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| **ACCESS Health International, INC** | | |  |  |  |  |  |  |  |
| **REQUEST FOR PROPOSAL OF CONTRACT** | | |  |  |  |  |  |  |  |
|  | Name | **Priyamvada Kowshik** |  |  |  |  |  |  |  |
|  | Address | 102/114, Silver Oaks Apartments, DLF Phase I, Gurgaon-122002 |  |  |  |  |  |  |  |
|  | Legal Status of | NA |  |  |  |  |  |  |  |
|  | Country of Registration | India |  |  |  |  |  |  |  |
|  | Registation Number | NA |  |  |  |  |  |  |  |
|  | Date of Contract and Doc Ref No. | August 16, 2021 |  |  |  |  |  |  |  |
|  | Completion of Contract | September 30, 2021 |  |  |  |  |  |  |  |
|  | Name of Point of Contact | Priyamvada Kowshik |  |  |  |  |  |  |  |
|  | Contact No. / Email ID of Person to Contact | 9810453175, pkowshik@gmail.com |  |  |  |  |  |  |  |
|  | Name of the Project | State Engagement |  |  |  |  |  |  |  |
|  | Grant Start Date | April 1, 2019 |  |  |  |  |  |  |  |
|  | Grant End Date | March 31, 2023 |  |  |  |  |  |  |  |
|  | Budget Line Item | Consultants |  |  |  |  |  |  |  |
|  | Available Budget | Rs. 150,000 |  |  |  |  |  |  |  |
|  | Service/ Goods Description | Writer |  |  |  |  |  |  |  |
|  | Name of Approver of Contract | Himani Sethi |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Bank Details** | | |  |  |  |  |  |  |  |
|  | Please make payment to | Priyamvada Kowshik |  |  |  |  |  |  |  |
|  | Bank Name | ICICI Bank |  |  |  |  |  |  |  |
|  | Account Number | 007101519217 |  |  |  |  |  |  |  |
|  | Bank Address | Green Park Extension, Near Uphaar Cinema, New Delhi-110016 |  |  |  |  |  |  |  |
|  | Routing Number | NA |  |  |  |  |  |  |  |
|  | Routing Number | NA |  |  |  |  |  |  |  |
|  | IFSC Code | ICIC0000071 |  |  |  |  |  |  |  |
|  | Swift Code | NA |  |  |  |  |  |  |  |
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