



**Dr B R AMBEDKAR NATIONAL INSTITUTE OF TECHNOLOGY**  
**G T Road By Pass, Jalandhar-144011, Punjab (India)**

EPABX 0181-2690301-453 Fax 2689329, 2690932 Email [registrar@nitj.ac.in](mailto:registrar@nitj.ac.in)

Ref.No.NITJ/Store/40/17

Dated:

M/s \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Subject: Quotation for Cashless Group Mediciam Insurance Policy**  
**Quotation No. NITJ/Store/40/2017.**

Please find enclosed herewith the following

- 1. QUOTATION NOTICE AND INSTRUCTIONS AND TERMS & CONDITIONS**
- 2. FINANCIAL BID - ANNEXURE "A"**
- 3. DETAIL OF THE STUDENTS AND QUESTIONNAIRE**

You are requested to submit your best quote for Cashless Group Mediciam Insurance Policy for Students of Dr B R Ambedkar National Institute of Technology Jalandhar which should be submitted in a sealed envelope duly superscribed "Quotation for Cashless Group Mediciam Insurance" and addressed to:

**Receipt /Dispatch Section**

**Kind Attention: Store Section**

Director  
Dr. B R Ambedkar National Institute of Technology (NIT)  
G T Road By Pass,  
Jalandhar-144011, Punjab (India)

The above said quotation of your company should reach at the above said address by post or by-hand up to 18/07/2017 at 3.00 PM and will be opened on the same day on 18/07/2017 at 3.30 PM in the presence of the quotees, whom so ever may wish to be present. If you have further, query please contact following officials:

- Dr Rohit Mehra, Registrar, NIT Jalandhar, Mobile No. 9888534590
- Dr Anish Sachdeva, Chief Warden, NIT Jalandhar, Mobile No. 9501019873
- Sh Rakesh Kakkar, Supdt. Store, NIT Jalandhar, Mobile No. 7508722690

The above documents can also download from Institute Website [www.nitj.ac.in](http://www.nitj.ac.in)

Total Page 1-5

**Supdt. (Store)**



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**Subject: Sealed quotations are invited for Cashless Group Mediclaim Insurance for the students of the Institute from the Government Owned Insurance Company only as per the sum insured given in the terms and conditions.**

**Instructions to Quotee**

1. Telex, Fax, e-mail and other incomplete offers are liable to be summarily ignored.
2. The quotation shall be submitted in a sealed envelope duly superscribed with Reference number, due date of submission. Envelope bearing the following reference on the top : Quotation for Cashless Mediclaim Insurance and addressed to

**Receipt /Dispatch Section**

**Kind Attention: Store Section**

Director  
Dr. B R Ambedkar National Institute of Technology (NIT)  
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3. The Institute shall not be responsible for any postal delay and delay in receipt of the offer. Any quotation received by the Institute which does not fulfill the desired terms and conditions and sum insured shall be rejected out rightly and no communication in this regard shall be sent. Delayed/ Late quotation will not be accepted, in any circumstances.
4. The quotation should be clearly filled or typed and signed in ink legibly giving full address of the quotee. Alterations if any, unless legibly attested by the quotee with his full signature, otherwise invalidate the Quotation.
5. All corrigenda, agenda, amendments and clarifications to this quotation will be hosted in the website [www.nitj.ac.in](http://www.nitj.ac.in) and not in the newspaper, Bidders shall keep themselves updated with all such developments.

**Read and Accepted.**

**(Signature of the Quotee)**

**Name & Stamped**



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**Terms & conditions for having a Cashless Group Mediciam Insurance Policy**

1. Name & address of the Insurance Company.
2. Person in charge( Official)  
Name-\_\_\_\_\_  
Official Address-\_\_\_\_\_  
Email-\_\_\_\_\_  
Phone number-\_\_\_\_\_  
Fax-\_\_\_\_\_
3. Local address of the Insurance Company-  
Name-\_\_\_\_\_  
Official Address-\_\_\_\_\_  
Email-\_\_\_\_\_  
Phone number-\_\_\_\_\_  
Fax-\_\_\_\_\_
4. The policy will be purchased for one year for the regular students of NIT Jalandhar and it will be renewable on yearly basis depending upon the performance evaluation of the company.
5. No change in the terms & conditions of the insurance policy once decided will be accepted during the operation of such policy.
6. Scope of Coverage will be 24 Hrs, 365 days, all over India. List of the Hospitals available on cashless be attached.
7. The detail of Cashless Mediciam Insurance Policy:

**Insurance Coverage**

1. Rs. 2 lacs in the event of accidental death of the parents /guardian.
2. Rs. 2 lacs as the coverage for the student fees in the accidental death of earning parent /guardian.
3. Rs. 2 lacs for the family of the student in case of his/her accidently death or incapacitation / permanent disability.
4. Rs. 1, 00,000/- Mediciam Insurance covers for students .



