

**भारतीय सूचना प्रौद्योगिकी संस्थान गुवाहाटी**  
**Indian Institute of Information Technology Guwahati**

बंगरा गुवाहाटी 781 015, भारत  
Bongora, Guwahati 781 015, India



**Tender No: IIITG/S&P/275/2026/270**  
**Date: 24.08.2026**

**Request for Proposal (RFP) for Selection of  
Insurance Company for Providing Group  
Health Insurance Cover to Students of IIIT  
Guwahati**

**[www.iiitg.ac.in](http://www.iiitg.ac.in)**



# भारतीय सूचना प्रौद्योगिकी संस्थान गुवाहाटी INDIAN INSTITUTE OF INFORMATION TECHNOLOGY GUWAHATI

बंगरा, गुवाहाटी-781015, भारत  
Bongora, Guwahati-781015, India

## **Request for Proposal (RFP) for Selection of Insurance Company for Providing Group Health Insurance Cover to Students of IIIT Guwahati**

### **Introduction**

Indian Institute of Information Technology Guwahati (IIITG) is an institution of National Importance established under the Indian Institutes of Information Technology (Public-Private Partnership) Act, 2017. It offers B. Tech programmes in Electronics and Communication Engineering (ECE) and Computer Science and Engineering (CSE), and PhD programmes in ECE, CSE, Mathematics and Humanities and Social Sciences (HSS). IIITG started operations in August 2013 and has continued to expand its academic and research activities.

This may be stated that wherever the term “Institute” or “IIITG” arises in this RFP document, it will mean Indian Institute of Information Technology Guwahati, unless it is otherwise stated.

The Institute invites proposals for providing Group Health Insurance coverage to approximately 1,100 students of IIITG, generally in the age group of 17–35 years, as per the requirements and details contained in this RFP.

### **Please note:**

- i) This RFP document is divided into Six Schedules as below:
  - Schedule-1: Instruction to Bidders
  - Schedule-2: Terms & Conditions
  - Schedule-3: Basic Technical Details
  - Schedule-4: Terms of Reference
  - Schedule-5: Cost Proposal
  - Schedule-6: Details of Students to be Insured
- ii) Duly filled, signed and sealed proposal along with the related documents in support of the Instructions to Bidders, Terms & Conditions, Basic Technical Details and Terms of Reference along with the Cost Proposal and details of students to be insured are to be submitted.
- iii) Seal and signature of the authorized official of the Bidder organization must appear on all the papers and documents submitted.
- iv) Any Corrigendum/Addendum in future in regards this RFP, if any, will be displayed on the Institute's website and, where deemed necessary, shall be intimated by email to the concerned Bidder.
- v) All prospective Bidders are requested to read the full RFP document and ensure that every Schedule attached thereto and the instructions and terms are fully understood and complied with. No correspondence shall be entertained in case a proposal is rejected on the ground of non-compliance with the instructions and/or terms & conditions of any Schedule of the RFP document.



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## Schedule-1 INSTRUCTION TO BIDDERS

### I. Important dates, time and place:

- a. Bid Submission Start date: **07.09.2026 from 0900 hrs**
- b. Last date & time of submission: **21.09.2026 upto 1500 hrs**
- c. Date & time of opening of Technical Bid: **21.09.2026 at 1530 hrs**
- d. Date & time of opening of Financial Bid: **To be intimated later to the technically qualified bidders.**
- e. Place of opening proposal: Conference Room, IIIT Guwahati, Bongora, Guwahati – 781015.
- f. Late proposal: Proposals received late may not be accepted/considered.
- g. Unscheduled Holiday: In case any unscheduled holiday occurs on the prescribed closing/opening date, the next working day and time shall be the prescribed date/time of closing/opening.

### II. Submission of Technical and Financial Bids:

Proposals (Technical & Financial Bids) are to be submitted under a Two-Bid System. The Technical Bid shall comprise the documents specified under Schedule-1 to Schedule-4 and the Financial Bid shall comprise Schedule-5. Schedule-6 containing the details/age-wise statistics of students to be insured shall be submitted as specified by the Institute. The Financial Bid shall contain only the premium quotation.

The sealed bid shall be marked as “Bid for Group Health Insurance for Students” and submitted to:

The Dean, Administration  
IIIT Guwahati  
Bongora, Guwahati-781015

### III. Validity:

Proposals are to be valid for at least 90 days from the last date of submission.

### IV. Clarification:

To assist in the examination, evaluation and comparison of proposals, IIITG may ask any Bidder for clarification of the proposal and other information submitted as may be required by the Institute. The request for clarification shall be made by email and the response shall be in writing duly signed by the Bidder. There can be no change in prices during such clarifications.



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## Schedule-2 Terms and Conditions

### 1. Eligibility to participate in the RFP:

Any General/Health Insurance Company, to be called Insurer, registered and licensed by the Insurance Regulatory and Development Authority of India (IRDAI) and authorized to issue health insurance policies shall be eligible to participate, subject to fulfillment of the eligibility criteria specified in this RFP.

### 2. Scope of the Insurer:

The Insurer shall provide a Group Health Insurance Policy covering approximately 1,100 students of the Institute, generally in the age group of 17–35 years, for hospitalization and other covered medical treatment within India as specified in the Schedules.

Bidders shall quote separately for:

- **Option-A: ₹50,000/- per student**
- **Option-B: ₹1,00,000/- per student**

The Institute reserves the right to choose either option or any other suitable coverage based on the financial implications and recommendations of the competent authority.

The insurance cover shall primarily cover in-patient hospitalization. Out-patient treatment shall be excluded unless specifically offered and accepted as an additional benefit. Day-care procedures and other covered procedures that do not require booking of a hospital room shall be covered as per the policy.

### 3. Compliance/Consideration:

The Insurer should comply with all the terms and conditions given in all the Schedules of this RFP document. A copy of this RFP document has to be a part of the Bid, and the authorized representative of the Insurer must sign on all pages of the copy of the RFP document.

### 4. Alternative proposals:

The Insurer shall submit Bids that strictly comply with the requirements of the Schedules. Any additional benefits or alternatives may be given separately as optional offerings. The Institute reserves the right to consider or not to consider such additional offerings.

### 5. Acceptance and rejection:

IIIT Guwahati reserves the right to shortlist/reject any or all Bids or accept whole or any part of a Bid without assigning any reason. A Bid which does not fulfill any of the conditions as per the Schedules or a Bid with incomplete documents in any respect is liable to be rejected.

### 6. Final selection:

The Bidder who is in compliance with all the terms and conditions of the Schedules and who is substantially responsive to the Basic Technical Details and Terms of Reference will be considered for opening of the Financial Bid, provided the Bidder fulfills the other conditions of the RFP.

Financial evaluation shall be carried out separately for **Option-A and Option-B**. The Bidder quoting the lowest evaluated total annual premium for the option selected by the Institute, while meeting all technical and coverage requirements, shall normally be considered as L1 for that option. **The final option and award shall be decided by the competent authority of the Institute.**

### 7. Agreement:

The selected Bidder will be required to sign an agreement on a Rs. 100/- stamp paper with the Institute within 7 days from the date of issue of the order. The agreement format will be provided by the Institute and the cost of the stamp paper will be borne by the selected Bidder.



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## 8. Period of policy:

The policy shall be issued for a period of 1 (one) year and may be renewed upto another four years based on performance and mutual agreement on the terms and conditions.

## 9. Performance Bank Guarantee (PBG):

The successful Bidder shall be required to furnish an unconditional PBG in a standard format, giving guarantee that the Bidder shall carry out all its obligations satisfactorily as per the agreement, valid till 60 days after the expiry of the policy period, from a scheduled Bank of India for 10% of the total premium, within 15 days of issue of the award of contract or renewal thereof, failing which the contract may be deemed as terminated. If the Bidder fails to carry out its obligations satisfactorily as per the agreement, the PBG shall be forfeited in favour of the Institute.

## 10. Grievance redressal and termination:

In case of grievances due to non-compliance with any of the provisions of the agreement and the terms and conditions contained in this policy by the Insurer, IIITG may adopt one or more of the following options:

- Grievance Machinery: Submit the matter to the grievance redressal mechanism of the Insurer/IRDAI, as applicable.
- Ombudsman: IIITG may approach the Insurance Ombudsman and get the grievance redressed.
- Consumer Forum: IIITG may approach the appropriate forum, as applicable.
- Premium refund: The Insurer may be asked to return the proportionate premium for the unexpired period in respect of eligible students against whom no claims have been made, subject to policy terms.
- PBG shall be forfeited in favour of the Institute.
- Any other action as deemed fit by the competent authority of IIITG.

## 11. Premium payment terms:

Payment shall be released after submission of the invoice, issuance of the master policy, receipt of e-cards/identity cards for all insured students and acceptance by the Institute. The Institute shall pay the annual premium in accordance with the approved terms and conditions.

## 12. Performance Monitoring:

The Insurer shall submit quarterly statements to IIITG with the following details:

- claims made by the students covered under the policy
- date-wise claim settlements
- respective amounts
- details of grievances received, disposed and pending under the policy

## 13. Canvassing:

Any attempt to canvass for selection of an Insurer, directly or indirectly, will lead to disqualification of such Insurer from the selection process.

## 14. Modifications:

IIIT Guwahati reserves the right to modify/add any clause to the policy/agreement, before taking up the policy. IIIT Guwahati also reserves the right to modify/add any clause to the policy/agreement after implementation of the policy with mutual consent.

## 15. Cancellation of RFP:

IIIT Guwahati reserves the right to cancel the RFP at any time without assigning any reason.

## 16. Disputes and jurisdiction:

Any legal disputes arising out of any breach of contract pertaining to this RFP during the tendering process or during the policy period shall be settled in the court of competent jurisdiction located within the local limits of Guwahati in Kamrup Metro/Rural District, Assam.



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## 17. Inclusion/Deletion of Students:

There must be provision for inclusion of eligible students joining/being enrolled with the Institute during the policy period on payment of proportionate premium. Deletion of students who cease to be eligible shall be dealt with on a pro-rata basis, subject to the policy terms and conditions.

## 18. Documents in the Proposal:

The following documents must be submitted along with the proposal:

### Technical Bid:

- **Schedule-1:** Instruction to Bidders duly signed with office seal on every page
- **Schedule-2:** Terms and Conditions duly signed with office seal on every page
- **Schedule-3:** Basic Technical Details duly signed with office seal on every page
- **Schedule-4:** Terms of Reference duly signed with office seal on every page
- Company Profile, IRDAI Licence, Certificate of Incorporation, PAN, GST Registration
- Audited Financial Statements for the last three years
- Experience certificates and client list
- Network hospital list
- Claim Settlement Ratio and solvency details
- Product brochure and draft policy document
- Self-declaration regarding non-blacklisting/debarment

### Financial Bid:

- **Schedule-5:** Cost Proposal duly signed with office seal on every page
- The Financial Bid shall contain only the premium quotation for Option-A and Option-B.

**Schedule-6:** Details of students to be insured / estimated student statistics, as furnished by the Institute.

## 19. Acknowledgement:

It is hereby acknowledged that I/we have read and understood all the Six Schedules including the Introduction of this RFP document and agree to abide by them.

Signature of the Bidder with  
Full Name, Seal and Date



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### Schedule-3 Basic Technical Details

| Sl. No. | Particulars                                                                                                                                                                                                                                 | Details furnished by Bidder | Document Reference |
|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------|
| 1       | Full Name of the Insurer/Bidder:                                                                                                                                                                                                            |                             |                    |
|         | Complete Address:                                                                                                                                                                                                                           |                             |                    |
|         | Phone No.:                                                                                                                                                                                                                                  |                             |                    |
|         | Mobile No.:                                                                                                                                                                                                                                 |                             |                    |
|         | Email ID:                                                                                                                                                                                                                                   |                             |                    |
| 2       | Name of Contact Person/Representative of Insurer and Designation                                                                                                                                                                            |                             |                    |
|         | Phone No.:                                                                                                                                                                                                                                  |                             |                    |
|         | Mobile No.:                                                                                                                                                                                                                                 |                             |                    |
|         | Email ID:                                                                                                                                                                                                                                   |                             |                    |
| 3       | Company Registration Details (Enclose copies of relevant documents):                                                                                                                                                                        |                             |                    |
|         | (a) Certificate of Incorporation / Registration                                                                                                                                                                                             |                             |                    |
|         | (b) IRDAI Licence                                                                                                                                                                                                                           |                             |                    |
|         | (c) PAN No.                                                                                                                                                                                                                                 |                             |                    |
|         | (d) GST Registration No.                                                                                                                                                                                                                    |                             |                    |
| 4       | Details of TPA (Enclose relevant documents, e.g. agreement/terms of TPA with Insurer):                                                                                                                                                      |                             |                    |
| 5       | List of Network Hospitals in Guwahati and rest of India (attach separate sheet if required):                                                                                                                                                |                             |                    |
| 6       | Details of two/three clients, including contact details, against whom similar group health insurance policies have been issued. Enclose relevant contract/policy documents.                                                                 |                             |                    |
| 7       | Audited Annual Accounts of last three years (copies to be enclosed):                                                                                                                                                                        |                             |                    |
| 8       | Claim Settlement Ratio for the last three financial years / latest available period (supporting documents to be enclosed):                                                                                                                  |                             |                    |
| 9       | Solvency details / solvency ratio as applicable under IRDAI norms (supporting documents to be enclosed):                                                                                                                                    |                             |                    |
| 10      | Details of experience in Group Health Insurance and similar assignments for Government Departments, Autonomous Bodies, Universities, IITs, IIITs, NITs, Central Universities or similar institutions during the last three financial years. |                             |                    |
| 11      | Any other information, Bidder wishes to provide in support of its credentials:                                                                                                                                                              |                             |                    |

Note: Please use separate sheets if the space is not sufficient and indicate the column number. Authenticated certificates/documents are to be produced in support of respective items.

I/We do hereby certify that I/We have read and understood all the Six Schedules including the Introduction of this RFP document and agree to abide by them.

Signature of the Bidder with  
Full Name, Seal and Date



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### Schedule-4 Terms of Reference

(Please donot keep the last column blank: Write 'Agreed' or 'Not Agreed')

| Sections     | Items                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Agreed /Not Agreed |
|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| <b>1</b>     | <b>Terms of Policy Execution</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |
| <b>1.1</b>   | <b>Third Party Administrator (TPA)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |
| <b>1.1.1</b> | <b>Mandatory TPA:</b> An agency licensed by Insurance Regulatory and Development Authority must be engaged by the Insurer as TPA for providing Cashless facility and reimbursement of claims to insured students under this policy.                                                                                                                                                                                                                                                                                                                                                               |                    |
| <b>1.1.2</b> | <b>Helpdesk at IIITG:</b> For smooth processing of claims, a staff of TPA must be stationed at IIITG on a regular basis, at least twice in a week on Tuesday and Friday, during office hours. (For this purpose, unless otherwise decided by IIITG, a seating place/room with a table and chair shall be provided by IIITG during the policy period).                                                                                                                                                                                                                                             |                    |
| <b>1.2</b>   | <b>Cashless Treatment</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |
| <b>1.2.1</b> | <b>Network Hospitals:</b> TPA must provide list of its Network Hospitals in Guwahati city and rest of India                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |
| <b>1.2.2</b> | Insurer must provide Cashless facility through its TPA, which will help insured students to avail hospitalization benefits without any advance payment. Cashless treatment means a facility whereby the TPA agrees, on the insured student's request, to settle the admissible claim directly with the network hospital. Any expense in excess of the admissible claim amount will, however, be borne by the insured student himself/herself.                                                                                                                                                     |                    |
| <b>1.2.3</b> | <b>Mode of Cashless Treatment:</b> Claims in respect of Cashless access services will be through the agreed list of network of hospitals / nursing homes provided by the Insurer/TPA. The TPA shall, upon getting requisition in writing or verbal (by a toll free number 24x7 for cash less), as applicable, from the individual insured student under this policy, will issue a pre-authorization letter / guarantee of payment letter to the hospital /nursing home mentioning the sum guaranteed as payable and also the ailment for which the person is seeking to be admitted as a patient. |                    |
| <b>1.2.4</b> | In case an insured student does not avail the cashless scheme, his/her claim is to be re-imbursed as per rules within a period of maximum 30 days from the date of claim.                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |
| <b>1.3</b>   | <b>Non-Network Hospitals or Non- Cashless Treatment:</b> In case of non-cashless treatment, as per the conditions of the policy, reimbursement shall be made by the Insurer/TPA. In such cases, the insured students shall intimate to TPA prior to treatment. In case of emergency, the intimation in the form of email/SMS/phone shall be made within 24 hours of hospitalization. Reimbursement against such treatment will be made within 30 (thirty) days from the date of discharge from the Hospital. Documents to be provided will be specified by the TPA.                               |                    |
| <b>1.4</b>   | <b>ID Card / E-Card:</b> Student ID cards/e-cards shall be issued by the Insurer/TPA to all insured students a week before the date of commencement of policy. In case of delay in issuance of the e-card by the Insurer/TPA, the student ID card issued by IIITG shall be honored in all the Network hospitals, subject to verification of                                                                                                                                                                                                                                                       |                    |





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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | coverage. The Insurer/TPA must take necessary action in this respect.                                                                                                                                                                                                                                                                                                                                           |  |
| 1.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Customary &amp; Reasonable Charge:</b> Rate of reimbursement under this policy shall be the rate which is consistent with the prevailing rate in an area or charged in a certain geographical area for identical or similar services without any upper cap in TPA's Network Hospitals.                                                                                                                       |  |
| 1.6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Sum Assured</b>                                                                                                                                                                                                                                                                                                                                                                                              |  |
| 1.6.1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Option-A:</b> Basic sum insured of <b>Rs. 50,000/- (Rupees fifty thousand)</b> per student.                                                                                                                                                                                                                                                                                                                  |  |
| 1.6.2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Option-B:</b> Basic sum insured of <b>Rs. 1,00,000/- (Rupees one lakh)</b> per student.                                                                                                                                                                                                                                                                                                                      |  |
| 1.6.3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Individual Student Coverage:</b> No family floater arrangement shall be applicable. The sum insured shall be available individually to each insured student.                                                                                                                                                                                                                                                 |  |
| <b>2. Coverage</b><br>Subject to the terms/conditions, coverage, exclusions and definitions contained herein or endorsed, the Insurer shall undertake that if during the period of contract or during the continuance of this policy by renewal any insured student shall contract any disease or suffer from any illness or sustain any bodily injury through accident, the Insurer will pay for all such expenses as mentioned in the agreement to the hospital / nursing home or the insured student through the TPA. |                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| 2.1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Persons Covered:</b>                                                                                                                                                                                                                                                                                                                                                                                         |  |
| 2.1.1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Students:</b> The policy shall cover all eligible students of IITG as per the student data furnished by the Institute. The coverage shall be on an individual student basis and not on family floater basis.                                                                                                                                                                                                 |  |
| 2.1.2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Inclusion of New Student/Enrolment:</b> Subject to payment of pro-rata premium, coverage should be provided to newly enrolled/eligible students. The terms and conditions for these students shall be the same as for other members of the policy. The premium for a new student shall be fixed at the quoted rate.                                                                                          |  |
| 2.1.3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Student Ceasing to be Eligible:</b> In case a student ceases to be eligible under the student medical insurance scheme before the end of the policy period, the policy shall continue to be in force till the end of the current policy period or utilization of the sum insured, whichever is earlier. In case the policy is renewed for further periods, such student shall not be included in the policy. |  |
| 2.1.4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Inclusion of New Student/Enrolment:</b> There is provision for inclusion of a newly enrolled/eligible student in between the policy period on payment of the proportionate premium.                                                                                                                                                                                                                          |  |
| 2.2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Expenses Covered</b>                                                                                                                                                                                                                                                                                                                                                                                         |  |
| 2.2.1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Treatment system covered:</b> Beside Allopathic treatment other system of treatment such as Homeopathy, Ayurvedic, Siddha and Unani must be covered.                                                                                                                                                                                                                                                         |  |
| 2.2.2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Upper limit on reimbursements:</b> Unless it is stated otherwise in any of the following clauses, the reimbursements shall be made as per actuals without any upper limit up to the sum insured of the individual student.                                                                                                                                                                                   |  |
| 2.2.3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Pre-existing diseases:</b> All pre-existing conditions must be included.                                                                                                                                                                                                                                                                                                                                     |  |
| 2.2.4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Doctors' fee:</b> Surgeon, Anesthetist, Medical Practitioner, Consultants' Specialist fees, and any such fee paid to the doctor shall be reimbursed/paid as per actuals.                                                                                                                                                                                                                                     |  |
| 2.2.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Investigation, Treatment, Drugs, etc. charges:</b> Cost of MRI, PET Scan, CT scan, Endoscopy, Ultra sound, Anesthesia, Dialysis, Chemotherapy, Radiotherapy,                                                                                                                                                                                                                                                 |  |



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|        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|        | Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines & Drugs, Diagnostic Materials, X-Ray, Prosthetic devices implanted during surgical procedure, relevant Laboratory/ Diagnostic tests and any such medical expenses related to the treatment shall be reimbursed/paid as per actual                                                                                                                                                        |  |
| 2.2.6  | <b>Cost of artificial appliances:</b> Cost of artificial appliances including hearing aid, artificial joints, pace maker, artificial limbs, etc. shall be reimbursed/paid as per actuals.                                                                                                                                                                                                                                                                         |  |
| 2.2.7  | <b>Room &amp; Other Charges:</b><br>(a). <b>Room:</b> Room expenses as provided by the Hospital/nursing home not exceeding 2.0 % of the applicable student sum insured, per day or actuals, whichever is less, have to be reimbursed/paid.<br>(b). <b>Nursing:</b> 10% of room rent or actual whichever is less.<br>(c). <b>Dressing:</b> 10% of room rent or actual whichever is less.<br>(d). <b>Service Fee:</b> 10% of room rent or actual whichever is less. |  |
| 2.2.8  | <b>Intensive Care Unit (ICU):</b> Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses not exceeding 4.0 % of the applicable student sum insured, per day, or actuals, whichever is less shall be reimbursed/paid.                                                                                                                                                                                                                             |  |
| 2.2.9  | <b>Pre-hospitalization:</b> Pre-hospitalization medical charges up to 30 days period immediately before the insured student's admission to hospital for that illness shall be covered                                                                                                                                                                                                                                                                             |  |
| 2.2.10 | <b>Post hospitalization:</b> Post hospitalization medical charges up to 60 days period immediately after the insured student's discharge from a hospital shall be covered.                                                                                                                                                                                                                                                                                        |  |
| 2.2.11 | <b>Day Care Treatment:</b> Surgery (such as laparoscopy, lithotripsy, tonsillectomy, dental surgery, prostate, cataract etc.) and other procedures (intravenous medication, blood transfusion, haemo dialysis, etc.) which do not require booking a hospital room will also be covered.                                                                                                                                                                           |  |
| 2.2.12 | <b>Domiciliary hospitalization</b> is included as defined under Section 4.3 below.                                                                                                                                                                                                                                                                                                                                                                                |  |
| 2.2.13 | <b>Ambulance service:</b> Ambulance service @ 1% of the applicable student sum insured or actual, whichever is less, for every shifting of a patient from residence to hospital vice-versa or from one Hospital/Nursing Home to another Hospital/Nursing Home in connection to hospitalization must be allowed.                                                                                                                                                   |  |
| 2.2.14 | <b>Hospitalization of Organ donor:</b> Hospitalization expenses incurred on the donor (not the cost of organ) during the course of organ transplant to the insured student shall be covered.                                                                                                                                                                                                                                                                      |  |
| 2.2.15 | <b>Insurer's Liability:</b> The Insurer's liability in respect of all claims admitted during the period of Insurance shall not exceed the sum insured.                                                                                                                                                                                                                                                                                                            |  |
| 3.0    | <b>Exclusions</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| 3.1    | <b>Permanent Exclusions:</b><br>Any medical expenses incurred for or arising out of:                                                                                                                                                                                                                                                                                                                                                                              |  |
| 3.1.1  | <b>War invasion etc.:</b> War invasion, Act of foreign enemy, War like operations, Nuclear weapons, ionizing radiation, contamination by radio activity, by any nuclear fuel or nuclear waste or from the combustion of nuclear fuel.                                                                                                                                                                                                                             |  |
| 3.1.2  | <b>Cosmetic etc.:</b> Cosmetic or aesthetic treatment devices, circumcision without disease or emergency e.g. in pediatric patient, plastic surgery unless required to treat injury, illness or burnt cases                                                                                                                                                                                                                                                       |  |



