|  |  |  |  |
| --- | --- | --- | --- |
| **ACCESS Health International, INC** | | | |
| **REQUEST FOR PROPOSAL OF CONTRACT** | | | |
|  | Name | | Sananda Kumar |
|  | Address | | # 40/B Heggotara, Chamarajanagar, nagar  Bangalore – 571313, Karnataka |
|  | Legal Status of | | India |
|  | Country of Registration | | India |
|  | Registration Number | | NA |
|  | Date of Contract | | 21-Apr-22 |
|  | Completion of Contract | | 20-Apr-25 (3 Year Contract) |
|  | Name of Point of Contact | | Himani Sethi |
|  | Contact No. / Email ID of Person to Contact | | +91 8627835757, sanandkumarmph@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 2,200,000 per annum/INR 183,333 per month |
|  | Service/ Goods Description | | Program Specialist |
|  | Name of Approver of Contract | | Himani Sethi/Dr. Reddy |
|  |  | |  |
| **Bank Details** | | | |
|  | Please make payment to | Sananda Kumar | |
|  | Bank Name | ICICI Bank | |
|  | Account Number | 366801000048 | |
|  | Bank Address | SCO 14 15 16 BLOCK NO.3 SDA COMPLEX KASUMPTI SHIMLA 171009 | |
|  | IFSC Code | ICIC0003668 | |
|  | Swift Code | ICICINBBNRI | |