

***Udyog Bhawan (Second Floor), East Gandhi Maidan, Patna 800 004***

(Centre of Excellence in Disaster Management )

Application for Position of Consultant

1. **Please indicate area of specialisation from among the four given below:**

**(Planning and Coordination/Engineering/Agriculture/Health Care and Medical Services)**

1. **Personal Details**

|  |  |
| --- | --- |
| Name (Prof./ Dr./Mr./Ms.) |  |
| Date of Birth (DD/MM/YYYY) |  |
| Gender |  |
| Email ID |  |
| Phone Contact Details |  |
| Identity Details (Pan/Aadhar) |  |

**Address:**

|  |  |
| --- | --- |
| Address for Communication | Permanent Address |
|  |  |

**3. Academic Qualifications**

**3 A. Doctoral Level**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Particulars | Year of Completion | Thesis Topic | Discipline / Area | Institution |
| Post-doctoral work |  |  |  |  |
| Doctoral work |  |  |  |  |

**3 B. Post-Graduate Level**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Programme/ Degree/ Diploma | Years of Study | Year of Completion | Institution / University | Full-time/ Part-time/ Distance Education | Specialisation  (if any) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**3 C. Under-Graduate Level**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Programme/ Degree/ Diploma | Years of Study | Year of Completion | Institution / University | Full-time/ Part-time/ Distance Education | Specialisation  (if any) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**4. Expertise / Experience in Functional / Sectoral Areas**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Functional / Sectoral Area of Management | Expertise (Please list evidences) | Work Experience | | |
| **Institution** | **From (Month/Year)** | **To**  **(Month/Year)** |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |

*Please add more rows if necessary*

**5. Expertise / Experience in Disaster Management Areas/ Development sector**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Area | Expertise (Please list evidences) | Work Experience | | |
| **Institution/Organisation** | **From (Month/Year)** | **To**  **(Month/Year)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

*Please add more rows if necessary*

**6. Employment History** (In chronological order starting with the most recent)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| # | Name of the Organisation/Institution | Period (Month, Year) | | Position | Nature of work |
| **From** | **To** |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |

*Please add more rows if necessary*

**7. Networks and Professional Links** (Please provide details of the nature of association, including positions and contributions)

|  |  |  |  |
| --- | --- | --- | --- |
| # | Professional Bodies | Govt./Non-govt. Organisations | Academic / Research Institutions |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |

*Please add more rows if necessary*

**8. Publications (**Please provide web links of two publications of your choice)

|  |  |  |  |
| --- | --- | --- | --- |
| # | National Publications | International Publications | Books Published |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |

*Please add more rows if necessary*

**9. Research and Consultancy Projects**

|  |  |  |
| --- | --- | --- |
| # | Client Organisation | Project Title and Focus  (Please mention the names of others involved in the project |
|
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |

*Please add more rows if necessary*

**10. References** (Three)

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  |  |  |
| Position |  |  |  |
| Organisation/ Institution |  |  |  |
| Email |  |  |  |
| Mobile |  |  |  |
| Address for Communication |  |  |  |
| Webpage (URL) if any |  |  |  |

**11. What can you contribute to “Centre for Excellence in Disaster Management at DMI” towards fulfilment of its mission and objectives** (Please be specific and indicate measurable outcomes of your proposed steps)**?**

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|  |

**12. Any other relevant information, not given above**

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**Declaration**

I hereby declare that all statements made in the application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found untrue / false / incorrect or I do not satisfy the eligibility criteria, my candidature / appointment will be cancelled / terminated, without assigning any reasons thereof. I agree to abide by the rules, regulations and procedures for appointment to the post applied for.

**Date:**

**Place:**

**( )**

**Signature**