|  |  |  |  |
| --- | --- | --- | --- |
| **ACCESS Health International, INC** | | | |
| **REQUEST FOR PROPOSAL OF CONTRACT** | | | |
|  | Name | | Dr. Shweta Singh |
|  | Address | | M-9, Krishna Nagar Daganiya  Raipur 492013 |
|  | Legal Status of | | India |
|  | Country of Registration | | India |
|  | Registration Number | | NA |
|  | Date of Contract | | 1-Apr-22 |
|  | Completion of Contract | | 31-Mar-24 |
|  | Name of Point of Contact | | Girish |
|  | Contact No. / Email ID of Person to Contact | | +91-9711003256, drshweta12@gmail.com |
|  | Name of the Project | | PSI |
|  | Type of Contract | | AHI full time consultant contract |
|  | Grant Start Date | | October 2021 |
|  | Grant End Date | | September 2023 |
|  | Budget Line Item | | Consultants |
|  | Available Budget | | INR 135,000 per month |
|  | Service/ Goods Description | | Consultant Research & Public Health |
|  | Name of Approver of Contract | | Girish/Dr. Reddy |
|  |  | |  |
| **Bank Details** | | | |
|  | Please make payment to | Shweta Singh | |
|  | Bank Name | State Bank of India | |
|  | Account Number | 20079564808 | |
|  | Bank Address | GCET branch SBI Raipur | |
|  | IFSC Code | SBIN0002852 | |
|  | Swift Code | SBININBB | |