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| **AFFORDABLE QUALITY HEALTH** | | |
| **REQUEST FOR PROPOSAL OF CONTRACT** | | |
|  | Name | Dr. Chilshu Chandran |
|  | Address | Snehavilla, Balussery, Calicut, Kerala -673612 |
|  | Legal Status of | NA |
|  | Country of Registration | India |
|  | Registration Number | NA |
|  | Date of Contract | To be confirmed by Consultant after issuing the offer letter |
|  | Completion of Contract | Two years contract |
|  | Name of Point of Contact | Dr. Chilshu Chandran |
|  | Contact No. / Email ID of Person to Contact | +91-9544565661/chilshuchandran11@gmail.com |
|  | Name of the Project | Affordable Quality Health Advisory Projects |
|  | Type of Contract | Affordable Consultant Contract |
|  | Budget Line Item | Consultants |
|  | Available Budget | INR 66253 per month (INR 795,036 per annum) |
|  | Service/ Goods Description | Program Associate (Consultant Role) |
|  | Name of Approver of Contract | Girish/Dr. Reddy |
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| **Bank Details** | | |
|  | Please make payment to |  |
|  | Bank Name |  |
|  | Account Number |  |
|  | Bank Address |  |
|  | IFSC Code |  |
|  | Swift Code |  |