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| **ACCESS Health International, INC** | | | |
| **REQUEST FOR PROPOSAL OF CONTRACT** | | | |
|  | Name | | Dr. Shikha Singh |
|  | Address | | B1-1, Sector G, LDA Colony, Kanpur Road, Lucknow-226012 |
|  | Legal Status of | | India |
|  | Country of Registration | | India |
|  | Registration Number | | NA |
|  | Date of Contract | | 1-Dec-21 |
|  | Completion of Contract | | 31-May-22 |
|  | Name of Point of Contact | | Manisha Tripathi |
|  | Contact No. / Email ID of Person to Contact | | 9559474170, singhshikha22@gmail.com |
|  | Name of the Project | | State Engagement |
|  | Type of Contract | | AHI full time consultant contract |
|  | Grant Start Date | | April 2021 |
|  | Grant End Date | | March 2023 |
|  | Budget Line Item | | Consultant |
|  | Available Budget | | INR 60,000 per month |
|  | Service/ Goods Description | | Consultant – Project Coordinator, Provider Engagement in Uttar Pradesh |
|  | Name of Approver of Contract | | Himani Sethi |
|  |  | |  |
| **Bank Details** | | | |
|  | Please make payment to | Shikha Singh | |
|  | Bank Name | Punjab National Bank | |
|  | Account Number | 0301010100040871 | |
|  | Bank Address | LDA colony, Kanpur Road, Lucknow | |
|  | IFSC Code | PUNB0461100 | |
|  | Swift Code | NA | |