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**TERMS OF REFERENCE (TOR) FOR INDIVIDUAL CONSULTANTS AND CONTRACTORS**

**UNICEF FIELD OFFICE FOR RAJASTHAN**

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| Project/Program Title and RWP Code number: RCH : State Consultant FBNCU ( Clinical Coordinator) | | | |
| Background: UNICEF Rajasthan is continuously supporting Govt of Rajasthan in strengthening of facility based newborn care services and also to monitor the information collected. The state has 36 functional units in 33 districts, however during the in-depth bottleneck analysis and identification of its root causes it was found that Quality of services provided by the SNCU (effective coverage of the key interventions delivered through SNCU) is the biggest bottlenecks. UNICEF has supported the Govt of Rajasthan in improving quality of services and also monitoring quality of services and now al SNCU are reporting online and efforts in the past years have been made to improve the quality of services provided through the newborn care corners in 4 HPDs and also through onsite mentoring in 11 SNCU of 10 HPDS. On the basis of data collected detailed analysis was presented to the state so as to facilitate the action at the state level and also at the facility level. Attached is Brief summary of Action Plan for addressing State prioritized gaps and bottlenecks as of 2013 are related to survival rate of at the time of discharge around 67% against aspiration to achieve for 85% survival rate and the causes for the same are pertaining to lack of observation of standard protocols, irrational use of Antibiotics, IV fluids and Oxygen for which UNICEF’s general collaborative accountability is highlighted  As quality is not just acts but a change in the habits of the service providers therefore it requires consistent efforts to ensure that quality provided by these units is as per the standards. Therefore to provide support to the state Govt services of a consultant be hired for the following purpose. | | | |
| Purpose of Assignment: To develop and sustained model of quality assurance of SNCU, NBSU and NBCCs services and documentation of its replicability state wide and also to the other states. | | | |
| Basic objectives of the Assignment:   1. To conceptualize and develop a holistic system and mechanism for improving quality services provided including generating evidence and advocacy for the essential decisions and action required at various levels 2. To strengthen mechanism of star rating of each SCNU and NBSU on the basis of certain parameters 3. Establish linkages with Medical Colleges and other collaborative centers /training institutions to ensure regularity and good quality of training programs, facility based newborn care. 4. Undertake visits to districts and to facilities for overseeing the quality of SCNU/ NBSU/ NBCC 5. At least 6-8 days field visits to delivery points | | | |
| 1. Duty station: Jaipur | | | |
| 1. Duration: 11.5 Months from the date of signing the contract | | | |
| 1. Supervisor: Health Specialist | | | |
| 1. Major tasks and deliverables with timeline:   *(Please ensure to keep each task and deliverables/set of deliverables in separate rows)* | | | |
| **Tasks/ Result** | **End Product/ Set of deliverable (s)** | **Time frame** |  |
| Task 1 – Quarter 1   * To develop a quality score card on the basis of certain criteria and develop a guidance note for the facility in charges, mentors and also for the managers on how to improve the quality of services and which areas to be given special emphasis. * Build capacity of at least 50 staff / doctors onsite with an improvement in one area in skills and practices. * Technical assistance to the Govt for operationalization of 16 New SNCU | * Monthly analysis on the basis of SNCU online data and identification of gaps and progress for addressing gaps. * A quality score card of at least 18 SNCUs of the state along with clearly defined gaps and strategies to narrow the gap and also person responsible for addressing those gaps. * A guidance note one each for SNCU in charges, programme manager at the district level and programme manager at the state level on how to improve quality of services both 2-3 generic issues and 1-2 specific for each unit. * A report of building capacity of at least 50 staff and managers on reducing prioritized gaps from the selected SCNU. * A report on the basis of the visit to 16 newer SNCU being established and the actions plan for each of the unit. At least 3 units are made functional as per the guidelines. | April 2017 |  |
| Task 2 – Quarter 2   * Do a detailed capacity gap assessment of the all the SNCUs and at least 50 NBSUs of Rajasthan * Develop a plan for addressing the capacity gaps * Visit to SNCUs having highest gender gap and low female admission proportion and a note on corrective actions required at various levels | * Monthly analysis on the basis of SNCU online data and identification of gaps and progress for addressing gaps. * A detailed assessment of all 36 SNCU and 50 NBSUs on the areas of capacity gaps for each units both in terms of changes over the last 2 years numbers and also in the terms of skills and practices. * A detailed plan developed in consultation with the Govt for addressing the capacity gaps specially knowledge and skills of the staff posted at SNCUs and NBSUs as well as use of supplies, equipment and commodities essential for newborn care and quality parameters * A note on status and challenges of high gender gap and proposal for corrective actions | July 2017 |  |
| Task 3 – Quarter 3   * Develop a fact sheet and monitor the compliance of the guidance developed on the basis of the capacity gaps assessment and also visits to the SNCUs.\ * Update the start rating changes and facilitate actions in few more areas at the state, district and facility level. | * A star rating factsheet available and discussed with the Project Director Child Health and Director RCH. * Factsheets on the basis of the SCNU, NBSU mentoring in 10 Districts and also for NBCCs of the delivery points of 4 HPDs available. For SNCU it two A 4 Size pages having graphs, texts, progressive figures and for NBSU and NBCC one page per districts will be submitted. | 10 October 2017 |  |
| Task 4 – Quarter 4   * Development of Manual and a document on how to do onsite mentoring, pro and cons of different approaches available and used. * Annual Fact sheet SNCUs comparing the change in the quality of services through onsite mentoring of 10 SCNUs. | * A 100 pages A 4 size manual on how to do onsite mentoring to SNCUs with a executive summary of 4 pages. * Monthly analysis on the basis of SNCU online data and identification of gaps and progress for addressing gaps. * Annual Factsheet for the each SNCU showing a changes in each parameter of quality of services, clearly showing changes which can happen because of onsite mentoring and which cannot happen because of mentoring. Document evidence in the form of article with statistical analysis ready to be submitted for international level journal. | 15 December 2017 |  |
| 1. Qualification or specialized knowledge/experience required for the assignment :  * MBBS with MD ( Pead) /DCH with at least 3 years’ experience in public health at District or state level. * MBBS with MPH/MBA Hospital Administration with 5 years’ experience of working at the state level. | | | |
| 1. Conditions:  * General Terms and Conditions of the Contract | | | |

