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| **ACCESS Health International, INC** | | | |
| **REQUEST FOR PROPOSAL OF CONTRACT** | | | |
|  | Name | | Pappu Puliyammakkil Sasidharan |
|  | Address | | Puliyammakkil House, South Paravoor Post  Ernakulam, Kerala 682 307, India |
|  | Legal Status of | | India |
|  | Country of Registration | | India |
|  | Registration Number | | NA |
|  | Date of Contract | | 19-Sep-22 |
|  | Completion of Contract | | 18-Sep-23 |
|  | Name of Point of Contact | | Himani Sethi |
|  | Contact No. / Email ID of Person to Contact | | 9995399948, pappups@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 2,403,551 (INR 200,296 per month) |
|  | Service/ Goods Description | | Project Head-Kerala |
|  | Name of Approver of Contract | | Dr. Reddy |
|  |  | |  |
| **Bank Details** | | | |
|  | Please make payment to |  | |
|  | Bank Name |  | |
|  | Account Number |  | |
|  | Bank Address |  | |
|  | IFSC Code |  | |
|  | Swift Code |  | |