



भारतीय सूचना प्रौद्योगिकी संस्थान, इलाहाबाद  
Indian Institute of Information Technology, Allahabad

(A University Established under sec. 3 of ugc Act. 1956 vide Notification No. F. 9-4/99-U. 3 Dated 4/08/2000 of Govt. of India)

(A Centre of Excellence in IT, Established by Govt. of India)

Deoghat, Jhalwa, Allahabad-211012 (U.P.) INDIA

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Ref. No. IIIT-A/DR(E)/1822 /2015

Date: 17.06.2015

**Limited Tender Enquiry**

To,

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.....  
.....

**Subject: - Regarding Health and Accident Insurance of Students.**

Dear Sir,

The Competent Authority of the Institute has approved Health and Accident Insurance Scheme for the Students of the Institute.

There are approx. 2300 students enrolled in various disciplines at the Institute. Some of the Programs are of 02 years duration (PG Programs) while rest are of 4 years undergraduate programs. Doctoral Program is however of 03 years duration. Accordingly, keeping in view the broad requirements of the student community, a format as at Annexure -A has been developed with the intent of inviting Quotations from the Nationalized Public Sector Insurance Agencies.

You are, therefore requested to participate in the process by giving your Quotation in the attached format together with all necessary supporting documents, if interested, your quotation must reach the undersigned in a sealed envelope latest by 07.07.2015 upto 5:00 PM. For further necessary action. You are advised to kindly fill in to all the terms of the format for the sake of comparability with other contenders.

The details of the terms & conditions & enquiry document can be obtained from the counter at IIIT-A, Deoghat Jhalwa Allahabad. It can also be downloaded from the Institute web site www.iiita.ac.in.

Thanking You,

Yours faithfully,

  
(Dr. Seema Shah)  
Dy. Registrar (E)

**Copy to:-**

- Hon'ble Director for kind information pl.
- Chairman, Purchase Committee pl.



**Requirements-cum-Format for  
STUDENT MEDICAL cum ACCIDENT INSURANCE AT IIIT-A  
(Hospitalization, Disability and Death Cover)**

GENERAL		To be filled in by the Agency
I	<p><b>Definition for the purpose of this cover:</b></p> <p>a) <b>Eligible Student:</b> A bonafide student as per records of the institute on the day of origin of mishap.</p> <p>b) <b>Hospitalization:</b> The condition requiring confinement to the premises under medical care/supervision, whether at the institute Health Centre or Insurance agency's approved/empanelled hospitals /Nursing Homes/Consulting Chambers of Doctors etc.</p> <p>c) <b>Hospitalization Charges:</b> Include expenditure on ambulance, accommodation, medicines, consumables , Blood (including infusion), non-consumables &amp; disposables, rent of medical aids/equipment during confinement artificial support systems and such other things as advised by the consulting Doctor.</p> <p>d) <b>Accommodation class:</b> By default, all UG Students, shall be eligible for treatment in General Ward while that of PG, Doctoral and Others shall be in Semi-Private Ward.</p>	
1.	For 'Hospitalization' of more than 12/24 hours ONLY for any disease/illness/injury, or any of its combinations.	Yes/No If No, then Specify further.
2.	<p><b>Class of Hospitalization</b> at pre approved Hospitals/Nursing Home"</p> <ul style="list-style-type: none"> <li>➤ General Ward-For UG Students</li> <li>➤ Semi-Private Ward * ward having upto 4 beds in a Room)- For PG , Doctoral, others.</li> <li>➤ Others (PI specify)</li> <li>➤ In case Hospitalization is availed in Class Higher than the eligibility owing to:               <ol style="list-style-type: none"> <li>1. Accommodation in prescribed Class being unavailable at the time of admission.</li> <li>2. Out of personal Choice.</li> </ol> </li> </ul> <p>"In case of Govt. Hospitals/Nursing Care establishment of Trusts/PSU's/ Autonomous Institutions, nomenclature as defined by them shall be acceptable for the purpose. In other cases, accommodation having more than 4 beds per room shall be treated as a General ward.</p>	<p style="text-align: center;">Yes/No Yes/No</p> <p>.....</p> <p>1. Allowable/Allowable but with conditions (stable Details in <b>Annex. 1)</b>/ Not allowable 2. Allowable/Allowable but with conditions (State Details in <b>Annex. 2)</b>/ Not Allowable.</p>
3.	<p><b>Ailments covered:</b></p> <p>a) The ones declared at the time of admission to the program (<i>list of exceptions, if any should be furnished by Insurance Agencies, as Annex. 3)</i></p> <p>b) The ones that develop while the student is a bonafide candidate on rolls of the Institute for any of its programmes (<i>list of exceptions, if any should be furnished by Insurance Agencies, as Annex. 4)</i></p>	<p>a) List Attached (<b>Annex. 3)</b> No attachment is required as there are NO EXCEPTION.</p> <p>b) List Attached (<b>Annex. 4)</b>/ No attachment is required as there are NO E XCEPTION</p>
4.	<b>Extent of cover</b> for each instance of 'Hospitalization' in Rupees	Limited to Rs...../No Limit
5.	<b>Maximum number</b> of 'Hospitalizations' admissible per child per year: (Year- Year means academic year and being counted from 1st July to 30 <sup>th</sup> June every year. Imp- Insurance cover shall extend upto 31 <sup>st</sup> December of the last academic year of the Institute provided the student has not left the Institute/been expelled from the Institute on any ground/completed the program in which	Limited to Rs...../No Limit ..... ..... ..... .....

