**ANNEX 3A: ELIGIBILITY CHECKLIST**

 **1 – GENERAL INFORMATION**

* Annex 3. See Vendor Information Sheet (VIS) along with the Supplier’s Code of Conduct
1. **– Please fill out below checklist**

|  |  |  |
| --- | --- | --- |
|  |  | **Indicate Yes or No** |
| **Experience and Qualification** | Must have Experience in multi-national/multi-regional projects |  |
| Experience in clinical governance and risk management  |  |
| At least one member of the proposed team has an internationally recognised medical licence  |  |
| **Capability and Resources** | Ability to commence the assignment in April 2020 and complete within 6 months  |  |

Note that IOM maybe requesting documentary evidence to prove Service providers/Consulting Firms compliance to above Checklist.

**In addition to the required information, Service Providers may provide brochures and other related documents.**

**I, the undersigned, warrant that the information provided in this form is correct and, in the event of changes, details will be provided as soon as possible:**

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Name/ Signature/ Date