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| **ACCESS Health International, INC** | | | |
| **REQUEST FOR PROPOSAL OF CONTRACT** | | | |
|  | Name | | Mausumi Daimari |
|  | Address | | 69-Bhurachuburi, Sastrapara, Udalguri BTAD (784510), Assam |
|  | Legal Status of | | India |
|  | Country of Registration | | India |
|  | Registration Number | | NA |
|  | Date of Contract | | 06-Jun-22 |
|  | Completion of Contract | | 05-Jun-24 |
|  | Name of Point of Contact | | Shrikant/Girish |
|  | Contact No. / Email ID of Person to Contact | | 6003198490, mousomidaimari@gmail.com |
|  | Name of the Project | | Capacity Building Vertical-Girish to declare the project with Finance |
|  | Type of Contract | | QH full time consultant contract |
|  | Grant Start Date | | NA |
|  | Grant End Date | | NA |
|  | Budget Line Item | | Consultant |
|  | Available Budget | | INR 560,000 per annum |
|  | Service/ Goods Description | | Research Associate – Capacity building |
|  | Name of Approver of Contract | | Dr. Krshina Reddy |
|  |  | |  |
| **Bank Details** | | | |
|  | Please make payment to | MAUSUMI DAIMARI | |
|  | Bank Name | State Bank of India (SBI) | |
|  | Account Number | 31797158628 | |
|  | Bank Address | Ram Janaki Chowk, District - Udalguri(784509), Assam | |
|  | IFSC Code | SBIN0007947 | |
|  | Swift Code | NA | |