





ADD MORE

## बांध पुनर्वास और सुधार परियोजना Dam Rehabilitation and Improvement Project Phase II and III



						एक कदम	स्वच्छता की ओर
Application fo	or Enlistment of	Experts	s for Dam Safety	Revie	w Panels		
*Required Fields							
Application Category (As per ToR)*:		☐ Des ☐ Geo ☐ Hyd ☐ Inst	n Safety Expert ign Expert logist lro-Mechanical Expert rumentation Expert hitecture, Planning and La	g Expert			
General info	rmation						
Name of the Applic	cant*:	Nam	ne		Sex*:		Select
Nationality*:		Nationality			Contact Address*:		
Phone/Mobile*:		Phoi	ne/Mobile		Email*:		Email
Date of Birth*:		Date	of Birth		Upload Proof*:	:	Choose File
Employment Status	s <b>*</b> :	Sele	Select				
Educational, p  Education  Degree	orofessional qual		ns, and trainings Year of Passing	(Uplo		Document	
Degree	University / Co		Year of Passing		cipline	Choose File	No fiosen
Degree	University / C	College	Year of Passing	Dis	cipline	Choose File	No fioser
Degree	University / C	College	Year of Passing	Dis	cipline	Choose File	No fioser
Degree	University / C	College	Year of Passing	Dis	cipline	Choose File	No fiosen

Education							
Degree	University / College	Year of Passing	Discipline	Document			
Degree	University / College	Year of Passing	Discipline	Choose File No fiosen			
ADD MORE							

Training Programmes Attended						
Subject Area of Training	Organization	Place	Period / Duration			
Subject Area of Training	Organization	Place	Period / Duration			
Subject Area of Training	Organization	Place	Period / Duration			
Subject Area of Training	Organization	Place	Period / Duration			
Subject Area of Training	Organization	Place	Period / Duration			
Subject Area of Training	Organization	Place	Period / Duration			
ADD MORE						

Membership of National and International Professional Bodies / Organizations						
Name of Professional Body / Organization	Place	Membership Category				
Name of Professional Body / Organization	Place	Membership Category				
Name of Professional Body / Organization	Place	Membership Category				
Name of Professional Body / Organization	Place	Membership Category				
ADD MORE						

Title of Papers	Name of Event / Journal	Year of Publication
Title of Papers	Name of Event / Journal	Year of Publication
Title of Papers	Name of Event / Journal	Year of Publication
Title of Papers	Name of Event / Journal	Year of Publication

	of Guideline / Manual		Nature of Association		Year of Publication
Title	e of Guideline / Manual		Nature of Association		Year of Publication
Title	e of Guideline / Manual		Nature of Association		Year of Publication
Title	e of Guideline / Manual		Nature of Association		Year of Publication
ADI	) MORE				
Affil	iations Relevant to Dar	m Safety M	Ianagement		
			8		
ADI	) MORE				
	guaga akilla (ability ta)				
	guage skills (ability to)		Speak		Read / Write
Language  Language  Language		Speak Speak Speak		Read / Write  Read / Write	
ADI	) MORE				
ADI	) MORE				
		nd Duofossi	onal Evravion so till data (nyovia	la latage	f:
Emp	loyment Information a		onal Experience till date (provident in the following order: Job title, Emplo		
Emplo Emplo	loyment Information ar	e information		yer, Dates	(from - to), Responsibilities, highlight the wo
Emplo Emplo	loyment Information ar	e information	in the following order: Job title, Emplo dle the tasks assigned).(Upload relevant	yer, Dates	(from - to), Responsibilities, highlight the wo
Emplo Emplo	loyment Information are byment Information: (Provide taken that best illustrates cap	e information ability to han	in the following order: Job title, Employdle the tasks assigned).(Upload relevant	yer, Dates	(from - to), Responsibilities, highlight the wo
Empl Emplo	loyment Information are byment Information: (Provide taken that best illustrates cap	e information ability to hand	in the following order: Job title, Employdle the tasks assigned).(Upload relevant	yer, Dates	(from - to), Responsibilities, highlight the wo
Emplo Emplo	loyment Information are byment Information: (Provide taken that best illustrates cap Job title:  Employer:	e information ability to hand Job titl  Emplo	in the following order: Job title, Employedle the tasks assigned).(Upload relevant	yer, Dates	(from - to), Responsibilities, highlight the wo

Emp	loyment Information and	d Professional Experience till date (provide latest first)
<b>Emplo</b> under	<b>cyment Information:</b> (Provide aken that best illustrates capa	information in the following order: Job title, Employer, Dates (from - to), Responsibilities, highlight the work bility to handle the tasks assigned).(Upload relevant documentary proof)
2	Job title:	Job title
	Employer:	Employer
	Date:	dd-mm-yyyy To dd-mm-yyyy
	Responsibilities:	Responsibilities
	Upload relevant documentary proof:	Choose File No file chosen
	Job title:	Job title
	Employer:	Employer
	Date:	dd-mm-yyyy To dd-mm-yyyy
3	Responsibilities:	Responsibilities
	Upload relevant documentary proof:	Choose File No file chosen
	Job title:	Job title
	Employer:	Employer
	Date:	dd-mm-yyyy To dd-mm-yyyy
4	Responsibilities:	Responsibilities
	Upload relevant documentary proof:	Choose File No file chosen
ADE	) MORE	
Deta	iled Experience (Uploac	l relevant documentary proof)
		rperience (Total for all categories)*:  Years of Relevant Experience
Details	of dam failure investigations,	if any:

Details	of Experience in the rehabi	litation of old dam structures:			//
Upload	Experience documentary p	roof:	Choose File	No file chosen	ADD MORE
Other pr	rofessional achievements si	nch as any awards, special skills, etc:			
Any oth	er relevant information (U <sub>l</sub>	pload relevant documentary proof):			//
Upload	relevant documentary proo	f:	Choose File	No file chosen	
Upload	your recent photograph (U	pload jpg, jpeg, png, gif file only):	Choose File	No file chosen	
Two	known References:				
	Name:	Name			
	Address:	Address			
1	Contact No:	Contact phone No			
	Email Address:	Email Address			
	Name:	Name			
	Address:	Address			
2	Contact No:	Contact phone No			
	Email Address:	Email Address			
Health I	_	M Signed copy of this form is requined, hereby declare that I am of good its components. I further declare that	health and able t	_	
	equirement.	1	1		
and fit f		undersigned, hereby declare that I am am and its components. I further decla			
	qualifications, and my exp	ertify that to the best of my knowledge			
	Date	Full Name		Si	ignature
☐ I cert	ify the correctness of the in	formation provided and agree with the	e above declarati	ons.	

Upload signed scanned declaration (Upload jpg, jpeg, png, pdf file only)\*: Choose File No file chosen

Click To Submit Form