

Expression of Interest Individual Consultants

A. Project Data

Project Number	
Project Name	
Project Country	

B. Consultant Data (*pre-populated from CMS registration)

* Name	
* Country of Nationality	
* Address of consultant	
* E-mail of consultant	
* ADB-CMS No.	

Assignment Specific Qualifications and Experience

* Assignment Specific Experience (Provide information demonstrating your ability, skills and experience to undertake advertised assignment and deliver inputs/ outputs required under the TOR)
* Other Information (if this EOI is filled on the basis of simplified CMS registration, please provide summary of your qualifications and attach your CV to your CMS registration)

C. Eligibility Declaration

I, the undersigned, certify to the best of my knowledge and belief

- My CMS registration contains current contact details
- The CV I attached to my CMS registration correctly describes my qualifications and my experience
- I am not employed by the Executing or the Implementing Agency
- I am not part of the team who wrote the terms of reference for this consulting services assignment.
- I am not sanctioned (not eligible for engagement) by ADB or another MDB.
- I have not been convicted of an offense or crime related to theft, corruption or fraud.

- I understand that it is my obligation to notify ADB should I become ineligible to work with ADB or another MDB, or should I be convicted of an offense related to theft, corruption or fraud.
- I understand that any misrepresentations that knowingly or recklessly mislead, or attempt to mislead may lead to the automatic rejection of the proposal or cancellation of the contract, if awarded, and may result in further remedial action, in accordance with ADB's Anticorruption Policy.

* Completed by (Name/Position)	
Date (dd/mm/yyyy)	

CURRICULUM VITAE (CV) FOR PROPOSED INTERNATIONAL OR NATIONAL EXPERTS

1. **Proposed Position:** _____

2. **Name of Firm** [*Insert name of firm proposing the expert, if applicable*]: _____

3. **Name of Expert** [*Insert full name*]: _____

4. **Current Residential Address:** _____

Telephone No.: _____

Fax No.: _____

E-Mail Address: _____

5. **Date of Birth:** _____ **Citizenship:** _____

6. **Education** [*Indicate college/university and other specialized education of expert, giving names of institutions, degrees obtained, and dates of obtainment*]: _____

7. **Membership in Professional Associations:** _____

8. **Other Trainings** [*Indicate significant training since degrees under 5 - Education were obtained*]: _____

9. **Countries of Work Experience:** [*List countries where expert has worked in the last ten years*]: _____

10. **Languages** [*For each language indicate proficiency: good, fair, or poor in speaking, reading, and writing*]: _____

11. **Employment Record** [*Starting with present position, list in reverse order every employment held by expert since graduation, giving for each employment (see format here below): dates of employment, name of employing organization, positions held.*]:

From [Year]: _____ To [Year]: _____

Employer: _____

Positions held: _____

NOTE: Maximum of 5 pages.

Section 4 – Financial Proposal – Standard Forms

<p>12. Detailed Tasks Assigned <i>[List all tasks to be performed under this assignment]</i></p>	<p>13. Work Undertaken that Best Illustrates Capability to Handle the Tasks Assigned <i>[Among the assignments in which the expert has been involved, indicate the following information for those assignments that best illustrate the expert's capability to handle the tasks listed in line 11.]</i></p> <p>Name of assignment or project: _____</p> <p>Year: _____</p> <p>Location: _____</p> <p>Client: _____</p> <p>Main project features: _____</p> <p>Positions held: _____</p> <p>Activities performed: _____</p>
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14. Certification:

- | | Yes | No |
|--|--------------------------|--------------------------|
| I, the undersigned, certify to the best of my knowledge and belief– | | |
| (i) this CV correctly describes my qualifications and my experience | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) I am employed by the Executing or the Implementing Agency | <input type="checkbox"/> | <input type="checkbox"/> |
| (iii) I am a close relative of a current ADB staff member | <input type="checkbox"/> | <input type="checkbox"/> |
| (iv) I am the spouse of a current ADB staff member | <input type="checkbox"/> | <input type="checkbox"/> |
| (v) I am a former ADB staff member. | <input type="checkbox"/> | <input type="checkbox"/> |
| • If yes, I retired from ADB over 12 months ago | <input type="checkbox"/> | <input type="checkbox"/> |
| (vi) I am part of the team who wrote the terms of reference for this consulting services assignment. | <input type="checkbox"/> | <input type="checkbox"/> |
| (vii) I am sanctioned (not eligible for engagement) by ADB. | <input type="checkbox"/> | <input type="checkbox"/> |

I understand that any willful misstatement described herein may lead to my disqualification or dismissal, if engaged.

 Signature of expert Date: _____
(Day/Month/Year)