

**URGENT/AT ONCE**

**From :** Home Ministry, New Delhi

**To :**

1. **The Chief Secretaries and DsG (P)** of all States / UTs/
2. **Directors - IB/CBI/SVP PA/SPG/NEPA/NICFS/CFSL/**  
DCPW/NCRB.
3. **DsG - BSF/CRPF/ITBP/CISF/NSG/RPF/BPR&D/SSB**  
/NCB/NIA/Assam Rifles (Through LOAR)
4. **Commissioner of Police Delhi.**
5. **UT Division, MHA**

**No.21023/45/2016-PMA**

**Dated the 28 November, 2016**

**Subject :- Subject :- Nomination for Team of Experts on Rule of Law and Sexual Violence in Conflict(SVC)**

PMI to UN has sought nominations of one or more experts in investigating crimes of sexual violence within the context of conflict and post conflict situations **on . Gratis basis.**

**Description : Team of Experts on Rule of Law and Sexual Violence in Conflict**

**Location: New York (with travel in the field)**

**Title: Expert on Law Enforcement/Sexual Violence in Conflict (SVC)**

**Application Deadline: 16.12.2016**

**Duration of Initial Contract: 12 months (with possibility of extension)**

**2. Required Skills and Experience:-**

**Education:**

Hold a university degree in (bachelor's or equivalent) in law, criminology or social sciences related to investigations, or alternatively, a combination of relevant education and proven experience as an investigator of sexual violence cases.

**Experience:**

At least 7 years' experience in a criminal investigations service of a national police agency, or in a similar national or international investigations or security agency or organization, will particular experience in investigating serious crimes of sexual violence.

Experience conducting criminal investigation in a conflict or post-conflict is highly desirable

Practical experience mentoring police in a conflict or post-conflict situation is highly desirable

Knowledge of project design, implementation, monitoring and evaluation is highly desirable

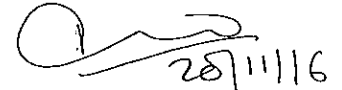
Experience with the UN or other international or regional organizations is an asset.

3. The **Government is responsible for the remuneration of the services of such personnel**. All expenses in connection with the services of gratis personnel, including salaries, allowances and benefits and travel costs to and from the locations where the gratis personnel are based is paid by the donor Government. During the entire period of service, The Donor Government also ensures that gratis personnel are covered by adequate medical and life insurance as well as insurance coverage for illness, disability or death incurred in the service of the United Nations. The United Nations will only cover costs incurred by gratis personnel undertaking official travel in the discharge of their functions including payment of daily or mission subsistence allowance.

4. It is requested that nomination of **One eligible and willing officer** of the rank **not below the level of DIG** along with Personal History Profile(enclosed), HR certificate proforma and personal details as per **Annexure – I** may be forwarded to this Ministry latest by **08<sup>th</sup> December, 2016**. The nominated officers may be advised to send their Personal History Profile through electronic mail at [uspma@nic.in](mailto:uspma@nic.in).

5. It may please be ensured that the nominees are clear from Vigilance angle.

6. No direct application will be entertained.



(Raman Kumar)

Under Secretary to the Government of India

☎:23094009

Copy to

1. Commissioner of Police,  
Mumbai, Kolkatta, Chennai and  
Bangalore.

} It is requested to forward the  
nominations of eligible and willing  
officers though State Government only.

1. SO (IT), MHA - With the request to upload the above communication on  
MHA website and 'whats new'.



(Raman Kumar)

Under Secretary to the Government of India

☎/昌:23094009

✉:uspma@nic.in

BIO-DATA PROFORMA

Recent  
passport size  
photograph

1. Name of Post applied.
  2. Job opening number
  3. Name of the Officer
  4. Designation/Rank/organization with present place of posting.
  5. In the case of officers of deputation with other organization.
    - (a) Name of Parent organization.
    - (b) Name of organization presently employed.
    - (c) Date of deputation
    - (d) Expected date of repatriation to parent cadre/organization.
  6. Date of Birth
  7. Education/Qualification
  8. Date of Joining Police Service
  9. Service/Cadre/Batch
  10. Present Job Profile/any experience in criminal investigations:-
  11. Previous UN experience
- Telephone No.
- a. Office
  - b. Residence
  - c. Mobile No
  - d. Fax No.
  - e. E-mail id

I hereby certify that, I fulfill the eligibility requirement notified for the post applied for.

