

**UNITED NATIONS CHILDREN’S FUND**

**TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANT AND CONTRACTORS**

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| Project/Program Title and RWP Code number: **E Jan Sehyog Monitoring** | | | |
| 1. Background:  * Department of Medical, Health and Family Welfare and National Health Mission are investing huge amount of money for ensuring tracking of each pregnant women and child, improving interpersonal communication between ANM/AHAS and pregnant women and mother of young children, identification of danger signs amongst pregnant women and sick children. However all the efforts and investments are not getting translated into the results in terms of improving tracking and interpersonal communication and facilitation of decision of family member in case of danger signs. The major bottlenecks are due to the very complex system of tracking and is completely dependent on the net connectivity and computerization of data, skills and practices of ANMS and AHSA despite huge investment made in improving their skills due to the weak supportive supervision and weak mechanism for refreshing their knowledge onsite and the most important the job aids are provided in the form of counselling guide which very cumbersome to manage. * In view of the above UNICEF Rajasthan with the objective to address the multiple bottleneck with one investment has development a technology option called eJan Swasthya, which is being implemented in ~~pa~~ 10 districts of Rajasthan in partnership with Department of Medical and Health and State Institute of Health and Family Welfare. * Evidence suggests that community and outreach based programme can be more effective supportive supervision and strong monitoring mechanism is put in place. Currently most of the supervisors are busy in the computerisation of data and they are not able to do their actual job to provide supportive supervision and monitoring. E Jan Swasthya ~~will help~~ is helping in reducing their computer work significantly and create and provide them space for the doing regular field visits to supervise and do monitoring of activities. To enable and empower supervisors an additional layer called e Jan Sehyog is prepared. This is also an android based application and have both elements of providing supportive supervision as well monitoring and validation of data captured in e Jan Swasthya. This will help in enhancing the quality of services delivered through the frontline functionaries and leading to better survival outcome of the women and children as well as a mechanism to real time validation of data to facilitate decision at various levels. Therefore to do regular monitoring of progress of e Jan Sehyog services of short consultant are proposed. | | | |
| 1. Purpose of Assignment:   A Build capacity of supervisors on using e Jan Sehyog  B Monitoring of progress of supportive supervision and detailed timely analysis for capturing disaggregated data analysis of women and children according to geo locations and social groups. | | | |
| 1. Basic objectives of the Assignment:  * Build capacity of staff on EJAn Sehyog how to use and how do provide supportive supervision and monitoring. The incumbent will build the capacity of master trainers and also do planning for the roll out in 10 districts and monitor the progress. * Monitoring of progress e Jan Sehyog on key progress indicators and tracking gaps and bottlenecks removal and its effect on the survival * Trouble shooting of challenges faced by the supervisors on e Jan Sehyog * Amend of a training module on eJAn Sehyog after receiving inputs * Provide regular update to various level of Govt officials about progress on supportive supervision and validation of data. | | | |
| 1. Duty station: Jaipur with field visits across the state | | | |
| 1. Duration: 11.5 months from the date of signing of contract. | | | |
| 1. Supervisor: Health Specialist | | | |
| 1. Major outputs, activities/tasks and deliverables with timeline: (provide detail and in quantitative terms) ⇩   *(Please ensure to keep each task and deliverables/set of deliverables, timeframe and cost of deliverable(s) in separate rows/columns)* | | | |
| **Tasks/ Result description statement (Please make every effort to have strategic tasks and not monthly tasks)** | **End Product/ Set of deliverable (s)**  **The Task can be completed through 1 or 2 or 3 Sets of Deliverables** | **Time frame for each set of Deliverables** | **Cost of Task Deliverables/Output(INR)** |
| * **Task 1** * Develop a training modules on e Jan Sehyog * Impart training to at least 100 supervisors on e Jan Sehyog | * A 20 pager module on e Jan Sehyog training module developed * A report on training on e Jan Sehyog with evidence of development of at least 100 plans | * April 2017 |  |
| * Develop a factsheet on the basis of data submitted by supervisors and do an assessment of quality of data on completeness, correctness and also triangulate it with the data on PCTS. * Identify bottlenecks and gaps at various levels in the system on the basis of data submitted on e jan Sehyog. | * A 20 pager report on the basis data analysis and field visits to at least 30 places on the basis of e Jan Sehyog. The report should capture the key perceptions and benefits perceived by the supervisors and also challenges faced. * A report on validated data of e Jan Swasthya through e Jan Sehyog. * Documentation of bottlenecks identified, prioritized and facilitated removal by supervisors using e Jan Sehyog in 10 pager report.   A training module developed and 100 supervisors trained. | July 2017 |  |
| **Task 3**   * Develop a denominator based score card using the data submitted through eJAn Swasthya and validated through e Jan Sehyog regarding survival status and coverage of key indicators * Onsite support to at least 50 supervisors over 3 months * Tracking of gaps and changes on the basis of decisions faciliatated by supervisors at various levels and its effect on the coverage of key MNCH indicators | * A score card on the basis of eJAn Sehyog covering denominator based outcome indicators and also covering the visits, types of feedback on the basis gaps identified and also gaps which have been addressed and which have not with possible reasons. * A report on the basis of field visit regarding challenges faced in the field and feedback to the department * A report on the basis of data validation submitted in e Jan Sehyog. | Sep 2017 |  |
| **Task 4 :**   * Develop a plan for roll out of e Jan Sehyog in other districts and other areas. * Develop a denominator based score card using the data submitted through eJAn Swasthya and e Jan Sehyog * Onsite support to at least 50 frontline functionaries spread over 3 months | * Develop a plan for roll out of e Jan sehyog in other district and other areas * A score card on the basis of eJAn Sehyog covering denominator based outcome indicators and also covering the visits, types of feedback on the basis gaps identified and also gaps which have been addressed and which have not with possible reasons. * Onsite support report with documented improvement. | Dec 2017 |  |
| 1. Qualification or specialized knowledge/experience required for the assignment :  * Qualifications – MSW, MPH * Professional experience – e.g. Three (3 ) years progressively responsible professional work experience at national and international levels in community process and technology innovations * Previous experience working with UN or bilateral agency and State/ Central Government * Language skills required e.g. spoken and written fluency in English and Hindi * IT knowledge required. | | | |

**TECHNICAL EVALUATION CRITERIA**

**Consultant SSA e Jan Sehyog, RCH**

1 | Educational Qualifications 10 Marks

2 | Relevant Experience 30 marks

3 | Expertise 20 Marks

4 Experience in Bilateral/International/UN agencies 10 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 FOR SSA RCH-E Jan sehyog**

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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** * Develop a training modules on e Jan Sehyog * Impart training to at least 100 supervisors on e Jan Sehyog | * A 20 pager module on e Jan Sehyog training module developed * A report on training on e Jan Sehyog with evidence of development of at least 100 plans | Mayl 2017 | 30 |  |  |
| * Develop a factsheet on the basis of data submitted by supervisors and do an assessment of quality of data on completeness, correctness and also triangulate it with the data on PCTS. * Identify bottlenecks and gaps at various levels in the system on the basis of data submitted on e jan Sehyog. | * A 20 pager report on the basis data analysis and field visits to at least 30 places on the basis of e Jan Sehyog. The report should capture the key perceptions and benefits perceived by the supervisors and also challenges faced. * A report on validated data of e Jan Swasthya through e Jan Sehyog. * Documentation of bottlenecks identified, prioritized and facilitated removal by supervisors using e Jan Sehyog in 10 pager report. * A training module developed and 100 supervisors trained. | * Aug * 2017 | 30 |  |  |
| **Task 3**   * Develop a denominator based score card using the data submitted through eJAn Swasthya and validated through e Jan Sehyog regarding survival status and coverage of key indicators * Onsite support to at least 50 supervisors over 3 months   Tracking of gaps and changes on the basis of decisions faciliatated by supervisors at various levels and its effect on the coverage of key MNCH indicators | * A score card on the basis of eJAn Sehyog covering denominator based outcome indicators and also covering the visits, types of feedback on the basis gaps identified and also gaps which have been addressed and which have not with possible reasons. * A report on the basis of field visit regarding challenges faced in the field and feedback to the department   A report on the basis of data validation submitted in e Jan Sehyog. | * Nov * 2017 | 30 |  |  |
| **Task 4 :**   * Develop a plan for roll out of e Jan Sehyog in other districts and other areas. * Develop a denominator based score card using the data submitted through eJAn Swasthya and e Jan Sehyog * Onsite support to at least 50 frontline functionaries spread over 3 months | * Develop a plan for roll out of e Jan sehyog in other district and other areas * A score card on the basis of eJAn Sehyog covering denominator based outcome indicators and also covering the visits, types of feedback on the basis gaps identified and also gaps which have been addressed and which have not with possible reasons.   Onsite support report with documented improvement. | Jan 2018 | 25 |  |  |
| **TOTAL AMOUNT IN RUPEES** | | | | | |
|  | | | | | |

*Shaded area to be filled in by consultant*

**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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| Telephone No. | | | | | |  | | | | | | | | | | | | Telephone/Fax No. | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **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? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | READ | | | | | | | | | | | WRITE | | | | | | | | | | | | | | | SPEAK | | | | | | | | | | | UNDERSTAND | | | | | | | | |
|  | | | | | | | |  | | | | | | | Not | | | |  | | | | | | | Not | | | | | | | |  | | | | | Not | | | | | |  | | | | | | Not | | |
| 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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| Typing | | | | | | | |  | | | | | | |  | | | |  | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Shorthand | | | | | | | |  | | | | | | |  | | | |  | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **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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| NAME OF EMPLOYER: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | TYPE OF BUSINESS: | | | | | | | | | | | | | | | | | | | | | | | | |
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| ADDRESS OF EMPLOYER: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | NAME OF SUPERVISOR: | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | SUPERVISED BY YOU: | | | | | | | | | | | | |  | | | |  | | | | | | | |
| 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: | | |
|  | | | |  | | |
|  | | | | 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: | | |
|  | | | |  | | |
| 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: | | |
|  | | | |  | | |
| 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: | |
|  | | | |  | |
| 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? | | | | | | | | |
|  | | | | | | | | |
| **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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