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| **ACCESS Health International, INC** | | |
| **REQUEST FOR PROPOSAL OF CONTRACT** | | |
|  | Name | Dr. Sudha Chandrasekhar |
|  | Address | No. 206, 15th B cross, West of Chord Road, Mahalaxmipuram, Bengaluru-560086 |
|  | Legal Status of | NA |
|  | Country of Registration | NA |
|  | Registration Number | NA |
|  | Date of Contract | July 20, 2021 |
|  | Completion of Contract | November 30, 2022 |
|  | Name of Point of Contact | Dr. Sudha Chandrasekhar |
|  | Contact No. / Email ID of Person to Contact | 9900145859 / [schandrashekhar@hstp.org.in](mailto:schandrashekhar@hstp.org.in) |
|  | Name of the Project | HSTP-NHA |
|  | Type of Contract | AHI Consultant Contract |
|  | Grant Start Date | 14-Nov-19 |
|  | Grant End Date | 30-Nov-22 |
|  | Budget Line Item | Consultants |
|  | Available Budget | INR 27,730 per working day for 10 working days in a month. |
|  | Service/ Goods Description | Consultant - Health Financing & Primary Healthcare |
|  | Name of Approver of Contract | Himani Sethi/Dr. Krishna Reddy |
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| **Bank Details** | | |
|  | Please make payment to |  |
|  | Bank Name |  |
|  | Account Number |  |
|  | Bank Address |  |
|  | IFSC Code |  |
|  | Swift Code |  |