(Signature of the applicant

## HR CERTIFICATE

It is certified that \_\_\_\_\_ was neither convicted nor currently under investigation or being prosecuted for any criminal offence including violation of International Human Rights Law and International Humanitarian Law. It is also to certify that Government/Org. of .....(concerned state/Org.) is aware that there is no allegation against him/her as such and he/she has not committed or even involved, by act or omission, the commission of any act that may amount of violations of International Human Rights Law and International Humanitarian Law.

To be signed by an officer  
Not below the rank of DIG/Director

(3)

# United Nations Nations Unies

Office of the Special Representative of the Secretary-General  
ON SEXUAL VIOLENCE IN CONFLICT  
TEL: 1 (212) 963 0894 FAX: 1 (212) 963 0590

OSRSG-SVC/2016/1117

The Secretariat of the United Nations presents its compliments to the Permanent Mission of India to the United Nations. The Secretariat has the honour to inform that the Office of the Special Representative of the Secretary-General on Sexual Violence in Conflict (OSRSG-SVC), is seeking, through the Team of Experts on Rule of Law/Sexual Violence in Conflict (TOE), established by the Security Council resolution 1888 (2009), technical support from an expert offered on a gratis basis, with significant experience in investigating crimes of sexual violence within the context of conflict and post conflict situations, for criminal investigation service of a national police agency or international or multilateral institution.

The TOE on Rule of Law/Sexual Violence in Conflict works closely with officials in national civilian and military justice systems to assist their efforts to address impunity and strengthen rule of law, including by strengthening national capacity to respond to Conflict-related Sexual Violence (CRSV). The TOE reports to the Special Representative of the Secretary-General on Sexual Violence in Conflict (SRSG-SVC).

In line with Security Council resolutions 1960 (2010), 2106 (2013) and 2242 (2015), OSRSG-SVC is mandated to engage in dialogue with governments in conflict and post-conflict situations in order to gain specific commitments and develop time bound action plans, including with national military and police services. Therefore, having technical expertise on law enforcement/sexual violence in conflict and post conflict situations, within OSRSG-SVC will greatly facilitate the development of this critical aspect of the Office's mandate.

To this end, the Secretariat has the honour to invite your Government to nominate, by 16 December 2016, one or more Experts on Law Enforcement/Sexual Violence in Conflict and post conflict situations, whom you deem to possess the requisite experience and expertise, in line with the Terms of Reference as attached to this Note Verbale (Annex A). It is requested that nominations be submitted in the form of a completed Personal History Profile P.11 form (Annex B).

Furthermore, the Office of the Special Representative of the Secretary-General on Sexual Violence in Conflict requests that the nomination of an expert is considered for a period of 12 months, and that such expertise is offered as gratis personnel<sup>[1]</sup>.

Nominations may be submitted to Ms. Molly Flanagan, Executive Office DPKO/DFS, One UN Plaza, DC1-1004, Phone: (212) 963-1934. Nomination can also be sent electronically to the following email address:

[dpko-dfs-secondmentrecruitment@un.org](mailto:dpko-dfs-secondmentrecruitment@un.org)

This request is being transmitted to all Member States.

The Secretariat of the United Nations avails itself of this opportunity to renew to the Permanent Mission of India to the United Nations the assurances of its highest consideration.

18 November 2016

# [1] Gratis basis signifies that the Government is responsible for the remuneration of the services of such personnel. All expenses in connection with the services of gratis personnel, including salaries, allowances and benefits and travel costs to and from the locations where the gratis personnel are based is paid by the donor Government. During the entire period of service the donor Government also ensures that gratis personnel are covered by adequate medical and life insurance as well as insurance coverage for illness, disability or death incurred in the service of the United Nations. The United Nations will only cover costs incurred by gratis personnel undertaking official travel in the discharge of their functions including payment of daily or mission subsistence allowance.