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**Condition:** The above said sum insured is to be covered up to the age of 25 years for regular student of B.Tech and 35 Years for Ph.D/ M.Sc/M.Tech regular students. The Insurance Company has to provide Cashless Card to the insured students immediately after get mediclaim insured. A TPA (Third Party Administrator) is also required.

8. The aforesaid details of sum insured, scope of cover and details of benefit will have to be included the terms & conditions of the policy by the insurance company.
9. The award will be placed on the basis of above said risk coverage and lowest premium basis and terms & conditions as per Annexure 'A'.
10. The courts at Jalandhar alone will have the jurisdiction for trial of any matter, dispute or reference between parties arising out of this Quotation / contract. It is specifically agreed that no court outside and other than Jalandhar Court shall have jurisdiction in the matter.

**Read and Accepted.**

**(Signature of the Quotee)**  
**Name & Stamped**



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**ON THE LETTER HEAD OF THE COMPANY**

Annexure-‘A’

**QUOTATION FOR CASHLESS MEDICLAIM INSURANCE POLICY**

Ref:NITJ/Pur/

Date:

Sr. No	Description	Rate(Per Student ) In Rs
1.	The detail of Cashless Mediclaim Insurance Policy: 1. Rs. 2 lacs in the event of accidental death of the parents/guardian. 2. Rs. 2 lacs as the coverage for the student fees in the accidental death of earning parent /guardian. 3. Rs. 2 lacs for the family of the student in case of his/her accidently death or incapacitation / permanent disability. 4. Rs. 1, 00,000/- Mediclaim Insurance Covers for Students	
2.	Service Tax.	%

Terms & Conditions: In above policy, mediclaim cover including pre-existing diseases, expenses without any room rent capping in any of network hospitals in India upon producing Student Identity Card.

No waiting period and first year exclusion is waived off under above mediclaim policy. Pre & Post hospitalization medical expenses are covered in the policy.

The medical treatment of the students will be made in the recognize hospital on cashless scheme and Insurance Company will settle the claim cases. The Insurance Company will provide a list of hospitals empaneled or their network with them on all India basis. However, in emergency cases or other case students got treatment in other hospital which are not empanelment of the company, the mediclaim will be reimbursed at the earliest. A TPA is to be provided by Insurance Company.

The above said Mediclaim Insurance Policy will be on renewal basis from year to year subject to the performance of the Mediclaim Insurance Company.

We have gone through and understood the instructions and also terms & conditions stipulated in the documents and confirm to abide by the same.

( )

**Signature**

**Date:**  
**With Stamp**  
**Place:**



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**DETAIL LIST OF STUDENTS AND DATE OF COMMENCEMENT OF MEDICLAIM INSURANCE**

S.No.	Year wise Batch	Approximately Nos. of students	Date of Commence
1.	B.Tech/M.Tech/MBA,/,M.SC/Ph.D Batch 2017	1100	Like to be M/o August 2017
2.	B.Tech/M.Tech/MBA,/,M.SC/Ph.D Batch 2016	1124	July 2017
3.	B.Tech/M.Tech/MBA,/,M.SC/Ph.D Batch 2015	850	14/11/2017
4.	B.Tech/M.Tech/MBA,/,M.SC/Ph.D Batch 2014	850	14/1/2017

**Kindly also reply the following questionnaire**

1. The detail clear cut list of requirement for settlement of claim
2. What documents are required
3. What is the time limit for finalization of the claim
4. What will be the penalty if the claim are not settled in a stipulated time

**The reply of the above questionnaire may be given on the letter head of the Service Provider in detail duly signed and stamped**

**Read and Accepted.**

**(Signature of the Quotee)**  
**Name & Stamped**