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| **ACCESS Health International, INC** | | |
| **REQUEST FOR PROPOSAL OF CONTRACT** | | |
|  | Name | Dr. Lakshmi Archana Yarasani |
|  | Address | Flat no 113, Staff Quarters, MallaReddy Medical college For Women, Suraram, Jeedimetla, Hyderabad -500055 |
|  | Legal Status of | NA |
|  | Country of Registration | NA |
|  | Registration Number | NA |
|  | Date of Contract and Doc Ref No. | April 1, 2021 |
|  | Completion of Contract | July 31, 2021 |
|  | Name of Point of Contact | Lakshmi Archana Yarasani |
|  | Contact No. / Email ID of Person to Contact | 7989544870, [archu.yarasani@gmail.com](mailto:archu.yarasani@gmail.com) |
|  | Name of the Project | APSC Baseline Study |
|  | Grant Start Date | March 24, 2021 |
|  | Grant End Date | August 23, 2021 |
|  | Budget Line Item | Consultants |
|  | Available Budget | INR 40,000 per month |
|  | Service/ Goods Description | Research Associate |
|  | Name of Approver of Contract | Dr. Krishna Reddy/Girish |
|  |  |  |
| **Bank Details** | | |
|  | Please make payment to | Lakshmi Archana Yarasani |
|  | Bank Name | BANK OF INDIA |
|  | Account Number | 571016310002114 |
|  | Bank Address | MIMS BRANCH, SURARAM, HYDERABAD. |
|  | IFSC Code | BKID0005710 |
|  | Swift Code | NA |