

Madhya Pradesh State AIDS Control Society

(Dept. of Health and Family Welfare, Govt of MP)

**Application Form for Empanelment of Independent Consultants for Evaluation of
TI/LWS NGO & Joint Appraisal Team**

**Joint Appraisal – TI NGO Empanelment/Joint Appraisal Visit/TI-LWS Evaluation
Applied For (Please tick in specific column – Program consultant may applied for
team leader & Second team member both)**

Program Consultant – Team Leader	
Program Consultant – Second Team Member	
Finance Consultant	

A. Personal Profile

Name	
Father's Name	
Marital Status	
Address	
Date of Birth	
Age in Year	
Phone Number	
Email ID	

B. Academic Profile (Please enclosed self-attested copies of mark sheet/document)

Qualification	Degree	University/Board Name	Year of Passing	Subject (Specialization)
10 th				
12 th				
Graduation				
Post-Graduation				
PHD				
Any other please specify				

C. Experience (Please enclosed experience Certificate)

Name of Organization/Firm & Address	Designation	Area of Working (Health/HIV-AIDS/Skill Development/NGO Audit & other audit work etc.)	Major Responsibilities	Year/Month of Experience

D. Experience in NACO/HIV-AIDS Program (Please enclosed evidences – SACS letter – ToR – Email etc.)

S. No.	Type of Experience	Name of State	Year	Detail of Work
1.	Training			
2.	Joint Appraisal Visit			
3.	TI-Evaluation			
4.	LWS Evaluation			

E. Detail of Research work/Workshop/Training attended

F. Reference

S. NO.	Name	Organization	Designation	Phone Number	Email ID
1.					
2.					
3.					

I hereby certify that the above information given are true and correct as to the best of my knowledge.

Yours Sincerely

Date:-

(Name & Signature)

Place:-