

**INDIRA GANDHI INSTITUTE OF DEVELOPMENT RESEARCH  
GOREGAON (EAST), MUMBAI**

**TENDER DOCUMENT FOR**

**Group Medical Insurance Policies for Employees and Students at IGIDR**

NIT No: IGIDR/Tender/2026/ED/18      Date: 28.07.2026

**INDIRA GANDHI INSTITUTE OF DEVELOPMENT RESEARCH**

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Gen. A.K. Vaidya Marg, Film City Road, Santosh Nagar, Goregaon (East), Mumbai-400065.

Telephone: 022 6909 6200 / 507 / 513; Fax: 022 6909 6399.

## INDIRA GANDHI INSTITUTE OF DEVELOPMENT RESEARCH, MUMBAI

### Notice Inviting Tender

"NAME OF TENDER: Group Medical Insurance Policies for Employees and Students at INDIRA GANDHI INSTITUTE OF DEVELOPMENT RESEARCH, GOREGAON (E), MUMBAI – 400 065."

1. The Institute invites bids from reputed & qualified insurance agencies for the following work:

| Name of work                                                         | Period of Policy                                                 |
|----------------------------------------------------------------------|------------------------------------------------------------------|
| (1)                                                                  | (2)                                                              |
| Group Medical Insurance Policies For Employees and Students at IGIDR | 4 <sup>th</sup> September 2026 to 3 <sup>rd</sup> September 2027 |

2. IGIDR reserves its right to award the contract to the successful bidder.
3. The tender in a two-bid system is being invited through email for the service as mentioned above from General Insurance Companies (Licensed and Registered with IRDA), dealing with Health Insurance for the implementation of Group Medical Insurance Policies for Employees & their Dependents, Retired Employees & their Spouse and Students at IGIDR.

| Category                                                                     | No of members to be covered | Basic Sum Assured (INR. in Lac) |
|------------------------------------------------------------------------------|-----------------------------|---------------------------------|
| Employees & their dependent family Members, Retired employees & their spouse | 177*                        | INR 15.00 Lac Each              |
| Students                                                                     | 98*                         | INR 3.00 Lac Each               |

\*The number mentioned is tentative and may increase or decrease.

4. The tender bids in two bid systems are invited through two separate **Emails: "Email-1: Signed tender document, Prequalification Bid document" and "Email-2: Financial bid"**. The email subject should be mentioned as **"Email-1: Tender & Prequalification Bid for Group Medical Insurance Policies for Employees and Students at IGIDR" and "Email-2: Financial Bid for Group Medical Insurance Policies for Employees and Students at IGIDR,"** respectively. **All the bid documents should be attached as a PDF document or a zip file.**
5. The last bid submission date shall be **17.08.2026, at the end of the day.**
6. The Institute reserves the right to reject any prospective application without assigning any reasons whatsoever.

REGISTRAR

**SECTION – 'A'\***

**LETTER OF OFFER**

Date \_\_\_\_\_

To,  
The Registrar,  
Indira Gandhi Institute of Development Research,  
Gen. A.K. Vaidya Marg, Film City Road,  
Goregaon (East), Mumbai 400065.

**Subject:** Tender for Group Medical Insurance Policies for Employees and Students at IGIDR, Mumbai.

**Reference:** NIT No. IGIDR/Tender/2026/ED/18 Date: 28.07.2026

Dear Sir,

With respect to your above-mentioned tender, we hereby submit our tender bid in the required format along with the Company Profile and supporting documents.

Should this tender be accepted, I/We hereby agree to abide by and fulfil the terms and provisions of the said Conditions of Contract annexed hereto so far as they may be applicable.

We have carefully gone through the terms and conditions and policy inclusions prescribed, and we accept the same without any alterations/modifications.

Yours faithfully,

**Signature**

Name & seal of the Bidder

*\*To be submitted on company letterhead duly signed and stamped on it.*

**SECTION – 'B'**  
**GENERAL INSTRUCTIONS TO BIDDER**

The tender should be addressed to The Registrar, Indira Gandhi Institute of Development Research, Goregaon (East), Mumbai-400065.