# भारतीय सूचना प्रौद्योगिकी संस्थान गुवाहाटी

## INDIAN INSTITUTE OF INFORMATION TECHNOLOGY GUWAHATI

बंगरा, गुवाहाटी-781015, भारत  
Bongora, Guwahati-781015, India

|        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 3.1.3  | <b>Cost of braces etc.:</b> Cost of braces, equipment or external prosthetic, non-durable implants, eyeglasses, Cost of spectacles and contact lenses, and durable medical equipment.                                                                                                                                                                                                                                                                                                                                                                                  |  |
| 3.1.4  | <b>Deliberate exposure to danger etc.:</b> Bodily injury or sickness due to willful or deliberate exposure to danger (except in an attempt to save human life), intentional self-inflicted injury, attempted suicide, arising out of non-adherence to medical advice. (This condition, however, shall not be applicable to patient undergoing psychiatric treatment).                                                                                                                                                                                                  |  |
| 3.1.5  | <b>Injury due to hazardous sports:</b> Treatment of any Bodily injury sustained whilst or as a result of active participation in any hazardous sports of any kind excluding normal IITG's sports activities.                                                                                                                                                                                                                                                                                                                                                           |  |
| 3.1.6  | <b>Sexually transmitted diseases:</b> Sexually transmitted diseases, any condition directly or indirectly caused due to or associated with Human T-Cell Lymphotropic Virus Type III (HTLB-III) or lymphopathy Associated Virus (LAV) or the Mutants Derivative or Variation Deficiency syndrome or any syndrome or condition of a similar kind commonly referred to as AIDS.                                                                                                                                                                                           |  |
| 3.1.7  | <b>Vitamins etc.:</b> Vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending physician.                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| 3.1.8  | <b>Instrument</b> used in treatment of Sleep Apnea Syndrome (C.P.A.P.) and Oxygen Concentrator for Bronchial Asthmatic condition.                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| 3.1.9  | <b>Stem cell implantation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| 3.1.10 | <b>Outside India:</b> Treatment undertaken outside India.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| 3.1.11 | <b>Experimental treatment:</b> Unproven treatment (not recognized by Indian Medical Council).                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| 3.1.12 | <b>Convenience items:</b> All non-medical expenses including convenience items for personal comfort such as telephone, television, Ayah, Private Nursing / Barber or beauty services, diet charges, baby food, cosmetics, tissue paper, diapers, sanitary pads, toiletry items, etc.                                                                                                                                                                                                                                                                                   |  |
| 3.1.13 | <b>Any Other:</b> Please list on a separate page, if any. Any list submitted after submission of the RFP will not be considered.                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| 4      | <b>Definitions</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| 4.1    | <b>Pre-existing Disease/Condition:</b> It means any sickness/illness, which existed prior to the effective date of this insurance, whether or not the insured student had any knowledge of symptoms related to the sickness/illness. Complications arising from a pre-existing condition will also be considered as a part of that pre-existing condition.                                                                                                                                                                                                             |  |
| 4.2    | <b>Hospital/Nursing Home</b> means any institution in India established for indoor care and treatment of sickness and injuries and which has been registered either as a hospital or nursing home with the local authorities and is under the supervision of a registered and qualified medical practitioner. For the purpose of this definition the term Hospital/Nursing Home/Day Care Center shall not include an establishment, which is a place of rest, a place for the aged, a place for drug addicts or place for alcoholics, a hotel or any other like place. |  |
| 4.3    | <b>Domiciliary hospitalization</b> means Medical treatment for a period exceeding three days. For such illness/disease/injury which in the normal course would require care and treatment at a hospital nursing home as in-patient but actually                                                                                                                                                                                                                                                                                                                        |  |



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|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|     | taken whilst confined at home in India under any of the following circumstances namely:<br>i. The condition of the patient is such that he/she cannot be moved to the Hospital/Nursing Home<br>OR<br>ii. The patient cannot be moved to Hospital/Nursing home due to lack of accommodation in any hospital in that city / town / village.                                                                                                                           |  |
| 4.4 | <b>Network Hospital and Non Network Hospital:</b> Network Hospital shall mean the Hospital, Day Care Center, Nursing Home or such other medical aid provider that has agreed with the TPA to provide cashless access services to insured students. Non-network Hospital, on the other hand, means any other Hospital, Nursing Home, Day Care Center or such other medical aid provider, who has not agreed to provide cashless access services but gives treatment. |  |
| 4.5 | <b>Doctor/Medical Practitioner</b> means a person who holds a degree/diploma of a recognized institution and is registered by Medical Council of respective State of India.                                                                                                                                                                                                                                                                                         |  |
| 4.6 | <b>Surgical Operation</b> means manual and/or operative procedures for correction of deformities/defects, repair of injuries, cure of diseases, relief of suffering and prolongation of life.                                                                                                                                                                                                                                                                       |  |
| 4.7 | <b>Hospitalization</b> shall mean admission in any Hospital/Nursing Home in India upon the written advice of a Medical Practitioner for a minimum period of 24 consecutive hours. The time limit of 24 hours will not be applicable for surgeries which require less than 24 hours' hospitalization due to advancement in Medical Technology- minor surgery & Day care surgery.                                                                                     |  |

Signature of the Bidder with  
Full Name, Seal and Date



# भारतीय सूचना प्रौद्योगिकी संस्थान गुवाहाटी

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बंगरा, गुवाहाटी-781015, भारत  
Bongora, Guwahati-781015, India

### Schedule-5 Cost Proposal

Premiums for both options shall be quoted by the insurer in the following format. Please indicate the taxes, if any, at the appropriate column of the format. No column should be kept blank.

To quote the premium, please refer to the details of students to be insured attached herewith as Schedule-6. The number of students is an estimate and may vary during the policy period as per the terms of the RFP. Total premium payable shall be based on the actual number of students insured at the quoted rate, subject to the approved terms.

#### Group Health Insurance Policy for Students

| Sl. No. | Particulars                     | Option-A | Option-B | Remarks | Bidder's Signature |
|---------|---------------------------------|----------|----------|---------|--------------------|
| 1       | Option-A: ₹50,000 per student   |          |          |         |                    |
| 2       | Option-B: ₹1,00,000 per student |          |          |         |                    |

#### Detailed Financial Quotation

| Sl. No. | Particular                                  | Option-A | Option-B  |
|---------|---------------------------------------------|----------|-----------|
| 1       | Sum Insured per Student                     | ₹50,000  | ₹1,00,000 |
| 2       | Premium per Student (excluding GST)         |          |           |
| 3       | GST / Applicable Taxes                      |          |           |
| 4       | Total Premium per Student (including taxes) |          |           |
| 5       | Estimated Number of Students                | 1,100    | 1,100     |
| 6       | Total Annual Cost (including taxes)         |          |           |

Note: The quoted premium shall be inclusive of all applicable charges other than taxes expressly shown separately. No column shall be left blank; where not applicable, the Bidder shall write "NIL" or "Not Applicable".

Signature of the Bidder with  
Full Name, Seal and Date



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**Schedule-6**  
**Details of Students to be Insured**  
**Estimated Student Statistics**

The Institute presently estimates approximately 1,100 students in the age group of 17–35 years. The estimated age-wise distribution is 950 students in the age group of 17–21 years, 100 students in the age group of 21–23 years and 50 students in the age group of 23–35 years. The final student-wise data, including eligible student details, shall be furnished to the selected Insurer/TPA for issuance/administration of the policy.

| Category     | Age Group   | Estimated No. of Students |
|--------------|-------------|---------------------------|
| Students     | 17–21 Years | Approximately 950         |
| Students     | 21–23 Years | Approximately 100         |
| Students     | 23–35 Years | Approximately 50          |
| <b>Total</b> |             | Approximately 1,100       |

Note: The above age-wise numbers are estimates for the purpose of quotation. The actual number of students to be insured may vary in accordance with the terms of the RFP and actual enrolment. Premium shall be calculated at the quoted per-student rate.

The Insurer/TPA shall maintain confidentiality of student data and use it solely for policy administration, claims processing and other purposes permitted under applicable law.

Signature of the Bidder with  
Full Name, Seal and Date