|  |  |  |
| --- | --- | --- |
| **AFFORDABLE QUALITY HEALTH** | | |
| **REQUEST FOR PROPOSAL OF CONTRACT** | | |
|  | Name | Dr. Yamani Sai Mounika |
|  | Address | Flat No L 303, Sai Sadan Apartments, Matrusi Nagar, Miyapur |
|  | Legal Status of | NA |
|  | Country of Registration | India |
|  | Registration Number | NA |
|  | Date of Contract | July 26, 2021 |
|  | Completion of Contract | September 25, 2021 |
|  | Name of Point of Contact | Dr. Yamani Sai Mounika |
|  | Contact No. / Email ID of Person to Contact | 9701683534, mounikayamani96@gmail.com |
|  | Name of the Project | Affordable Quality Health Advisory Projects |
|  | Type of Contract | Affordable Internship Letter |
|  | Budget Line Item | Interns |
|  | Available Budget | Pro-bono (Travel and accommodation for outstation work will be covered) |
|  | Service/ Goods Description | Internship |
|  | Name of Approver of Contract | Girish/Dr. Reddy |
|  |  |  |
| **Bank Details** | | |
|  | Please make payment to |  |
|  | Bank Name |  |
|  | Account Number |  |
|  | Bank Address |  |
|  | IFSC Code |  |
|  | Swift Code |  |