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| **ACCESS Health International, INC** | | |
| **REQUEST FOR PROPOSAL OF CONTRACT** | | |
|  | Name | Shivansh Verma |
|  | Address | B-4/3059, Vasant Kunj, New Delhi - 110070 |
|  | Legal Status of | NA |
|  | Country of Registration | NA |
|  | Registation Number | NA |
|  | Date of Contract and Doc Ref No. | 1/9/2022 |
|  | Completion of Contract | 31/10/22 |
|  | Name of Point of Contact | Maulik Chokshi |
|  | Contact No. / Email ID of Person to Contact | [shivansh94@gmail.com ; +91-95600-17472](mailto:shivansh94@gmail.com%20;%20+91-95600-17472) |
|  | Name of the Project | USP |
|  | Type of Contract | AHI short term consultant contract |
|  | Grant Start Date | August 01, 2022 |
|  | Grant End Date | September 23, 2022 |
|  | Budget Line Item | Consultants |
|  | Available Budget | INR 70,000 per month |
|  | Service/ Goods Description | Research Associate |
|  | Name of Approver of Contract | Dr. Reddy |
|  |  |  |
| **Bank Details** | | |
|  | Please make payment to | Shivansh Verma |
|  | Bank Name | ICICI Bank |
|  | Account Number | 102301531585 |
|  | Bank Address | D-1, Alaknanda Shopping Complex, New Delhi - 110019 |
|  | IFSC Code | ICIC0001023 |
|  | Swift Code | ICICINBBNRI |