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| **ACCESS Health International, INC** | | |
| **REQUEST FOR PROPOSAL OF CONTRACT** | | |
|  | Name | Institute of Public Health |
|  | Address | No. 138, 4th Cross, J.P. Nagar, 3rd Phase, Bangalore-560078, Karnataka,India |
|  | Legal Status of | Society |
|  | Country of Registration | Inida |
|  | Registration Number | BLU-S580-2005-06 |
|  | Date of Contract and Doc Ref No. | 1-Jan-22 |
|  | Completion of Contract | 30-Nov-22 |
|  | Name of Point of Contact | Shilpa John |
|  | Contact No. / Email ID of Person to Contact | 080-22761322, finance@iphindia.org |
|  | Authorized Signatory Name and Designation | Gajalakshmi. S, Finance Officer |
|  | Name of the Grant | HSTP |
|  | Grant Start Date | 14-Nov-19 |
|  | Grant End Date | 30-Nov-22 |
|  | Budget Line Item | Subcontract |
|  | Available Budget | INR 600,000 plus taxes |
|  | Service/ Goods Description | Provide expert guidance and work with HSTP-India HPSR Fellowship program |
|  | Name of Approver of Contract | Himani Sethi |
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| **Bank Details** | | |
|  | Please make payment to | Institute of Public Health |
|  | Bank Name | ICICI Bank Limited |
|  | Account Number | 029901000639 |
|  | Bank Address | #148/75-1, 26th Main Road, Jayanagar 9th Block, Bangalore-560069 |
|  | IFSC Code | ICIC0000299 |
|  | Swift Code |  |