

Address reply to:

1, Motilal Nehru Marg
NEW DELHI 110 011, INDIA

February 25, 1982

Mr Fred Friedman
Contracting Officer
Institute of International Education
809 United Nations Plaza
New York, N. Y. 10017

Dear Mr Friedman:

I thank you very much for your letter of February 16, '82. The terms of the appointment letter are acceptable to me. I enclose one copy of this letter duly signed and I am sending another copy to Mr F. M. Salacup, Controller, IRRI.

With regards,

Yours sincerely,

M. S. Swaminathan
IRRI Director General Designate

encl a/a

cc: Mr F. M. Salacup



INSTITUTE OF INTERNATIONAL EDUCATION
809 UNITED NATIONS PLAZA, NEW YORK, N.Y. 10017

WRITER'S DIRECT DIAL NUMBER IS: (212)883- 8240

February 16, 1982

Dr. Monkombu S. Swaminathan
Planning Commission
Government of India
New Delhi, India

Dear Dr. Swaminathan:

The Institute of International Education (IIE), acting in its capacity as agent for the International Rice Research Institute (the "Center"), is pleased to accept the responsibility for providing the following salary and benefits in connection with your assignment with the Center. This arrangement will commence in accordance with your agreement with the Center (your employer) and will conclude in accordance with that agreement, or upon the termination of IIE's agency relationship with the Center, whichever is sooner. IIE's present agreement with the Center is for an indefinite period of time and you will be notified of any change in that agreement which will affect the duration of your employment.

This Letter of Agreement will become effective as of April 1, 1982. It is understood that you will not receive amendments to this contract to reflect any future changes in your title or salary authorized by the Director of your Agricultural Center. The actual starting date for salary purposes will be confirmed to IIE by the Center. Any salary increase will automatically be included in your salary check.

SALARY

Your salary will be at the rate of U.S.\$80,000 per annum.

INSURANCE

IIE, as agent for the Center, will obtain, at no cost to you, the following insurance coverage for the period of your employment under this Agreement, as directed by the Center:

1. Medical Care benefits
2. Permanent and Total Disability benefits
3. Life Insurance benefits
4. Accidental Death and Dismemberment benefits

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A description of the benefit program along with appropriate forms to be completed have already been sent to you. In accepting this insurance coverage, you agree that you will look exclusively to the benefits afforded by these policies to satisfy any and all claims against IIE and the Center on account of accident, illness or death incident to your employment under this Agreement.

RETIREMENT

As agent for the Center, IIE will enroll you under its retirement plan with the American International Reinsurance Company (AIRCO) of Hamilton, Bermuda. As agent for the Center, IIE will contribute during your employment under this Agreement an amount equal to a percentage of your salary, the exact percentage depending on your age according to the table below:

<u>Age</u>	<u>Contribution of Salary</u>
31 and under	6 percent
32 - 34	8 percent
35 - 39	12 percent
40 - 44	16 percent
45 - 64	20 percent
65 and over	0 percent

MEDICAL EXAMINATIONS

This appointment is conditional upon successful completion of prescribed physical examinations for you and your accompanying dependents as authorized by the Center prior to your departure for your post of assignment. A physician other than your personal physician, or an Executive Health Examiners-associated physician, should have completed and returned the medical examination form(s) to EHE in New York. IIE will either reimburse you or directly pay EHE for the cost of these examinations. It is understood that the completed medical examination form(s) must be approved by EHE in order for this Letter of Agreement to take effect.

MEDICAL INFORMATION RELEASE

The undersigned authorizes the Executive Health Examiners (EHE) and IIE to release all medical information concerning themselves and all dependents under 21 years of age to the insurance company and to the Director/Executive Officer of the Center and IIE as appropriate.

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LIMITATIONS

Any understanding or agreement you may reach or may have reached with the Center regarding other allowances or provisions not specifically mentioned herein shall be the responsibility of the Center and not of IIE, and you shall look to the Center for the performance of any such agreement or arrangements.

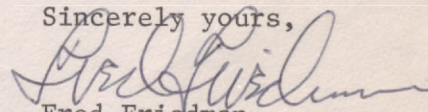
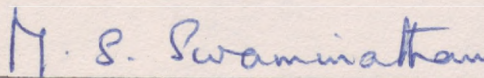
ACCEPTANCE

In accepting this assignment, you affirm that, to the best of your knowledge and belief, you and each dependent accompanying you are in good health and have no ailment or physical impairment which can be expected to interfere with or inhibit your ability to maintain residence in the country of your assignment or to discharge your responsibilities.

You further affirm that you are not currently an employee of the United States Government (Federal or State) or on leave of absence from such a government position.

If the terms of this appointment are acceptable to you, please sign and return one copy of this Letter of Agreement to IIE and one to the Director of your Center.

Sincerely yours,


Fred Friedman
Contracting Officer

Signature of Employee

February 25, 1982

Date

cc: F. Salacup
C. Barnett