



البنك الإسلامي للتنمية  
ISLAMIC DEVELOPMENT BANK



**Application Form for Registration  
of Individual Consultants**

**IsDB**

---

**Contact Address:**

Project Procurement Division  
Islamic Development Bank  
Tel : +9662-646-6956 and 646-6952  
P.O Box 5925, Jeddah 21432  
Kingdom of Saudi Arabia

Fax : +9662-636 6871 & 6466966  
Email : [idbarchives@isdb.org](mailto:idbarchives@isdb.org)  
website: [www.isdb.org](http://www.isdb.org)

**ISLAMIC DEVELOPMENT BANK**  
Procurement Division

**Application Form for Registration  
of Individual Consultants**

**IMPORTANT**

1. Please answer all questions in the provided space in block letters. However if certain items require more space, you may answer on an additional copy of the relevant page.
2. If you wish to provide additional relevant information not covered in the form, you may attach it with the form.

|       |
|-------|
| Photo |
|-------|

|                            |                            |              |
|----------------------------|----------------------------|--------------|
| <b>1. Family Name :</b>    | First Name:                | Middle Name: |
|                            |                            |              |
| <b>2. Mailing Address:</b> | Tel :                      |              |
|                            | Mobile No:                 |              |
|                            | Fax:                       |              |
|                            | E-mail:                    |              |
|                            | Website (address, if any): |              |

**3. Permanent Address (if different from current mailing address):**

|  |
|--|
|  |
|--|

|                                    |                |                            |           |                 |
|------------------------------------|----------------|----------------------------|-----------|-----------------|
| <b>4. Place of Birth:</b>          | Date of Birth: | Sex:                       | Religion: | Marital Status: |
|                                    |                |                            |           |                 |
| <b>5. A. Citizenship at Birth:</b> |                | <b>B. Citizenship Now:</b> |           |                 |
|                                    |                |                            |           |                 |

**6. Pl. specify in which IDB Member Countries you will prefer to have assignments:**

|    |    |    |
|----|----|----|
| 1. | 2. | 3. |
| 4. | 5. | 6. |

**7. If you are available for a limited time, Pl. check the appropriate Period Box:**

|                                    |                                      |                                       |                                      |
|------------------------------------|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Two weeks | <input type="checkbox"/> Two months  | <input type="checkbox"/> Six months   | <input type="checkbox"/> One year    |
| <input type="checkbox"/> One month | <input type="checkbox"/> Four months | <input type="checkbox"/> Eight months | <input type="checkbox"/> Over a year |

**8. How much notice time would you require before reporting to work?**

|                                       |                                    |                                    |                                       |
|---------------------------------------|------------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Short Notice | <input type="checkbox"/> Two Weeks | <input type="checkbox"/> One month | <input type="checkbox"/> Specify_____ |
|---------------------------------------|------------------------------------|------------------------------------|---------------------------------------|

**Application Form for Registration of Individual Consultants**

**9.** Would you be willing to accept an assignment involving a great deal of travelling?  
 **Yes**     **No** (If your answer is No, Pl. specify frequency of travel you are willing to take):

**10.** Present State of Your Health:  
 (Note: Engagement for assignment with the IDB is dependent upon confirmation of your medical fitness). Date of your last full medical examination:

**Have you ever had any major disease (Pl. provide details):**

|                                |  |
|--------------------------------|--|
| (i) Cardiac Problem            |  |
| (ii) Diabetes and Hypertension |  |
| (iii) Any Other (Pl. Specify)  |  |

**Have you ever had any communicable disease:**

|                              |  |
|------------------------------|--|
| (i) Malaria                  |  |
| (ii) Tuberculosis            |  |
| (iii) HIV/AIDS               |  |
| (iv) Any Other (Pl. Specify) |  |

**11.** Pl. state the names of Professional Associations /Organizations with whom you have affiliation, giving its name, address and status of such affiliation:

- (i)
- (ii)
- (iii)

**12. Consulting Category :** (Pl. choose the one which is most applicable to your situation)

|  |                          |
|--|--------------------------|
| <b>12.1)</b> Self employed, full time individual consultant with your own practice   | <input type="checkbox"/> |
| <b>12.2)</b> Partner or Principal of a consulting firm (which firm is willing to make your services as an individual expert available to the Bank) | <input type="checkbox"/> |
| <b>12.3)</b> Employee of firm or organization, but having the right of private practices as an individual consultant                               | <input type="checkbox"/> |
| <b>12.4)</b> Employee of a firm or organization, which is willing to make your services available to the Bank as an individual expert              | <input type="checkbox"/> |
| <b>12.5)</b> Any other (Pl. specify)   | <input type="checkbox"/> |

(Note: If you wish to give further description of or to qualify your answers to question Nos. 10, 11 and 12, please do so by using additional copy of the page).

**13. Principal Field of Interest(s):**

- |   |   |  |                                       |  |   |
|---|---|--|---------------------------------------|--|---|
| <input type="checkbox"/><br>Engineering | <input type="checkbox"/><br>Agriculture | <input type="checkbox"/><br>Architecture | <input type="checkbox"/><br>Economics | <input type="checkbox"/><br>Management | <input type="checkbox"/><br>Rural/Urban<br>Infrastructure |
| <input type="checkbox"/><br>Health      | <input type="checkbox"/><br>Transport   | <input type="checkbox"/><br>Environment  | <input type="checkbox"/><br>Industry  | <input type="checkbox"/><br>Tourism    | <input type="checkbox"/><br>Others ( <b>specify</b> )     |