**Annex A**

**Team Of Experts On Rule Of Law And Sexual Violence In Conflict**

**Location :** New York (with travel in the field)  
**Title :** Expert on Law Enforcement/Sexual Violence in Conflict (SVC)  
**Application Deadline :** 16 December 2016  
**Duration of Initial Contract:** 12 months (with possibility of extension)

**1. Duties and Responsibilities of the Technical Expert on Law Enforcement:**

The Gratis Personnel will be located in the Office of the SRSG-SVC, and working as part of the TOE; the Expert on Law Enforcement/SVC will be responsible for the following duties:

1. Provides strategic advice and technical expertise on addressing conflict-related sexual violence (CRSV) by/or within national security institutions.
2. Contributes to efforts by the TOE in assisting National Police Services to develop action plans for the police/and or the gendarmerie on addressing CRSV.
3. Assists national efforts by the Police and Gendarmeries to translate action plans into concrete initiatives to address CRSV, in line with commitments made by Governments.
4. In UN mission setting's works in cooperation with the Senior Women Protection Adviser (where possible), the police commissioner or his/her designate as well as other relevant Mission components.
5. Produces mission reports as required, and an end of mission reports on the assistance provided, lessons learned, good practices, challenges and recommendations to ensure follow up.
6. Liaises with and harness the capacity of police expertise/capacity within DPKO at HQ level, and Police components in UN missions and non-mission settings.
7. Liaises with and harness the capacity of police expertise/capacity of Member States.
8. Advises on and contributes to preparation of guidance, training and other resource materials for police personnel.

**2. Core Competencies:**

**Professionalism** - Demonstrated ability to provide technical advice in formulating strategies and plans; knowledge of theories, concepts and approaches relevant to the function of the police and gendarmerie, including: criminal investigations; collecting evidence; victim and witness protection strategies; policing;

cooperation with the judiciary, particularly in the context of sexual crimes. Demonstrated ability to formulate and implement appropriate police strategies consistent with international standards and best practice. Knowledge of international human rights norms, standards and mechanisms as they relate to sexual violence; demonstrated ability of incorporating gender perspectives and ensuring the equal participation of women and men in all areas of work. Familiarity with conflict environments desirable. Is motivated by professional rather than personal concerns; shows persistence when faced with difficult problems or challenges; remains calm in stressful situations.

Planning and Organization - Ability to work efficiently under pressure on difficult assignments within tight deadlines, and possibly in hardship conditions in the field; ability to plan own work and manage conflicting priorities.

Teamwork - Good interpersonal skills and ability to establish trust and build professional relationships with national counterparts and colleagues from varied cultures and professional backgrounds;

Communication - Excellent communication (spoken, written and presentational) skills in English, and ability to explain, demonstrate and teach theories, concepts, approaches and techniques relevant to criminal investigations; tailors language, tone, style and format to match the audience.

Judgment/Decision-making - Sound judgment in dealing with sensitive and confidential matters.

### 3. Required Skills and Experience:

#### **Education:**

The candidate must hold a university degree in (bachelor's or equivalent) in law, criminology or social sciences related to investigations, or alternatively, a combination of relevant education and proven experience as an investigator of sexual violence cases.

#### **Experience:**

The candidate will have at least 7 years' experience in a criminal investigations service of a national police agency, or in a similar national or international investigations or security agency or organization, with particular experience in investigating serious crimes of sexual violence.

Experience conducting criminal investigations in a conflict or post-conflict situation is required.

Practical experience mentoring police in a conflict or post-conflict situation is highly desirable.

Knowledge of project design, implementation, monitoring and evaluation is highly desirable.

Experience with the UN or other international or regional organizations is an asset.

#### **Language Requirements:**

English and French are the working languages of the United Nations Secretariat. For the post advertised, fluency in English (oral and written) is required. Knowledge of French is desirable.

