

The world Health Organization (WHO)	and	
		Implementing partner's name
		Address

Title of the activity:	
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Rationale (Explain the objectives and reasons for this request, particular issues, etc)

Source of budget

Project/Workplan	
OSER (Office Specific Expected Results)	
Top task	
Middle task	

Total amount (local currency)	IRR
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Duration

Start date: dd/mm/yyyy	Completion date: dd/mm/yyyy
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Due date for technical report and financial certification:	
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Payment Schedule	<input type="checkbox"/> Full payment in advance
	<input type="checkbox"/> Payment in installments
	First installment IRR
	Subsequent installment(s) and conditions:

1. IRR for
2. IRR for
3. IRR for

Bank details	<ul style="list-style-type: none"> • Account name: • Account number: • Bank name: • Bank address:
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Any overdue technical and financial report/refunds from the same party? (In case of Yes, details and reasons to be attached)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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The undersigned parties hereby conclude the present agreement consisting of above terms and general conditions overleaf.

For World health Organization Signature Date: dd/mm/yyyy Name and title: Dr. Ambrogio Manenti WHO Representative in IR Iran	For Implementing partner Signature & stamp Date: dd/mm/yyyy Name and title:
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