

राष्ट्रीय प्रौद्योगिकी संस्थान कालीकट

NATIONAL INSTITUTE OF TECHNOLOGY CALICUT

NITC/Mediclaim/2024-25

April 1,2024

निविदा सूचना/ Tender Notice

Sub: Mediclaim Insurance Policy – 2024-25 – Tenders Invited – reg.

NIT Calicut (NITC) is an Institution of National Importance under Ministry of Education, Govt. of India. There are approximately 7800 students on the roll doing UG, PG and PhD programmes. NITC proposes to take Medical Insurance Policy for the Students of the Institute for a period of twelve months (12 months).

The minimum coverage proposed by the institute are as follows:

Sl. No	Details of coverage	Maximum Limit per year	Beneficiary
1	Compensation in the unfortunate event of accidental death (including suicide) of either of the earning parents of the student or his legal guardian in the absence of both parents	Rs. 2,00,000/-	Student
2	Re-imbusement of hospital expenses due to disease/sickness in any network hospital (list will be provided by Insurance Company) as cashless, subject to eligibility, and in any other registered hospital as reimbursement.	Rs. 2,00,000/-	Student
3	Re-imbusement of hospital expenses due to accident in any network hospital as cashless, subject to eligibility, and in any other registered hospital as re-imbusement.	Rs. 3,00,000/-	Student
4	Compensation in the unfortunate event of accidental death of the student, including suicides.	Rs. 10,00,000/-	Mother or father or legal guardian (if both the parents are no more)
5	Corporate buffer, for utilization of illness/accident, upon exhaustion of the above referred hospitalization expenses under (2) subject to an overall aggregate of Rs-30,00,000 for all claims during Policy period.	a) Limit per Claim: Rs. 3,00,000/- b) Overall aggregate Limit for all	Student

		claims during policy period: Rs.30,00,000/-	
6	Payment of Educational fee including hostel fee for the remaining normal period of study for the current academic year in the event of unfortunate death of either of the earning parents or legal guardian.	Rs.2,00,000/-	Institution
7	For students admitted in December 2024 (Ph.D. December Admission) mediclaim premium amount shall be applicable at apportioned rates on daily basis.		
8	Insurance policy will be for 12 months with effect from 31-07-2024 (till 30 th July 2025)		
9	Apportion for Room Rent charges @ 2% and ICU charges @ 4% of the sum assured		
10	Since this institute has students from other states also, the policy should also cover illness such as chicken pox, measles, jaundice (all types), for hospitalization since students affected cannot travel long distance for treatment at home.		
11	There should not be any waiting period for any illness for getting insurance cover		
12	Tests like FESS, Endoscopy, Colonoscopy are to be covered in the policy that even if it does not require hospitalization		
13	Separate rate of premium should be quoted per head as follows. i. Including Dental Surgery. ii. Excluding Dental Surgery.		

Sealed tenders by IRDA approved Insurance firms quoting the minimum premium payable for item 1 to 13 together coverages per student inclusive of all taxes and other detailed conditions strictly as per the **“format given in the Tender Form”** may be submitted to the Deputy Registrar(Academic), NITC, NIT Campus (PO), Pin – 673 601 in a sealed cover superscribing ‘Tender for MEDICLAIM 2024-25 for NITC on or before 24th April 2024, 3PM.

Since NITC is directly placing order with the identified Insurance firm, no commission agents/ franchisee or any such sort are allowed to be associated with the proposed Insurance policy and no commission/ Discount/or any such sort connected with this proposed policy premium should be paid to anybody by the Insurance firm. If at all any commission/Discount/or any such sort is payable, it should be paid to NITC only. A declaration to this effect is to be submitted to the Institute along with the tender by the Insurance firm.

Interested parties may submit their offers in favour of the Director, NITC in the prescribed tender form in a sealed cover and addressed to the Deputy Registrar (Academic), NIT Calicut, NITC – 673 601, Calicut on or before the due date, super scribing the tender reference.

The tender forms can be downloaded from the URL www.nitc.ac.in.

Last date for submission of the sealed tender is 24th April 2024, 3 PM

Opening date: - 25th April 2024, 3:30 PM

EMD: Rs 3,00,000/- as DD drawn in favour of “Director, NIT Calicut” payable at Kozhikode

Tenders not furnishing all the required details and which are not in the Format given in the Tender form, will not be entertained.

The Director, NIT Calicut reserves the right to accept or reject any of the tenders without assigning any reasons whatsoever or go for policy coverage on any combination i.e. 1 to 3 or 1 to 13 mentioned above, and it will be final and binding on all.

National Institute of Technology Calicut

NIT Campus (PO), Kerala 673 601 India

Tel: 0495 2286115, 2286116: Email: dracd@nitc.ac.in

Tender Form

From

To
The Director
National Institute of Technology, Calicut
Calicut Kerala

M/s.....
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.....
.....

Sir,

I,of
M/s.....

hereby agree to provide to the National Institute of Technology, Calicut in accordance with the terms and conditions stipulated in the tender form, the mediclaim policy at the annual premium specified here under, on the acceptance on this tender (Ref. No. NITC/mediclaim/2024-25).

Premium for coverages for risk at point Nos.				
	1,2 & 3 together of the quotation for 12 months		1 to 12 of the quotation for 12 months	
	Excl. Dental	Incl. Dental	Excl. Dental	Incl. Dental
Premium amount per student (Rate Inclusive of all taxes)				

Premium will be paid by the Institute on yearly basis only

I of
M/s.....

.....read the above notice and hereby submit my best rates for the insurance conformity with the above tender notice and mutually agreed up on the terms and condition by both the parties (NITC & name of the Insurance Firm.....)

We confirm that we will abide by all terms and conditions and we do not have any counter conditions. We also confirm that “No Commission Agents/Franchisee or any such sort are allowed to be associated with the proposed Insurance policy and no commission/Discount/or any such sort connected with this proposed policy premium should be paid to anybody by the Insurance firm”.

EMD payment details : Rs. 3,00,000/-
DD No..... date
Name of Bank.....Br.....

Yours faithfully
Signature of the Tenderer

Place:
Date:

Seal: