



SAARC AGRICULTURE CENTRE (SAC)
BARC Complex, Farmgate, Dhaka-1215, Bangladesh

APPLICATION FORM

Name of the post : **Senior Program Specialist (Crops)**

INSTRUCTION: Please fill up the form completely and clearly. Type or print in ink. If needed, additional pages may be attached. Be sure to sign and date the form.		Affix Photograph		
1. Name (As per certificate):				
2. Present Address (with Tel./Cell. number):				
3. Mailing Address (If separate from present address):				
4. Permanent Address (with Tel./Cell. number):				
5. A) Place of Birth:				
5. B) Date of Birth		Day	Month	Year
5. C) Age as on 15 December 2022		Day	Month	Year
6. (A) Citizenship at Birth:		6. (B) Present Citizenship:		
7. Sex (Check):		Male		Female

8. Marital Status (Check):

Married	Single	Widowed	Divorced	Separated
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9. List of dependent(s)

Name	Date of Birth	Relationship

10. Have you taken up legal residence status in any country other than that of your nationality?

Yes	No
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If "Yes", which country?

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

Yes	No
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If "Yes", explain why?

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12. Educational background: Furnish details starting from last Degree (Enclose true copies of supporting documents):

Name of Institution / University and Place	Degree / Diploma / Certificate	Year	Class / Division /outstanding achievements	Main subject(s)

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13. State your professional competence in the post applied for (Not more than 150 words, please enclose supporting documents, if any):

14. Language proficiency [Please tick (✓) in the appropriate box. Also enclose certificate if there be any]:

	Read			Write			Speak		
	Excellent	Good	Fair	Excellent	Good	Fair	Excellent	Good	Fair
English									
Others:									

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15. Employment Record: Starting with your present or most recent post, list in reverse order every employment during the last ten years and any significant experience not included in that period which you believe will be helpful in evaluating your record. Use a separate block for each post. Use additional sheets of paper as required.

A:

Dates		Salaries per annum (Excl. Allowances)		Exact title of your post
		Starting	Present	
From	To			
...../...../...../...../.....			
Name of Supervisor				
Name & address of Employer		Net Salary	Number & kind of employees supervised by you:	
			Professional -	
			Other support staff -	
Description of your work:				

B:

Dates		Salaries per annum (Excl. Allowances)		Exact title of your post
		Starting	Present	
From	To			
...../...../...../...../.....			
Name of Supervisor				
Name & address of Employer		Total salary	Number & kind of employees supervised by you:	
			Professional -	
			Other support staff -	
Description of your work:				

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C:

Dates		Salaries per annum (Excl. Allowances)		Exact title of your post
		Starting	Present	
From	To			
...../...../...../...../.....			
Name of Supervisor				
Name & address of Employer		Total Tax	Number & kind of employees supervised by you: Professional - Other support staff -	
Description of your work:				

D:

Dates		Salaries per annum (Excl. Allowances)		Exact title of your post
		Starting	Present	
From	To			
...../...../...../...../.....			
Name of Supervisor				
Name & address of Employer		Total Tax	Number & kind of employees supervised by you: Professional - Other support staff -	
Description of your work:				

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16. List of Professional publications & reports (Please attach separate sheets, if required):

17. List of Membership in professional bodies (please attach separate sheet, if required):

Sl. No.	Descriptions

18. Have you any objections to making inquire of your present / last employer?

 Yes

 No

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

Full Name	Full Address with telephone no.

20. Legal convictions (include all convictions other than those for minor violations like road traffic). Please state last first.

Charge	Date	Where	Conviction

21. State any other relevant facts. Include information regarding any residence or prolonged travel abroad, giving dates, areas, purposes, etc.

22. Please state any disabilities or any disease etc. which might limit you field of work (Final appointment will be subject to physical examination).

I certify that the statements made by me in the foregoing items are true, complete, and correct to the best of my knowledge and belief. I understand that any false statements or any required information withheld from this form may provide grounds for the withdrawal of any offer of appointment or dismissal.

Date: _____

Signature: _____

Your application for employment, if found useful to our overall program, will be retained on our roster for a maximum period of 12 months.

Recommendation by the employer

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

_____ shall be released on deputation to join the SAARC Agriculture Centre (SAC), Dhaka, Bangladesh as per stipulated date if he/she is appointed as _____

Date: _____

Signature: _____

Name: _____

Address: _____

Officer Seal

Recommendation of 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 Agriculture Centre (SAC), Dhaka, Bangladesh as per stipulated date if he/she is appointed as _____

Date: _____

Signature: _____

Name: _____

Address: _____

Officer Seal
