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| **ACCESS Health International, INC** | | | |
| **REQUEST FOR PROPOSAL OF CONTRACT** | | | |
|  | Name | | Dr. Amit Sharma |
|  | Address | | 187 Turab Nagar, Ghaziabad, Uttar Pradesh - 201001 |
|  | Legal Status of | | India |
|  | Country of Registration | | India |
|  | Registration Number | | NA |
|  | Date of Contract | | 15-July-22 |
|  | Completion of Contract | | 01-December-22 |
|  | Name of Point of Contact | | Manisha Tripathi |
|  | Contact No. / Email ID of Person to Contact | | 9769846933,dramitsharma07@yahoo.co.in |
|  | Name of the Project | | Roche Grant |
|  | Type of Contract | | Quality Health external consultant contract |
|  | Grant Start Date | | January 7, 2022 |
|  | Grant End Date | | January 6, 2023 |
|  | Budget Line Item | | Consultant |
|  | Available Budget | | Deliverable based payment  INR 7,000 per hour |
|  | Service/ Goods Description | | To impart training sessions under the Cancer Care Strengthening Program for the PMJAY empaneled providers in Uttar Pradesh |
|  | Name of Approver of Contract | | Himani Sethi/Dr. Krshina Reddy |
|  |  | |  |
| **Bank Details** | | | |
|  | Please make payment to |  | |
|  | Bank Name |  | |
|  | Account Number |  | |
|  | Bank Address |  | |
|  | IFSC Code |  | |