



NED

NED FOUNDATION SOLIDARY STAY MEMORY

COORDINATOR

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DESTINATION

LOCATION

COUNTRY

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DURATION OF THE STAY

FROM

TILL

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NED STAFF INVOLVED

MEDICAL

NON MEDICAL

OTHERS



NED

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DONATED MATERIAL/EQUIPMENT	QUANTITY	AMOUNT

PARTNER INSTITUTIONS

ACTIVITIES



NED

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EXPENSES

TRAVEL/FLIGHT

HOTEL/ACCOMMODATION

OTHER

PROBLEMS / DIFFICULTIES FOUND DURING THE STAY

RECOMMENDATIONS / COMMENTS



NED

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MISSION EVALUATION

Lined area for writing the mission evaluation.

MISSION COORDINATOR

NAME

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DATE

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