

## Consultant and Individual Contractor – Personal Status Profile

Name: Nasriddinov Azizbek

Contract number (PO):

Vendor number:

### Statement of Good Health

In accordance with the provisions of paragraph 6 of the General conditions of service of contracts for the services of consultants or individual contractors, I am submitting this statement to certify that I am in good health and take full responsibility for the accuracy of this Statement. I am aware that information pertaining to inoculation requirements in respect of official travel to countries can be referred to at <http://www.who.int/ith>.

I certify that my medical insurance coverage is valid for the period from 05.09.2024 to 05.09.2025 (if applicable).

I certify that my medical insurance covers medical evacuations at Duty Station(s): Duty Station(s) Rating: "B through E". Duty stations with "A" or "H" do not require medical evacuation coverage.

The name of my medical insurance carrier is: GROSS

Policy Number: NS 0009180

Telephone Number of Medical Insurance Carrier: 1166

### Emergency Contact at Duty Station

Name: Bekzodbek Saidiy

Relationship: Colleague

Street and House No.: Qibray, Uchtepa ko'chasi, 52

City: Tashkent

Postal Code: 100096

Country: Uzbekistan

Phone No. (private): +998974022999

Phone No. (office): +998974022999

E-Mail: bsaidiy@gmail.com

### Emergency Contact at Home Country

Name: Abduazizova Lutfiya

Relationship: mother

Street and House No.: Sebzar str. 2AB-block, 254-apt

City: Tashkent

Postal Code: 100128

Country: Uzbekistan

Phone No. (private): +998935950798

Phone No. (office): +998935391711

E-Mail: abduazizovalutfiya76@gmail.com

### Certification of Good Standing

Please answer the below questions, to the best of your knowledge. Please note that affirmative answers might not necessarily preclude engagement with UNICEF; you will have an opportunity to explain. Incorrect, misleading or dishonest answers will likely preclude further engagement with UNICEF.

1. Other than for a minor traffic violation, have you ever been convicted or punished in any country for violating any law? ☐ YES ☒ NO
2. Are you currently under investigation or prosecution in any country for violating any law? ☐ YES ☒ NO
3. Have you ever been disciplined for misconduct by an employer or professional association to which you belonged? ☐ YES ☒ NO
4. Have you ever left an employer or professional association while it was investigating or examining misconduct allegations against you? Please exclude situations where your name was fully cleared. ☐ YES ☒ NO
5. Are misconduct allegations against you currently being investigated or examined by an employer or professional association? ☐ YES ☒ NO
6. Are sexual harassment, exploitation or abuse allegations against you currently being investigated or examined? Please exclude situations where your name was fully cleared. ☐ YES ☒ NO
7. Are you now, or have you ever been a permanent civil servant in your government's employ? ☐ YES ☒ NO
8. Are any of your relatives employed by UNICEF? ☐ YES ☒ NO
9. Do you have any outstanding debts due to any of your prior organisations? ☐ YES ☒ NO
10. Have you ever been identified as a risk to children by any government agency? ☐ YES ☒ NO

If your answer is "Yes" to any of the above, please explain:

Click or tap here to enter text.

All UNICEF policies can be found on UNICEF Agora at the following link: <https://bit.ly/UNICEFpolicies>

### DESIGNATION, CHANGE, OR REVOCATION OF BENEFICIARY

I hereby designate the person or persons named below as my beneficiary or beneficiaries. The present designation applies to all amounts standing to my credit at the time of death, including the proceeds payable as a result of an incident covered by the Malicious Acts Insurance Policy.

NAME OF BENEFICIARY OR BENEFICIARIES	DATE OF BIRTH	SEX	RELATIONSHIP	POSTAL ADDRESS, PHONE, EMAIL ADDRESS	SHARE (%)
Abduazizova Lutfiya	11/6/1976	F	mother	100128,Tashkent city, Sebzar str. 2AB-block, 254-apt, +998935950798, abduazizovalutfiya76@gmail.com	100%

Please designate a guardian (legal representative), if any person named above is a minor. Please ensure that the guardian designated by you in this form complies with the applicable national law on division of estates and nomination of guardians/legal representatives:

NAME OF GUARDIAN	DATE OF BIRTH	SEX	RELATIONSHIP	POSTAL ADDRESS, EMAIL ADDRESS

The share of any beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries or go entirely to the survivor. If none survive me, then the entire amount will go to my estate.

