



Application Form (International Observer Program)

Local Council Election and Women Development Committee Election 2020

(All costs of this program must be borne by the participating organization)

PERSONAL INFORMATION			
Name:	<i>First name</i>	<i>Middle name</i>	<i>Last name</i>
Title:	Hon./Dr./Mr./Mrs./Ms.	Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Nationality:		Marital Status:	
Passport No.:		Expiry Date:	
Address:			Phone:
Email:			Mobile:
EMERGENCY CONTACT:			
Name:		Relation:	
Email:		Mobile:	
ORGANIZATION INFORMATION			
Representing Organization:		Acronym:	
Designation:		Phone:	
Address:		Mobile:	
Contact Person:		Email:	
LANGUAGE PROFICIENCY			
Native Language:			
Command of English:	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Satisfactory <input type="checkbox"/>
			Poor <input type="checkbox"/>
OTHER INFORMATION			
Dietary requirement:	Veg <input type="checkbox"/>	Non-veg <input type="checkbox"/>	
Other dietary requirements:			
Allergic to any medication or food:			
Blood group:		Can Swim <input type="checkbox"/>	Can't swim <input type="checkbox"/>
Medical particularity:			
I hereby declare that the particulars given above are true to the best of my knowledge and belief.			
Signature:		Date:	

Note: Kindly attach a passport copy, passport size photo and proof of accreditation by the representing organization.