|  |  |  |  |
| --- | --- | --- | --- |
| **ACCESS Health International, INC** | | | |
| **REQUEST FOR PROPOSAL OF CONTRACT** | | | |
|  | Name | | Mohit Chahal |
|  | Address | | 3rd floor, #151, Malibu Town,  Sector 47, Gurugram, HR, 122018 |
|  | Legal Status | | N/A |
|  | Country of Registration | | N/A |
|  | Registration Number | | N/A |
|  | Date of Contract | | June 7, 2023 |
|  | Completion of Contract | | June 6, 2024 |
|  | Name of Point of Contact | | Manjula |
|  | Type of Contract | | QH full time consultant contract |
|  | Contact No. / Email ID of Person to Contact | | +91 8708192062, mohit.s.chahal@gmail.com |
|  | Name of the Project | | ABDM grant |
|  | Budget Line Item | | Consultants |
|  | Available Budget | | INR 50,000 per month |
|  | Service/ Goods Description | | Research Associate |
|  | Name of Approver of Contract | | Dr. Krsihna Reddy |
|  |  | |  |
| **Bank Details\*** | | | |
|  | Please make payment to | MOHIT | |
|  | Bank Name | PUNJAB NATIONAL BANK | |
|  | Account Number | 00512043000039 | |
|  | Bank Address | HFGP+3QM, Kaithal-Assandh Road, Rajound, Haryana 136044, India | |
|  | IFSC Code | PUNB0005110 | |
|  | Swift Code | NA | |
|  | PAN No | EJWPM2115R | |