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| **ACCESS Health International, INC** | | |
| **REQUEST FOR PROPOSAL OF CONTRACT** | | |
|  | Name | Dr. Mohamed Hassany |
|  | Address | 10 Kasr Al-Aini St. Cairo, Egypt |
|  | Legal Status of | NA |
|  | Country of Registration | NA |
|  | Registration Number | NA |
|  | Date of Contract | September 1, 2023 |
|  | Completion of Contract | August 31, 2025 |
|  | Name of Point of Contact | Bela Sehgal |
|  | Contact No. / Email ID of Person to Contact | ( +2) 01001652097, (+2) 01128500015, mohamadhassany@yahoo.com, |
|  | Name of the Project | MENA Projects |
|  | Type of Contract | AHI Consultant Contract |
|  | Grant Start Date | NA |
|  | Grant End Date | NA |
|  | Budget Line Item |  |
|  | Available Budget | Annual compensation is USD 103,158 inclusive of benefits: Health Insurance USD 500 per annum and USD 585 per annum for Telephone and Internet |
|  | Service/ Goods Description | Assistant Director, Health Systems (MENA) |
|  | Name of Approver of Contract | Dr. Krishna Reddy |
|  |  |  |
| **Bank Details** | | |
|  | Please make payment to |  |
|  | Bank Name |  |
|  | Account Number |  |
|  | Bank Address |  |
|  | IFSC Code |  |
|  | Swift Code |  |
|  | PAN No |  |