1. The scanned copy of the tender bid is to be submitted through Email to tender@igidr.ac.in through two separate Emails. **"Email-1: Signed Tender document & Prequalification Bid documents"** and **"Email-2: Financial bid"**. The subject of the emails should be mentioned as **"Email-1: Tender & Prequalification Bid for Group Medical Insurance Policies for Employees and Students at IGIDR"** and **"Email-2: Financial Bid for Group Medical Insurance Policies for Employees and Students at IGIDR,"** respectively. **All the required documents should be scanned and merged into a single PDF file or zipped into a single file and attached to the respective Emails. If the bidder cannot attach a single bid file to an email, they can split their bid and submit in multiple emails, mentioning in the email as Part-I, II, III,....., etc.**
2. **The Financial bid should be attached as a PDF document protected with a password, and the password should be shared at the time of the financial bid opening through an online meeting. The vendor should keep their password securely with them and be required to give it only when asked in an online meeting for financial bid opening.**
3. The bids will be received on **17.08.2026, at the end of the day**. Each copy of the tender document is under-stamped and signed. No tender will be accepted after the due date under any circumstances whatsoever.
4. An Email bid with the subject **"Prequalification Bid for Group Medical Insurance Policies for Employees and Students at IGIDR"** shall be opened by the Tender Opening Committee on the next day, **18.08.2026, at 02:30 PM** through the online meeting platform. The link to the meeting will be shared with participating bidders. In case a holiday is declared by the Government on the day of opening the bids, the bids will be opened on the next working day at the same time.
5. An Email bid with the subject: **"Financial bid for Group Medical Insurance Policies for Employees and Students at IGIDR"** of only qualified bidders will be opened. The date of opening of the financial bid and the link for an online meeting shall be informed to the qualified bidders. **The bidders should provide the password for the financial bid PDF file during the opening of the financial bid. In case the bidder cannot provide a password for the financial bid at the opening, then their bid shall be rejected.**
6. Bids shall remain valid for acceptance by the Institute for a period of three months from the date of opening of the tender, which period may be extended by mutual agreement, and the bidder shall not cancel or withdraw the bid during this period.
7. The bidder must use only the bid forms issued by the Institute to fill in the rates. Any addition/alteration in the text of the Tender document made by the bidder shall not be valid and shall be treated as null and void.
8. The bid form must be filled out in English. If any document is missing or unsigned, the tender may be considered invalid by the Institute at its discretion.
9. Rates should be quoted both in figures and in words in columns specified. Overwriting of figures is not permitted. Failure to comply with either of these conditions will render the tender void at the Institute's

option. No advice whatsoever, especially on any change in rate specifications after the opening of the tender, will be entertained.

10. Each Page of the Tender Documents should be stamped and signed by the authorized person or persons submitting the Tender in token of his/they having acquainted himself/themselves with the General terms & conditions, specifications, special conditions of contract, etc., as laid down. Any Tender with any of the documents not so signed will be rejected.
11. No tenders will be allowed to withdraw after submission of the tender for whatever reason.
12. The Institute does not bind itself to accept the lowest or any tender. It reserves the right to accept or reject any or all the Tenders, either in whole or part, without assigning any reasons for doing so.
13. The financial bid must include GST and any other tax and stamp duty, or other levies in force levied by the central government, state government, or local authority in their rate, if applicable.
14. The intending bidder can obtain any clarifications regarding the scope of inclusion in policy i.e. employee details, previous policy details, etc. if any by contacting **Mr. Samir Parab (Administrative Officer) on his Contact number – 022 6909 6588 or email - [administrativeofficer@igidr.ac.in](mailto:administrativeofficer@igidr.ac.in)** or from the Administration office of the Indira Gandhi Institute of Development Research, Goregaon (E), Mumbai-400 065 on any Institute's working day with prior intimation.

We hereby declare that we have read and understood the above instructions, and they will remain binding upon us.

Place:

Signature of the Bidder with seal

Date:

**SECTION - 'C'**  
**GENERAL TERMS AND CONDITIONS**

Upon the declaration of an intending bidder to be the Successful Bidder by the Institute, they shall be subject to the following terms and conditions that shall form part of the Formal Contract to be executed with the Institute.

1. It may be noted that no advisor/broker is involved in the tender.
2. The successful insurance agency shall provide the services strictly in accordance with the scope of work, insurer details and as per detailed instructions of the Institute.
3. In all matters of dispute arising on the work, the matter shall be referred to **the Registrar, Indira Gandhi Institute of Development Research, Goregaon (East), Mumbai**, for a decision.

