



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"/>	D.O.B:	
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.