CURRICULUM VITAE

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| --- | --- |
| Position | CNHINRTXT10 |
| 1. Family name: | cNHinRtXt11 |
| 1. First names: | CNHINRTXT12 |
| 1. Date of birth: | CNHINRTXT13 |
| 1. Nationality: | CNHINRTXT14 |
| 1. Civil status: | CNHINRTXT15 |

1. Education:

|  |  |
| --- | --- |
| Institution | CNHINRTXT16 |
| Date: from - to | CNHINRTXT17 |
| Degree(s) or Diploma(s) obtained | CNHINRTXT18  Thesis: "CNHINRTXT19 " |

|  |  |
| --- | --- |
| Institution | CNHINRTXT20 |
| Date: from - to | CNHINRTXT21 |
| Degree(s) or Diploma(s) obtained | CNHINRTXT22  Thesis: " CNHINRTXT23 " |

Further education

* CNHINRTXT24

1. Language skills: mark 1 (basic) to 5 (best) for competence

|  |  |  |  |
| --- | --- | --- | --- |
| Language | Reading | Speaking | Writing |
| German (MT) | CNHINRTXT25 | CNHINRTXT26 | CNHINRTXT27 |
| English | CNHINRTXT28 | CNHINRTXT29 | CNHINRTXT30 |
| French | CNHINRTXT31 | CNHINRTXT32 | CNHINRTXT33 |
| CNHINRTXT34 | CNHINRTXT35 | CNHINRTXT36 | CNHINRTXT37 |

|  |  |
| --- | --- |
| 1. Membership of professional bodies: | CNHINRTXT38 |
| 1. Other skills: | CNHINRTXT39 |
| 1. Present position: | CNHINRTXT40 with AHT GROUP AG, Essen, Germany |
| 1. Years within the firm: | CNHINRTXT41 years, permanent staff since CNHINRTXT42 |

1. Key qualifications (relevant to the project and assigned tasks):

* CNHINRTXT43
* CNHINRTXT44
* CNHINRTXT45

1. Specific regional experience:

|  |  |
| --- | --- |
| Country | Date: from – to |
|  |  |
|  |  |

1. Professional experience record (projects):

|  |  |
| --- | --- |
| Date |  |
| Location |  |
| Company |  |
| Position |  |
| Description | Project title  Project description   * Own tasks |

1. Others:

Certification

I, the undersigned, certify that to the best of my knowledge and belief, these data correctly describe me, my qualifications, and my experience.

I herewith, declare my availability in the period of the time indicated in the work programme and my willingness to execute the proposed assignment.

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

[signature of staff member] [month/year]

and

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

[signature of authorized representative of the firm] [month/year]