|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ACCESS Health International, INC** | | |  |  |
| **REQUEST FOR PROPOSAL OF CONTRACT** | | |  |  |
|  | Name | Dr. Pankaj Gupta |  |  |
|  | Address | 409, Tower 3, Gurgaon 122011, Haryana Gurugam |  |  |
|  | Legal Status of | India |  |  |
|  | Country of Registration | India |  |  |
|  | Registration Number | NA |  |  |
|  | Date of Contract and Doc Ref No. | 5-Aug-22 |  |  |
|  | Completion of Contract | 31-Oct-22 |  |  |
|  | Type of Contract | Consultant |  |  |
|  | Name of Point of Contact | Dr. Pankaj Gupta |  |  |
|  | Contact No. / Email ID of Person to Contact | drgupta.tgi@gmail.com |  |  |
|  | Name of the Project | Health Futures |  |  |
|  | Budget Line Item | Other program expenses |  |  |
|  | Available Budget | USD 5,000 |  |  |
|  | Service/ Goods Description | Consulting |  |  |
|  | Name of Approver of Contract | Sejal Mistry |  |  |
|  |  |  |  |  |
| **Bank Details** | | |  |  |
|  | Please make payment to |  |  |  |
|  | Bank Name |  |  |  |
|  | Account Number |  |  |  |
|  | Bank Address |  |  |  |
|  | IFSC Code (Routing Number) |  |  |  |
|  | Swift Code |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | **Submitted to** |  |  |  |
|  | **Name of the Person** | Sejal Mistry |  |  |
|  | **Designation** | Regional Director |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | **Signature** |  |  |  |
|  | **Designation** |  |  |  |
|  | **Program Name** |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | **Date** | 4-Aug-22 |  |  |
|  | **Place** | Singapore |  |  |