Do not Write in This Space



## PERSONAL HISTORY

Please answer each question clearly and completely. TYPE OR PRINT LEGIBLY. Read carefully and follow all directions.

| PERSONAL HISTORY                                                                                                                                                                                                                                                                                                                                                                                                                            |           |                                                                                                                                                                                                |                                                         |                              |                                     |                                 |                          |                          |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|------------------------------|-------------------------------------|---------------------------------|--------------------------|--------------------------|--------------------------|
| 1. Family name                                                                                                                                                                                                                                                                                                                                                                                                                              |           |                                                                                                                                                                                                | First name                                              |                              | Middle name                         |                                 |                          | Maiden name, if any      |                          |
| 2. Birth date (day/month/yr)                                                                                                                                                                                                                                                                                                                                                                                                                |           | 3. Place of birth                                                                                                                                                                              |                                                         | 4. Nationality(ies) at birth |                                     | 5. Present nationality(ies)     |                          | 6. Sex                   |                          |
| 7. Height                                                                                                                                                                                                                                                                                                                                                                                                                                   | 8. Weight | 9. Marital Status:<br>Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widow(er) <input type="checkbox"/> Divorced <input type="checkbox"/> |                                                         |                              |                                     |                                 |                          |                          |                          |
| 10. Entry into United Nations service might require assignment to any area of the world in which the United Nations might have responsibilities.<br>(a) Are there any limitations on your ability to perform in your prospective field of work? YES <input type="checkbox"/> NO <input type="checkbox"/><br>(b) Are there any limitations on your ability to engage in all travel? YES <input type="checkbox"/> NO <input type="checkbox"/> |           |                                                                                                                                                                                                |                                                         |                              |                                     |                                 |                          |                          |                          |
| 11. Permanent address<br><br>Telephone No. ( )                                                                                                                                                                                                                                                                                                                                                                                              |           |                                                                                                                                                                                                | 12. Present address<br><br>Telephone/Fax No. ( )        |                              |                                     | 13. Office Telephone No.<br>( ) |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |                                                                                                                                                                                                |                                                         |                              |                                     | 14. Office Fax No.<br>( )       |                          |                          |                          |
| 15. Do you have any dependent children? YES <input type="checkbox"/> NO <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                            |           |                                                                                                                                                                                                | If the answer is "yes", give the following information: |                              |                                     |                                 |                          |                          |                          |
| Name of Children                                                                                                                                                                                                                                                                                                                                                                                                                            |           |                                                                                                                                                                                                | Date of Birth (day/mo/year)                             |                              | Place of Birth                      |                                 | Nationality              |                          | Gender                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |                                                                                                                                                                                                |                                                         |                              |                                     |                                 |                          |                          |                          |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |                                                                                                                                                                                                |                                                         |                              |                                     |                                 |                          |                          |                          |
| 15. (a) Name of Spouse                                                                                                                                                                                                                                                                                                                                                                                                                      |           |                                                                                                                                                                                                |                                                         |                              |                                     |                                 |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |                                                                                                                                                                                                |                                                         |                              |                                     |                                 |                          |                          |                          |
| 16. Have you taken up legal permanent residence status in any country other than that of your nationality?<br>If answer is "yes", which country? YES <input type="checkbox"/> NO <input type="checkbox"/>                                                                                                                                                                                                                                   |           |                                                                                                                                                                                                |                                                         |                              |                                     |                                 |                          |                          |                          |
| 17. Have you taken any legal steps towards changing your present nationality?<br>If answer is "yes", explain fully: YES <input type="checkbox"/> NO <input type="checkbox"/>                                                                                                                                                                                                                                                                |           |                                                                                                                                                                                                |                                                         |                              |                                     |                                 |                          |                          |                          |
| 18. Are any of your relatives employed by the United Nations or any of its agencies?<br>If answer is "yes", please specify: YES <input type="checkbox"/> NO <input type="checkbox"/>                                                                                                                                                                                                                                                        |           |                                                                                                                                                                                                |                                                         |                              |                                     |                                 |                          |                          |                          |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |                                                                                                                                                                                                | Relationship                                            |                              | Name of United Nations Organization |                                 |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |                                                                                                                                                                                                |                                                         |                              |                                     |                                 |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |                                                                                                                                                                                                |                                                         |                              |                                     |                                 |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |                                                                                                                                                                                                |                                                         |                              |                                     |                                 |                          |                          |                          |
| 19. What is your preferred field of work?                                                                                                                                                                                                                                                                                                                                                                                                   |           |                                                                                                                                                                                                |                                                         |                              |                                     |                                 |                          |                          |                          |
| 20. Would you accept employment for less than six months?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                       |           |                                                                                                                                                                                                |                                                         |                              |                                     |                                 |                          |                          |                          |
| 21. Have you previously submitted an application for employment and/or undergone any tests with U.N.? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?                                                                                                                                                                                                                                                                 |           |                                                                                                                                                                                                |                                                         |                              |                                     |                                 |                          |                          |                          |
| 22. KNOWLEDGE OF LANGUAGES. What is your mother tongue?                                                                                                                                                                                                                                                                                                                                                                                     |           |                                                                                                                                                                                                |                                                         |                              |                                     |                                 |                          |                          |                          |
| OTHER LANGUAGES                                                                                                                                                                                                                                                                                                                                                                                                                             |           |                                                                                                                                                                                                |                                                         |                              |                                     |                                 |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                             |           | READ                                                                                                                                                                                           |                                                         | WRITE                        |                                     | SPEAK                           |                          | UNDERSTAND               |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                             |           | Easily                                                                                                                                                                                         | Not Easily                                              | Easily                       | Not Easily                          | Fluently                        | Not Fluently             | Easily                   | Not Easily               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                             |           | <input type="checkbox"/>                                                                                                                                                                       | <input type="checkbox"/>                                | <input type="checkbox"/>     | <input type="checkbox"/>            | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                             |           | <input type="checkbox"/>                                                                                                                                                                       | <input type="checkbox"/>                                | <input type="checkbox"/>     | <input type="checkbox"/>            | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                             |           | <input type="checkbox"/>                                                                                                                                                                       | <input type="checkbox"/>                                | <input type="checkbox"/>     | <input type="checkbox"/>            | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                             |           | <input type="checkbox"/>                                                                                                                                                                       | <input type="checkbox"/>                                | <input type="checkbox"/>     | <input type="checkbox"/>            | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. For clerical grades only<br>Indicate speed in words per minute                                                                                                                                                                                                                                                                                                                                                                          |           |                                                                                                                                                                                                |                                                         |                              |                                     |                                 |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                             |           | English                                                                                                                                                                                        | French                                                  | Other languages              |                                     |                                 |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |                                                                                                                                                                                                |                                                         |                              |                                     |                                 |                          |                          |                          |
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| Typing                                                                                                                                                                                                                                                                                                                                                                                                                                      |           |                                                                                                                                                                                                |                                                         |                              |                                     |                                 |                          |                          |                          |
| Shorthand                                                                                                                                                                                                                                                                                                                                                                                                                                   |           |                                                                                                                                                                                                |                                                         |                              |                                     |                                 |                          |                          |                          |
| List all specific computer programmes you use (i.e. excel, access).                                                                                                                                                                                                                                                                                                                                                                         |           |                                                                                                                                                                                                |                                                         |                              |                                     |                                 |                          |                          |                          |

24. EDUCATION, Give full details - N.B. Please give exact titles of degrees in original language. Please do not translate or equate to other degrees.

A. University or equivalent

NAME, PLACE AND COUNTRY  
Please give complete address.

ATTENDED FROM/TO  
Month/Year Month/Year

DEGREES and ACADEMIC  
DISTINCTIONS OBTAINED

MAIN COURSE OF STUDY

B. SCHOOLS OR OTHER FORMAL TRAINING OR EDUCATION FROM AGE 14 (e.g., high school, technical school or apprenticeship)

NAME, PLACE AND COUNTRY  
Please give complete address.

TYPE

YEARS ATTENDED

FROM

TO

CERTIFICATES OR DIPLOMAS  
OBTAINED

25. LIST PROFESSIONAL SOCIETIES AND ACTIVITIES IN CIVIC, PUBLIC OR INTERNATIONAL AFFAIRS

26. LIST ANY SIGNIFICANT PUBLICATIONS YOU HAVE WRITTEN (DO NOT ATTACH)

27. EMPLOYMENT RECORD: Starting with your present post, list in REVERSE ORDER every employment you have had. Use a separate block for each post. Include also service in the armed forces and note any period during which you were not gainfully employed. If you need more space, attach additional pages of the same size. Give both gross and net salaries per annum for your last or present post.

A. PRESENT POST (LAST POST, IF NOT PRESENTLY IN EMPLOYMENT)

FROM

TO

SALARIES PER ANNUM

EXACT TITLE OF YOUR POST:

MONTH/YEAR

MONTH/YEAR

STARTING

FINAL

Full time ☐  
Part time ☐ hours/week:

NAME OF EMPLOYER:

TYPE OF BUSINESS

ADDRESS OF EMPLOYER:

NAME OF SUPERVISOR

NO. AND KIND OF EMPLOYEES  
SUPERVISED BY YOU:

REASON FOR LEAVING

DESCRIPTION OF YOUR DUTIES:

## B. PREVIOUS POSTS (IN REVERSE ORDER)

(2)

| FROM                 |            | TO       |       | SALARIES PER ANNUM |       | EXACT TITLE OF YOUR POST:<br>Full time <input type="checkbox"/><br>Part time <input type="checkbox"/> hours/week: |                     |
|----------------------|------------|----------|-------|--------------------|-------|-------------------------------------------------------------------------------------------------------------------|---------------------|
| MONTH/YEAR           | MONTH/YEAR | STARTING | FINAL | STARTING           | FINAL |                                                                                                                   |                     |
|                      |            |          |       |                    |       |                                                                                                                   |                     |
| NAME OF EMPLOYER:    |            |          |       |                    |       | TYPE OF BUSINESS:                                                                                                 |                     |
| ADDRESS OF EMPLOYER: |            |          |       |                    |       |                                                                                                                   |                     |
|                      |            |          |       |                    |       | NAME OF SUPERVISOR:                                                                                               |                     |
|                      |            |          |       |                    |       | NO. AND KIND OF EMPLOYEES SUPERVISED BY YOU:                                                                      | REASON FOR LEAVING: |

## DESCRIPTION OF YOUR DUTIES

| FROM                 |            | TO       |       | SALARIES PER ANNUM |       | EXACT TITLE OF YOUR POST:<br>Full time <input type="checkbox"/><br>Part time <input type="checkbox"/> hours/week: |                     |
|----------------------|------------|----------|-------|--------------------|-------|-------------------------------------------------------------------------------------------------------------------|---------------------|
| MONTH/YEAR           | MONTH/YEAR | STARTING | FINAL | STARTING           | FINAL |                                                                                                                   |                     |
|                      |            |          |       |                    |       |                                                                                                                   |                     |
| NAME OF EMPLOYER:    |            |          |       |                    |       | TYPE OF BUSINESS:                                                                                                 |                     |
| ADDRESS OF EMPLOYER: |            |          |       |                    |       |                                                                                                                   |                     |
|                      |            |          |       |                    |       | NAME OF SUPERVISOR:                                                                                               |                     |
|                      |            |          |       |                    |       | NO. AND KIND OF EMPLOYEES SUPERVISED BY YOU:                                                                      | REASON FOR LEAVING: |

## DESCRIPTION OF YOUR DUTIES

| FROM                 |            | TO       |       | SALARIES PER ANNUM |       | EXACT TITLE OF YOUR POST:<br>Full time <input type="checkbox"/><br>Part time <input type="checkbox"/> hours/week: |                     |
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| MONTH/YEAR           | MONTH/YEAR | STARTING | FINAL | STARTING           | FINAL |                                                                                                                   |                     |
|                      |            |          |       |                    |       |                                                                                                                   |                     |
| NAME OF EMPLOYER:    |            |          |       |                    |       | TYPE OF BUSINESS:                                                                                                 |                     |
| ADDRESS OF EMPLOYER: |            |          |       |                    |       |                                                                                                                   |                     |
|                      |            |          |       |                    |       | NAME OF SUPERVISOR:                                                                                               |                     |
|                      |            |          |       |                    |       | NO. AND KIND OF EMPLOYEES SUPERVISED BY YOU:                                                                      | REASON FOR LEAVING: |

