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| **Title**  State C4D Consultant  **to support** C4D | | **WBS/Funding Reference/Activity/IR**  2040/A0/05/910/001/451 (IR # 1.15) | | | **Type of engagement**  Consultant  Individual Contractor | | | **Workplace of Consultant:**  UNICEF Jaipur | |
| **Grant:** NA | | | **GL Account:** | | | | **Fund ID:** | | | |
|  | | |  | | | | *RR* | | | |
| **Purpose of Activity/Assignment:**  Studies suggest that in Rajasthan, like the most of India, child health is often considered as a routine activity and there is low risk perception prevalent in the community for the health of children.  **High neonatal mortality** – Rajasthan accounts for 8% of total neonatal deaths of the country. It is estimated that around 94,000 children are not able to celebrate their fifth birthday in Rajasthan; of these, approximately 55,000 die in during first 28 days of life; and about 42,000 in first seven days of life. During the last decade, the state has witnessed a decline in under five mortality, with major gains from decline in the post neonatal mortality. Neonatal mortality, especially in the early stages has been virtually unaltered. There are significant inter and intra district disparities Though specific gender breakup on neonatal mortality is not available proxy indicators like female admissions rate in SNCUs suggest neglect of the girl child further manifested in the skewed child sex ratio.  **Poor Uptake of Routine Immunisation**- Four hundred thousand children remain unimmunized or partially immunized every year – Most of these children come from marginalized population groups, living either in the remote villages, on the streets or in urban slums. Rajasthan happens to be one of the 12 states where the proportion of vaccinated, under five children is the poorest. There are significant disparities in the Immunization coverage within the state where districts in northern Rajasthan have a coverage of more than 90% while those in the western part have below 50%. Major challenges in Immunization programme are weak microplanning, poor monitoring and poor quality demand for services.  There is consensus that a strong integrated BCC approach is a critical component to scale up coverage of routine immunization and New born care services through enhanced demand generation and uptake of recommended practices by influencing social norms and barriers at family & individual level. However low levels of awareness, communication and information sharing amongst frontline workers as well as inadequate capacity for BCC in government institutions contributes to the underlying problems immensely. There is an urgent need to strategically approach communication, aiming at behaviour change both at the service delivery level and to generate demand among the caregivers.  There are three objectives of the BCC intervention. First, implement a strong, innovative, BCC strategy. Second, strengthen capabilities at the state level to develop and implement evidence-based communication strategies that will increase awareness; build confidence in caregivers and service providers; and enable the right policy and funding support. Third, build partnerships between the government system, departments, development partners, private sector actors, public sector enterprises, communities, educational institutions and self-help groups to ensure a robust BCC programme. All of these cumulatively will play a significant role in meeting the targeted under- five mortality rate commitments of the state  As part of the ongoing support to Department of health and Family Welfare, Government of Rajasthan UNICEF is committed for the role out of a measured, evidence building initiative to address new born care and routine immunization with focus on the most deprived districts.   1. In the ongoing support of UNICEF in four High Priority Districts (Banswara, Dungarpur, Barmer and Jalore) it is critical to demonstrate the impact of stronger SBCC skills enabled with SBCC tools and techniques in the promotion of RI and NBC. 2. The Government is geared to rollout the Intensified Mission Indradhanush across 13 districts beginning October 2017. SBCC capacity enhancement to support the planning of the intervention and its monitoring is expected through the collaboration with UNICEF. 3. As part of Mission Chirayu to address New Born Mortality, the government is modelling the impact of HBNC voucher scheme across two districts (Dungarpur and Rajsamand) through its own funds and technical support of UNICEF in development and monitoring of rollout plan.   The purpose of this assignment is to provide technical support towards the implementation of holistic Behaviour Change Communication intervention on Routine Immunization and New Born Care and generate evidence through field level engagement on the progress and feasibility of upscale of these interventions through government systems. | | | | | | | | | | |
| Budget Year | Requesting Section/Issuing Office: | | | | Key reasons why consultancy cannot be done by staff: | | | | | |
| 2017 | C4D, Jaipur Field office | | | | Given the nature of the assignment and the proposed activities related to SBCC there is a need for an expert with specialized skills to carry out the aforementioned key objectives and support the C4D Specialist, UNICEF Rajasthan. | | | | | |
| **Supervisor:** C4D Specialist, UNICEF Rajasthan | | | | **Proposed Start Date:** | | **Proposed End Date:** | | | **Number of Days/Months (working)** | |
|  | | | | *21 Aug 2017* | | *December 31, 2017* | | | *4.3 months* | |

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|  | | **Work Assignment Overview** | | | | |
| **Tasks:** | **Outputs:** | | **Deliverables:** | **Date** | **Budget Amount**  **(estimated)** | |
| Task 1:   * Demonstrate and finalize a Supportive supervision mechanism for the district rollout of SBCC Trainings in 4 HPDs and their implementation in the field | Develop the concurrent Supportive supervision framework and give inputs for integration in current monitoring mechanisms | | final concurrent Supportive supervision framework for SBCC | End August 2017 | 10% | |
| Provide M&E oversight by conducting 1 field monitoring visits of at least 2 days each, per month to each of the 4 HPDs; and participation in bimonthly district level review meetings | | Composite Assessment report of implementation activities by selected partners in project districts. Assessment reports should include alternative actions and minutes of key decisions. | End Nov 2017 | 25% | |
| Document the effectiveness of the intervention including 4 case stories and recommendations | | 1 document on effectiveness of Capacity strengthening of FLFs for RI and NBC | Dec 2017 | 10% | |
| **Task 2:**   * Provide M&E oversight and compile evidence on the IMI communication intervention implementation and progress | Convene the end of the month across 3 months Multi district AIH meeting on planning and monitoring of District SBCC plan rollout to support IMI | | Composite report including agenda, and Minutes of the multidistrict meeting with recommendations on action plan | Nov 2017 | 10% | |
| Participate in monthly progress review meet at state level for IMI with recommendations based on compiled IMI M&E formats | | Compiled SBCC presentation of IMI districts with recommendations | Oct 2017 | 5% | |
| **Task 3:**   * Test the implementation of the operational guidelines and document evidence to demonstrate the feasibility of HBNC voucher schemes being modeled in 2 districts | Develop and finalize the district level reporting and feasibility ascertaining framework on HBNC Voucher modelling exercise | | Reporting and feasibility Framework for HBNC Voucher scheme | Aug 2017 | 10% | |
| Provide M&E oversight by conducting1 field monitoring visit of at least 3days each, per month to each of the 2 demonstration districts | | Composite Assessment report of implementation activities by selected partners in project districts. Assessment reports should include alternative actions and minutes of key decisions | Sept 2017 | 20% | |
| Document the effectiveness of the operational guidelines through organizing and facilitating a state level sharing workshop | | Document on recommendations on operational guidelines for feasible HBNC voucher scheme | Dec 2017 | 10% | |
| Travel Local (please include travel plan) |  | | 50% of the consultant’s time for travel to project districts (Banswara, Dungarpur, Rajasamand, Barmer, Jalorer) |  |  | |
| DSA (if applicable and on request outside ToR) |  | | 50% of the consultant’s time for travel to project districts |  |  | |
| **Terms of payment**  **Deliverable payment of fees, inclusive of travel allowances, upon completion and submission of reports** |  | | Payment, upon completion of each deliverable according to schedule.  Payment, upon completion of all deliverables at the end of assignment.  Fee advance, percentage (up to 30 % of total fee) | | | |
| **Minimum Qualifications required:** |  | | **Knowledge/Expertise/Skills required:**   * Technical knowledge of community engagement for Social and behaviour change, project design, and results framework * Good documentation skills with Ability to express clearly and concisely ideas and concepts in Reports and documentation * Ability to work in a multi-cultural team **environment** | | | |
| Bachelors  Masters  PhD  Other  Enter Disciplines  Social Sciences/ Disaster Management/ Development / Environmental Sciences or related technical field |  | | **Work Experience:**   * 8-10 years of experience in the area of Monitoring and programme management for BCC, communication for development, communication planning, participatory research, and impact evaluation of communication interventions of which preferably 2 years in the Area of health. * Experience of having worked with governmental departments preferably in areas of new born/ child health and routine immunization   **Languages:** Fluency in English and Hindi.  **Critical Competencies:**  Technical   * Proven ability to conceptualize, innovate, plan and execute ideas and systems. * Ability to express clearly and concisely ideas and concepts convincingly in written and oral form. * Ability to plan, coordinate and manage multi activities and adjust to changing priorities. * Ability to organize training aimed to building capacity. * Ability to analyze data, identify bottlenecks to improve systems and provide recommendations * Good interpersonal skills to ensure effective working relationship with partners and colleagues. Sensitivity to partner’s needs and expectations, maintaining open communications. * Innovative, able to take risk and able to lead or participate in change to keep operations working. Practical solution oriented. | | | |
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**TECHNICAL EVALUATION CRITERIA**

