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##### CURRICULUM VITAE (CV) AND DETAILED QUALIFICATIONS

##### OF THE CONSULTANT’S KEY ASSIGNED TEAM MEMBERS

Proposed Position: i.e. **OVERALL PROJECT MANAGER**

Name of Firm:

Name of the Team Member:

Profession:

Date of Birth:

Years with Firm/Entity: Nationality:

Membership in Professional Societies:

Detailed Tasks Assigned:

**Education:**

[*Summarize college/university and other specialized education of Member, giving names of schools, dates attended, and degrees obtained. Use about one quarter of a page.*]

|  |  |  |
| --- | --- | --- |
| **School** | **Date attended** | **Degree obtained** |
|  |  |  |
|  |  |  |

*\*Provide Extra rows if needed*

**Employment Record:**

*[The identified members must have at least three (3) years experience in communications research as related to his/her function in the team.   
  
Starting with present position, list in reverse order every employment held. List all positions held by staff member to show the length of experience and projects handled in the past* ***two*** *(2) years—giving dates, names of employing organizations, titles of positions held, and description of projects. (\*Continue on separate sheet if necessary.)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Company** | **From** | **To** | **Position Held** |
| **1.** |  |  |  |
| **2.** |  |  |  |
| **3.** |  |  |  |

**Trainings:**

[*Summarize the trainings, seminars and symposiums attended, facilitated or conducted, giving course, title, dates attended using the matrix below]* *(\*continue on separate sheet if necessary.)*

|  |  |
| --- | --- |
| **Training** | **Date Attended** |
|  |  |
|  |  |

**Languages:**

[*For each language, indicate proficiency: excellent, good, fair, or poor in speaking, reading, and writing.*] *(\*continue on separate sheet if necessary)*

|  |  |
| --- | --- |
| **Language** | **Proficiency** |
|  |  |
|  |  |

**Major Accounts Handled:**

*The identified members of the proposed research team must have handled and completed at  
least three (3) research projects similar in nature to the requirement.   
List SIMILAR COMPLETED projects awarded* ***on or after 15 September 2018 and completed on or before 15 September 2020.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Client Name | Name of Project | Period Covered / Inclusive Dates | Value of Contract | Nature of Services as Relevant to His Function in the Team |
|  |  |  |  |  |
|  |  |  |  |  |

**Accounts Presently Being Handled:** *(\*Continue on separate sheet if necessary)*

|  |  |  |  |
| --- | --- | --- | --- |
| Client Name | Name of Project | Period Covered / Inclusive Dates | Nature of Services as Relevant to His Function in the Team |
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**Certification:**

I, the undersigned, certify that to the best of my knowledge and belief, these data correctly describe me, my qualifications, and my experience.

In the event that (Name of Bidder) is awarded the contract for the (Name of the Project), I firmly commit to assume the post of (designation/position).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Full name and signature of Team Member: *Day/Month/Year*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full name and signature of authorized representative: *Day/Month/Year*

##### 

##### CURRICULUM VITAE (CV) AND DETAILED QUALIFICATIONS

##### OF THE CONSULTANT’S KEY ASSIGNED TEAM MEMBERS

Proposed Position: i.e. **RESEARCH EXECUTIVE**

Name of Firm:

Name of the Team Member:

Profession:

Date of Birth:

Years with Firm/Entity: Nationality:

Membership in Professional Societies:

Detailed Tasks Assigned:

**Education:**

[*Summarize college/university and other specialized education of Member, giving names of schools, dates attended, and degrees obtained. Use about one quarter of a page.*]

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##### OF THE CONSULTANT’S KEY ASSIGNED TEAM MEMBERS

Proposed Position: i.e. **DATA PROCESSING MANAGER**

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Name of the Team Member:

Profession:

Date of Birth:

Years with Firm/Entity: Nationality:

Membership in Professional Societies:

Detailed Tasks Assigned:

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Profession:

Date of Birth:

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Full name and signature of Team Member: *Day/Month/Year*

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Full name and signature of authorized representative: *Day/Month/Year*