**CURRICULUM VITAE (CV)**

**Individual Consultant (Full time) - LK-ICTA-241516-CS-INDV**

*{Notes shown in brackets { } in italic should not appear on the final document to be submitted}*

1. ***Identity***

|  |  |
| --- | --- |
| **Position /Title/Consultancy** | **Consultant**  |
| **Name of Consultant:**  | *{Insert full name}* |
| **Date of Birth:** | *{day/month/year}* |
| **Address** |  |
| **ID Number** |  |
| **Contact Number** |  |
| **Email Address** |  |

1. **Education:** *{List college/university or other specialized education, giving names of educational institutions, dates attended, degree(s)/diploma(s) obtained and Attach copies }*

|  |  |  |  |
| --- | --- | --- | --- |
| S/N | Name of the University/Institution | Title of the Qualification | Duration of Study |
| From | To |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Experience record relevant to the assignment:** *{Starting with present position, list in reverse order. Please provide dates, name of employing organization, titles of positions held, Contract amount, types of activities performed and location of the assignment, and contact information of previous clients and employing organization(s) who can be contacted for references.}*

***03.01 –Summary of Assignments***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S/N | Name of the Organization | Nature of the Assignment | Your Title/position | Duration of Study |
| From | To |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

(Please elaborate your contribution in the each assignment given in the 6.1 above)

**04. Membership in Professional Associations and Publications:**

**i.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ii.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**iii.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**iv. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**5. Language Skills (indicate only languages in which you can work):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Language** | **Reading** | **Writing** | **Comprehension** | **Speaking** |
| English |  |  |  |  |
| Sinhala |  |  |  |  |
| Tamil |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**(F)-Fluent, (G) –Good,**

**6. Expected Fees and other charges by the consultant**

|  |  |  |  |
| --- | --- | --- | --- |
| **Cost Component** | **Monthly Rate** | **Number of Months** | **Total for twelve months****(LKR)** |
| 6.1 - Consultant fee  |  | 12 |  |
| 6.2 - Other charges  |  | 12 |  |
|  | Total |  |

Expenses on official traveling will be paid/reimbursed therefore traveling expenses **SHOULD NOT** include in 6.1 or in 6.2.

**Consultant's contact information:** (e-mail …………………., phone……………)

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.

……………………………… ……………………

 Name of Consultant Signature

Date {day/month/year}