**State C4D Consultant**

1 | Educational Qualifications 10 Marks

2 | Relevant Experience 20 marks

3 | Experience in Bilateral/International/UN agencies 10 Marks

4. | Written Test 30 Marks

5. | Interview by UNICEF JFO panel of Experts 30 Marks

* Total Score should be 100.
* Minimum overall qualifying score should be 70.

**Financial Bid**

**INDIVIDUAL CONSULTANT – State C4D consultant**

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| **Major Tasks** | **Deliverable (s)** | **UNICEF Estimate** | | **Consultant's Proposal** | |
| **Estimated deadline for completion of deliverable (please mention as days/months)** | **Estimated travel required for completion of deliverable (please mention destination/ number of days)** | **Complete timeframe for deliverable** | **Cost (INR)**  **(All inclusive i.e. professional fee, travel, DSA, communication, etc.)** |
| Task 1:  Demonstrate and finalize a Supportive supervision mechanism for the district rollout of SBCC Trainings in 4 HPDs and their implementation in the field | * final concurrent Supportive supervision framework for SBCC * Composite Assessment report of implementation activities by selected partners in project districts. Assessment reports should include alternative actions and minutes of key decisions. * A document on “effectiveness of Capacity strengthening of FLFs for RI and NBC” | 2 months | 40 days |  |  |
| Task 2:  Provide M&E oversight and compile evidence on the IMI communication intervention implementation and progress | * Composite report including agenda, and Minutes of the multidistrict meeting at state level with recommendations on action plan * Compiled SBCC presentation of IMI districts with recommendations. | 1 months |  |  |  |
| Task 3:  • Test the implementation of the operational guidelines and document evidence to demonstrate the feasibility of HBNC voucher schemes being modeled in 2 districts | * Reporting and feasibility Framework for HBNC Voucher scheme * Composite Assessment report of implementation activities by selected partners in project districts. Assessment reports should include alternative actions and minutes of key decisions * Document on recommendations on operational guidelines for feasible HBNC voucher scheme | 1.3 month | 24 days |  |  |
| TOTAL AMOUNT IN RUPEES | | | | | |

*Shaded area to be filled in by consultant*

The Above Bid quoted should be **ALL inclusive** i.e. professional fee, travel, DSA, communication, and all related expenses.

