

SIGNATURE PAGE

P-4-2023

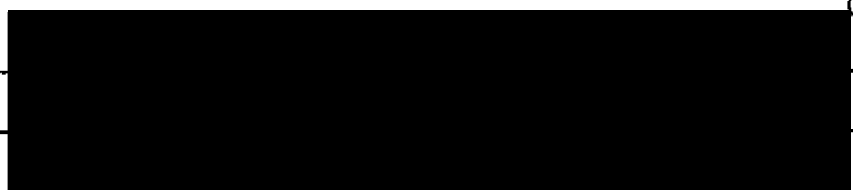
To the Monmouth County Board of County Commissioners:

**THE UNDERSIGNED HEREBY DECLARES THAT
I (WE) HAVE CAREFULLY EXAMINED THE SPECIFICATIONS.
I (WE) HEREBY CERTIFY PRICES QUOTED ARE IN ACCORDANCE
WITH YOUR REQUIREMENTS.**

Company Name: Kabeeruddin Hashmi
(PRINT)

Preparer's Name: Kabeeruddin Hashmi
(PRINT)

Signature:  11-12-2022
(DATE)

Address: 

Telephone No.: _____

Fax No.: _____

E-Mail Address: 
~~(This should be the email where contracts would be sent)~~

Contact Person: _____

FEIN: 
(Federal Employee ID)

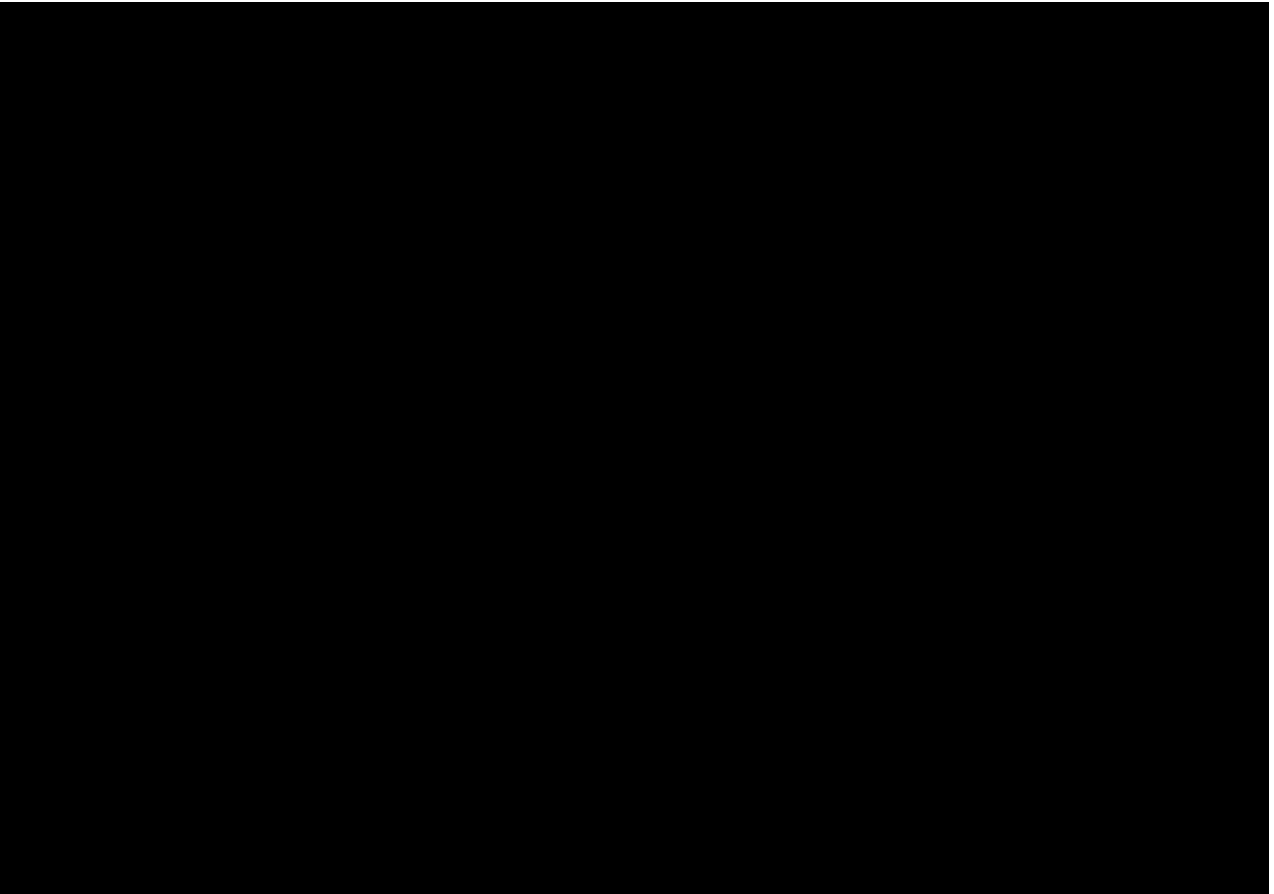
BRC: _____
(Business Registration Certificate)

(Revised 2/2017)

**Proposal for RFP P-4-2023
Medical Director for the Monmouth County Department of Health
Tuberculosis Control Clinic
January 1, 2023 to December 31, 2023**

Applicant: Kabeeruddin Hashmi, M.D.

I am applying for the Medical Director position to provide consultation for the tuberculosis clinic at the Monmouth County Department of Health for the period January 1, 2023 through December 31, 2023.



Providing three hours every other week can be easily adjusted into my schedule.

My rate for services is 155.00 Dollars / hour.