**ANNEXURE – I**

**TECHNICAL BID**

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| Date of Submission of Bid:  |
| Tender for : TENDER FOR GROUP HEALTH INSURANCE FOR EMPLOYEES & DEPENDENTS OF IIIT MANIPURTender No.: 1/51/2025-AE/1 dated 12.09.2025 |
| Name of the Bidder/ Insurer: Correspondence Address: / Mob No.:Email Id: |  |
| Copies of all supporting documents duly stamped & signed by the bidder in support of below particulars  |
| Sl. | Particulars | DetailsCompliance (Y/N) |
| 1 | The bidder should be registered with the Insurance Regulatory Development Authority of India (IRDAI) and have valid license to carry out group health insurance policy in India. Copy of valid registration certificate and license issued by the competent authority is to be enclosed as proof. |  |
| 2 | The bidder should have a registered Branch office in Imphal. Valid document in support of branch office as well as the details of Point of Contact (POC) for the institute on behalf of the bidder is to be submitted by the bidder. |  |
| 3 | The bidder should have valid PAN & GST registration number. |  |
| 4 | The bidder should have successfully completed minimum one group insurance policy of at least 100 members in a single policy during past five years from the last date of submission of bid in any Central/ State Govt. Department/ Public Sector Undertakings/ Autonomous Bodies/ Academic Institutions/ CFTIs like IIMs, IITs, IISERs, IISc. etc. / commercial/ industrial organizations of repute. The agreement should be in the name of the bidder. Policy document/ successful completion certificate should be enclosed as proof of experience. |  |
| 5 | The bidder must not have been debarred, blacklisted, or terminated by any Central or State Government Department, Public Sector Undertakings, Autonomous Bodies, Academic Institutions, CFTIs, etc., in the five years preceding the last date for bid submission.  |  |
| 6 | Other documents like company background, strength, key achievement, TAT for claim settlement, claim service network including TPA, list of network hospitals etc. as required in terms of the tender, to claim eligibility. |  |
| 7 | Turnover during last three years ending on 31st March 2025 FY 2024-25: ₹ FY 2023-24: ₹FY 2022-23: ₹  |  |
| 8 | Bid Forwarding Letter as per Annexure - II |  |
| 9 | Duly signed and stamped of the entire bid document along with its addendum/corrigendum, if any |  |

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| --- | --- | --- |
|  | **COVERAGE** |  **COMPLIANCE AS PER TABLE – C** **(YES/NO)** |
| a) | In-patient Treatment Critical Illness, Major Surgeries, and any alternative treatment |  |
| b) | Day Care Treatment:(Surgeries/ treatments including alternative treatment/ procedures which require less than 24 hours hospitalization as an inpatient due to subsequent advancement in technology) |  |
| c) | Waiting period of 30 days, 1 year, 2 year or 4 years etc. |  |
| d) | Pre-Existing Diseases |  |
| e) | Maternity Benefit and New Born Baby |  |
| f) | Cashless Facility  |  |
| g) | Mid-Term Inclusion |  |
| h) | Ambulance Service |  |
| i) | Air Ambulance |  |
| j) | Domiciliary Hospital |  |
| k) | Disease Sub-Limit |  |
| l) | Room Rent |  |
| m) | ICU |  |
| n) | Co-Pay |  |
| o) | Day Care Procedure  |  |
| p) | Pre- Hospitalisation |  |
| q) | Post Hospitalization |  |
| r) | Lasik Treatment |  |
| s) | Psychiatric Ailments |  |
| t) | Congenital External |  |
| u) | Congenital Internal |  |
| w) | Reimbursement Claim  |  |

I/We ……………………………………………………………. (Name of the Authorized Representative of Bidder)

of …………………………………… (Name of the bidder/insurer) do hereby declare that the entries made here are true to the best of my/our knowledge. I/We **hereby agree to abide by all terms and conditions laid down in the tender document.**

Place

 (Name & signature with stamp of the bidder)

Date

**ANNEXURE – II**

**BID FORWARDING LETTER**

(On the Letterhead of the Bidder)

Date:

To,

 The Registrar

 IIIT Manipur

 Imphal – 795002

 Sub: Tender for Group Health Insurance for Employees & Dependents of IIIT Manipur

 Tender No. 1/51/2025-AE/1 dated 12.09.2025

 Sir,

I/ We hereby confirm and declare that I/We have carefully studied the tender documents therein and undertake myself/ ourselves to abide by the terms and conditions laid down in the tender document.

 I/ We also keep the offer open for 90 (Ninety) days from the last date of submission of bids.

Yours faithfully,

 (Name & Signature with stamp of the bidder)

**ANNEXURE – III**

**SELF DECLARATION ABOUT NON BLACK-LISTING**

(On the Letterhead of the Bidder)

Date:

To,

 The Registrar

 IIIT Manipur

 Imphal – 795002

 Sub: Tender for Group Health Insurance for Employees & Dependents of IIIT Manipur

 Ref. No. Tender No. 1/51/2025-AE/1 dated 12.09.2025

 Sir,

 In response to tender under reference, I/ We hereby declare that presently our firm is having unblemished record and is not declared ineligible for corrupt & fraudulent practices either indefinitely or for a particular period of time by any Central/ State Govt. Department, Public Sector Undertakings, Autonomous Bodies, Academic Institutions and Commercial Organizations.

We further declare that presently our firm is also not blacklisted/ debarred and not declared ineligible for any reason other than corrupt & fraudulent practices by any Central/ State Govt. Department, Public Sector Undertakings, Autonomous Bodies, Academic Institutions and Commercial Organizations in past five years from the last date of submission of bid.

If this declaration is found to be incorrect then without prejudice to any other action that may be taken, my/ our performance security may be forfeited in full and the tender if any to the extent accepted may be cancelled.

Yours faithfully,

 (Name & Signature with stamp of the bidder)

**ANNEXURE – IV**

**FINANCIAL BID**

(On the Letterhead of the Bidder)

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| Date of Submission of Financial Bid:  |
| Tender for Group Health Insurance for Employees & Dependents of IIIT ManipurTender No. 1/51/2025-AE/1 dated 12.09.2025 |
| Name of the Agency: Correspondence Address: Tel/ Mob No.:Email Id: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| (a) | (b) | (c) | (d) | (e) |
| Sl. No. | Particulars  | Premium Amount | GST as Applicable | In Words |
| 1. | Premium for Employees & Dependents (` 5 lacs) |  |  |  |
| 2. | Premium for Employees & Dependents (` 10 lacs) |  |  |  |
| Note:1. Premium amount quoted above will remain unchanged throughout the policy period.2. GST will be extra as per rule. |

**Rates for endorsement (Per life exclusive of GST)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 - 18 | 19 - 35 | 36 - 45 | 46 - 55 | 56 - 60 | 61 - 65 | 66 - 70 | 71 - 75 | 75 - 80 Above |
| ` | ` | ` | ` | ` | ` | ` | ` | ` |

 **DECLARATION**

I/We ……………………………………………………………. (Name of the Authorized Representative of Bidder) of …………………………………… (Name of the bidder/insurer) do hereby declare that the entries made here are true to the best of my/our knowledge. I/We hereby agree to abide by all terms and conditions laid down in the tender document.

Place

 (Name & signature with stamp of the bidder)

Date