4. **Arbitration Clause:**

In the event that the Successful Bidder is not satisfied with the decision of the Registrar, Indira Gandhi Institute of Development Research, the dispute shall be settled by arbitration in accordance with the provisions of the **Arbitration and Conciliation Act, 1996** or any enactment thereof. The Arbitral Tribunal shall consist of one arbitrator appointed by the Institute. The place of arbitration shall be Mumbai, and any award, whether interim or final, shall be made and deemed for all purposes between the parties to be made in **Mumbai**. The arbitration proceedings shall be conducted in the English language, and any award or awards shall be rendered in the English language. The procedural law of the arbitration shall be Indian law. The award of the arbitral tribunal shall be final, conclusive, and binding upon the Successful Bidder and the Institute.

5. **Payment Terms:**

Policy premium payment shall be made to the agency after acceptance of the letter of offer against submission of proforma invoice.

6. **Period of Policy:**

The period of the group term insurance policy shall be **one year**, from 04<sup>th</sup> September 2026 to 3<sup>rd</sup> September 2027.

7. **The bidder may kindly note that at present, the employees of the Institute are covered under the Group Medical Insurance policy valid from 04.09.2025 to 03.09.2026.**

I/We hereby declare that I/we have read and understood the above terms and conditions. The same shall bind me/us upon being declared the Successful Bidder.

Place:

Date :

Signature of the Bidder with seal

**SECTION - 'D'**  
**SPECIAL CONDITIONS**

1. The Insurance company should cover all employees & their dependents, retired employees & their spouse, And Students from Day 1 of policy commencement. The scheme must cover all insured pre-existing illnesses, if any, mandatorily. Coverage for pre-existing diseases/conditions will be without any waiting time, conditions, or clauses.
2. The Policy should cover all types of hospitalization, including illness, critical illness, daycare, accidental cases, pregnancy, dental treatment, and COVID-19 cases from day 1 of policy commencement.
3. **The Insurance company should issue two separate insurance policies For Employees (Including their dependent family members and Retired Employees & their spouses) and Students. The Insurance Company should cover all the medical facilities extended in our current policies. (A copy of the current coverage is attached in Annexure – C).**
4. The coverage of the mid-joiners shall be from Day 1 (Date of joining), irrespective of immediate payment of Premium. The Premium shall accordingly be calculated on a pro-rata basis.
5. The coverage for the mid-leavers shall be till the date of leaving the Institute. The Premium shall accordingly be calculated on a pro-rata basis.
6. The balance amount for the mid-leavers shall be refunded to the Institute on a pro-rata basis.
7. The Insurer must agree to work with the suggested TPA or any other TPA identified by IGIDR. A successful insurance agency should provide good options for selecting a TPA for the Institute.
8. During the validity of the current Policy, no revision in Premium shall be considered by IGIDR based on the actual claim ratio or any enhancement in the Premium pointed out by any statutory or other authority.
9. Once assigned medical insurance for any given period, the insurance company shall have no right to terminate the operation of the Policy unilaterally during this period.
10. **Exclusions & Inclusions: Exclusions & Inclusions should be specified by the insurance company as part of the technical bid.**
11. **The insurance agency should have a good network of hospitals on a pan-India basis, indicating cashless facilities wherever available.**
12. Any conditional bid or bid not in the prescribed Performa will not be accepted.
13. The insurance company will have no right to reject the membership of a member as defined by IGIDR whose membership has been approved by IGIDR.

14. The TPA (Third-Party Administrator) or, in the absence of a TPA, the Insurance Company itself, shall provide exclusive, end-to-end claims management services for IGIDR employees and their dependents, ensuring that Institute staff are not required to engage in any claim follow-ups or procedural interventions.
- a. Assign a dedicated Relationship Manager (RM) as a single-point contact for IGIDR, available 24x7 via mobile to handle all claims, emergency coordination, and assistance.
  - b. Provide a dedicated escalation matrix, with alternative contact persons (mobile numbers & email IDs), ensuring uninterrupted support if the primary RM is unavailable.
  - c. The Relationship Manager must proactively coordinate with employees, hospitals, and internal claims teams, ensuring direct handling of all issues without disturbing Institute authorities.
  - d. Provide a 24x7 helpline number dedicated to IGIDR for employees and their dependents to seek assistance regarding claims, cashless facility support, and emergency hospitalization.
15. In critical cases, ensure on-ground coordination with hospitals for cashless approvals and urgent documentation needs.

#### End-to-End Claim Documentation & Processing

- For cashless claims:
  - i. Direct coordination with network hospitals for documentation and approvals.
  - ii. Ensure pre-authorization and settlement without requiring Institute intervention.
- For non-cashless (reimbursement) claims:
  - i. TPA/Insurance representative must personally collect documents from the Institute premises.
  - ii. Scrutinize and compile all necessary paperwork.
  - iii. Submit claims to the insurer and handle all correspondence and queries until settlement.

