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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 | | October 25, 2021 |  |  |  |  |  |  |  |
|  | Completion of Contract | | January 31, 2022 |  |  |  |  |  |  |  |
|  | 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 | | Part Time Consultants |  |  |  |  |  |  |  |
|  | Available Budget | | INR 6000 per day for 40-50 working days |  |  |  |  |  |  |  |
|  | Service/ Goods Description | | Communication Consultant |  |  |  |  |  |  |  |
|  | Name of Approver of Contract | | Himani Sethi |  |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  |  |
| **Bank Details** | | | |  |  |  |  |  |  |  |
|  | Please make payment to | PriyamvadaKowshik | |  |  |  |  |  |  |  |
|  | Bank Name | ICICI Bank | |  |  |  |  |  |  |  |
|  | Account Number | 007101519217 | |  |  |  |  |  |  |  |
|  | Bank Address | Green Park Extension, Near Uphaar Cinema, New Delhi-110016 | |  |  |  |  |  |  |  |
|  | IFSC Code | ICIC0000071 | |  |  |  |  |  |  |  |
|  | Swift Code | NA | |  |  |  |  |  |  |  |
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