

MINISTRY OF HEALTH AND QUALITY OF LIFE

REGISTRATION OF EVALUATORS

1. Particulars of Applicant:

Mr/Mrs/Ms

Surname:

Other Name(s):

Date of Birth:

Nationality:

Residential Address:

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.....

(Residence) (Mobile).....

(Email).....

2. Occupation:

Occupational Address:

.....

.....

Phone no.: (Office).....

(Fax No.).....

3. Qualification & Experience

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(Attach additional sheets if necessary)

4. Proficiency in the evaluation of bids for:
(Please list field(s) of expertise in order of priority)

(a)

(b)

(c)

- (d)
- (e)
- (f)
- (g)
- (h)
- (i)

5. Certification

I certify that the information provided is accurate.

Date:

Signature of Applicant:

6. Certification by employer
(where applicable)

I certify that Mr/Mrs/Ms is an employee of and that the particulars given above are correct. In case of selection to act as member of a Bid Evaluation Committee, appropriate release will be granted.

Signature :

Name :

Designation :

Date :

Seal: