



**SAARC Tuberculosis and HIV/AIDS Centre (STAC)**  
**Thimi, Bhaktapur, Kathmandu, Nepal**

Photograph

**APPLICATION FORM FOR THE POST OF Research Officer(Professional Staff)**

INSTRUCTIONS: 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.

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1. Name (As per Certificates)

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2. Present Address (with Telephones, Fax, Emails, Mobile No. etc)

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3. Mailing Address (if separate from present Address)

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4. Permanent Address

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5. (a) Place of Birth

(b) Date of Birth

\_\_\_\_\_  
Day Month Year

6. (a) Citizenship at Birth

(b) Present Citizenship

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7. Sex (Check): Male Female

8. Marital Status (Check):

Married  Single  Widowed  Divorced  Separated

9. Have you any dependants?  Yes  No

If the answer is "Yes" give following information:

Name	Date of Birth	Relationship

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

Yes  No

If the answer is "Yes" which country?

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

Yes  No

If answer is "Yes" explain fully

12. Education; **Furnish details with copies of Certificates**

A. General Education: University/College Level

Name and Place	Degree/Diploma	Year	Main Subject(s)

*Please attach copy of supporting documents*

12. B. Professional Education/Experience

General Education: University/College Level

Name & Place of Institute	Degree/Diploma	Year	Fields of study

*Please attach copy of supporting documents*

13. State your professional competence in the field of Tuberculosis and HIV/AIDS (including surveillance, epidemiology, and research).

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Address of Employer	Net Salary	Reason for leaving If applicable
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Description of your work

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Date: _____	Salaries per annum (Excl. Allowances)	Exact title of your Post
From _____	Starting                      Present	
To (Present) _____		

Name of Supervisor	Allowances. etc	Duty Station
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Name of Employer	Total Tax	Number & Kind of employees supervised by you
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Address of Employer	Net Salary	Reason for leaving If applicable
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Description of your work

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19. Have you any objections to making inquires with your present employer?

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20. References: List three persons not related to you who are familiar with your Character and qualification.

Full Name & Designation	Full Address also <b>Tel, Fax/Email, Mobile</b>	Occupation/ Designation

21. Legal Convictions (include all convictions other than those for minor violations of road traffic qualifications:

Charge	Date	Where tried	Conviction



22. State any other relevant facts, include information regarding any residence or prolonged travel abroad, giving dates, areas, purposes, etc. Also state any disabilities which might limit your 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, correct to the best of my knowledge and belief. I understand that any false statement or any required information withheld from this Form may provide grounds for the withdrawal of any offer of appointment or dismissal if an appointment has been accepted.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Place: \_\_\_\_\_

**Attachment:**

- i. Copies of all the Certificates of Academic Qualifications
- ii. Copy of Experience Certificates
- iii. List of publications in the field of Tuberculosis and HIV/AIDS (research, operational research, clinical trials, surveillance, epidemiology etc.) -Attach or quote references of Journals, books, etc.)
- iv. Copies of Certificates of Trainings of related field.
- v. Copy of CV.
- vi. Recommendation of Candidate's Employer
- vii. Recommendation of concerned Ministry

**RECOMMENDATION OF CANDIDATE'S EMPLOYER**

I do hereby certify that Dr./Mr./Ms/Mrs. \_\_\_\_\_

\_\_\_\_\_ of \_\_\_\_\_

\_\_\_\_\_ shall be released on deputation to join the SAARC Tuberculosis and HIV/AIDS Centre (STAC), Kathmandu, Nepal as per stipulated date if he/she is appointed as \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Institution: \_\_\_\_\_

\_\_\_\_\_  
Office 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 Tuberculosis and HIV/AIDS Centre (STAC), Kathmandu, Nepal  
as per stipulated date if he/she is appointed as \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

\_\_\_\_\_  
Office Seal