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| **ACCESS Health International, INC** | | |
| **REQUEST FOR PROPOSAL OF CONTRACT** | | |
|  | Name | Lakshmi Shanthi |
|  | Address | H. No. 9-6-46, Plot No. 46, Machanapally Enclave, Abhyudhaya Nagar Colony, Hyderabad, Telangana, India - 500086 |
|  | Legal Status of | NA |
|  | Country of Registration | India |
|  | Registation Number | NA |
|  | Date of Contract | 8-Jan-21 |
|  | Completion of Contract | 7-Dec-21 |
|  | Name of Point of Contact | Lakshmi Shanthi |
|  | Contact No. / Email ID of Person to Contact | [8885405226/shanthi.natural@gmail.com](mailto:8885405226/shanthi.natural@gmail.com) |
|  | Name of the Project | India Overhead |
|  | Grant Start Date | NA |
|  | Grant End Date | NA |
|  | Budget Line Item | Admin |
|  | Available Budget | INR 60,000 per month |
|  | Service/ Goods Description | Senior Executive |
|  | Name of Approver of Contract | Krishna Reddy |
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| **Bank Details** | | |
|  | Please make payment to | S Lakshmi Shanthi |
|  | Bank Name | IDBI BANK |
|  | Account Number | 0432104000164238 |
|  | Bank Address | Diamond Park, Plot No – 81, Vinayak Nagar Colony, Gachibowli, Hyderabad – 500032 Telangana, India |
|  | Routing Number | NA |
|  | IFSC Code | IBKL0000432 |
|  | Swift Code | IBKLINBB002 |
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|  | **Submitted to** |  |
|  | **Name of the Person** | Dr. Krishna Reddy |
|  | **Designation** | Country Director, India |
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|  |  |  |
|  | **Signature** | Maulik Chokshi |
|  | **Designation** | Director-Health Systems |
|  | **Program Name** | FHR Supplementary Grant |