I hereby revoke all previous designations of beneficiary made by me for this purpose and I reserve the right to revoke or change any beneficiary without her/his knowledge or consent at any time in the manner and form prescribed by UNICEF.

\_\_\_\_\_

Signature (to be signed in front of witness, see below)

\_\_\_\_\_

Date

#### WITNESS (UNICEF Local Focal Point)

I, the undersigned, having no financial interest in this subject matter, directly or indirectly, hereby certify that this document was signed in my presence by the designator on the \_\_\_\_ day of \_\_\_\_\_ month \_\_\_\_ year.

\_\_\_\_\_

Name

\_\_\_\_\_

Index No

\_\_\_\_\_

Signature

**UNICEF GUIDANCE NOTE ON IMPLEMENTATION OF THE COVID-19 VACCINE MANDATE  
GUIDANCE/DHR/2022/001**

**Effective: 27 June 2022**

**Annex I. Self-certification of Vaccine Status (for complementary personnel only):**

Complementary personnel may self-certify their vaccine status by signing and submitting the below letter for the UNICEF office's records. If complementary personnel (whom the Covid-19 vaccine mandate applies to and have not received an approved exemption) decline to self-certify their vaccination status, the UNICEF office should assume they are unvaccinated and treat the case as non-compliance.

CONFIDENTIAL

[07/08/2025]

[Azizbek Nasriddinov]

[National Consultant]

[UNICEF Uzbekistan]

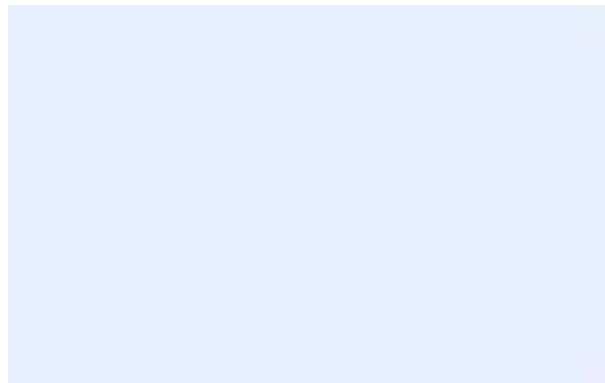
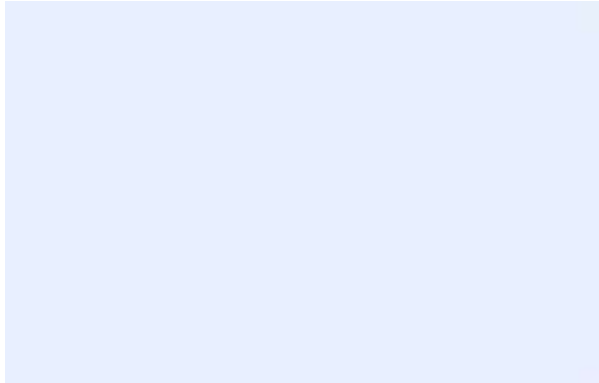
I, [Azizbek Nasriddinov] hereby certify that I have received the primary series of a WHO-'emergency use listed' (EUL) approved vaccine type as per the manufacturer's recommendation [include Booster requirement if mandated by UNICEF Head of Office]. I understand that UNICEF does not request or accept specific medical information that includes personal details or diagnosis. However, by certifying my vaccine status, I must be able to demonstrate validation as and when required and requested to do so, including prior to any travel, entry to premises or relevant facilities.

I certify that the statements I have made on this form are true, complete, and correct to the best of my knowledge. However, if I misrepresent, or provide false, or misleading information regarding this self-certification, I may be subject to contract action up to and including removal from my current and bar from future employment with UNICEF.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Supporting documents:**

**Insert copy Insurance card / proof of insurance**



**Insert copy of Identification Document / Passport (ID page)**

