



विशेषज्ञहरूको व्यक्तिगत विवरण पेश गर्न आव्हान गरिएको प्लाण्ट क्वारेन्टाइन तथा विषादी व्यवस्थापन केन्द्रको सूचना ।

राष्ट्रिय विरुवा संरक्षण संगठनबाट सम्पादन हुने सम्बन्धित ऐन तथा नियमावली मार्फत तोकिए बमोजिमका क्रियाकलापहरू कार्यान्वयनका लागि विरुवा संरक्षण तथा प्लाण्ट क्वारेन्टाइनसँग सम्बन्धित विशेषज्ञहरूको व्यक्तिगत विवरण आवश्यक परेकोले इच्छुक विशेषज्ञहरूलाई यसै सूचनासाथ संलग्न विशेषज्ञको मनोनयन फारम भरी यस केन्द्रको इमेल ठेगाना [info@npponepal.gov.np](mailto:info@npponepal.gov.np) मा पठाउनुहुन विरुवा क्वारेन्टाइन तथा संरक्षण ऐन, २०६४ (पहिलो संशोधन, २०७९) को दफा ६ उपदफा २ को खण्ड (च१) को व्यवस्था अनुसार यो सूचना जारी गरिएको छ।

Original  
09/12/20

# National Plant Protection Organization-Nepal

Plant Quarantine and Pesticide Management Centre  
Hariharbhawan, Lalitpur

## Roster of Experts: Nomination Form

With pursuant to the Article 6 (F1) of the Plant Protection and Quarantine Act (2006, First Amendment 2022)

Once the completed form has been received by the NPPO-Nepal, it shall be maintained in the NPPO-Nepal's Roster of Experts database.

### Expert Information

Please provide full names rather than only acronyms or initials

Title:  Ms.  Mr.  Other: \_\_\_\_\_  
 Professor  Dr.

Name (underline family name):

Employer / Organization:

Job Title:

Address:

Telephone:

Facsimile:

Email:

Web Site:

Date of Birth:

Nationality/ies:

### Education

Signature  
02/11/2022



Full title of qualification	Institution attended	Duration	Aggregate Marks
<b>Expertise</b>			

This section allows you to specify your main expertise for contribution to the roster. Areas of expertise are organized under 8 broad sub-headings as follows:

<ol style="list-style-type: none"> <li>1. Data Management and Information Sharing</li> <li>2. Institutional Development</li> <li>3. Legislation and Regulation</li> <li>4. Public Awareness and Participation</li> <li>5. Research and Development</li> </ol>	<ol style="list-style-type: none"> <li>6. Risk Assessment and Risk Management</li> <li>7. Organisms and pest surveillance (Protocol and plan included)</li> <li>8. Organism traits</li> <li>9. Education and Training</li> <li>10. International Phytosanitary Framework</li> </ol>
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Please indicate **only** the particular subjects in which you have specialized expertise.

Original  
02/10/2020

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1. Data Management and Information-Sharing

- Agricultural statistics
- Database management
- Information exchange
- Information technology
- Reporting
- Statistical analysis
- Other: \_\_\_\_\_

2. Institutional Development

- Agricultural management
- Environmental management
- Human resources
- Infrastructure development
- Institutional management
- Project administration
- Resources management
- Other: \_\_\_\_\_

3. Legislation and Regulation

- Access and Benefit Sharing
- Intellectual property law
- International agricultural law
- International environmental law
- International trade law
- National phytosanitary law
- National trade regulations
- Phytosanitary legislation
- Phytosanitary regulation
- Other: \_\_\_\_\_

4. Public Awareness and Participation

- Campaigning and advocacy
- Community participation
- Journalism
- Public information / communications
- Other: \_\_\_\_\_