#### 16. Proactive Claim Monitoring & Status Updates

- a. Maintain a claim tracking system to monitor every claim submitted by IGIDR employees.
- b. Provide periodic status reports (weekly updates) to the Institute on claims submitted, approved, pending, and settled.
- c. For each individual claim, ensure proactive communication with the concerned employee regarding progress, clarifications, and final settlement.

#### 17. Full Responsibility for Claim Follow-Ups

- a. The TPA/Insurance agency will take complete ownership of follow-ups with employees, hospitals, and internal claims processing teams.
  - b. Any escalations or disputes shall be directly handled by the TPA/Insurance contact point with minimal intervention required from IGIDR authorities.
  - c. Response to employee queries within 4 working hours.
  - d. Claims submission to insurer within 2 working days of receiving complete documents.
  - e. Weekly claim progress reports to be shared with IGIDR's designated administrative contact.
  - f. Final claim settlement follow-ups to be done proactively until closure.
18. Emergency support availability on a 24x7 basis, including weekends and holidays.
  19. Conduct an Annual Insurance Awareness Session for employees covering claim processes, documentation best practices, and grievance redressal.
  20. Assist in empanelment of nearby hospitals for cashless facilities based on IGIDR's requirements.
  21. Confidentiality of all IGIDR information/documents is to be ensured at all times.
  22. There will be no age limit on the insured covered by this scheme.
  23. For the new employees who may join the Institute from time to time, identical coverage must be made available from day one. However, the Premium paid may be based on the fractional period involved. For the employees leaving before completing the contract insurance period, the pro-rata premium amount should be refunded to the Institute from the date of their leaving the Institute.
  24. For all claims (other than cashless ones), the claim would be expected to be submitted to the insurance company within 45 days of discharge from the hospital. Such a claim should be settled within 30 days of submission, and payment will be made directly to the insured. The insurance company should arrange to collect the claim from the Institute upon receiving the request.
  25. The insurance company shall arrange to issue a membership card to each insured person at their own cost. The insurance company needs to ensure that any member with a valid identity card issued by IGIDR should get treatment for all emergency cases at various network hospitals without difficulty.
  26. The Policy shall cover hospitalization for indoor patients and other surgeries/procedures that do not require hospitalization but are generally covered by health insurance policies as daycare procedures. The daycare procedures, such as dialysis, radiotherapy, K-wire fixation, etc., should be covered under this Policy.
  27. It is expected that the insurance company will make arrangements with an extensive network of reputed hospitals across the country for treatment with cashless facilities.
  28. The Premium shall be paid on an annual basis.

29. **The insurance companies must submit the Premium for I (Premium for Sum Assured) and II (Premium for Buffer) in their financial bid.**
30. There shall be a grace period of 30 days from the due date of the Premium.
31. Currently, the existing employees and students are covered under an active medical insurance policy. The sum assured for the current Policy is **INR 15.00 Lac** per member for Employees and **INR 3.00 Lac** per member for students.
32. Canvassing, Fraud, and Corrupt Practices: Bidders are hereby informed that canvassing in any form to influence the award notification process would result in the bidder's disqualification. Further, they shall observe the highest standard of ethics and will not indulge in any corrupt, fraudulent, coercive, undesirable, or restrictive practices, as the case may be.
33. **"Corrupt practice"** means the offering, giving, receiving, or soliciting of anything of value to influence a public official's action.
34. **"Fraudulent practice"** means a misrepresentation of facts to influence the Tender process or execution of a contract to the detriment of the scheme and includes collusive practice among bidding Insurers/Authorized Representative (before or after bid submission) designed to establish bid prices at artificially non-competitive levels and to deprive the scheme of the benefit of free and open competition;
35. IGIDR Mumbai will reject a proposal for award if it determines that the Insurer/Insurers have engaged in corrupt or fraudulent practices.
36. IGIDR Mumbai will declare a firm ineligible, either indefinitely or for a stated period, to be awarded a contract if it at any time determines that the bidding Insurer/Insurers have engaged in corrupt and fraudulent practices in competing for or in executing a contract.
37. Action against the Tenderer: Furnishing incorrect information in the offer, failure to act according to tender conditions, and non-fulfilment of any or the whole of the contract may entail black listing of the Insurer and taking other appropriate action against the Insurer.
38. Should provide a corporate buffer to the Institute as specified in the tender.
39. The successful Insurer should submit the Escalation matrix with name, designation, mobile number, and email ID.

