**Annex A**

**Declaration**

I . \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ solemnly declare that I fulfill set criteria as mentioned below in order to apply as a candidate for the CCM Election. If at any stage I am found not to fulfill to criteria, my membership to the CCM (if elected) shall stand cancelled.

**Declaration Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **S/NO** | **Eligibility Criteria** | **Yes** | **No** |
| **1** | I am willing to disclose my HIV status within the CCM and among other stakeholders involved in the response to HIV, TB and Malaria |  |  |
| **2** | I am registered member of the APLHIV |  |  |
| **3** | I am on ARVs |  |  |
| **4** | I have at least an intermediate/FA/FSc or equivalent qualification or above |  |  |
| **5** | I have at least 1 year of working experience in HIV sector/Global Fund related grants |  |  |
| **6** | I can easily communicate in English and Urdu both verbally and in writing |  |  |
| **7** | I have not served as CCM Members for 2 terms |  |  |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: