



WORLD HEALTH ORGANIZATION
ORGANIZATION MONDIALE DE LA SANTÉ
WELTGESUNDHEITSORGANISATION
ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ

Date: 22 September, 2020

RÉGIONAL OFFICE FOR EUROPE
BUREAU REGIONAL DE L'EUROPE
REGIONALBÜRO FÜR EUROPA
ЕВРОПЕЙСКОЕ РЕГИОНАЛЬНОЕ БЮРО

Our reference:
Notre référence:
Unser Zeichen:
См. наш номер: PO202542009; PO202545202;
PO202540483

Your reference:
Votre référence:
Ihr Zeichen:
На Ваш номер:

Dear Sir/Madam,

Donation Certificate

This is to confirm that the **World Health Organization Regional Office for Europe**, as part of its COVID19 Response Program has donated, free of charge, the equipment mentioned below to the **Ministry Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia**.

Type of Equipment/Supplies	Qty:
Blackwhite Printer Xerox 335 3335V_DNIM	4
TV 55" TCL 55P8M/RT51RS	2
Laptop 17" Intel Core i5 8GB 512GB SSD	2
Color Printer XEROX WorkCentre 6515DN	1
Face shields	4,600
Goggles protective	12,600
Gown, isolation	28,500

Mask, medical/surgical	1,032,000
Respirator mask	313,000
Oxygen concentrator	25
GLOVE EXAMINATION (Top Glove), nitrile, non ster., pf, un., size XS, case-1000	16,000
GLOVE EXAMINATION (Top Glove), nitrile, non ster., pf, un., size S, case-1000	13,000
GLOVE EXAMINATION (Top Glove), nitrile, non ster., pf, un., size M, case-1000	95,000
GLOVE EXAMINATION (Top Glove), nitrile, non ster., pf, un., size L, case-1000	94,000
GLOVE EXAMINATION (Top Glove), nitrile, non ster., pf, un., size XL, case-1000	96,000

It is understood that this equipment will remain in **Ministry Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia** and may not be moved to another location and should only serve the purpose as mentioned above, unless approval is granted by the Procurement unit in the WHO Regional Office for Europe.

WHO will **not** be responsible for any cost involved in installing/maintaining/insuring/repairing/covering running costs of the said equipment. Neither shall WHO be liable for any damages – whether direct or indirect – occurred in connection with the use of the above equipment.

You are kindly requested to acknowledge receipt of this equipment on the conditions stated above. Please type the name and title of your signatory, who must be an official fully empowered to enter into contracting arrangements on behalf of your Institution. You are kindly asked to return the signed, dated and stamped version of this letter to the WHO Regional Office for Europe, for the attention of the Finance Manager, Division of Administration and Finance.

Yours sincerely,

David Allen
Director

Business Operations

Date: 22 September, 2020

Name/Title

Ministry Internally Displaced Persons from the
Occupied Territories, Labour, Health and Social
Affairs of Georgia

Date of Signature: