 **Individual Registration Form**

1. Applicant’s Name: (Ms,/ Mr./Mrs)

(First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) (Middle Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_) (Last name:\_\_\_\_\_\_\_\_\_\_\_\_)

1. Nationality:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Current Association (Please tick anyone): (a) Public (b) Private (c) Student

(d) Other(specify)\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name of the Organization (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Academic Qualifications:

* Last degree obtained/ Training:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* University/College:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Training underwent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Institution:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Address for Correspondence
2. Postal address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Landline No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Mobile No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Your area of expertise:

…………………………………………………………………………………………………

…………………………………………………………………………………………………

…………………………………………………………………………………………………

1. Experience in Evaluation (Number of years):
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. What are your expectations from EAB?

…………………………………………………………………………………………………

…………………………………………………………………………………………………

………………………………………………………………………………………………….

………………………………………………………………………………………………….

………………………………………………………………………………………………….

1. How can you contribute to EAB?

……………………………………………………………………………………………….

………………………………………………………………………………………………….

………………………………………………………………………………………………….

1. Please tick one

* I agree to pay Nu.500 as a membership for one year
* I agree to pay Nu.1500 as membership fee three years
* I agree to pay Nu.2500 as membership fee for five years
* Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***(Signature)***

**Note:**

* Please send the scanned copy of the signed form along with a ID card copy/ Student ID Card to Tashi Choden ([tashikarsel93@gmail.com](mailto:tashikarsel93@gmail.com)) and Office email ( [info@evalbhutan.org](mailto:info@evalbhutan.org))

**For payment**

You may pay through cheque in favour of “Evaluation Association of Bhutan”. You may also pay trough bank transfer. Please find the postal address and bank details below;

**Membership** **fee** **structure**

|  |  |  |
| --- | --- | --- |
| Period of Membership |  |  |
|  | **Regular** | **Student** |
| Annual (1 Year) | 500 | 200 |
| 3 Years | 1500 | 500 |
| 5 years | 2500 | 1000 |

**EAB Bank details for Mode of Electronic Transfer: -**

|  |  |
| --- | --- |
| Account Name | Evaluation Association of Bhutan |
| Bank Name | Bhutan National Bank |
| Account Number | 0000081849003 |
| EAB Contact Number | 02-330740 |

**Address:**

Evaluation Association of Bhutan

Wogzin Lam, Zomlha Building, Room 146

Clock Tower Square,Thimphu

[www.evalbhutan.org](http://www.evalbhutan.org)