## DESCRIPTION OF YOUR DUTIES

|                            |            |                                              |                     |
|----------------------------|------------|----------------------------------------------|---------------------|
| MONTH/YEAR                 | MONTH/YEAR | STARTING                                     | FINAL               |
| NAME OF EMPLOYER:          |            | TYPE OF BUSINESS:                            |                     |
| ADDRESS OF EMPLOYER:       |            | NAME OF SUPERVISOR:                          |                     |
|                            |            | NO. AND KIND OF EMPLOYEES SUPERVISED BY YOU: | REASON FOR LEAVING: |
| DESCRIPTION OF YOUR DUTIES |            |                                              |                     |

|                            |            |                                              |       |                                                                                                                   |
|----------------------------|------------|----------------------------------------------|-------|-------------------------------------------------------------------------------------------------------------------|
| FROM                       | TO         | SALARIES PER ANNUM                           |       | EXACT TITLE OF YOUR POST:<br>Full time <input type="checkbox"/><br>Part time <input type="checkbox"/> hours/week: |
| MONTH/YEAR                 | MONTH/YEAR | STARTING                                     | FINAL |                                                                                                                   |
| NAME OF EMPLOYER:          |            | TYPE OF BUSINESS:                            |       | NAME OF SUPERVISOR:                                                                                               |
| ADDRESS OF EMPLOYER:       |            | NO. AND KIND OF EMPLOYEES SUPERVISED BY YOU: |       |                                                                                                                   |
| DESCRIPTION OF YOUR DUTIES |            |                                              |       |                                                                                                                   |

|                            |            |                                              |       |                                                                                                                   |
|----------------------------|------------|----------------------------------------------|-------|-------------------------------------------------------------------------------------------------------------------|
| FROM                       | TO         | SALARIES PER ANNUM                           |       | EXACT TITLE OF YOUR POST:<br>Full time <input type="checkbox"/><br>Part time <input type="checkbox"/> hours/week: |
| MONTH/YEAR                 | MONTH/YEAR | STARTING                                     | FINAL |                                                                                                                   |
| NAME OF EMPLOYER:          |            | TYPE OF BUSINESS:                            |       | NAME OF SUPERVISOR:                                                                                               |
| ADDRESS OF EMPLOYER:       |            | NO. AND KIND OF EMPLOYEES SUPERVISED BY YOU: |       |                                                                                                                   |
| DESCRIPTION OF YOUR DUTIES |            |                                              |       |                                                                                                                   |

| FROM                       |            | TO       |       | SALARIES PER ANNUM                                                                   |  | EXACT TITLE OF YOUR POST:                    |  |
|----------------------------|------------|----------|-------|--------------------------------------------------------------------------------------|--|----------------------------------------------|--|
| MONTH/YEAR                 | MONTH/YEAR | STARTING | FINAL | Full time <input type="checkbox"/><br>Part time <input type="checkbox"/> hours/week: |  |                                              |  |
|                            |            |          |       |                                                                                      |  |                                              |  |
| NAME OF EMPLOYER:          |            |          |       |                                                                                      |  | TYPE OF BUSINESS:                            |  |
| ADDRESS OF EMPLOYER:       |            |          |       |                                                                                      |  | NAME OF SUPERVISOR:                          |  |
|                            |            |          |       |                                                                                      |  | NO. AND KIND OF EMPLOYEES SUPERVISED BY YOU: |  |
|                            |            |          |       |                                                                                      |  | REASON FOR LEAVING:                          |  |
| DESCRIPTION OF YOUR DUTIES |            |          |       |                                                                                      |  |                                              |  |