**14. Describe your key expertise as Consultant, in your chosen field of specialization?**

**15.** Activities for which you are qualified by experience, Pl. select the activities **(From the attached schedule)** in which you have a particular interest and for which you consider yourself qualified. List three main activities in the order of priority:

**Main field of specialization**

|    |   |  |
|----|---|--|
| 1. | 1 |  |
| 2. | 2 |  |
| 3. | 3 |  |

**16. Details of Your Experience:**

**A.** Provide, on additional pages, details of your experience against each specialization. Description should be comprehensive to reflect your experience and should cover the following details:

|  |   |
|--|---|
| <b>1.</b> Number of projects Handled               | <b>2.</b> Approximate cost of the projects          |
| <b>3.</b> Name and brief description of project(s) | <b>4.</b> Date of completion                        |
| <b>5.</b> Locations (City/Village and Country)     | <b>6.</b> Main responsibilities & Services rendered |
| <b>7.</b> Name and address of owner                | <b>8.</b> Name of associated firms, if any          |

**B.** Provide specific information, as per above detail, of any recent project in IDB member countries for which you have been responsible, if none, state:

**C.** List countries in which you have been recently working:

|    |    |    |
|----|----|----|
| 1. | 2. | 3. |
| 4. | 5. | 6. |

**17. Education**

**A.** University / College

| Name and place | Year attended<br>From To | Degree | Main course of study |
|----------------|--------------------------|--------|----------------------|
|----------------|--------------------------|--------|----------------------|

**Application Form for Registration of Individual Consultants**

**B. Other Professional Certifications:**

| Name and place | Year attended |    | Degree/<br>Certificate | Main course of<br>study |
|----------------|---------------|----|------------------------|-------------------------|
|                | From          | To |                        |                         |

**C. Professional Training (s):**

| Training Course | Date |    | Conducting<br>Organization | Place |
|-----------------|------|----|----------------------------|-------|
|                 | From | To |                            |       |
|                 |      |    |                            |       |
|                 |      |    |                            |       |
|                 |      |    |                            |       |

**D. List of Non Governmental Organizations NGOs / societies to which you belong, your role and contribution made:**

**18. List your publications:**

| Publication Name | Your Contribution | Date and Place of<br>Publication | Publishers or<br>Journal |
|------------------|-------------------|----------------------------------|--------------------------|
|                  |                   |                                  |                          |
|                  |                   |                                  |                          |
|                  |                   |                                  |                          |

**19. Languages Abilities (Start with the Mother Tongue)**

| Languages | Read          |      |      | Write         |      |      | Speak         |      |      |
|-----------|---------------|------|------|---------------|------|------|---------------|------|------|
|           | Excell<br>ent | Good | Fair | Excell<br>ent | Good | Fair | Excell<br>ent | Good | Fair |

English

Arabic

French

Other (Specify):

**20. Employment Record:**

Starting with your present position, list in reversed order, all employment you have held. Use additional sheets paper, if required.

**Application Form for Registration of Individual Consultants**

| <b>A. Present employment</b>           |  |
|--|--|
| Name and address of Employer/Company:  |  |
| Title of position:                     |  |
| Date of employment:                    | From:                      To: (Present) |
| Salary per annum:                      | Starting:                      Current : |
| Type of Business:                      |  |
| Name of Supervisor:                    |  |
| <b>Description of your key duties:</b> |  |
|  |  |

| <b>B. Previous Position</b>           |  |
|---------------------------------------|--|
| Name and address of Employer/Company: |  |
| Title of position:                    |  |
| Date of employment:                   | From:                      To: (Present) |
| Salary per annum:                     | Starting:                      Current : |
| Type of Business:                     |  |
| Name of Supervisor:                   |  |
| <b>Description of your duties:</b>    |  |
|                                       |  |
| <b>Reason(s) for leaving:</b>         |  |
|                                       |  |

| <b>C. Previous Position</b>           |  |
|---------------------------------------|--|
| Name and address of Employer/Company: |  |
| Title of position:                    |  |
| Date of employment:                   | From:                      To: (Present) |
| Salary per annum:                     | Starting:                      Current : |
| Type of Business:                     |  |
| Name of Supervisor:                   |  |
| <b>Description of your duties:</b>    |  |
|                                       |  |

**Application Form for Registration of Individual Consultants**

|                                       |  |
|---------------------------------------|--|
| Reason(s) for leaving:                |  |
| <b>D. Previous Position</b>           |  |
| Name and address of Employer/Company: |  |
| Title of position:                    |  |
| Date of employment:                   | From:                      To: (Present) |
| Salary per annum:                     | Starting:                      Current : |
| Type of Business:                     |  |
| Name of Supervisor:                   |  |
| Description of your duties:           |  |
| Reason(s) for leaving:                |  |

**21. REFERENCES:**

List three persons, not related to you, who are familiar with your work and qualifications. Do not repeat names of supervisors listed in item 20.

| Name | Designation | Full Address & Contact Information | Nature of Relationship |
|------|-------------|------------------------------------|------------------------|
|      |             |                                    |                        |
|      |             |                                    |                        |
|      |             |                                    |                        |

**22.** State briefly any special qualification not covered earlier in this form:

**23.** Is there any pending litigation? Yes  No

*If answer is Yes, than kindly provide the details and status of the case.*

---

**24.** I certify that information provided for all questions is true, complete and correct to the best of my knowledge and belief.

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

Signature: \_\_\_\_\_

| Please specify, if you are attaching any supporting documents: |  |
|--|--|
| ➤ Resume/ C.V.   |  |
| ➤ References   |  |
| ➤ Commendations/ Awards  |  |
| ➤ Any other supporting document(s)                             |  |



## Application Form for Registration of Individual Consultants



**Application Form for Registration of Individual Consultants**