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| **ACCESS Health International, INC** | | | |
| **REQUEST FOR PROPOSAL OF CONTRACT** | | | |
|  | Name | | Dr. H. S. Prasad |
|  | Address | | #1, ‘VARSHA’, Sanjeevaiah Layout, Srirampura 2nd stage, Mysore – 570034 |
|  | Legal Status of | | NA |
|  | Country of Registration | | NA |
|  | Registration Number | | NA |
|  | Date of Contract and Doc Ref No. | | April 1, 2021 |
|  | Completion of Contract | | September 30, 2021 |
|  | Name of Point of Contact | | Dr. H. S. Prasad |
|  | Contact No. / Email ID of Person to Contact | | 8971330533, [drprasadsanjeevaiah@gmail.com](mailto:drprasadsanjeevaiah@gmail.com) |
|  | Name of the Project | | PM-JAY/State engagement |
|  | Grant Start Date | | April 2020 |
|  | Grant End Date | | March 2023 |
|  | Budget Line Item | | External Consultants |
|  | Available Budget | | INR 5,000 per day for total 60 working days for six months |
|  | Service/ Goods Description | | Provide technical support |
|  | Name of Approver of Contract | | Himani Sethi |
|  |  | |  |
| **Bank Details** | | | |
|  | Please make payment to | H. S. Prasad | |
|  | Bank Name | Canara Bank | |
|  | Account Number | 0566101037253 | |
|  | Bank Address | Canara Bank, #6, Ganga Temple Road, Jayalaxmipuram, Mysore - 570012, Karnataka, India | |
|  | IFSC Code | CNRB0000566 | |
|  | Swift Code | CNRBINBBJLM | |