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| **Quality Healthcare Access Pvt. Ltd** | | |
| **REQUEST FOR PROPOSAL OF CONTRACT** | | |
|  | Name | Dr. Shrikant Kishorrao Kalaskar |
|  | Address | Flat No. 206,Domina, LH 11  Lanco Hills Apartment,Manikonda Jagir, Hyderabad, Telangana, India |
|  | Legal Status of | NA |
|  | Country of Registration | NA |
|  | Registration Number | NA |
|  | Date of Contract and Doc Ref No. | January 1, 2024 |
|  | Completion of Contract | December 31, 2025 |
|  | Type of Contract | QH full time Employment Contract |
|  | Name of Point of Contact | Dr. Shrikant Kishorrao Kalaskar |
|  | Contact No. / Email ID of Person to Contact | 08097793608, drshrikantkalaskar@gmail.com |
|  | Name of the Project | Advisory Projects |
|  | Grant Start Date | NA |
|  | Grant End Date | NA |
|  | Budget Line Item | Staff |
|  | Available Budget | INR 2,348,156 per annum |
|  | Service/ Goods Description | Technical Head – Public Health and Capacity Building |
|  | Name of Approver of Contract | Dr. Krishna Reddy |
|  |  |  |
| **Bank Details** | | |
|  | Please make payment to | |  | | --- | | Shrikant Kishorrao Kalaskar | |
|  | Bank Name | SBI |
|  | Account Number | |  | | --- | | 00000035753328480 | |
|  | Bank Address | Wadi, Nanded |
|  | IFSC Code | SBIN0021935 |
|  | Swift Code | NA |