

ANNEXURE-I

APPLICATION FORMAT FOR DEPUTATION OF EXPERT TO WHO, Hqs, GENEVA

1. Name :
2. D.O.B :
3. Father's Name :
4. Contact No. and Email :
5. Present Address
6. Permanent Address :
7. Citizenship :
8. All Educational / other professional qualifications etc. upto matriculation (Starting from highest degree)

| S. No. | Exam passed | Division/ Grade / % of Marks | Year of Passing | Duration of the Degree/Diploma | Board/University | Subject | Subject of Specialization |
|--------|-------------|------------------------------|-----------------|--------------------------------|------------------|---------|---------------------------|
| | | | | | | | |

7. Details of professional employment in chronological order (from present post).

| S. No. | Office/ Instt. | Post held: present/ prior to retirement | Contract/ Ad-hoc/ Regular | Total Period (in years) | | | Scale of Pay | Nature of duties |
|--------|----------------|---|---------------------------|-------------------------|--------|------|--------------|------------------|
| | | | | Years | Months | Days | | |
| | | | | | | | | |

8. Date of superannuation:
9. Details of publications/presentations (books/papers):
10. Details of participation in National/International Seminars/Symposium/Conferences:
11. Details of deputation abroad
12. Complete postal address of the present/last employer:
13. Languages known:
14. No objection certificate from the present/last employer:
15. Any other relevant information with respect to eligibility criteria
16. Details of enclosures (attested):
17. Retired candidates should submit details of pension:

DECLARATION

I hereby declare that all the statements made in this application are true and complete to the best of my knowledge and belief. I understand that action can be taken against me by the Government if I am found guilty of any type of misconduct.

Signature of the Candidate

Name: _____

Place:

Date: