

International Union Against
Tuberculosis and Lung Disease
Health solutions for the poor

Union Internationale
Contre la Tuberculose
et les Maladies Respiratoires

Union Internacional
Contra la Tuberculosis
Enfermedades Respira

W.O. Number: USEA/ Admin/ 2019/RI1243/011 Dated : 16 January 2019	
Dr V Rajashekar Reddy Sharavati Dental College and Hospital, T.H. Road, Alkola, Shivamogga -577205 Karnataka Ph:08182 - 295545 / 298171, Mobile: 9449187257, email: Sharavatidentalcollege@gmail.com	The Union South-East Asia, C-6, Qutub Institutional Area, New Delhi- 110 016 Phone: +91 11 4605 4400 Fax: +91 11 4605 4430
Placed by: The Union South-East Asia Office	Due Date: 31 March 2019

Dear Sir,

With reference to our communication, we are pleased to offer a work order to conduct a baseline COTPA compliance Assessment in the district of **Tumkur** of Karnataka, on behalf of The Union South-East Asia Office.

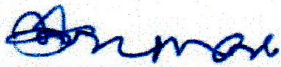
Details of deliverables to be completed in accordance with timeline have been given in **Annexure A**

Terms and conditions:

1. This Work Order is valid from **21 January 2019** till **31 March 2019** only.
2. Mr Ashish Kumar Pandey, Sr. Technical Advisor, from The Union office will be the contract manager for this work order. You will work in close coordination with the Contract Manager for the deliverables. The Contract Manager shall be guiding you for ensuring that the terms of this work order are fulfilled in the time frame agreed upon, within the limits of the value of this work order, ensuring that the deliverables mentioned in the scope of work section meet the standards of quality those are acceptable to The Union.
3. Maximum value of this work order is **INR 40,000/-** (Rupees Fourty Thousand Only).
4. An Amount of **INR 20,000/-** (50% of total work order value) will be released as an advance for initiation of activity on signing of the work order.
5. The balance amount of **INR 20,000/-** (50% remaining work order balance) upon submission of invoices along with activity reports duly recommended by the contract manager for completion of deliverables.
6. By signing this work order, the agency agrees that the activities will be conducted within stipulated time frame as mentioned in **Annexure A**.
7. The attached **Annexure B** will be used as guidance note for the activity.
8. All payments will be made to the bank account of Sharavati Dental College and Hospital and the details thereof mentioned in **Annexure C**.

9. Along with the final report, all filled-in survey forms / data (soft copy) will be submitted to The Union –USEA /SATC Karnataka on completion of survey.
10. This work order may be terminated, by either party at any time upon ten (10) days prior written notice of termination to the other party.
11. Tax will be deducted at source from payments as per the Income Tax Act, 1961 and its current amendments in effect.

We are sending two original copies of the work order and request you to sign and return one copy as a token of acceptance.



Susheel Kumar 25/01/2019
Deputy Regional Director – Finance & Operations

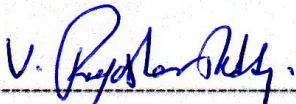


Dr. Jamhoih Tonsing
Regional Director

We accept the above work order and will comply with the above terms and conditions and contents of:

- i) Annexure A,
- ii) Annexure B ,
- iii) Annexure C.

For Sharavati Dental College and Hospital



Dr V Rajashekar Reddy 30/1/19.

Enclosed:

- i) Annexure A,
- ii) Annexure B ,
- iii) Annexure C.

**Annexure A: COTPA Compliance Assessment Survey (Base Line Survey 2017-18) –
Karnataka: Timelines**

Sr. No.	Activities	Deadline (s)
1.	Training of research team	21 January 2019
2.	Data collection by field investigators	30 January 2019
3.	Report submission to SATC	05 February 2019
4.	Submission of final invoice with the copy of report (submitted and accepted by SATC) to The Union	10 February 2019

ANNEXURE B: GUIDANCE NOTES

(Soft Copy being shared through email to save paper)

ANNEXURE C: BANK DETAILS

Account Number	520101055488400
Account Holders Name	Sharavati Dental College and Hospital
Name of the bank	Corporation Bank
Name of the branch	Corporation Bank, Shivamogga - Gopalagowda Extension
Complete address of the branch	Shivamogga - Gopalagowda Extension, Branch :3330, Shivamogga, Karnataka 577205
IFS Code of the branch	CORP0003330
Permanent Account Number	AACTS5635F

We do hereby solemnly affirm that the details furnished above are true to the best of our knowledge.

Sharavati Dental College and Hospital