

Rajasthan State AIDS Control Society

Directorate of Medical & Health Services,
Swasthya Bhawan, Tilak Marg, C-Scheme, Jaipur
Phone No. – 0141-2225532, 2222452 Website – www.rsacs.in

Ref. No. - 3079

Date :- 10-11-2020


EOI for empanelment of External consultant (Program & Finance) to conduct JAT & Evaluation of NGOs Implementation of Targeted Intervention

Rajasthan State AIDS Control Society is a registered society under. Rajasthan society Act, 1958 which received the fund from Govt. of India for implementation of National AIDS Control Program (NACP) in the State of Rajasthan. Rajasthan State AIDS Control Society invites EOI from interested persons for JAT/end term Evaluation of NGOs. The consultant must visit the NGOs as per schedule and submit reports in the standardized NACO reporting format tools for each (NGO). Incomplete reports either in soft or hard copies would not be accepted.

| S.No. | Designation | Qualification & Experience | Remuneration |
|-------|-------------------------------|--|---|
| 1. | External consultant (Program) | Post Graduate in social work or other allied social sciences/Public Health (MPH), with 5 years of experience in development sector and at least one year in HIV sector. Community member with a graduation and minimum of 2 years of experience in the HIV sector may also be considered. | The team leader consultant is to be remunerated for Rs. 2500/- per day and other team member consultant are to be remunerated a minimum of Rs. 2000/- per day. The team leader and the 2 nd consultant to be remunerated for 3 days for one NGO Expenditure for the travel. Accommodation and other logistics related to assigned work will be paid as per TA/DA norms of RSACS. |
| 2. | External consultant (Finance) | Graduation/post graduation in commerce or a CA or an intern from a CA firm with commerce graduation | The Finance consultant will be paid Rs. 2000/- per day visit to one NGO. Expenditure for the travel. Accommodation and other logistics related to assigned work will be paid as per TA/DA norms of RSACS. |

For further information:-

- 1- There no provision of any advance to consultant during JAT/Evaluation, only reimburse of expenses with in month period will be done on the receipt of reports in hard and soft copy in NACO format. The travel facility will be providing by RSACS. The lodging/ boarding and food expenses for duty days will be reimburse on the submission of bill along with bank detail for payments through PFMS.
- 2- The external consultant /financial consultant should be independent consultants and not to be associated directly/indirectly with TI project of Rajasthan.
- 3- It is expected that the during JAT/Evaluation the consultant should follow the code of ethics as mention in NACO evaluation manual.
- 4- External consultant will be responsible to work as per NACO JAT/Evaluation guideline.
- 5- Only signed hard copy application will be consider for selection of consultant.
- 6- The duly signed hard copy of EOI with supportive self attested documents of bio-data (Qualification & experiences) along with recent Passport Size Photograph with acceptance of above condition should reach to the undersigned within 15 days from the issue date of this EOI so that selection committee may take decision.


Dr. R.P. Doria
Director (AIDS) &
Project Director – RSACS

To,

**Project Director,
Rajasthan State AIDS control Society,
Jaipur (Rajasthan)**

Sub. – Consider my CV for external consultant for TI NGOs Evaluation and JAT.

I am agreed to associate with all your terms and conditions so that offering my services as external consultant for JAT/Evaluation. My education & qualification details below listed –

Name -

Date of Birth

Address –

Mobile No. –

E-mail ID -

Recent
passport
size photo

Higher Qualification year wise details –

| S.No. | Year | Name of Degree/Diploma | Name of Board/University | Marks/Grade | Division | Supportive Documents attached in page no. |
|-------|------|------------------------|--------------------------|-------------|----------|---|
| 1. | | | | | | |
| 2. | | | | | | |

All Evaluation/JAT experience year wise details –

| S.No. | Evaluation/JAT | Designation TL/TM/FE | Name of State | Year | Supportive Documents attached in page no. |
|-------|----------------|----------------------|---------------|------|---|
| 1. | | | | | |
| 2. | | | | | |

All the information and documents were submitted by me is correct. I am responsible for all my submitted information and documents.

Date -

Signature