

List of First Class Female Officer
Subject : Statistics

(as

| Sl. No | Name | Designation | Wing/District | DoB | DoJ | Cadre/non-Cadre |
|--------|---------------------|-----------------------------|--------------------------|------------|------------|-----------------|
| 1 | Mst. Maksuda Shilpi | Joint Director | Computer Wing | 21/07/1972 | 31/05/2001 | Cadre |
| 2 | Salma Hasnayan | Deputy Director | National Accounting Wing | 31/10/1976 | 2/7/2005 | Cadre |
| 3 | Nandini Deb | Deputy Director (in-charge) | Moulvibazar | 25/04/1983 | 15/01/2013 | Cadre |
| 4 | Rezwana Kabir | Deputy Director (in-charge) | Gaibandha | 28/10/1986 | 3/3/2013 | Cadre |
| 5 | Sonia Arefin | Deputy Director (in-charge) | Gazipur | 1/1/1986 | 10/7/2012 | Non Cadre |
| 6 | Aklima Khatun | Statistical Officer | SSTI | 5/12/1985 | 15/01/2013 | |
| 7 | Naima Akther | Statistical Officer | Industry and Labour Wing | 23/06/1983 | 7/8/2014 | |
| 8 | Reshma Jesmin | Statistical Officer | Census Wing | 10/12/1980 | 3/6/2012 | |
| 9 | Shaila Sharmin | Statistical Officer | Census Wing | 1/1/1987 | 24/01/2013 | |
| 10 | Urboshi Goswami | Statistical Officer | FA&MIS | 20/01/1983 | 28/02/2013 | |
| 11 | Mehnaz Tabassum | Statistical Officer | FA&MIS | 10/12/1989 | 7/8/2014 | Cadre |

Received application by administration:

Sign _____ Date _____

Comment, see attached note

ITP: 307 Gender Statistics
in Sweden, May 9 – May 27, 2016
In one of the participating countries
(to be decided), November, 2016

APPLICATION FORM (If writing by hand, please use block letters.)

The _____ country _____
(Name of nominating organisation/institution/company)

nominates _____
(Name of applicant)

**to the programme Gender Statistics in Sweden May 9 – May 27, 2016, and in one of the participating countries (to be decided),
November, 2016.**

Reasons for nomination (obligatory) _____

Date _____

Signature of nominating organisation/institution/company _____

(When necessary/applicable)
The nomination is approved by (Name of authorising authority) _____ in accordance with local rules.

Date _____ Signature of authorising authority _____

A soft copy of the application should be submitted by e-mail to the programme organiser at itp@dsch.se no later than **January 20, 2016**.

A hard copy of the application should be submitted to the appropriate Swedish embassy/consulate no later than **January 20, 2016**.

The embassy/consulate will forward the hard copy to the organiser. If there is no Swedish embassy/consulate in the applicant's country, the hard copy should be submitted directly to the organiser at the postal address below.

Candidates will be notified of the results of the selection in March 2016.

PHOTO

(Please attach with staple,
do not glue.)

Contact:
Nina Voxmark
Program Secretariat
Statistics Sweden
International Consulting Office
P.O. Box 24300
SE-104 51 Stockholm, Sweden
Phone +46 (0)8 5069 4818
itp@dsch.se

PERSONAL DETAILS

| | | |
|--|---------------------------|------------------------|
| First name(s) (<u>underline name by which addressed</u>) | Second name: | Family name (surname): |
| Home address: | Tel. mobile: | |
| | Tel. office: | |
| | Tel. home: | |
| | E-mail, primary: | |
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | E-mail, secondary: | |
| Nationality | Date of birth (yy/mm/dd): | |
| Please provide contact information below for a person to be notified in case of emergency. | | |
| Name: | Tel. mobile: | |
| Relation to applicant: | E-mail: | |

EDUCATION

| Name of institution and place of study | Major fields of study | Years of study from – to | Degrees |
|--|-----------------------|--------------------------|---------|
| | | | |
| | | | |
| | | | |

List membership of professional societies or other activities in civil, public or international affairs:

Previous residence in foreign country in relation to applicant's professional or study interest:

Have you participated in any training programme in Sweden before?
 yes no Name of programme, year:

