|  |  |  |
| --- | --- | --- |
| **AFFORDABLE QUALITY HEALTH** | | |
| **REQUEST FOR PROPOSAL OF CONTRACT** | | |
|  | Name | Dr. Sandhya Ahuja |
|  | Address | K1/131 Second Floor, Chittaranjan Park, New Delhi – 110019 |
|  | Legal Status of | NA |
|  | Country of Registration | NA |
|  | Registration Number | NA |
|  | Date of Contract | March 17, 2023 |
|  | Completion of Contract | April 30, 2023 |
|  | Name of Point of Contact | Shrikant |
|  | Contact No. / Email ID of Person to Contact | +91-9811760911, sandhyaahuja@gmail.com |
|  | Name of the Project | Piramal Swasthya |
|  | Type of Contract | QH Short Term Consultant Contract |
|  | Grant Start Date | NA |
|  | Grant End Date | NA |
|  | Budget Line Item | Short Term Consultants |
|  | Available Budget | NR 10,000 per day for 3 days |
|  | Service/ Goods Description | Consultant |
|  | Name of Approver of Contract | Dr. Krishna Reddy |
|  |  |  |
| **Bank Details** | | |
|  | Please make payment to | Sandhya Ahuja |
|  | Bank Name | State Bank of India |
|  | Account Number | 32218977539 |
|  | Bank Address | B107, Chittaranjan Park |
|  | IFSC Code | SBIN0015281 |
|  | PAN No | ADPPA5291B |