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| **ACCESS Health International, INC** | | |
| **REQUEST FOR PROPOSAL OF CONTRACT** | | |
|  | Name | Dr. Raveena Khan |
|  | Address | E-76. , mahal Yojana , near Akshay patra, mandir, pratap nagar, Jaipur (Raj.) |
|  | Legal Status of | NA |
|  | Country of Registration | NA |
|  | Registration Number | NA |
|  | Date of Contract | July 1, 2021 |
|  | Completion of Contract | December 31, 2021 |
|  | Name of Point of Contact | Dr. Raveena Khan |
|  | Contact No. / Email ID of Person to Contact | 8560037666,rvnsrksba@gmail.com |
|  | Name of the Project | Digital Health |
|  | Grant Start Date | November 13, 2018 |
|  | Grant End Date | October 31, 2021 |
|  | Budget Line Item | Interns |
|  | Available Budget | INR 10,000 per month |
|  | Service/ Goods Description | Internship |
|  | Name of Approver of Contract | Dr. Pankaj Gupta/Dr. Reddy |
|  |  |  |
| **Bank Details** | | |
|  | Please make payment to |  |
|  | Bank Name |  |
|  | Account Number |  |
|  | Bank Address |  |
|  | IFSC Code |  |
|  | Swift Code |  |