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| **ACCESS Health International, INC** | | | |
| **REQUEST FOR PROPOSAL OF CONTRACT** | | | |
|  | Name | | Dr Emine A Rahiman |
|  | Address | | Assistant Professor, Dept of Pediatrics, All India Institute of Medical Sciences, Bibinagar, Telangana-508126 |
|  | Legal Status | | N/A |
|  | Country of Registration | | N/A |
|  | Registration Number | | N/A |
|  | Date of Contract | | 15th September 2021 |
|  | Completion of Contract | | 15th December 2021 |
|  | Name of Point of Contact | | Dr Emine A Rahiman |
|  | Contact No. / Email ID of Person to Contact | | 9878169259/ dreminearahiman@yahoo.in |
|  | Name of the Project | | BHSRC |
|  | Grant Start Date | | November 4, 2018 |
|  | Grant End Date | | December 31, 2021 |
|  | Budget Line Item | | Support Cost (Research Scholar Small Grant) |
|  | Available Budget | | 5000 USD |
|  | Service/ Goods Description | | Consultant for Mentor-Mentee Program |
|  | Name of Approver of Contract | | Maulik Chokshi |
|  |  | |  |
| **Bank Details\*** | | | |
|  | Please make payment to | Dr Emine A Rahiman | |
|  | Bank Name | Bank of Baroda | |
|  | Account Number | 66120100000180 | |
|  | Bank Address | AIIMS, BIBINAGAR, YADADRI BHUVANAGIRI DISTRICT, 508126 | |
|  | IFSC Code | BARB0DBCHND | |
|  | Swift Code |  | |

\*Please note: It is mandatory to provide all these details.