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| **ACCESS Health International, INC** | | | |
| **REQUEST FOR PROPOSAL OF CONTRACT** | | | |
|  | Name | | Latika Rewaria |
|  | Address | | 90 JELLICOE ROAD, #31-31, CityLights, SINGAPORE 208749 |
|  | Legal Status of | | NA |
|  | Country of Registration | | NA |
|  | Registration Number | | NA |
|  | Date of Contract | | 1-Jul-23 |
|  | Completion of Contract | | 31-Jun-26 |
|  | Name of Point of Contact | | Dr. Reddy |
|  | Contact No. / Email ID of Person to Contact | | 8655385729, [latikarewaria26@gmail.com](mailto:latikarewaria26@gmail.com) |
|  | Name of the Project | | Asia Overhead |
|  | Type of Contract | | AHI Singapore full time employment contract |
|  | Budget Line Item | | Staff |
|  | Available Budget | | USD 2,000 per month |
|  | Service/ Goods Description | | Technical Specialist (Public Health) |
|  | Name of Approver of Contract | | Dr. Reddy |
|  |  | |  |
| **Bank Details** | | | |
|  | Please make payment to | LATIKA | |
|  | Bank Name | State Bank of India | |
|  | Account Number | 00000020177033706 | |
|  | Bank Address | Nirman Bhawan | |
|  | IFSC Code | SBIN0000583 | |
|  | Swift Code | SBININBB701 | |