EOI SUBMISSION FORMAT

REQUEST FOR EXPRESSIONS OF INTEREST

(CONSULTING SERVICES – INDIVIDUAL CONSULTANT)

**Assignment Title: Individual Consultant for managing M&E firm and coordinate ongoing data collection and preparation of M&E reports**

**Assignment Number: CERC/LK/ICTA/222333/CS/INDV**

1. **Consultant Information**

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| Consultant Name: |
| Address :  Telephone:  Email: |

1. **Assignment Specific Qualifications and Experience**
2. **Technical Competence**

Highlight the technical qualifications of yourself in undertaking similar assignments. Provide details of past experiences working with similar Assignments.

1. **Public Institutional Experience**

Present experiences working for public institutions –( GoSL and/or within South Asia Region)

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1. **Professional and Academic Qualifications (Also attach CV)**
2. **Similar Assignment References**

Please select most relevant assignment to demonstrate your technical qualifications and experience (maximum 10 assignments).

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| --- | --- | --- | --- | --- | --- |
| SN | Name of Assignment | Period | Name of Client | Specific Man month(s) | Self/Firm |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |

1. **Method Statement (Consultant to provide a brief method statement demonstrating his/her understanding of the Terms of Reference –Maximum 500 words)**

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**III. Eligibility Declaration**

I, the undersigned, certify to the best of our knowledge and belief:

I have read the advertisement,

I confirm that the assignment references submitted as part of this EOI accurately reflect my experience.

I am not a dependent of the Executing Agency / Implementing Agency or of individuals working for them.

Certification:

I, the undersigned, certify that to the best of my knowledge and belief, attached CV correctly describes myself, my qualifications, and my experience, and I am available to undertake the assignment in case of an

Award. I understand that any misstatement or misrepresentation described herein may lead to my disqualification or dismissal by the Client.

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Signature

Name:

Designation:

Date: