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| **ACCESS Health International, INC** | | | |
| **REQUEST FOR PROPOSAL OF CONTRACT** | | | |
|  | Name | | Dr. Apurva Kashyap |
|  | Address | | D/O Jai Kashyap, House No. 3, Block-E, Vishwakarma Colony Lal Khan, Pul Pehlad, Pul Pahladpur Kalkaji South Delhi, Delhi 110044 |
|  | Legal Status of | | India |
|  | Country of Registration | | India |
|  | Registration Number | | NA |
|  | Date of Contract | | 14-Nov-22 |
|  | Completion of Contract | | 13-Nov-23 |
|  | Name of Point of Contact | | Tushar Mokashi |
|  | Contact No. / Email ID of Person to Contact | | 8053619094, appykashyap@gmail.com |
|  | Name of the Project | | Research & Policy Projects |
|  | Type of Contract | | QHAP Full time consultant contract |
|  | Grant Start Date | | NA |
|  | Grant End Date | | NA |
|  | Budget Line Item | | Consultants |
|  | Available Budget | | INR 1,406,405 per annum/ INR 117,200 per month |
|  | Service/ Goods Description | | Program Support Manager (PSM) |
|  | Name of Approver of Contract | | Dr. Krishna Reddy |
|  |  | |  |
| **Bank Details** | | | |
|  | Please make payment to | Apurva Kashyap | |
|  | Bank Name | ICICI Bank | |
|  | Account Number | 040001002075 | |
|  | Bank Address | ICICI Bank, Sunder Nagar, Delhi Branch, 19, Sunder Nagar, New Delhi -110003 | |
|  | IFSC Code | ICIC0000400 | |
|  | Swift Code | NA | |