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| **ACCESS Health International, INC** | | | |
| **REQUEST FOR PROPOSAL OF CONTRACT** | | | |
|  | Name | | Jitender Sharma |
|  | Address | | G 1527 Gaaxy North Avenue 2, Gaur City 2, Noida Extension, Noida – 201009, Uttar Pradesh, India |
|  | Legal Status of | | India |
|  | Country of Registration | | India |
|  | Registration Number | | NA |
|  | Date of Contract | | 01-July-23 |
|  | Completion of Contract | | 31-Dec-24 |
|  | Name of Point of Contact | | BD sir |
|  | Contact No. / Email ID of Person to Contact | | +91 9911526615, jitender.sharma@accessh.org |
|  | Name of the Project | | COO |
|  | Type of Contract | | QH full time consultant contract |
|  | Grant Start Date | | NA |
|  | Grant End Date | | NA |
|  | Budget Line Item | | Consultants |
|  | Available Budget | | INR 1,836,780 per annum (INR 153,065 per month) |
|  | Service/ Goods Description | | Finance Controller |
|  | Name of Approver of Contract | | Dr. Reddy |
|  |  | |  |
| **Bank Details** | | | |
|  | Please make payment to | Jitender Sharma | |
|  | Bank Name | HDFC Bank | |
|  | Account Number | 50100107532927 | |
|  | Bank Address | Sector 1 Noida | |
|  | IFSC Code | HDFC0000073 | |
|  | Swift Code | HDFCINBB | |
|  | PAN No |  | |