

Part I-b: For candidature of an institution or organization

Note: This section should NOT be completed where an individual is being nominated as a candidate for the Prize.

Institution or organization name:		
Address of headquarters:		
Name of Chief Executive Officer:		
E-mail address(es):		
Telephone number(s) <i>(include country and city codes):</i>		
Date of establishment of institution or organization:		
Website <i>(if applicable):</i>		
Statutory purpose(s) and mission <i>(up to 100 words):</i>		
<p>Legal form and governance <i>(up to 100 words):</i> Please indicate the entity type</p> <p><input type="checkbox"/> Non-governmental organization</p> <p><input type="checkbox"/> Academic Institution</p> <p><input type="checkbox"/> Philanthropic foundation</p> <p><input type="checkbox"/> Government institution/organization</p> <p><input type="checkbox"/> Other, please describe:</p>		
Main activities:		
Membership and affiliations <i>(if applicable):</i>		
Main sources of funding <i>(up to 100 words):</i>		
Awards and honours:		
Date <i>(dd.mm.yyyy)</i>	Awarding body	Name of Award

Part II: Justification for nomination of the candidate

Please give details of outstanding contributions of the candidate, which would qualify the candidate for the Prize. These contributions to the improvement of public health should reflect the will of [Dr LEE Jong-wook](#), the sixth WHO Director-General who dedicated his life to the underprivileged, and they should extend far beyond the call of normal duties. Please attach other sheets if necessary.

2. Please outline how the candidate meets the selection criteria set out in the [Guidelines](#) for the Prize.

3. Please indicate how the award funds would be used by the candidate to further develop the work described in the previous section:

4. If you wish to provide additional relevant documentation in support of the application (maximum of 20 pages in total), please provide a list of attached documents here:

Submitted by: National health administration of a WHO Member State

Former recipient of the Prize

Name and address of the national health administration **or** the former recipient of the Prize submitting the application:

Name and title of the authorized representative of the national health administration **or** the former recipient of the Prize, as applicable (please type or write as capital letters):

Email of the signatory:

By signing this form, the signatory confirms that he/she is authorised to sign on behalf of the national health administration **or** the former recipient of the Prize, as applicable:

Signature:

Date:

Note: should the signatory not be able to type his/her name, please indicate the typed name either in a Word version of the candidature form, or in the accompanying Note Verbale.