

Sri Lanka Country Coordination Mechanism (CCM)

Expression of Interest - Candidate for election of CCM Member

1. Details of the Organization :

1.1 Details of the Applicant Organization :

- Name of the Applicant Organization:
- Address :
- Organization website/Facebook (If available):
- No. of members: No. of paid staff :
- Registration number and date:
- Number of years in operation:
- Main areas of services provided:
- Main geographical area/areas:

1.2 Details of the Organization Head :

- Name of the Organization Head:
- Telephone:
- Email:

1.3 Details of the contact person:

- Name of the contact person :
- Designation:
- Telephone :
- Email :

2. Details of the applying category

- Please select the category you apply for as per table. **(Only one category could be selected per application)**
- If applies for more than one, separate applications should be submitted for each category.
- Candidates are not expected to register as voters separately.

| | Sector | <input type="checkbox"/> |
|---|--------------------------|--|
| 1 | NGO | <input type="checkbox"/> |
| 2 | Private Sector | <input type="checkbox"/> |
| 3 | Faith Based Organization | <input type="checkbox"/> |
| 4 | Academia | <input type="checkbox"/> |
| 5 | PLWD – HIV | <input type="checkbox"/> |
| 6 | PLWD - TB | <input type="checkbox"/> |
| 7 | Key Populations (KP) | 1 <input type="checkbox"/> 2 <input type="checkbox"/> |

3. Pre-requisites

- Please tick all that apply.
 - The Endorsement letter from the Head of the organization is attached ☐
 - A two-page document describing the organizations' engagement in HIV/TB or health sector is attached ☐
 - A copy/copies of the organization's registration document are attached ☐
 - If organization is unregistered a letter of endorsement from the Chair of the KP is attached ☐
- The applicant organization confirms that the applicant has no conflict of interest as per the conflict of interest policy of the Sri Lanka CCM ☐
- I hear by confirm that all the information provided above is true ☐
- I understand that only the eligible and shortlisted applicants will be contacted ☐

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Signature

Name of the contact person:

Date:

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Signature

Name of head of the organization:

Date: