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| --- | --- | --- | --- |
| **ACCESS Health International, INC** | | | |
| **REQUEST FOR PROPOSAL OF CONTRACT** | | | |
|  | Name | | Latika Rewaria |
|  | Address | | 90 JELLICOE ROAD, #31-31, CityLights, SINGAPORE 208749 |
|  | Legal Status of | | India |
|  | Country of Registration | | India |
|  | Registration Number | | NA |
|  | Date of Contract | | 16-Mar-22 |
|  | Completion of Contract | | 15-Mar-24 |
|  | Name of Point of Contact | | Bela Sehgal |
|  | Contact No. / Email ID of Person to Contact | | 8655385729, [latikarewaria26@gmail.com](mailto:latikarewaria26@gmail.com) |
|  | Name of the Project | | GLC-RF grant |
|  | Type of Contract | | AHI full time consultant contract |
|  | Grant Start Date | | August 2021 |
|  | Grant End Date | | July 2023 |
|  | Budget Line Item | | Consultant |
|  | Available Budget | | USD 2,000 per month |
|  | Service/ Goods Description | | Project Manager- GLC program |
|  | Name of Approver of Contract | | Dr. Reddy |
|  |  | |  |
| **Bank Details** | | | |
|  | Please make payment to |  | |
|  | Bank Name |  | |
|  | Account Number |  | |
|  | Bank Address |  | |
|  | IFSC Code |  | |
|  | Swift Code |  | |