EMPLOYMENT RECORD: present position

| | | |
|--|--|--|
| Name of organisation (including department/unit): | Description of your work, including your personal responsibilities | |
| Address of organisation: | | |
| Type of organisation: <input type="checkbox"/> Governmental agency <input type="checkbox"/> Private company <input type="checkbox"/> University or research institution <input type="checkbox"/> NGO/CSO <input type="checkbox"/> Other, please specify: _____ | | |
| Title of your position: | Years of service: | |
| Supervisor's name: | | |
| Supervisor's tel: | Supervisor's e-mail: | |

EMPLOYMENT RECORD: previous position

| | | | |
|---|----------------------|---|---|
| Name of organisation (including department/unit): | | Description of your work, including your personal responsibilities: | |
| Address of organisation: | | | |
| Type of organisation: <input type="checkbox"/> Governmental agency <input type="checkbox"/> Private company <input type="checkbox"/> NGO/CSC <input type="checkbox"/> Other, please specify: _____ | | | |
| Title of your position: | Years of service: | | |
| Supervisor's name: | | | |
| Supervisor's tel: | Supervisor's e-mail: | Number of employees in your organisation: | Number of employees supervised directly by you: |

PROJECT ASSIGNMENT

Please describe your proposed change project on a concept note (no more than three pages). The concept note should include a problem analysis and project objectives

Enclosed description 2-3 pages

Please describe how the present work of your organisation relates to gender equality and how you and your organisation will benefit from the programme

Enclosed description 1 page

Please describe your position/role in the organisation on a separate sheet of paper. Include organisation chart, total number of employees and number of employees under your direct or indirect supervision

LANGUAGE REQUIREMENT

Please select the conditions which are applicable, if any

- English is my native language.
- English is my working language (please enclose statement from management).
- I carried out higher academic education (min. 6 months) where English was the medium of instruction (please enclose copy of certificate).

ENGLISH LANGUAGE CERTIFICATE

Not required if any of the conditions above is met

| | |
|---|--|
| Name of candidate _____ | |
| ABILITY TO UNDERSTAND <input type="checkbox"/> Understands without difficulty when addressed at normal rate <input type="checkbox"/> Understands almost everything, if addressed slowly and carefully. <input type="checkbox"/> Requires frequent repetition and/or translation of words and phrases. | ABILITY TO SPEAK <input type="checkbox"/> Speaks fluently and accurately and is easily intelligible <input type="checkbox"/> Speaks intelligibly, but is not fluent or altogether accurate. <input type="checkbox"/> Speaks haltingly, and is often at a loss for words and phrases. |
| ABILITY TO WRITE <input type="checkbox"/> Writes with ease and accuracy <input type="checkbox"/> Writes slowly and with only a moderate degree of accuracy <input type="checkbox"/> Writes with difficulty and makes frequent mistakes | READING ABILITY AND COMPREHENSION <input type="checkbox"/> Reads fluently, with full comprehension <input type="checkbox"/> Reads slowly, but understands almost everything. <input type="checkbox"/> Reads with difficulty, and only with frequent recourse to a dictionary. |
| Language test administered by: _____ | |
| Title: _____ | |
| Address and Telephone: _____ | |
| Date and signature: _____ | |

MEDICAL STATEMENT

| |
|--|
| <input type="checkbox"/> I do not have any infectious diseases (for example tuberculosis or trachoma) or any other illnesses which could present risks to persons that I will come in contact with |
| <input type="checkbox"/> I do not have any medical conditions which prevent me from carrying out training away from home. |
| <input type="checkbox"/> I am in good health and enjoying full working capacity. |
| Comment: _____ |
| _____ |
| _____ |

Information to all applicants according to the Swedish Personal Data Act:

Upon confirmation that your application has been accepted, the personal information that you have given in this application will be used by the programme organiser in administering the programme. Your personal data will also be available to Sida for internal use. The data will not be used for other purposes.

APPLICANT'S SIGNATURE

I certify that my statement in answer to the questions above is true, complete and correct to the best of my knowledge and belief.
If selected as a participant I undertake to spend the time during the period of the programme as directed by the programme management

Date _____ Applicant's signature _____