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| --- | --- | --- | --- |
| **ACCESS Health International, INC** | | | |
| **REQUEST FOR PROPOSAL OF CONTRACT** | | | |
|  | Name | | Divya Sharma |
|  | Address | | 5/B, Vishnu Garden, Haridwar, Uttarakhand- 249401 |
|  | Legal Status of | | India |
|  | Country of Registration | | India |
|  | Registration Number | | NA |
|  | Date of Contract | | 26-Nov-21 |
|  | Completion of Contract | | 26-Dec-21 |
|  | Name of Point of Contact | | Anju Aggarwal |
|  | Contact No. / Email ID of Person to Contact | | divyavashisht87@gmail.com |
|  | Name of the Project | | PSI |
|  | Type of Contract | | AHI part time consultant contract |
|  | Grant Start Date | | October 2021 |
|  | Grant End Date | | September 2023 |
|  | Budget Line Item | | Consultants |
|  | Available Budget | | Total contract value for one month engagement is INR 45,000 |
|  | Service/ Goods Description | | Consultant |
|  | Name of Approver of Contract | | Girish |
|  |  | |  |
| **Bank Details** | | | |
|  | Please make payment to | NA | |
|  | Bank Name | NA | |
|  | Account Number | NA | |
|  | Bank Address | NA | |
|  | IFSC Code | NA | |
|  | Swift Code | NA | |