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| --- | --- | --- | --- | --- | --- |
| **ACCESS Health International, INC** | | | |  |  |
| **REQUEST FOR PROPOSAL OF CONTRACT** | | | |  |  |
|  | Name | Dr. Mohameed Kafeel | |  |  |
|  | Address | #148, 2nd Cross, Telecom Layout, Vijayanagar, Bangalore 560023 | |  |  |
|  | Legal Status of | India | |  |  |
|  | Country of Registration | India | |  |  |
|  | Date of Contract and Doc Ref No. | 8-Nov-22 | |  |  |
|  | Completion of Contract | 31-Jan-23 | |  |  |
|  | Name of Point of Contact | Manisha Tripathi | |  |  |
|  | Contact No. / Email ID of Person to Contact | 9845763893,   kafeel.83k@gmail.com | |  |  |
|  | Name of the Project | Roche | |  |  |
|  | Grant Start Date | January 7, 2022 | |  |  |
|  | Grant End Date | January 6, 2023 | |  |  |
|  | Budget Line Item | Consultant | |  |  |
|  | Available Budget | INR 4000 per day for 30 working days with a ceiling of INR 1,20,000 | |  |  |
|  | Service/ Goods Description | Medical Consultant | |  |  |
|  | Name of Approver of Contract | Dr. Krsihna Reddy | |  |  |
|  |  |  | |  |  |
|  | **Bank Details** | | |  |  |
|  | Please make payment to | | MOHAMMED KAFEEL |  |  |
|  | Bank Name | | HDFC Bank. |  |  |
|  | Account Number | | 02611140061603 |  |  |
|  | Bank Address | | 27/7, 15TH CROSS, 3RD BLOCK JAYA NAGAR BANGALORE KARNATAKA 560011 |  |  |
|  | IFSC Code | | HDFC0000261 |  |  |
|  | Swift Code | | HDFCINBBXXX |  |  |
|  |  | |  |  |  |