|  |  |  |  |
| --- | --- | --- | --- |
| **ACCESS Health International, INC** | | | |
| **REQUEST FOR PROPOSAL OF CONTRACT** | | | |
|  | Name | | Monica Tripathi |
|  | Address | | 31, Jalvayu Vihar Colony, Sector-L, Aashiyana, Lucknow |
|  | Legal Status of | | India |
|  | Country of Registration | | India |
|  | Registration Number | | NA |
|  | Date of Contract | | Feb 14, 2024 |
|  | Completion of Contract | | Feb 13, 2025 |
|  | Name of Point of Contact | | Himani |
|  | Contact No. and Email ID of Person to Contact | | +91 9415349505, monicatripathi14@gmail.com |
|  | Name of the Project | | State Engagement |
|  | Type of Contract | | AHI Consultant Contract |
|  | Grant Start Date | | April 2021 |
|  | Grant End Date | | March 2025 |
|  | Budget Line Item | | Consultants |
|  | Available Budget | | INR 350,000 per month |
|  | Service/ Goods Description | | Lead – Quality Assurance |
|  | Name of Approver of Contract | | Dr. Reddy |
|  |  | |  |
| **Bank Details** | | | |
|  | Please make payment to |  | |
|  | Bank Name |  | |
|  | Account Number |  | |
|  | Bank Address |  | |
|  | IFSC Code |  | |
|  | Swift Code |  | |
|  | PAN No |  | |