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| **ACCESS Health International, INC** | | |
| **REQUEST FOR PROPOSAL OF CONTRACT** | | |
|  | Name | Rashmi Sinha | |
|  | Address | Panchsheel Hyniesh, Tower T3-12th floor, 1206, Greater Noida West-1, Uttar Pradesh, India - 201307 | |
|  | Legal Status of | NA | |
|  | Country of Registration | India | |
|  | Registration Number | NA | |
|  | Date of Contract | Nov 1, 2023 | |
|  | Completion of Contract | March 31, 2025 | |
|  | Contact No. / Email ID of Authorized Signatory of the Contact | Mo: +91 8800787373/ rashmi.s.creative@gmail.com | |
|  | Name of the Project | State Engagement | |
|  | Budget /Service Fee | As per given quotation | |
|  | Service/ Goods Description | Designing (Brand promotion materials) | |
|  | Name of Approver of Contract | Dr. Krishna Reddy | |
|  |  |  | |
| **Bank Details** | | |
|  | Please make payment to | RASHMI SINHA | |
|  | Bank Name | HDFC, Bank | |
|  | Account Number | 02721000089283 | |
|  | Bank Address | SEC 9, ROHINI, New Delhi | |
|  | IFSC Code | HDFC0001347 | |
|  | Swift Code | HDFCINBB | |