



In accordance with the rules governing WHO fellowships this form is sent in duplicate to the National Health Administration twelve months after the completion of all fellowships of 3 months duration or more.

Side 2 of this form is to be completed by the former fellow who returns the copies in duplicate to the National Health Administration which adds its comments on Side 1. One copy of the form is then returned to the WHO Regional Office indicated below. A copy may be retained by the National Health Administration.

It is important that the form is completed carefully, as the data will be used to evaluate the fellowship. If necessary, additional pages of similar size may be attached.

| | |
|---|---|
| <p>Official Name of fellow</p> <p>Other Names</p> <p>Address of fellow</p> | <p>Address of the Regional Office</p> <p>Regional Office for South-East Asia Indraprastha Estate Ring Road New Delhi-110 002</p> |
| <p>Subject of study during fellowship</p> | <p>Date fellowship ended</p> |

| | |
|---|-------------------------------------|
| <p>To be Completed by the Government Authority</p> | |
| <p>The National Health Administration of the Government of _____ considers that the following are the principal ways in which the Country has benefited from this fellowship.</p> | |
| <p>Other Comments on the fellowship</p> | |
| <p>Date</p> | <p>Signature Name Title</p> |

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| <p>For use of the WHO Regional Office</p> |
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Post obtained after return from fellowship

held since

Title

Duties and responsibilities

Give factual information on any direct contributions you have made after returning home, as follows

informing others (*conferences, articles, committees, etc.*)

training other personnel (*in service and/or formal teaching*)

introducing new methods, improving or expanding existing services

establishing new services not previously available in the community or institution

conducting research - field, clinic, laboratory, administrative (*if published give reference*)

In other ways

Date

Signature of Fellow