We hereby declare that I/we have read and understood the above terms and conditions that form part of the Formal Contract to be executed between the Institute and us. The same shall bind me/us upon being declared the Successful Bidder.

Place :

Date:

Signature of the Bidder with seal

**SECTION - 'E'**  
**PRE-QUALIFICATION CRITERIA**

• **Pre-qualification documents to be submitted by the bidder along with the Pre-qualification Bid:**

1. The bidder should be registered under the Insurance Act, 1938/IRDA, and should have a valid license to carry out Medical/Health insurance business (submit a copy of the renewal receipt).
2. The Insurance Company should be in existence for at least **ten years**.
3. The bidder should have a valid PAN and Goods and Services Tax registration number (GST).
4. The bidder should have at least **one** group medical insurance policy with at least **300 members** during the last three years. The bidder should submit a copy of the policy document or self-declaration on their letterhead, having issued policies for **300** or more members in any organization.
5. The bidder should have a claim settlement ratio of **92.00% & above** (average for the last three years). Valid proof of the previous three-year claim settlement ratio should be attached, authenticated by IRDA, or published by the Insurance Company.
6. The bidder should have an average annual turnover of **INR 50.00 Crore** for three financial years. The bidder should submit the audited balance sheets, profit & loss accounts, or CA Certificate, or self-declaration on the company letterhead for the turnover amount for the last three financial years, i.e., FY2025-26, FY2024-25 and FY2023-24. In case the audited financial statements/turnover for **FY 2025–26** is not available as on the date of submission of the bid, the bidder may submit the turnover details for **FY 2022–23** in any of the above-mentioned documentary evidence.
7. The bidder should submit the List of at least **two** clients along with the name & contact number of representatives.
8. The bidder may submit a copy of the certificate of appreciation, if any.
9. The bidder should have either the Registered Office or a Branch Office located in the territory region of MMRDA.
10. The insurance agency should have a good network of hospitals on a Pan-India basis, indicating cashless facilities wherever available (List to be attached).
11. The bidder should not be blacklisted/ De-registered/ debarred by any Government department/ Public Sector Undertaking/ Private Sector/ or any other agency (Submit Undertaking as per **Annexure-A\***).

The bidders must submit documentary proof in support of meeting each of the above minimum qualification criteria. A simple undertaking by the bidder for any of the stated criteria will not suffice for the purpose. All documentary proof must be listed on the company letter pad and enclosed in a cover, to be submitted along with the qualification bid (Email-1) duly stamped and signed by the authorized person of the agency.

- **Information to be furnished by the bidder:**

| <b>Sr. No.</b> | <b>Item</b>                                                                                                                                                                                                                                                                                                  | <b>Information to be filled by Bidder</b>         |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| 1              | Name of the bidder                                                                                                                                                                                                                                                                                           |                                                   |
| 2.             | Address                                                                                                                                                                                                                                                                                                      |                                                   |
| 3.             | Telephone Number: Office /Residence:<br><br>Mobile Number:<br><br>Fax No.<br><br>Email address-                                                                                                                                                                                                              |                                                   |
| 4.             | Details of Registration (number & date)                                                                                                                                                                                                                                                                      |                                                   |
| 5.             | Month and Year in which the firm/company was formed/ incorporated.                                                                                                                                                                                                                                           |                                                   |
| 6.             | Type of organization (Sole Proprietor, Partnership, Pvt Ltd., Public Ltd., etc.)                                                                                                                                                                                                                             |                                                   |
| 7.             | Enclose a copy of the partnership deed, Articles of Association, or Affidavit (in case of firm)                                                                                                                                                                                                              |                                                   |
| 8.             | Average Annual Turnover of the Last Three Financial Year (attach audited balance sheets and profit & loss statements). In case the audited financial statements/turnover for FY 2025–26 is not available as on the date of submission of the bid, the bidder may submit the turnover details for FY 2022–23. | FY 2025-26:<br><br>FY 2024-25:<br><br>FY 2023-24: |
| 9.             | Claim settlement ratio for three years (Attach a certified copy of the claim settlement ratio for the Medical insurance policy)                                                                                                                                                                              | FY 2025-26:<br><br>FY 2024-25:<br><br>FY 2023-24: |
| 10.            | Inclusion of the Policy, if any (Enclose copy)                                                                                                                                                                                                                                                               |                                                   |
| 11.            | Exclusion of the Policy, if any (Enclose copy)                                                                                                                                                                                                                                                               |                                                   |
| 12             | Bank Account Details                                                                                                                                                                                                                                                                                         | A/C No.<br><br>Bank Name:<br><br>IFSC:            |

