

**Bangladesh Country Coordinating Mechanism (BCCM)**

**Nomination Form for BCCM Chair**

**Candidate’s Information:**

1. Name of the CCM member:
2. Year of membership:
3. Years of experiences in the health sector:
4. Describe Specific health sector areas of involvement:
5. Evidences of inter-sectoral coordination and networking within the constituency:
6. Address:
* Email:
* Cell No.
1. Signature of Candidate:
2. Designation of Candidate:

**Format for Candidates’ Nomination for CCM Chair by Proposer**

| **Sl** | **Particulars** | **Descriptions**  | **Remarks** |
| --- | --- | --- | --- |
| 1 | Name of Candidate for CCM Member | Name:Designation:Email:Cell No.: |  |
| 2 | Name of Organization |  |  |
| 3 | Name of Department |  |  |
| 4 | Name of Constituency |  |  |
| 5 | Highest Educational Qualification:  |  |  |
| 6 | Year of Experiences |  |  |
| 7 | Experiences & expertise in the health sector |  |  |
| 8 | Describe experiences with public health development especially in TB, Malaria and AIDS, please describe here |  |  |
| 9 | Do you know about CCM, please describe |  |  |
| 10 | Why you interested to be a CCM Chair? Please describe/ Describe willingness to contribute and commit time to CCM activities |  |  |
| 11 | Describe candidates’ ability to represent CCM  |  |  |
| 12 | Signature of Candidate |  | With Official Seal |

**Information about the Proposer**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Name and designation of the proposer (BCCM Member) |  |  |
| 2 | Contact detail of the proposer | Organization:Email:Cell No.: |  |
| 3 | Signature of proposer (Member of CCM) |  | With official Seal |