

EDUCATIONAL PUBLICATIONS DEPARTMENT

Application Form for Resource Persons for Writing Learning Materials

1. PERSONAL INFORMATION

- Full Name:
- Name with Initials:
- Title: Rev/ Dr / Mr / Ms / Other.....
- NIC/Passport Number.....
- Date of Birth:
- Contact Number:
- WhatsApp Number.....
- Email Address:
- Postal Address:
- Current Position
Current Affiliation/Institution:
- Official Address.....
- Official Contact Number.....
- Date of appointment
- Past Work Record

	Designation	Institution	Work period (From – To)
1			
2			

2. ACADEMIC QUALIFICATIONS

Qualification	Field of Study (Subject)	Institution	Year

3. PROFESSIONAL QUALIFICATIONS

Qualification	Field of Study (Subject)	Institution	Year

4. SUBJECT/MODULE COMPILATION EXPERTISE

I. Subject areas and medium preferred for writing Textbooks/Supplementary Reading Books/Resource Books/ Activity Books/Modules:

1.
2.
3.

II. Experience in Textbooks/Supplementary Reading Books/Resource Books/ Activity Books/Modules/Curriculum /Teacher Instructional Manuals

Institution	Subject (Textbooks/Supplementary Reading Books/Resource Books/ Activity Books/Modules)	Year

5. OTHER WRITING EXPERIENCE

- I. Years of experience in content/module/curriculum writing: ___ years
- II. Types of materials written previously: Study modules Textbooks E-learning content Training manuals Question banks Supplementary Books Resource Books Activity Books Journal Articles Research Publications

Other:

6. TECHNICAL SKILLS

Software proficiency: MS Office Google Docs InDesign Adobe Animate

Other:

Experience with e-learning/Storyboard writing: Yes No.

If yes, briefly describe:

7. REFEREES

Provide 2 referees familiar with your writing/subject expertise:

	Name	Designation	Institution	Contact Number	Email
1					
2					

I hereby declare that the information provided above is true and accurate to the best of my knowledge.

.....
 Signature of the applicant Date

RECOMMENDATION FROM THE HEAD OF THE INSTITUTE

I hereby recommend the application of REV/Mr./Ms./.....for your kind consideration.

.....
 Signature with Frank Date

FOR OFFICE USE ONLY

Name:.....

Subject and medium:.....

Experience:.....

Contact No:.....E-mail:.....