5. Research and Development

- Agricultural ecology
- Alien invasive species
- Bacterial diseases
- Biotechnology product development
- Biotechnology research
- Biological control
- Diagnostics
- Ecology
- Entomology
- Epidemiology
- Fumigation
- Fungal diseases
- Genetic engineering
- Integrated pest management (IPM)
- Microbiology
- Modern biotechnology
- Molecular genetics

5. Research and Development (continued)

- Mycology
- Pest free areas
- Pest modeling
- Post entry quarantine
- Phytosanitary treatments
- Risk assessment
- Sampling
- Seed-borne pests
- Soil biology
- Storage pests
- Surveillance and monitoring
- Systems approach (integrated management)
- Taxonomy
- Viral diseases
- Virology
- Weed management
- Other: \_\_\_\_\_

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6. Risk Assessment and Risk Management

- Agricultural economics
- Agriculture
- Alien invasive species
- Bacteria
- Biosafety
- Environmental impact assessment
- Insects
- Fungi

6. Risk Assessment and Risk Management (continued)

- Pest risk analysis (PRA)
- Pest risk management
- Risk assessment process design and application
- Risk management
- Viruses
- Other: \_\_\_\_\_

7. Organisms:

(specify organisms for which you have expertise, indicating Genus, species and host/s where possible)

- |    |     |
|----|-----|
| 1. | 6.  |
| 2. | 7.  |
| 3. | 8.  |
| 4. | 9.  |
| 5. | 10. |
|    | 11. |
|    | 12. |

8. Organism Traits:

(specify organism traits for which you have expertise)

- |   |   |
|---|---|
| <input type="checkbox"/> Bacterial resistance | <input type="checkbox"/> Nematode resistance  |
| <input type="checkbox"/> Fungus resistance    | <input type="checkbox"/> Pesticide resistance |
| <input type="checkbox"/> Herbicide tolerance  | <input type="checkbox"/> Virulence            |
| <input type="checkbox"/> Insect resistance    | <input type="checkbox"/> Virus resistance     |
| <input type="checkbox"/> Marker genes         | <input type="checkbox"/> Other: _____         |

9. Education and Training

- Arbitration
- Agricultural education
- Conflict resolution
- Environmental education
- Extension work
- Informal teaching (e.g., workshop facilitation)
- Other: \_\_\_\_\_

10. International Phytosanitary Framework

- |  |   |
|--|---|
| <input type="checkbox"/> IPPC  | <input type="checkbox"/> Import regulatory systems (ISPM 20)              |
| <input type="checkbox"/> WTO SPS-Agreement                                 | <input type="checkbox"/> Wood packaging (ISPM 15)                         |
| <input type="checkbox"/> CBD   | <input type="checkbox"/> Regulated non-quarantine pests (ISPMs 16 & 21)   |
| <input type="checkbox"/> Cartagena Protocol                                | <input type="checkbox"/> Irradiation for phytosanitary purposes (ISPM 18) |
| <input type="checkbox"/> Pest risk analysis (ISPMs 2, 11 & 21)             | <input type="checkbox"/> Dispute settlement                               |
| <input type="checkbox"/> Pest free areas (ISPMs 4 & 10)                    | <input type="checkbox"/> Non-compliance                                   |
| <input type="checkbox"/> Phytosanitary certification (ISPMs 7 & 12)        | <input type="checkbox"/> Emergency action                                 |
| <input type="checkbox"/> Surveillance & monitoring (ISPM 6)                | <input type="checkbox"/> Phytosanitary legislation and regulations        |
| <input type="checkbox"/> Beneficial and biological control agents (ISPM 3) | <input type="checkbox"/> International and national GMOs law              |
| <input type="checkbox"/> Pest eradication ( ISPM 9)                        | <input type="checkbox"/> Other: _____                                     |
| <input type="checkbox"/> Systems approach (ISPM 14)                        |   |

*Signature*



*Signature*

*Signature*

**Employment History**

Main Countries or Regions  
Worked or Experience in:

Please give details of previous employment beginning with current employer.

