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| **ACCESS Health International, INC** | | |
| **REQUEST FOR PROPOSAL OF CONTRACT** | | |
|  | Name | Dr. Sudha Chandrasekhar |
|  | Address | No. 206, 15th B cross, West of Chord Road, Mahalaxmipuram, Bengaluru-560086 |
|  | Legal Status of | NA |
|  | Country of Registration | NA |
|  | Registration Number | NA |
|  | Date of Contract | March 1, 2024 |
|  | Completion of Contract | December 31, 2024 |
|  | Name of Point of Contact | Dr. Sudha Chandrasekhar |
|  | Contact No. / Email ID of Person to Contact | 9900145859 / sudhashreec@yahoo.co.in |
|  | Name of the Project | State Engagement Grant |
|  | Type of Contract | AHI Part Time Consultant Contract |
|  | Grant Start Date | 14-Nov-19 |
|  | Grant End Date | 31-Mar-25 |
|  | Budget Line Item | External Consultants |
|  | Available Budget | INR 32,000 per day for 5 working days in a month for maximum of 45 days |
|  | Service/ Goods Description | Consultant |
|  | Name of Approver of Contract | Himani Sethi/Dr. Krishna Reddy |
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| **Bank Details** | | |
|  | Please make payment to | Sudha Chandrashekar |
|  | Bank Name | Bank of Baroda |
|  | Account Number | 5210100014373 |
|  | Bank Address | No. 472, 80 ft road, JP Nagar, 7th Phase, RBI layout, Bangalore  560078, Karnataka, India |
|  | IFSC Code | BARB0VJRBIX (fifth character is zero) |
|  | Swift Code | BARBINBBBOS |
|  | PAN No | AFYPC6449N |