



AGREEMENT FOR PERFORMANCE OF WORK

Between WHO and *Centre OMS et* N DE TRAVAUX

APW/02/143

Attachment - Attribution de crédit	AMS Code	Currency Amount / devise/Montant	Obligation / Engagement de dépense
EM/OPN/01/01/01/02		IRR 240,525,000	
EM		EM/02/082272	
EM			
Organization / Département	Endocrine Research Center (ERC)		
Address / Adresse	Shahed Beheshti University of Medical Sciences Post Box 4763 Tehran 18395 Islamic Republic of Iran Tel: +98(21) 2409301-3, Fax: +98(21) 2416264 Email: Azad@ERC-IRAN.com c/o WR, Iran		

Last Name / Nom de famille: **Endocrine Research Center**
 First Name / Prénom: _____
 Last Name / Nom de famille: _____
 First Name / Prénom: _____
 Last Name / Nom de famille: _____
 First Name / Prénom: _____
 Is her/his/her personal capacity? Yes/Oui No/Non
 A /est personnel

To complete the following tasks - Pour accomplir les tâches suivantes

- Organize, conduct and supervise a regional training workshop on prevention and control of micronutrient malnutrition for 31 participants from countries of the Eastern Mediterranean Region and WHO/EURO/CIS, at the Endocrine Research Center, Shahed Beheshti University of Medical Sciences.
- The training workshop will include lectures, field visits, laboratory training and individual supervised work.
- All equipment, reagents, transportation and other workshop documents will be provided by the Endocrine Research Center.
- To conduct an evaluation of the course and suggest recommendations.
- Prepare a detailed report of the training course.

Attach with additional tasks / Tâches supplémentaires en outre: Yes/Oui No/Non

Please read only one option below (a) or (b). Choisir une des options ci-dessous (a) ou (b).

(a) WHO will support the work by providing a maximum amount of IRR 240,525,000 - (Only two hundred and forty million and five hundred and twenty five thousand Iranian Rials)
 L'OMS soutiendra les travaux en apportant un montant maximum de IRR 240,525,000 - (Seulement deux cent quarante millions et cinq cent vingt-cinq mille rials iraniens)

(b) WHO will, in consideration for the work, pay a fixed sum of XX
 L'OMS paiera, en contrepartie des travaux, une somme fixe de XX

Provided this offer is returned counter-signed to WHO EMRO before 30 May 2002
 Sous réserve de rétrocession par l'OMS/EMRO de cette offre contre-signée avant le 30 mai 2002

	Yes/Oui	No/Non	Financial Report Needed / Rapport financier requis		Technical Report Needed / Rapport technique requis	
			Yes/Oui	No/Non	Yes/Oui	No/Non
50% upon signature	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50% upon submission of the final report by 30 June 2002	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
This cancels and supercedes the APW/02/143 dated 29 April 2002	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The contractual partner will complete and deliver the work by / Le partenaire contractuel aura achevé et fourni les travaux au: 30 June 2002

Contractual partner's Bank account name: Endocrine Research Center
 Intitulé et numéro de compte bancaire du partenaire contractuel: _____

Bank account number: Numéro de compte bancaire: 7701134 Bank name: Banque: Bank Karamollah Kargaran

Bank address: Adresse de la banque: Bank Rafsanjeh Kargaran - Taleghani Hospital Branch - Branch Code: 141 - Iran

The undersigned parties hereby conclude the present agreement consisting of the above terms and General Conditions annexed
 Les parties soussignées concluent le présent accord comprenant les clauses énoncées ci-dessus et les conditions générales annexées en annexe

For the WORLD HEALTH ORGANIZATION Pour l'ORGANISATION MONDIALE DE LA SANTE	For the CONTRACTUAL PARTNER Pour le PARTENAIRE CONTRACTUEL
Signature: _____ Name and title: Dr Anna Vagstad Nom et titre: Directeur Health Protection & Promotion	Name and title (in full): _____ Signature: _____ Date: _____