Place :

Date:

Signature of the Bidder with seal

**SECTION - 'F'**  
**TECHNICAL BID**

**1. SCOPE OF WORK:**

**PART-A: Group Medical Insurance Policy for Employees & their dependents, Retired Employees & their spouses:**

- Statistics of Employees to be covered under an insurance policy-

| Category                                                                         | No of the members to be covered | Basic Sum Assured (INR in Lac) |
|----------------------------------------------------------------------------------|---------------------------------|--------------------------------|
| Faculty, Staff, their dependent family Members, Retired employees & their spouse | 177*                            | INR 15.00 Lakh Each            |

(\* The above numbers are tentative, and they may increase or decrease during the commencement of Policy)

**PART-B: Group Medical Insurance Policy for Students:**

- Statistics of Students to be covered under an insurance policy-

| Category                     | No of the members to be covered | Basic Sum Assured (INR in Lac) |
|------------------------------|---------------------------------|--------------------------------|
| Students (Age- 21 to 35 Yrs) | 94*                             | INR 3.00 Lakh each             |
| Students (Age- 36 to 45 Yrs) | 02*                             |                                |
| Students (Age- 19 to 20 Yrs) | 02*                             |                                |

(\* The above numbers are tentative, and they may increase or decrease during the commencement of the Policy).

- The Policy should cover all types of hospitalization, including illness, critical illness, daycare, accidental cases, pregnancy, dental treatment, and COVID-19 cases.
- The Insurance Company should issue two separate policies for Employees and Students and cover all the medical facilities extended in our current policies. (A copy of the current coverage is attached in Annexure – C).

Place:

Date:

Signature of the Bidder with seal

- **About the Institute & Lifestyle:**

Indira Gandhi Institute of Development Research (IGIDR) campus is on a sprawling 14-acre plot in Goregaon East. The campus provides an ideal setting for learning and living.

The IGIDR is an advanced research institute established by the Reserve Bank of India for carrying out research on development issues from a multi-disciplinary point of view. After its registration as an autonomous society on November 14, 1986, and as a public trust on January 15, 1987, subsequently, the Institute was recognized as a Deemed to be University under Section 3 of the UGC Act vide Notification No.F9-7/94-U.3 dt. 5th December 1995. At present, the Institute has full-time faculty members and non-academic staff. The institute is fully funded by the Reserve Bank of India.

IGIDR Mumbai has state-of-the-art sports facilities on campus for its students and employees.

- **Medical Facilities:**

All the employees are covered with very good medical facilities for both indoor OPD and IPD. IPD (Hospitalization) is covered through a Group Medical Insurance scheme

IGIDR conducts periodic health check-up camps. A medical practitioner is visiting the campus three times a week for consultation.

Place:

Date:

Signature of the bidder with seal

**Annexure – A\***

**FORMAT OF UNDERTAKING, TO BE FURNISHED ON COMPANY LETTERHEAD WITH  
REGARD TO BLACKLISTING/NON-DEBARMENT, BY ORGANISATION UNDERTAKING  
REGARDING BLACKLISTING / NON-DEBARMENT**

To,  
The Registrar  
Indira Gandhi Institute of Development Research  
Film City Road, Santosh Nagar,  
Goregaon (East),  
Mumbai – 400 065.

We hereby confirm and declare that we, M/s \_\_\_\_\_, is not blacklisted/ De-registered/ debarred by any Government department/ Public Sector Undertaking/ Private Sector/ or any other agency for which we have Executed/ Undertaken the works/ Services during the last five years.

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

Authorized Signatory

Date:

*\*To be submitted on the company letterhead duly signed and stamped on it.*

**Annexure – B\***

**FORMAT OF UNDERTAKING, TO BE FURNISHED ON COMPANY LETTERHEAD**

**UNDERTAKING**

- 1. We undertake, if we are awarded the contract as mentioned in the NIT Ref. No. IGIDR/Tender/2026/ED/18 Dated 28.07.2026, we undertake to settle all the claims of IGIDR Mumbai within 45 days from the date of the claim, and non-settlement would attract interest at the SBI lending rate for cash credits. We understand that failure to do so might adversely affect our business prospects with IGIDR Mumbai.**
- 2. We undertake that Insurance Policies shall cover all the members from Day 1 of the commencement of the Policy. The scheme has to cover all pre-existing illnesses of the insured members, if any. Coverage for pre-existing diseases/conditions will be without any waiting time, clause, or conditions.**
- 3. We undertake that compulsory cover of all the medical facilities is extended in our current Policy without any terms and conditions or exceptions. (A copy of the current coverage is attached in 'Annexure –C').**
- 4. We undertake that we have received the IRDA approval for the Group Medical Insurance Policy (The photocopy of the same is attached herewith).**
- 5. We undertake that there will be no subsequent increase in premium rates during the contract period.**
- 6. We undertake to ensure the secrecy of IGIDR, Mumbai information/documents at all times.**
- 7. We undertake to comply with all the terms and conditions of this Notice inviting tender.**

Authorized Signatory

Date:

*\*To be submitted on the company letterhead duly signed and stamped on it.*

## Annexure – C\*

### Part-A: Existing Group insurance policy for Employees:

|                |                                                                                                    |                   |                                                                                          |
|----------------|----------------------------------------------------------------------------------------------------|-------------------|------------------------------------------------------------------------------------------|
| Policy No.     | : 132100/48/2026/2791                                                                              | Prev. Policy No.  | : -                                                                                      |
| Cover Note No. | : -                                                                                                | Cover Note Date   | : -                                                                                      |
| Insured's Code | : AA0000073438                                                                                     | Issue Office Code | : 132100                                                                                 |
| Insured's Name | : INDIRA GANDHI INST. OF DEV. RESEARCH (GSTIN: 27AAAT0014Q1ZO)                                     | Issue Office Name | : DO - 1 (GSTIN: 27AAACT0627R4ZW)                                                        |
| Address        | : GEN. A.K. VAIDYA MARG, FILM CITY ROAD, GOREGAON (EAST), MUMBAI 400063. MUMBAI MAHARASHTRA 400063 | Address           | : Oriental House, 4th floor 7. J.Tata Rd., Churchgate Mumbai - MUMBAI MAHARASHTRA 400020 |
| Tel./Fax/Email | : / / 8097171963 / samir@igidr.ac.in                                                               | Tel./Fax/Email    | : 9833132225 / / 132100@orientalinsurance.co.in                                          |

#### Agent/Broker Details

Dev.Off.Code : NA0000002705 DIRECT ( MC DO 1)  
Agent/Broker :  
Address :  
Tel/Fax/Email : ////

Period of Insurance : FROM 00:00 ON 04/09/2025 TO MIDNIGHT OF 03/09/2026

Collection No. & Dt. : CD A/C AA0000073438 GST INVOICE NO :2724818130 UIN :0

Gross Premium : GST : Stamp Duty : Total:

Co-insurance Details : NIL

#### TPA Details :

TPA ID : YA0000000341  
TPA Name : M/S HEALTHINDIA INSU  
TPA Address : NeelKanth Corporate Park, Gala No : 406 to 412 4th Floor, Kiroi Road / Village, VidyaVihar Society VidyaVihar West contact@healthindiatpa.com & frd@healthindiatpa.com MUMBAI 400086  
Toll Free No : 1800220102, 022-66867575, 022-66

#### Risk Details

Total Sum Insured in words : Indian Rupees

Total Premium in words : Indian Rupees

The insurance under this policy is subject to conditions, clauses, warranties, exclusions which are available on Company's website: [www.orientalinsurance.org.in](http://www.orientalinsurance.org.in) or on demand from policy issuing office.

The policy shall pay for hospitalization expenses for medical/surgical treatment at any Nursing Home/Hospital in INDIA as an in-patient defined in the policy

In the event of a claim under the policy exceeding Rs. 1 lac or a claim for refund of premium exceeding Rs. 1 lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating offices as well as Company's website.

Place : MUMBAI

Date : 03/09/2025



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131111

Telephone No :

Fax No :

Family Size: 1 + 5 (Self + Spouse + 2 Dependent Children + 2 Parents/in-Laws).

Total 160 lives - SELF 60 + DEPENDANTS -100  
(SPOUSE - 45, DEPENDANT CHILDREN - 40, PARENTS/IN LAWS - 15)

SUM INSURED - RS.15 LAKHS PER PERSON

Pre Existing covered (Waiver of 4.1, 4.2 & 4.3)  
Dental Treatment Root Canal only: Rs.10,000/- per person  
Pre & Post Hospitalisation : 30 days & 60 days respectively.

Maternity with 9 months waiting period waiver : Limit for both Normal and Caesarian Delivery : Rs.50,000/-  
New Born Baby day one.

Room Rent & ICU : 1% & 2% of Sum Insured.No Domiciliary Hospitalisation cover.

Corporate Buffer : Rs.20 Lacs for Critical Illness with prior approval of D.O.

GIPSA PPN RATE APPLICABLE FOR NETWORK HOSPITAL

Warranted that in case the person covered under the policy has lodged any claim under the previous policy and the sum insured is enhanced under the current policy, for a further claim for the same disease during the current policy, the earlier Limit of Sum Insured shall be applicable and not the enhanced sum insured

Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

**"We at Oriental continuously strive to ensure that you get the best possible treatment from our network hospitals. Please contact your TPA or any of the Oriental offices for our preferred hospitals in your area before going for a treatment. This will help us serve you in the best possible manner"**

In witness whereof the undersigned being authorised by and on behalf of the Company has/have herein to set his/their hands at DO - 1 (GSTIN: 27AAACT0627R4ZW) on 04-SEP-25

" In case of grievance related to any issue related to this policy the same may be addressed to the office In-Charge or the Grievance Officer at above policy address. If the grievance remains pending, it may be escalated to Grievance Officer of the concerned Regional Office Town Centre -Tower 1,601-605, 6th Floor Andheri Kurla Road ,Town Center-1,Near Mittal Estate,Andheri East.The next escalation in case grievance remains unresolved is CSD, Head Office, situated at Oriental House, A-25/27, Asaf Ali Road, New Delhi-110002.

If the insured is not satisfied with the resolution/reply provided by the company, he/she may approach the Office of Insurance Ombudsman, within his/her jurisdiction. The list of offices of Ombudsman is available on Company's portal."

Entered By : SHILPA GANESH PAWAR

Examined By : NAVEEN YADAV

## **Part-B: Existing Group Insurance Policy for Students:**

|                |                                                                                                    |                   |                                                                                          |
|----------------|----------------------------------------------------------------------------------------------------|-------------------|------------------------------------------------------------------------------------------|
| Policy No.     | : 132100/48/2026/2790                                                                              | Prev. Policy No.  | : -                                                                                      |
| Cover Note No. | : -                                                                                                | Cover Note Date   | : -                                                                                      |
| Insured's Code | : AA0000073438                                                                                     | Issue Office Code | : 132100                                                                                 |
| Insured's Name | : INDIRA GANDHI INST. OF DEV. RESEARCH (GSTIN: 27AAAT10014Q1ZO)                                    | Issue Office Name | : DO - 1 (GSTIN: 27AAACT0627R4ZW)                                                        |
| Address        | : GEN. A.K. VAIDYA MARG, FILM CITY ROAD, GOREGAON (EAST), MUMBAI 400063. MUMBAI MAHARASHTRA 400063 | Address           | : Oriental House, 4th floor 7. J.Tata Rd., Churchgate Mumbai - MUMBAI MAHARASHTRA 400020 |
| Tel./Fax/Email | : / / 8097171963 / samir@igidr.ac.in                                                               | Tel./Fax/Email    | : 9833132225 / / 132100@orientalinsurance.co.in                                          |

### **Agent/Broker Details**

Dev.Off.Code : NA0000002705 DIRECT ( MC DO 1)

Agent/Broker :

Address :

Tel/Fax/Email : ///

Period of Insurance : FROM 00:00 ON 04/09/2025 TO MIDNIGHT OF 03/09/2026

Collection No. & Dt.: CD A/C AA0000073438 GST INVOICE NO :2724818129 UIN :0

Gross Premium : GST : Stamp Duty : Total:

Co-insurance Details : NIL

### **TPA Details :**

TPA ID : YA0000000341

TPA Name : M/S HEALTHINDIA INSU

TF

Contact@healthindiaupa.com & info@healthindiaupa.com

MUMBAI 400086

Toll Free No : 1800220102, 022-66867575, 022-66

### **Risk Details**

Total Sum Insured in words : Indian Rupees

Total Premium in words : Indian Rupees

The insurance under this policy is subject to conditions, clauses, warranties, exclusions which are available on Company's website: [www.orientalinsurance.org.in](http://www.orientalinsurance.org.in) or on demand from policy issuing office.

The policy shall pay for hospitalization expenses for medical/surgical treatment at any Nursing Home/Hospital in INDIA as an in-patient defined in the policy

In the event of a claim under the policy exceeding Rs. 1 lac or a claim for refund of premium exceeding Rs. 1 lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating offices as well as Company's website.

