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| **Quality Healthcare Access Pvt. Ltd** | | |
| **REQUEST FOR PROPOSAL OF CONTRACT** | | |
|  | Name | Anubhav Jain |
|  | Address | D-14, First Floor, Anand Vihar  New Delhi -110092 |
|  | Legal Status of | NA |
|  | Country of Registration | NA |
|  | Registration Number | NA |
|  | Date of Contract and Doc Ref No. | February 15, 2024 |
|  | Completion of Contract | Open |
|  | Type of Contract | QH full time Employment Contract |
|  | Name of Point of Contact | Anubhav Jain |
|  | Contact No. / Email ID of Person to Contact | +91 – 9711141041, anubhavjain88@gmail.com |
|  | Name of the Project | FHM Engage |
|  | Grant Start Date | December 1, 2023 |
|  | Grant End Date | September 30, 2026 |
|  | Budget Line Item | Staff |
|  | Available Budget | INR 3,000,000 per annum/INR 250,000 per month) |
|  | Service/ Goods Description | Finance Manager |
|  | Name of Approver of Contract | Dr. Krishna Reddy |
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| **Bank Details** | | |
|  | Please make payment to |  |
|  | Bank Name |  |
|  | Account Number |  |
|  | Bank Address |  |
|  | IFSC Code |  |
|  | Swift Code |  |