**Name of the Bidder:**

**Address:**

**Contact no.:**

**Email address:**

**Date :**

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| **INSTRUCTIONS**  Please answer each question clearly and completely. **Type or print in ink.** Read carefully and follow all directions. | | | | | | | | | **UNITED**  **NATIONS**  **PERSONAL HISTORY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Do Not Write in This Space** | | | | | | | | | | |
| **1.** Family name | | | | | | | | | | | | First name | | | | | | | | | | | | | | | Middle name | | | | | | | | | | | | Maiden name, if any | | | | | | | | | | | | |
| **2.** Date  of  Birth | Day | | Mo. | | | Yr. | | | **3.** Place of birth | | | | | | | | | | **4.** Nationality (ies) at birth | | | | | | | | | | | | | | | | **5.** Present nationality (ies) | | | | | | | | | | | | | | | **6.** Sex | |
| **7.** Height | | **8.** Weight | | | | **9.** Marital status:  Single | | | | | | | | | Married | | | | | | | Separated | | | | | | | | | | | | Widow(er) | | | | | | | | | | | Divorced | | | | | |
| **10.** | Entry into United Nations service might require assignment and travel to any area of the world in which the United Nations might have responsibilities. Have you any disabilities which might limit your prospective field of work or your ability to engage in air travel? YES  NO If “yes”, please describe. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **11.** Permanent address | | | | | | | | | | | | | | | | **12.** Present address (if different) | | | | | | | | | | | | | | | | | | | | **13.** Office Telephone No. | | | | | | | | | | | | | | | |
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| **15.** Have you any dependents? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | YES NO  If the answer is “yes”, give the following information: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | Date of Birth | | | | | | | Relationship | | | | | | NAME | | | | | | | | | | | | | | | | | Date of Birth | | | | | | | | | | Relationship | | | |
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| **16.** Have you taken up legal permanent residence status in any country other than that of your nationality?  If answer is “yes”, which country? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | | |
| **17.** Have you taken any legal steps towards changing your present nationality?  If answer is “yes”, explain fully: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | | | | | | | | | | | | | |  | | | | |
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| **18.** Are any of your relatives employed by a public international organization?  If answer is “yes”, give the following information: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES NO | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | Relationship | | | | | | | | | | Name of International Organization | | | | | | | | | | | | | | | | | | | | | | | |
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| **19.** What is your preferred field of work? | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **20.** Would you accept employment for less | | | | | | | | | | | | | | | | | | | | **21.** Have you previously submitted an application for employment with U.N.? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| than six months | | | | | | YES  NO | | | | | | | | | | | | | | if so when? | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **22.** KNOWLEDGE OF LANGUAGES. What is your mother tongue? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| OTHER LANGUAGES | | | | | | | Easily | | | | | | Easily | | | | Easily | | | | | | | Easily | | | | | | | | Easily | | | | | Easily | | | | | | Easily | | | | | | Easily | | |
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| **23.** For clerical grades only  *Indicate speed in words per minute* | | | | | | | | | | | | | | | | | | | | | | | | *List any office machines or equipment*  *you can use* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **24.** EDUCATIONAL. Give full details - N.B. Please give exact titles of degrees in original language.  A. UNIVERSITY OR EQUIVALENT Please do not translate or equate to other degrees. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME, PLACE AND COUNTRY | | | | | | | | | | | | | | ATTENDED FROM/TO | | | | | | | | | | | DEGREES and ACADEMIC | | | | | | | | | | | | | | | | | MAIN COURSE OF STUDY | | | | | | | | | |
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| B. SCHOOLS OR OTHER FORMAL TRAINING OR EDUCATION FROM AGE 14 (e.g. high school, technical school or apprenticeship) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME, PLACE AND COUNTRY | | | | | | | | | | | | | | TYPE | | | | | | | | | | | | ATTEND FROM/TO | | | | | | | | | | | | | | CERTIFICATES OR | | | | | | | | | | | |
