



Asian Development Bank

FAX

Central Operations Services Office
6 ADB Avenue, Mandaluyong City
1550 Metro Manila, Philippines
Tel (632) 632-4444
Fax (632) 636 2470 / 2475

Form with fields: To: [Name of addressee Address], Date: [date], Fax:, Originator: [user division director designation], No of Pages:

NON-COMMITTAL INQUIRY LETTER

Dear [expert or contact person]:

Subject : [RSC No.-Country: Title]

The Asian Development Bank requires a [position] for this project. You are one of several candidates ADB is considering for this assignment. We ask noncommittally if you would accept a consultancy assignment for this position from [start and completion dates]. The terms of reference are attached.

We would appreciate your reply by [deadline of reply] to confirm if you are available for the above duration or your earliest date of availability. If this is positive, then please also

- 1. Advise if you have any close relative that ADB employs; if affirmative, please specify relation to ADB staff (e.g. spouse, parent, child, brother, sister, nephew, niece, in-law, etc.). In the case of spouse, please indicate the name and position of ADB staff.
2. Confirm your nationality as in your passport;
3. Advise your address of permanent residence or office;
4. Confirm if you have updated your DICON file; if not, update it and send us a new CV in the ADB standard format (Attachment 1) with your signature;
5. Confirm that you are in good health by completing the Affidavit of Good Health (Attachment 2); if you are 70 years old and above, also secure a medical clearance (Attachment 3); and
6. Advise if you wish to be paid for your service in your home country's currency. By default, ADB will pay you in US Dollars.
7. Advise if you are an independent consultant or a full-time staff of a firm with a privilege to be engaged directly as independent consultant.
8. If you have to be engaged through a firm, please advise the contact details of the firm.

When you reply, please use this fax no. [*user division fax no.*] and quote the above project number. We will happily clarify any inquiries by fax on technical matters concerning the TOR. However, the authority for determining remuneration rates remains with ADB's Consulting Services Division.

Sincerely,

[*user division officer
designation*]

CURRICULUM VITAE (CV) FOR PROPOSED INTERNATIONAL OR NATIONAL EXPERTS

1. **Proposed Position:** _____

2. **Name of Firm** [*Insert name of firm proposing the expert, if applicable*]: _____

3. **Name of Expert** [*Insert full name*]: _____

4. **Current Residential Address:** _____

Telephone No.: _____

Fax No.: _____

E-Mail Address: _____

5. **Date of Birth:** _____ **Citizenship:** _____

6. **Education** [*Indicate college/university and other specialized education of expert, giving names of institutions, degrees obtained, and dates of obtainment*]: _____

7. **Membership of Professional Associations:** _____

8. **Other Trainings** [*Indicate significant training since degrees under 5 - Education were obtained*]: _____

9. **Countries of Work Experience:** [*List countries where expert has worked in the last ten years*]: _____

10. **Languages** [*For each language indicate proficiency: good, fair, or poor in speaking, reading, and writing*]: _____

11. **Employment Record** [*Starting with present position, list in reverse order every employment held by expert since graduation, giving for each employment (see format here below): dates of employment, name of employing organization, positions held.*]:

From [Year]: _____ To [Year]: _____

Employer: _____

Positions held: _____

NOTE: Maximum of 5 pages.

<p>12. Detailed Tasks Assigned</p> <p><i>[List all tasks to be performed under this assignment]</i></p>	<p>12. Work Undertaken that Best Illustrates Capability to Handle the Tasks Assigned</p> <p><i>[Among the assignments in which the expert has been involved, indicate the following information for those assignments that best illustrate the expert's capability to handle the tasks listed under point 11.]</i></p> <p>Name of assignment or project: _____</p> <p>Year: _____</p> <p>Location: _____</p> <p>Client: _____</p> <p>Main project features: _____</p> <p>Positions held: _____</p> <p>Activities performed: _____</p>
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13. Certification:

- | | Yes | No |
|--|--------------------------|--------------------------|
| I, the undersigned, certify to the best of my knowledge and belief- | | |
| (i) this CV correctly describes my qualifications and my experience | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) For Team Leader only: I am a full-time employee of the Consultant or the Sub-Consultant | <input type="checkbox"/> | <input type="checkbox"/> |
| (iii) I am employed by the Executing or the Implementing Agency | <input type="checkbox"/> | <input type="checkbox"/> |
| (iv) I am the spouse of a current ADB staff member | <input type="checkbox"/> | <input type="checkbox"/> |
| (v) I am former ADB staff member. | <input type="checkbox"/> | <input type="checkbox"/> |
| • If yes, I retired from ADB over 12 months ago | <input type="checkbox"/> | <input type="checkbox"/> |
| (vi) I am part of the team who wrote the terms of reference for this consulting services assignment. | <input type="checkbox"/> | <input type="checkbox"/> |
| (vii) I am sanctioned by ADB. | <input type="checkbox"/> | <input type="checkbox"/> |

I understand that any willful misstatement described herein may lead to disqualification or dismissal, and/or any other disciplinary action being taken by ADB.

_____ Date: _____
[Signature of expert] Day/Month/Year

AFFIDAVIT OF GOOD HEALTH FOR INDIVIDUAL CONSULTANTS

I certify that I am presently in good physical and mental health condition, that I am physically fit to undertake the assignment required by my contract with ADB and I do not have any physical and/or mental disability that could reasonably be expected to impair my ability to satisfactorily complete this assignment.

I am aware that long haul flights and prolonged stay at elevated places might cause aggravation of pre-existing cardiovascular diseases and/or other pathologies. Should I have any doubt on possible contraindications for me to fly and/or to live at high altitudes, I will consult with my doctor for professional advice.

I also certify that *(please tick the appropriate box)*:

- I am currently not taking any treatment for a chronic medical condition.

- I am currently taking a treatment for a chronic medical condition and I am aware that some drugs might be unavailable in some countries where I might have to travel to. I have personally checked this issue and taken all necessary measures to avoid disruption of my treatment.

I agree to submit a medical certificate and/or other evidence if and when required by ADB. I am aware and I agree that ADB might terminate the contract at any time in case I am/become unable to complete my assignment in an adequate manner for reasons of health.

Name	:	Nationality	:
Date of Birth	:	Sex	:
Address	:		
Tel. No.	:	E-mail	:

Signature

Date

**MEDICAL CLEARANCE FOR ASIAN DEVELOPMENT BANK'S
INDIVIDUAL CONSULTANTS**

Instructions for the examining Doctor:

The following person is applying for a job that might involve extensive traveling, frequent long haul flights, stay at high altitudes or in very remote places, and other circumstances that might aggravate a pre-existing condition through exposure to an unusual/additional risk or unavailability of local medical care and/or drugs needed by the patient to treat a chronic medical condition and keep it stable. Please evaluate the applicant's health condition and ask for additional tests that you may feel necessary for this evaluation.

Name : Nationality :
Date of Birth : Sex :
Address :
Tel. No. : E-mail :

EVALUATION REPORT

I undersigned certify that I have examined the above-named applicant and reviewed additional tests as described in the instructions above, and found him/her to be:

- Fit for work and travel without restriction.
- Fit for work and travel but with restrictions described in the "Remarks" below.
- Fit for sedentary work but unfit for travel.
- Unfit for work.

Remarks: | | |
| | |

Doctor's Name: _____ License No.: _____

Clinic/Hospital: _____ | _____

Address: | | |

Tel. No.: _____ E-mail: _____

Signature and Stamp

Date