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| **REQUEST FOR PROPOSAL OF CONTRACT**  **ACCESS Health International** | | |
|  | Name of Organization | Aircom Travels Private Limited | |
|  | Address  (Registered and Operational Both) | 4th Floor, Room No. 409, Kamalalaya Centre,  156a Lenin Sarani, Wellington Crossing, Kolkata, | |
|  | Legal Status of | Private Limited Company | |
|  | Country of Registration | India | |
|  | Registration Number |  | |
|  | PAN | AAECA2489E | |
|  | GSTIN NO | 19AAECA2489E2ZL | |
|  | Date of Contract | 01 November 2023 | |
|  | Completion of Contract | 31 March 2024 | |
|  | Type of Contract | AHI Service Contract | |
|  | Name and Designation of Authorized Signatory of the Contract | Anjani Kumar Dhanuka, Director | |
|  | Contact No. / Email ID of Authorized Signatory of the Contract | +91 9831014156, [reservations@aircomtravels.com](mailto:reservations@aircomtravels.com), packages@ aircomtravels.com | |
|  | Name of the Project | HSTP | |
|  | Budget /Total Contract Value | Based on the rate card shared by the agency | |
|  | Service/ Goods Description  (3-4 lines on intended program) | Travel Agency services for HSTP | |
|  | Name of Approver of Contract at the Organization | Dr. Krishna Reddy | |
|  |  |  | |
| **Bank Details** | | |
|  | Please make payment to |  | |
|  | Bank Name |  | |
|  | Account Number |  | |
|  | Bank Address |  | |
|  | IFSC Code |  | |
|  | Swift Code |  | |