



**SAARC Development Fund Secretariat**  
3<sup>rd</sup> Floor BDBL Building  
Norzin Lam  
Thimpu 11001  
Bhutan

**Application Form for Professional Staff**

**Position applied for:**

1. Name (As per Certificates)

2. Present Address

3. Mailing Address (If different from the present address)

4. Permanent Address

5. Email Id: .....\_Cell No. \_\_\_\_\_

6. (a) Place of Birth

(b) Date of Birth

\_\_\_\_\_  
Day      Month      Year

7.  a) Citizenship at Birth (b)  Citizenship of any country other than the country of birth

8. Gender (Please check one):

Male

Female

9. Marital Status (Please check one):

Married     Single     Widowed     Divorced     Separated

10. Do you have any dependents?     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:

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

Yes     No

If answer is “Yes”, please provide details:

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13. Academic Qualifications (Please furnish details):

A. General Education: University/College Level

Name and Place of Institution	Degree/Diploma	Year	Major Subject(s)


B. Professional/Computer Education

Name and Place of Institution	Degree/Diploma	Year	Fields of study

14. State your professional competence in the related field.

15. Language Proficiency (Please check appropriate columns)

Language	Read			Write			Speak		
	Excellent	Good	Fair	Excellent	Good	Fair	Excellent	Good	Fair

16. Professional Experience

A. Experience related to the Job Description

Name & address of the organization	Position	Period	Nature of work

B. Experience in International/Regional Organisation (if any)

Name & address of the organization	Position	Period	Nature of work

17. Member of professional institution(s), if any

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

19. Employment Record (Starting with your present or most recent position. List every employment position during the last fifteen 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 the 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

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\* Indicate currency of the salary

Name of Supervisor	Number and kind of employees supervised by you	Duty Station
	1. Program Coordinator	Dhaka

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 you any objection to our 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

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.

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 any 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 either handwritten or typed and send scan copies through email at [admin@sdfsec.org](mailto:admin@sdfsec.org). If required, additional pages may be used. Be sure to post your signature and date on this Form.

