

# NATIONAL INSTITUTE OF PHARMACEUTICAL EDUCATION AND RESEARCH (NIPER)

Sector 67, S.A.S. Nagar (Mohali) Telephone No. 2214682-87, Fax No. 0172-2214692

No. NIQ06/EXAM/2018/

### (Short Term Tender Notice)

As welfare measure for its Students NIPER intends to have Groups Insurance policy for about **614 students** for a period of One year as per the Scope of Coverage and terms & Conditions enclosed as Annexure A . You are requested to submit your quotation for the premium amount to cover the scope of the policy. **The quote should be strictly as per our scope**. Total claim of insurance for the year 2017-18 is Rs. 319034.00.

Your quotation should reach at reception Counter in the Secretarial Building of NIPER on or before 20.08.18 upto 3.00 pm and the quotation will be opened on 20.08.2018 at 3.30 pm at Meeting Room of Administrative Bhawan of NIPER

For Director NIPER

Dated: 09.08.2018

AR (S &P)

#### **INTRODUCTION**

The National Institute of Pharmaceutical Education & Research (NIPER), S. A. S. Nagar (Mohali) is an autonomous institute under the aegis of Department of Pharmaceuticals, Ministry of Chemicals & Fertilizers, Govt. of India which is involved in Research & Higher Education in the field of Pharmaceutical Science & Management.

#### **Instructions to Tenderer**

- 1. The quotations are to be kept in a sealed cover super-scribing on the envelope "Group Insurance Policy for Students" and also "Not to be Opened before 20.08.2018". addressed to Director, NIPER should be reach the Reception Counter of the Secretariat Building of NIPER upto 20.08.2018 till 3:00 P.M. and will be opened on the same day i.e. on 20.08.2018 at 3:30 P.M. in the Conference Room on the first floor of Administrative Bhawan on NIPER in the presence of tenderers, whosoever may wish to be present.
- 2. Tele, Fax, Email and other incomplete offers are liable to be summarily.
- **3.** At any time prior to the deadline for submission of bid, the institute may, for any reason, whether at its own initiative or in response to a clarification requested by a prospective tender(s), modify the tender document by amendment. The Corrigendum / Addendum or Cancellation of this advertisement, if any, shall be published on NIPER Website only
- **4.** NIPER Mohali shall not be responsible for any postal delay and delay in receipt of the offer. Any bids received by the institute which does not fulfill the desired terms and conditions shall be rejected outrightly and no communication in this regard shall be sent. Delayed/Late bids will not be accepted, in any circumstances.
- 5. The bid should be clearly filled or types and signed in ink legibly giving full address of the tenderer. Alteration if any, unless legibly attested by the tenderer with his full signature, otherwise invalidate the tender.
- 6. Any amendment or addition made to the tender are not permissible after opening of the tender, incomplete tenders will be summarily rejected. Director, NIPER Mohali reserves the right to accept a quotation in Part or in full or to reject all quotations or any of the quotations received, for non-compliance of any of the above conditions or instructions for any other reason without assigning any reason.
- 7. The award will be placed on the basis of above said risk coverage and lowest premium basis and terms & Conditions as per Annexure A & B
- **8. ARBITRATION CLAUSE:** That in case of any dispute between the two parties (The Institute viz. NIPER, Mohali & The Agency viz. successful tenderer) arising out of or in relation to the agreement, the dispute shall be referred to arbitration of a sole arbitrator to be appointed by the Director, NIPER, Mohali. The award of the said arbitrator shall be binding on both the parties. The seat of arbitration shall be at Mohali / Chandigarh / Panchkula

**Read and Accepted** 

(Signature of the Tenderer)

| ı. | Name & Address of Insurance Company. |              |  |  |  |
|----|--------------------------------------|--------------|--|--|--|
| 2. | Person in Charge ( Official)         |              |  |  |  |
|    | Name:                                | :            |  |  |  |
|    | Official Address                     | :            |  |  |  |
|    | Email                                | :            |  |  |  |
|    | Phone Number                         | :            |  |  |  |
|    | Fax                                  | :            |  |  |  |
| 3. | <b>Local Address of the Insura</b>   | nce Company- |  |  |  |
|    | Name:                                | :            |  |  |  |
|    | Official Address                     | :            |  |  |  |
|    | Email                                | :            |  |  |  |
|    | Phone Number                         | :            |  |  |  |
|    | Fax                                  | :            |  |  |  |

4. The Details of Mediclaim Policy

| 4. The Details of Mediciann Foncy   |   |  |  |  |  |
|---|---|--|--|--|--|
| PARTICULARS OF THE POLICY   | Student Safety Insurance ( Package  |  |  |  |  |
|   | Policy)   |  |  |  |  |
| Period of Insurance   | One Year  |  |  |  |  |
| <ul> <li>Accidental Death of the Insured including death due to drowning and snakebite</li> <li>Permanent total disablement</li> <li>Partial disablement</li> </ul> | Rs. 200000 per student  |  |  |  |  |
| Hospitalization Expenses in case of injuries and or illnesses including snakebite and drowning  | <ul> <li>Cashless Treatment</li> <li>The amount of claim under this should be</li> <li>Hospitalization – Rs. 75000.00</li> <li>Pre/Post Hospitalization - Rs. 10000.00</li> <li>Out Patient Treatment (Due to Accident ) – Rs. 5000.00</li> </ul> |  |  |  |  |
| Death of earning parent /Guardian in Case of injuries and Or illnesses  | • FEE reimbursement for Rs. 150000.00   |  |  |  |  |

- 5. Medical Cover including all pre-existing diseases.
- 6. The Policy will be purchased for one year for the regular students of NIPER Mohali and it will be renewable on yearly basis depending upon the performance evaluation of the company.
- 7. No change in the term & condition of the Insurance policy once decided will be accepted during the operation of such policy.
- 8. Scope of Coverage will be 24 Hrs, 365 days, all over India.
- 9. 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 empanelled with them on all India basis. However, in emergency cases students got treatment in other hospital.

9. The policy should cover the accident and illnesses that may happen "ANYWHERE" and Should not be restricted to school-/ Institute-related activities.

- 10. The procedure for cashless processing of cases should be given in details with quotation. The name and address of any Third Party Administrators (TPA) should be provided with the quotation. Each insured student should be issued I Card. The I-ards of the students should reach to the students within 10 days of the Policy acceptance. The bills of hospital or any insurance claims of students will be settled directly by the insurance Company.
- 11. Capping/Co-payment should be avoided.
- 12. The rate quoted should include the Service Tax or all other taxes/duties and the rates quoted should be valid for least three months from the date of opening of the quotation.
- 13. Any other important information required to be furnished may be mentioned. The detailed terms and conditions of the policy should also be enclosed with the quotation.

## **Read and Accepted**

( Signature of the Tenderer)

# QUOTATION FOR MEDICLAIM INSURANCE POLICY

| S.No. | PARTICULARS OF THE POLICY  | Student Safety Insurance<br>( Package Policy)  | Rate (per<br>Student in<br>Rs.) |
|-------|--|--|---------------------------------|
| 1     | Period of Insurance  • Accidental Death of the Insured including death due to drowning and snakebite  • Permanent total disablement  • Partial disablement  Hospitalization Expenses in case of injuries and or illnesses including snakebite and drowning | One Year  Rs. 200000 per student  • Cashless Treatment • The amount of claim under this should be • Hospitalization – Rs. 75000.00 • Pre/Post Hospitalization - Rs. 10000.00 • Out Patient Treatment (Due to Accident) – |                                 |
| 2     | GST (In Any)   | Rs. 5000.00  |                                 |
|       | Total  |  |                                 |

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

Signature of the Tenderer With Stamp Place: