Centre (SEC), Islamabad, Pakistan.

Date: _____

Signature: _____

Name: _____

Address: _____

Officer Seal

Note: This Certificate is only required for applicant from public sector organizations.

CERTIFICATE FROM THE CANDIDATE'S EMPLOYER

I do hereby certify that Dr./Mr./Ms./Mrs. _____

Designation _____ Department _____

shall be released on deputation to join the SAARC Energy Centre (SEC), Islamabad, Pakistan as per stipulated date if he/she is appointed as _____ by the SAARC Energy Centre (SEC), Islamabad, Pakistan.

Date: _____

Signature: _____

Name: _____

Address: _____

Officer Seal

Note: This Certificate is only required for applicant from public sector organizations.