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| **ACCESS Health International, INC** | | |
| **REQUEST FOR PROPOSAL OF CONTRACT** | | |
|  | Name of Organization | Postgraduate Institute of Medical Education & Research (PGIMER), Chandigarh | |
|  | Address | Sector 12, Chandigarh, 160062 | |
|  | Legal Status of | Institute | |
|  | Country of Registration | India | |
|  | Registration Number | D221 | |
|  | Start Date of Contract | September 15, 2021 | |
|  | End Date of Contract | November 30, 2021 | |
|  | Type of Contract | Services Contract | |
|  | Name and Designation of Authorized Signatory of the Contract | Dean | |
|  | Contact No. / Email ID of Authorized Signatory of the Contract | 0172-2755901, [subdean.research@pgimer.edu.in](mailto:subdean.research@pgimer.edu.in), rgc06pgi@gmail.com | |
|  | Name of the Project | MSH | |
|  | Budget /Total Contract Value | USD 30,585 | |
|  | Service/ Goods Description | Costing of the primary care study in Punjab | |
|  | Name of Approver of Contract | Maulik Chokshi | |
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| **Bank Details** | | |
|  | Please make payment to | Director PGIMER Research Grant Saving Account Chandigarh | |
|  | Bank Name | State Bank of India | |
|  | Account Number | 37554596542 | |
|  | Bank Address | Medical Institute Branch Sector 12,Chandigarh | |
|  | IFSC Code | SBIN0001524 | |
|  | Swift Code | SBININBB443 | |