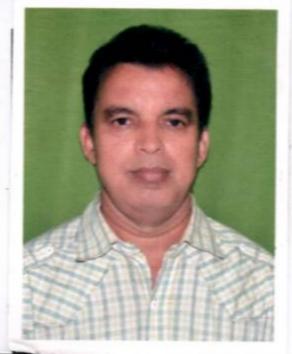


International Sericultural Commission





PERSONAL HISTORY STATEMENT (PHS)



1. Family Name: DR. SUBRAT Other names: STRAPATHY
2. Birth date (dd/mm/yy): 36 07 1962
3. Nationality at Birth: I solice w 4. Present Nationality: I solice w
5. Gender: Male ☑ Female ☐ 6. Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐
7. Current mailing address: (Valid until: /) Regional office of Central Siluboral BLUDANSWON - COS STARCITY, PATIA PO-KIT, Rix-751024 BLUDANSWON - ASS BLUDANSWON - ONS BLUDANSWON - OS BLUDANSWON - OS
Main field(s) of specialization: (a) Physiology & Brochemish (b) Research & Developed 11. When are you available for an assignment? (month/year) A Previous 2014 or millioneds
(c) Expension & motivatur



2. Are you presently employed?	Yes ☑ No □	
이 그 아들이 있다면 살아 아이들이 그 없이 아름이 아르아 아름다면 살아왔다면 하다 아이들이 아름다면 하는데 살아 있다면 살아 아름다면 하다 아름다면 살아 다른데 나를 살아 다른데 나를 살아 다른데 다른데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는	ne duty station from the time your appointment is confirmed? The month to 3-ch eleved from CSB.	?
3. What is your mother tongue?	orciye	
4. Other languages: (enter 4 for fluent, 3 for	good, 2 for fair and 1 for basic)	
Other languages Read a) English b) Hordi Sensknut Bergale	Write Speak Understan	1d
nonths' duration only): From/to (month/year)	cation, vocational or other types of training (of more than I) Institution (city/ country) Main field of Study Degree/ diplomance of the Samballum Degree free Samballum Degree (see Samballum Degree)	oma
o) phod c'n Se	verce)))	
i)		
recent one (a) Employer / Organization: Ceshod Work Location: Bo Description of major activities:	Soluboreship Period of work: Person for leaving: Chronological order, starting with the present or most Your functional title: Work Period of work: Person for leaving: Had	3



(b) Employer / Organization: Work Location:	Your functional title:
Description of major activities:	Period of work:
	Reason for leaving:
(c) Employer / Organization: Work Location:	Your functional title:
Description of major activities:	Period of work:
	Reason for leaving:
(d) Employer / Organization: Work Location:	Your functional title:
Description of major activities:	Period of work:
	Reason for leaving:
(e) Employer / Organization: Work Location:	Your functional title:
Description of major activities:	Period of work:
	Reason for leaving:



	was well was a Vac IIV	No 🗆
17. Can ISC contact your present or most		No L
If yes, please provide telephone numb	er.	
18. Do you have any previous volunteer e	xperience? Yes	No 🗆
If yes, please elaborate.		1211 M D 2 21
11 yes, picase ciaborais.	Choise mos on	your har
12	0,0001	70 ml Red 13 degree beliefs for
	erco as	7 1 2 1200
19. Have you ever taught and/ or trained	thers? Yes 🔽	No 🗆
If yes, please provide details	10 AL 028 2TT 1	3 changer to Phos & STR
il yes, piease provide details	W 11 (3.21)	
20. If applicable, briefly outline work expe	ience of less than six months (as pe	r item 16):
20. Il applicable, bliefly dutille work expe	ionoo on tooo than on months (as po	
		Λ
	\sim	· / \
21. If you have experience with computer	s, please explain how you have appl	ied these skills in your area of
professional expertise:		
(a) Specify software applications, po	ogramming languages, databases,	operating systems, networks,
etc. you have used	4 11110	
(1) (V)	is excell mis powerpoint	
A W	110 Excell	
	mi prwentoint	
3	MIT 10	
22. Do you have a valid driving license?	Yes ☑ No □	
passenger car ☑ motorcycle □ va	n (light truck) truck bus	other:
23, Person(s) to be contacted in case of	emergency:	
Mrs. OLOSI	emergency: elkont stanger elkont sta	
DV. 51-051	ientist) /	1 - 1
0 78 9	Barrolle, 00	NOSN
r un		
Name Add	ress Tele	phone Number(n):
a)		
b)		
24. Name of spouse: (1) Rashmire W.	Nationality of spouse	
(P - M N 100111	· Calabata/	re Inollian
1 Lanningie	1 7 orader, 1 Mg	
	\	
	`	
25. Has your spouse ever submitted VER	PHS form? Yes	No 🖾



Passport:	Ossession of a valid travel document? Other:	Yes ☐ No ☑ If ye	es, specify:
Number:	Place of issue:	Date of issue: / /	Expiry date: / /
	city/country	dd/mm/yy	dd/mm/yy
	significant physical or psychological a bearing on your assignment:	illness or disability you ha	ve, or have had, which
		No	
•	ever been arrested and/or been cor		If was provide details:
(excluding m	ninor traffic violations)?	Yes No No	If yes, provide details:
	y relevant factors, any skills, interedicated elsewhere in this form:	ests, qualifications, geogra	aphical and cultural
(D)	Cherding M	. D Scholar	er Somballer
(2)	Chuidity P	1, D	Month Orch
3	Chuiding Pr Surenusing	milhil sch	alon en redy
			T,
30. References: relatives):	List three persons, who are familiar w	ith your character, work an	d qualifications (excluding
Full nar		Telephone (country & city cod	Profession:
(a) iV,	Makulason Read NOU	Borrel de, 943	7379789
(b) >v ,	Dolago bird Reg	Lecolly 94372	38949 De aden
(c) 421,	A. K. Bastians	WW Borreld.	1912099 Acon day



31. Briefly explain your reasons for applying to become a ISC Volunteer:
9 home fin hast 25 teas
in Eveld on Service et un Chalberry
Tason Si Eni) en all Seeten Ciseel Prochtion, Reach, Trawy and Extrems w
Proclition, Reach, (reach)
9 wat 10 creptement Some in Internatord level, more over 9 am
lil - Davidon Serce (ee)
Reserd Sebalen 2 structure awards
32. I certify that the statements made in answer to all the above questions are true, complete and correct
to the best of my knowledge. I understand that any misrepresentation or omission made in this
Personal History Statement form may render my candidature invalid or, if serving as a ISC Volunteer,
liable for early termination of my contract. I have read and understood ISC's Conditions of Service
and accept them in principle.
Date (day/month/year): 30 /03/3014 Signature:
20/03/2019
(mr. S. Satahoell)
Dr. Subrat Satapathy Scientist.c
R.O. CSB, Bhubaneswar

1