**TECHNICAL EVALUATION CRITERIA**

**Consultant Immunisation (FBNCU), 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-FBNC**

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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 – Quarter 1   * To develop a quality score card on the basis of certain criteria and develop a guidance note for the facility in charges, mentors and also for the managers on how to improve the quality of services and which areas to be given special emphasis. * Build capacity of at least 50 staff / doctors onsite with an improvement in one area in skills and practices. * Technical assistance to the Govt for operationalization of 16 New SNCU | * Monthly analysis on the basis of SNCU online data and identification of gaps and progress for addressing gaps. * A quality score card of at least 18 SNCUs of the state along with clearly defined gaps and strategies to narrow the gap and also person responsible for addressing those gaps. * A guidance note one each for SNCU in charges, programme manager at the district level and programme manager at the state level on how to improve quality of services both 2-3 generic issues and 1-2 specific for each unit. * A report of building capacity of at least 50 staff and managers on reducing prioritized gaps from the selected SCNU.   A report on the basis of the visit to 16 newer SNCU being established and the actions plan for each of the unit. At least 3 units are made functional as per the guidelines. | May 2017 | 30 |  |  |
| Task 2 – Quarter 2   * Do a detailed capacity gap assessment of the all the SNCUs and at least 50 NBSUs of Rajasthan * Develop a plan for addressing the capacity gaps * Visit to SNCUs having highest gender gap and low female admission proportion and a note on corrective actions required at various levels | * Monthly analysis on the basis of SNCU online data and identification of gaps and progress for addressing gaps. * A detailed assessment of all 36 SNCU and 50 NBSUs on the areas of capacity gaps for each units both in terms of changes over the last 2 years numbers and also in the terms of skills and practices. * A detailed plan developed in consultation with the Govt for addressing the capacity gaps specially knowledge and skills of the staff posted at SNCUs and NBSUs as well as use of supplies, equipment and commodities essential for newborn care and quality parameters   A note on status and challenges of high gender gap and proposal for corrective actions | August 2017 | 30 |  |  |
| Task 3 – Quarter 3   * Develop a fact sheet and monitor the compliance of the guidance developed on the basis of the capacity gaps assessment and also visits to the SNCUs.\ * Update the start rating changes and facilitate actions in few more areas at the state, district and facility level. | * A star rating factsheet available and discussed with the Project Director Child Health and Director RCH. * Factsheets on the basis of the SCNU, NBSU mentoring in 10 Districts and also for NBCCs of the delivery points of 4 HPDs available. For SNCU it two A 4 Size pages having graphs, texts, progressive figures and for NBSU and NBCC one page per districts will be submitted. | Nov 2017 | 30 |  |  |
| Task 4 – Quarter 4   * Development of Manual and a document on how to do onsite mentoring, pro and cons of different approaches available and used.   Annual Fact sheet SNCUs comparing the change in the quality of services through onsite mentoring of 10 SCNUs. | * A 100 pages A 4 size manual on how to do onsite mentoring to SNCUs with a executive summary of 4 pages. * Monthly analysis on the basis of SNCU online data and identification of gaps and progress for addressing gaps. * Annual Factsheet for the each SNCU showing a changes in each parameter of quality of services, clearly showing changes which can happen because of onsite mentoring and which cannot happen because of mentoring. Document evidence in the form of article with statistical analysis ready to be submitted for international level journal. | Jan 2018 | 25 |  |  |
| **TOTAL AMOUNT IN RUPEES** | | | | | |
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*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? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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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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| 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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| 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 |  | | |
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| 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 |  | |
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| 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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