Curriculum Vitae

[Note to Consultant: Each Curriculum Vitae (CV) should have a maximum of five pages]

1.	**Proposed Position:**	**[Position]**
2.	**Name of Firm:**	[Firm]
3.	**Name of Expert:**	**[Full Name]** [ADB CMS reference number]
4.	**Address:** **Phone:** **Email:**	[address] [phone number] name@domainname
5.	**Date of Birth:** **Type of government ID and ID Number** (please attach a copy of the ID to this form, delete this text after filling info)	dd-mm-yyyy **Citizenship:**
6.	**Education:**	▪
7.	**Membership in Professional Associations:**	▪
8.	**Other Trainings:**	▪
9.	**Countries of Work Experience:**	Country 1, Country 2, Country 3
10.	**Languages**:	**Language** / **Speaking** / **Reading** / **Writing** English / Good / Good / Good [Language 2] / Good / Good / Good [Language 3] / Fair / Fair / Fair
11.	**Employment Record:**	**From:** mm/yyyy **To:** Till Date **Employer:** **Position held:**

12. Tasks Assigned	13. Work Undertaken that Best Illustrates Capability to Handle the Project
▪	**Name of assignment or project:** **Project name** **Year:** month yyyy (Jan 2025) - month yyyy (Dec 2025) **Location:** [Location] **Client:** [Client name]; **Funding: [Org name]** **Main project features:** **Position held:** **[Position]** **Activities performed:**

Name of assignment or project: **Project name**
Year: month yyyy (Jan 2025) - month yyyy (Dec 2025) **Location:** [Location]
Client: [Client name] ; **Funding: [Org name]**
Main project features:
Position held: **[Position]**
Activities performed:

14. Certification

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

(i) This CV correctly describes my qualifications and experience;
(ii) I am not a current employee of the Executing or the Implementing Agency;

(iii) In the absence of medical incapacity, I will undertake this assignment for the duration and in terms of the inputs specified for me in Form TECH-6 provided team mobilization takes place within the validity of this proposal;
(iv) I was not part of the team who wrote the terms of reference for this consulting services assignment;
(v) (vi) I do not have conflict of interest in accordance with ITC 3.0; I am not subject to any national or international sanctions, temporary suspension or debarment by ADB or other multilateral development banks (MDB);
(vii) I certify that I have been informed by the firm that it is including my CV in the Proposal for the **[insert name of project and contract]**. I confirm that I will be available to carry out the assignment for which my CV has been submitted in accordance with the implementation arrangements and schedule set out in the Proposal.
(viii) I have not been found guilty or convicted of any violation of law that is not a minor traffic violation.
(ix) I can accept payments through the international banking system or otherwise discharge ADB's obligation upon initiation of wire transfer.
(x) I understand that it is my obligation to notify the Client and ADB should I become subject to any national or international sanction, including becoming ineligible to work with ADB or other MDBs, cannot accept payments through the international banking system, should integrity issues including conflict of interest arise and/or should we or the proposed consultant be convicted of an offence excluding minor traffic violations

If the answer to any of the declarations above is NO, please provide details:

If the CV is signed by the firm's authorized representative, insert:

(xi) I, as the authorized representative of the firm submitting this Proposal for the **[insert name of project and contract]**, certify that I have obtained the consent of the named expert to submit his/her CV, and that s/he will be available to carry out the assignment in accordance with the implementation arrangements and schedule set out in the Proposal, and confirm his/her compliance with paras (i) to (v) above.

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

[Signature of expert or authorized representative of the firm] Date: dd.mm.yyyy

Full name of authorized representative: