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| --- | --- | --- | --- |
| **ACCESS Health International, INC** | | | |
| **REQUEST FOR PROPOSAL OF CONTRACT** | | | |
|  | Name | | Swetha Chandrasekar |
|  | Address | | 1-7-234/25, A-3/6, Second Floor  Chandralok Complex  Paradise, MG Road  Secunderabad 500003 |
|  | Legal Status of | | India |
|  | Country of Registration | | India |
|  | Registration Number | | NA |
|  | Date of Contract | | 7-Sep-22 |
|  | Completion of Contract | | 6-Sep-23 |
|  | Name of Point of Contact | | Anju Aggarwal |
|  | Contact No. / Email ID of Person to Contact | | 912-116-4488, swethasekar0811@gmail.com |
|  | Name of the Project | | PSI |
|  | Type of Contract | | QH full time consultant contract |
|  | Grant Start Date | | October 2021 |
|  | Grant End Date | | September 2023 |
|  | Budget Line Item | | Consultant |
|  | Available Budget | | INR 110,000 per month |
|  | Service/ Goods Description | | Manager - Insurance Marketing and Sales |
|  | Name of Approver of Contract | | Dr. Reddy |
|  |  | |  |
| **Bank Details** | | | |
|  | Please make payment to |  | |
|  | Bank Name |  | |
|  | Account Number |  | |
|  | Bank Address |  | |
|  | IFSC Code |  | |
|  | Swift Code |  | |