| FRDM                       |            | TO       |       | SALARIES PER ANNUM                                                                   |  | EXACT TITLE OF YOUR POST:                    |  |
|----------------------------|------------|----------|-------|--------------------------------------------------------------------------------------|--|----------------------------------------------|--|
| MONTH/YEAR                 | MONTH/YEAR | STARTING | FINAL | Full time <input type="checkbox"/><br>Part time <input type="checkbox"/> hours/week: |  |                                              |  |
|                            |            |          |       |                                                                                      |  |                                              |  |
| NAME OF EMPLOYER:          |            |          |       |                                                                                      |  | TYPE OF BUSINESS:                            |  |
| ADDRESS OF EMPLOYER:       |            |          |       |                                                                                      |  | NAME OF SUPERVISOR:                          |  |
|                            |            |          |       |                                                                                      |  | NO. AND KIND OF EMPLOYEES SUPERVISED BY YOU: |  |
|                            |            |          |       |                                                                                      |  | REASON FOR LEAVING:                          |  |
| DESCRIPTION OF YOUR DUTIES |            |          |       |                                                                                      |  |                                              |  |

| FROM                       |            | TO       |       | SALARIES PER ANNUM                                                                   |  | EXACT TITLE OF YOUR POST:                    |  |
|----------------------------|------------|----------|-------|--------------------------------------------------------------------------------------|--|----------------------------------------------|--|
| MONTH/YEAR                 | MONTH/YEAR | STARTING | FINAL | Full time <input type="checkbox"/><br>Part time <input type="checkbox"/> hours/week: |  |                                              |  |
|                            |            |          |       |                                                                                      |  |                                              |  |
| NAME OF EMPLOYER:          |            |          |       |                                                                                      |  | TYPE OF BUSINESS:                            |  |
| ADDRESS OF EMPLOYER:       |            |          |       |                                                                                      |  | NAME OF SUPERVISOR:                          |  |
|                            |            |          |       |                                                                                      |  | NO. AND KIND OF EMPLOYEES SUPERVISED BY YOU: |  |
|                            |            |          |       |                                                                                      |  | REASON FOR LEAVING:                          |  |
| DESCRIPTION OF YOUR DUTIES |            |          |       |                                                                                      |  |                                              |  |

28. HAVE YOU ANY OBJECTIONS TO OUR MAKING INQUIRIES OF YOUR PRESENT EMPLOYER? YES ☐ NO ☐

29. ARE YOU NOW OR HAVE YOU EVER BEEN A CIVIL SERVANT IN YOUR GOVERNMENT'S EMPLOY? YES ☐ NO ☐  
If answer is "yes", WHEN?

30. REFERENCES: List three persons, not related to you, and are not current United Nations staff members, who are familiar with your character and qualifications.  
*Do not repeat names of supervisors listed under Item 27.*

| FULL NAME | FULL ADDRESS | BUSINESS OR OCCUPATION |
|-----------|--------------|------------------------|
|           |              |                        |
|           |              |                        |
|           |              |                        |

31. STATE ANY OTHER RELEVANT FACTS. INCLUDE INFORMATION REGARDING ANY RESIDENCE OUTSIDE THE COUNTRY OF YOUR NATIONALITY.

32. HAVE YOU EVER BEEN ARRESTED, INDICTED, OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING, OR CONVICTED, FINED OR IMPRISONED FOR THE VIOLATION OF ANY LAW (excluding minor traffic violations)? YES ☐ NO ☐  
If "yes", give full particulars of each case in an attached statement.

33. OTHER AGENCIES OF THE UNITED NATIONS SYSTEM MAY BE INTERESTED IN OUR APPLICANTS. DO YOU HAVE ANY OBJECTION TO YOUR PERSONAL HISTORY FORM BEING MADE AVAILABLE TO THEM? YES ☐ NO ☐

34. I certify that the statements made by me in answer to the foregoing questions are true, complete and correct to the best of my knowledge and belief. I understand that any misrepresentation or material omission made on a Personal History form or other document requested by the Organization renders a staff member of the United Nations liable to termination or dismissal.

DATE (day, month, year)

SIGNATURE:

N.B. You will be requested to supply documentary evidence which supports the statements you have made above. Do not, however, send any documentary evidence until you have been asked to do so by the Organization and, in any event, do not submit the original texts of references or testimonials unless they have been obtained for the sole use of the Organization.