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| --- | --- | --- | --- |
| **ACCESS Health International, INC** | | | |
| **REQUEST FOR PROPOSAL OF CONTRACT** | | | |
|  | Name | | Dr. Suruchi Mishra |
|  | Address | | 35-D, Evershine Apartment, Vikaspuri, Delhi-110018 |
|  | 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. Suruchi Mishra |
|  | Contact No. / Email ID of Person to Contact | | 8383879843/drsuruchimishramamc@gmail.com |
|  | 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 | Suruchi Mishra | |
|  | Bank Name | Bank of Baroda | |
|  | Account Number | 26400100013743 | |
|  | Bank Address | Safdarjung Hospital, New Delhi | |
|  | IFSC Code | BARB0SAFECX | |
|  | Swift Code | BARBINBBXXX | |

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