 **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:

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

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1. How can you contribute to EAB?

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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) and Office email ( 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)