|  |  |  |
| --- | --- | --- |
| **AFFORDABLE QUALITY HEALTH** | | |
| **REQUEST FOR PROPOSAL OF CONTRACT** | | |
|  | Name | Brahmanandam Markapudi |
|  | Address | S/o Ramulu  K Ponnavaram Village, Venkatapuram Post, Penuganchiprolu Mandal, Krishna, Andhra Pradesh 521190 |
|  | Legal Status of | NA |
|  | Country of Registration | India |
|  | Registration Number | NA |
|  | Date of Contract | November 8, 2021 |
|  | Completion of Contract | November 7, 2022 |
|  | Name of Point of Contact | Kaleem Mohammed |
|  | Contact No. / Email ID of Person to Contact | 916 032 2547, brahma.anand2013@gmail.com. |
|  | Name of the Project | TASK |
|  | Type of Contract | AQH consultant contract |
|  | Grant Start Date | October 29, 2021 |
|  | Grant End Date | October 28, 2022 |
|  | Budget Line Item | Consultants |
|  | Available Budget | INR 40,000 per month |
|  | Service/ Goods Description | Lead Nurse Trainer |
|  | Name of Approver of Contract | Dr. Krishna Reddy |
|  |  |  |
| **Bank Details** | | |
|  | Please make payment to | Markapudi Brahmanandam |
|  | Bank Name | State Bank of India |
|  | Account Number | 20296017766 |
|  | Bank Address | Penuganchiprolu, NandigamTaluk |
|  | IFSC Code | SBIN0002781 |
|  | Swift Code | SBININBB |