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| **25.** LIST PROFESSIONAL SOCIETIES AND ACTIVITIES IN CIVIC, PUBLIC OR INTERNATIONAL AFFAIRS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **26.** LIST ANY SIGNIFICANT PUBLICATIONS YOU HAVE WRITTEN (do not attach) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **27.** | EMPLOYMENT RECORD: **Starting with your present post, list in reverse order every employment you have had.** Use a separate block for each post. Include also service in the armed forces and note any period during which you were not gainfully employed. If you need more space, attach additional pages of the same size. Give both gross and net salaries per annum for your last or present post.  A. PRESENT POST (LAST POST, IF NOT PRESENTLY IN EMPLOYMENT) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FROM | | | | TO | | | | | | SALARIES PER ANNUM | | | | | | | | | | | | | | | | | EXACT TITLE OF YOUR POST: | | | | | | | | | | | | | | | | | | | | | | | | |
| MONTH/YEAR | | | | MONTH/YEAR | | | | | | STARTING | | | | | | | | FINAL | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| DESCRIPTION OF YOUR DUTIES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| B. PREVIOUS POSTS *(IN REVERSE ORDER)* | | | | | | |
| FROM | TO | SALARIES PER ANNUM | | EXACT TITLE OF YOUR POST: | | |
| MONTH/YEAR | MONTH/YEAR | STARTING | FINAL |  | | |
|  |  |  |  |  | | |
| NAME OF EMPLOYER: | | | | TYPE OF BUSINESS: | | |
|  | | | |  | | |
| ADDRESS OF EMPLOYER: | | | | NAME OF SUPERVISOR: | | |
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|  | | | | NO. AND KIND OF EMPLOYEES | REASON FOR LEAVING: | |
|  | | | | SUPERVISED BY YOU: |  | |
| DESCRIPTION OF YOUR DUTIES | | | | | | |
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| FROM | TO | SALARIES PER ANNUM | | EXACT TITLE OF YOUR POST: | | |
| MONTH/YEAR | MONTH/YEAR | STARTING | FINAL |  | | |
|  |  |  |  |  | | |
| NAME OF EMPLOYER: | | | | TYPE OF BUSINESS: | | |
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| ADDRESS OF EMPLOYER: | | | | NAME OF SUPERVISOR: | | |
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|  | | | | NO. AND KIND OF EMPLOYEES | | REASON FOR LEAVING |
|  | | | | SUPERVISED BY YOU***:*** | |  |
| DESCRIPTION OF YOUR DUTIES | | | | | | |
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| FROM | TO | SALARIES PER ANNUM | | EXACT TITLE OF YOUR POST: | | |
| MONTH/YEAR | MONTH/YEAR | STARTING | FINAL |  | | |
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| NAME OF EMPLOYER: | | | | TYPE OF BUSINESS: | | |
|  | | | |  | | |
| ADDRESS OF EMPLOYER: | | | | NAME OF SUPERVISOR: | | |
|  | | | |  | | |
|  | | | | NO. AND KIND OF EMPLOYEES | REASON FOR LEAVING | |
|  | | | | SUPERVISED BY YOU: |  | |
| DESCRIPTION OF YOUR DUTIES | | | | | | |
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| FROM | TO | SALARIES PER ANNUM | | EXACT TITLE OF YOUR POST: | |
| MONTH/YEAR | MONTH/YEAR | STARTING | FINAL |  | |
|  |  |  |  |  | |
| NAME OF EMPLOYER: | | | | TYPE OF BUSINESS: | |
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| ADDRESS OF EMPLOYER: | | | | NAME OF SUPERVISOR: | |
|  | | | |  | |
|  | | | | NO. AND KIND OF EMPLOYEES | REASON FOR LEAVING |
|  | | | | SUPERVISED BY YOU: |  |
| DESCRIPTION OF YOUR DUTIES | | | | | |
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| **28.** HAVE YOU ANY OBJECTIONS TO OUR MAKING INQUIRIES OF YOUR PRESENT EMPLOYER? YES  NO | | | | | | | | |
| **29.** ARE YOU NOW, OR HAVE TO EVER BEEN, A PERMANENT CIVIL SERVANT IN YOUR GOVERNMENT’S EMPLOY? YES NO | | | | | | | | |
| If answer is “yes”, WHEN? | | | | | | | | |
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| **30.** REFERENCES: List three persons, not related to you, who are familiar with your character and qualifications.  ***Do not repeat names of supervisors listed under item 27.*** | | | | | | | | |
| FULL NAME | | | | FULL ADDRESS | | | | BUSINESS OR OCCUPATION |
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| **31.** STATE ANY OTHER RELEVANT FACTS, INCLUDING INFORMATION REGARDING ANY RESIDENCE OUTSIDE THE COUNTRY OF YOUR NATIONALITY | | | | | | | | |
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| **32..** | HAVE YOUR EVER BEEN ARRESTED, INDICTED, OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING, OR CONVICTED, FINED OR IMPRISONED FOR THE VIOLATION OF ANY LAW (excluding minor traffic violations)? YES  NO  If “yes”, give full particulars of each case in an attached statement. | | | | | | | |
|  | | | | | | | | |
| **33**. Please specify from where you came to know about the job advertisement. | | | | | | | | |
| **34.** | I certify that the statements made by me in answer to the foregoing questions are true, complete and correct to the best of my knowledge and belief. I understand that any misrepresentation or material omission made on a Personal History form or other document requested by the Organization renders a staff member of the United Nations liable to termination or dismissal. | | | | | | | |
|  | DATE: | |  | |  | SIGNATURE : |  | |
|  | | | | | | | | |
| **N.B.** | | You will be requested to supply documentary evidence which supports the statements you have made above. Do not, however, send any documentary evidence until you have been asked to do so by the Organization and, in any event, do not submit the original texts of references or testimonials unless they have been obtained for the sole use of the Organization. | | | | | | |
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