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| --- | --- | --- | --- |
| **ACCESS Health International, INC** | | | |
| **REQUEST FOR PROPOSAL OF CONTRACT** | | | |
|  | Name | | Dr. Arpita Dhawan |
|  | Address | | 1202 Tower A, 12th Avenue, Gaur City 2  Greater Noida West, UP 201009 |
|  | Legal Status of | | India |
|  | Country of Registration | | India |
|  | Registration Number | | NA |
|  | Date of Contract | | 01-Jun-22 |
|  | Completion of Contract | | 31-May-25 |
|  | Name of Point of Contact | | Komal Malhotra |
|  | Contact No. / Email ID of Person to Contact | | +91-8178911132, [dhawanarpita@gmail.com](mailto:dhawanarpita@gmail.com) |
|  | Name of the Project | | Digital Health |
|  | Type of Contract | | AHI full time consultant contract |
|  | Grant Start Date | | 11/13/18 |
|  | Grant End Date | | 12/31/22 |
|  | Budget Line Item | | Consultant |
|  | Available Budget | | INR 925,000 per annum |
|  | Service/ Goods Description | | Business Analyst |
|  | Name of Approver of Contract | | Dr. Krshina Reddy |
|  |  | |  |
| **Bank Details** | | | |
|  | Please make payment to |  | |
|  | Bank Name |  | |
|  | Account Number |  | |
|  | Bank Address |  | |
|  | IFSC Code |  | |
|  | Swift Code |  | |