*Current Employment*

Start Date of Employment  
(year):

Organization Type:

- Academic
- Government
- Inter-Governmental Organization (IGO)
- Industry
- Non-Governmental Organization (NGO)
- Other: \_\_\_\_\_

Main Areas of  
Responsibility:

*Previous Employer 1*

Name of the Employer /  
Organization:

Job Title:

Duration of Employment:

Address:

Main Areas of Responsibility:

*Previous Employer 2*

Name of the Employer /  
Organization:

Job Title:

Duration of Employment:

Address:

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2122

Government of Nepal  
Ministry of Agriculture and Livestock Development  
Plant Quarantine and Pesticide Management  
Hariharbhawan, Lalitpur

Main Areas of Responsibility:

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*Previous Employer 3*

Name of the Employer / Organization:

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Job Title:

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Duration of Employment :

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Address:

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Main Areas of Responsibility:

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*Other Relevant Work Experience*

(e.g. dispute settlement / avoidance experience)

Description:

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Responsibilities:

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**Publications**

- Three most relevant publications:
- 1.
  - 2.
  - 3.
  - 4.
  - 5.

List of publications (please list complete citations of all peer-reviewed articles, books, book chapters, conference papers and other publications; you may send a file if the list is long)):

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## Awards and Memberships

Scientific awards, professional societies, honorary memberships, and membership in advisory committees/panels:

## Language Knowledge

Language <i>List mother tongue first</i>	Speak				Read				Write			
	Excel- lent	Good	Fair	Slight	Excel- lent	Good	Fair	Slight	Excel- lent	Good	Fair	Slight
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## References

Please give name and detailed contact information for key professional references.

Reference 1:

Reference 2:

Reference 3:

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**Any Other Relevant Information**

Please list any other information relevant to your role as an expert.

**Confirmation and Agreement**

Do you have the ability to serve in your personal capacity as an expert?

Yes:  No:

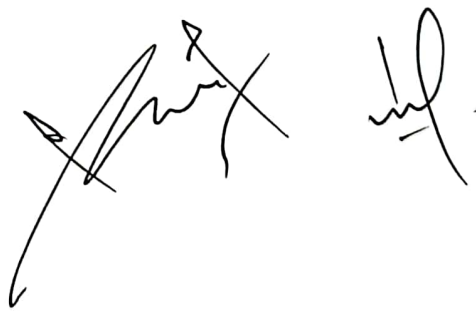
Have you, any immediate family member, or any employer, any financial or other interest in the trade of plant or plant products which may be considered as a real, potential or apparent conflict of interest?

Yes:  No:

Have you, any immediate family member, or any employer, ever engaged in any activity which could have an impact on your objectivity or independence in the performance of the functions as independent expert, or which could otherwise affect the independence of the Expert Committee or the NPPO-Nepal Dispute Settlement Procedure of the trade?

Yes:  No:

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2/20*



EXPLANATION OF "YES" RESPONSES: If the answer to any of the above questions is "yes", check above and briefly describe the circumstances on this page.

Type of financial or other interest and description	Name of company, organization, or institution involved (if any)	Does the interest belong to you, a family member, employer, or other?	Is financial or other interest ongoing? (if not, please indicate year when it ceased)

Is there anything else that could affect your objectivity or independence the performance of the functions as an independent expert?

I hereby declare that the information provided in this form and in any document related thereto is true and correct, and that I have no other situation of real, potential or apparent conflict of interest is known to me. I undertake to inform NPPO-Nepal of any change in the above circumstances, including if an issue arises during the course of the dispute settlement procedure.

I also agree that this information be included in the Roster of Experts of the International Plant Protection Convention (IPPC) and be made publicly available.

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

Signature  
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**Confirmation**

This section must be completed by the IPPC Official Contact Point or by the person authorized by NPPO-Nepal.

Government Office: \_\_\_\_\_

Name of Government Representative: \_\_\_\_\_

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

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