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| **ACCESS Health International, INC** | | |
| **REQUEST FOR PROPOSAL OF CONTRACT** | | |
|  | Name | Dr. Harikumar |
|  | Address | Manalumkunnath House  Punnamparambu  P.O. Thekkumkara  Thrissur Dist, Kerala 680589 |
|  | Legal Status of | NA |
|  | Country of Registration | NA |
|  | Registration Number | NA |
|  | Date of Contract and Doc Ref No. | 14-Aug-23 |
|  | Completion of Contract | 30-Sep-23 |
|  | Type of Contract | Quality Health Short Term Consultant Contract |
|  | Name of Point of Contact | Shrikant |
|  | Contact No. / Email ID of Person to Contact | 9495848722, hr4harikumar@gmail.com |
|  | Name of the Project | Piramal Swasthya |
|  | Grant Start Date | December 15, 2022 |
|  | Grant End Date | December 14, 2023 |
|  | Budget Line Item | Consultants |
|  | Available Budget | IBR 18,000 per month |
|  | Service/ Goods Description | Consultant |
|  | Name of Approver of Contract | Dr. Krishna Reddy |
|  |  |  |
| **Bank Details** | | |
|  | Please make payment to | M S HARIKUMAR |
|  | Bank Name | STATE BANK OF INDIA |
|  | Account Number | 67024063239 |
|  | Bank Address | STATE BANK OF INDIA, PUNNAMPARAMBU, P. B. NO. 701, PIN-680589. |
|  | IFSC Code | SBIN0070342 |
|  | Swift Code | SBININBB401 |
|  | PAN No | APZPH4518L |