	enrolled. Date of completion of program shall be reckoned with as the 12 noon of 15 <sup>th</sup> day of the declaration of result (including the date of the declaration of result).	..... ..... .....
6.	<b>Extent of coverage (w.r.t. each hospitalization):</b> a) Pre- Hospitalization b) Post- Hospitalization	..... .....
7.	<b>Maximum amount admissible for claim by each student per year</b> (in single or multiple hospitalization, all put together)	Rs..... OR No Such Limit
8.	<b>Period of Insurance:</b> on 24 Hourly basis, from 12 noon of 1 <sup>st</sup> July every year and upto 12 noon of 31 <sup>st</sup> December during the last academic year as per clause 5 above, irrespective of any holidays, vacations, etc.	Yes/No

II		Disability Coverage	
	Extent of Cover in case of :	To be filled in by the Agency (Express in terms of Percentage of Sum Assured)	
		UG (Indian Nationals)	Foreign Nationals in UG, All PG, All Doctoral & Others
1.	Loss of 1 Limb/ 1 Eye  Temporary Permanent	..... .....	..... .....
2.	Loss of 2 Limbs/ 2 Eyes  Temporary Permanent	..... .....	..... .....
3.	Loss of 1 Limbs/ 1 Eyes  Temporary Permanent	..... .....	..... .....
4.	Loss of 2 Limbs/ 1 Eyes  Temporary Permanent	..... .....	..... .....
5.	Loss of 1 Limbs/ 2 Eyes  Temporary Permanent	..... .....	..... .....
6.	Temporary Total disablement cover	.....	.....
7.	Permanent Total disablement cover	.....	.....

III		Death Coverage	
	Pl. Quote Death cover premium for:	To be filled in by the Agency	
		UG (Indian Nationals)	Foreign National in UG, All PG, All Doctoral & Others
1.	a) Rs.2.5 Lakh b) Rs.5.0 Lakh c) Rs. 7.5 Lakh d) Rs. 10 Lakh  (Note: Enquirer is desired to fill in the premium for each value of the sum Assured as stated above)	..... ..... ..... .....	..... ..... ..... .....
2..	Carriage of dead body and Funeral charges/ Remains from Allahabad to his/her place of normal residence. (Permanent/ Correspondence Address as per records of the Institute, as per the desire of Guardian).	Rs..... (Lumpsum)	Rs..... (Lumpsum)

<b>IV Desirable Features</b>		<b>To be filled by the Agency</b>
1.	The Hospitalization Cover is Cashless i.e. No. bills shall be raised either to the student or the Institute, once the student is admitted to the Hospital/Nursing Home/Place of Treatment	Yes/No (Pl. Specify conditions, if any, in either of the cases. At Annex. 5)
2.	If the insured student has dependent children below the age of 21 years (as per institute on the date of incidents). On the date of mishap, Lumpsum amount payable as educational assistance to the caretaker of the child.  Amount payable to each child and maximum upto TWO children only, in case of Partial or Total Permanent Disablement/Death	Provision Available/Not-Available  Rs.....
3.	In case of the enrolled student being married, <b>extent of coverage of his family.</b> "Family" for the present purpose shall mean spouse" and upto two children" (upto the age of 21 or till their dependency upon the enrolled student).  They shall be entitled to same facilities of hospitalization and disability benefits as the student himself. (* As per records of the Institute)	* Yes/No  * Yes, but at additional premium of Rs.....p.a.  * Yes, at no additional premium.
4.	<b>Territorial limit</b> of the insured student/family shall be a. India only(Pl. specify, States/Areas of Exclusive, if any in <b>Annex. 6a</b> ) b. Worldwide (Pl. Specify, States/Areas of Exclusive, if any in <b>Annex. 6b</b> )	Yes/No Yes/No
5	<b>Extent of benefits:</b> a) During peace time/normal conditions b) During Disturbed/abnormal/terrorist activities /war like situations/conditions	a) Normal Rate-Yes/No b) Double that of normal rate Yes/No
6	<b>Death</b> of one parent/guardian (main fee paying member) (as per records of the Institute)	Rs.....

<b>V Claim Procedure</b>		<b>To be filled in by the Agency</b>
1.	Pl .give the Checklist of Documents Required: a) In case of hospitalization reimbursement b) In case of death	.....Attach as <b>Annex 7</b> ..... .....Attach as <b>Annex 8</b> .....

<b>VI Miscellaneous</b>		<b>To be filled in by the Agency</b>
1.	<b>Cumulative Bonus:</b> a. In case of claim for less that 10% students in previous year b. In case of claim for less that 25% students in previous year c. In case of claim for less that 50% students in previous year	Rs.....OR....% of Premium Rs..... OR....% of Premium Rs.....OR..% of Premium
2.	<b>Applicable Systems of Medicine</b> under treatment can be availed. a) Allopathy b) Ayurvedic c) Homoeopathy	Yes/No Yes/No Yes/No

*Am*

	d) Unani e) Other Systems of Alternative Medicines f) Any of the combinations from above g) Only in Specific Combinations of	Yes/No Yes/No Yes/No .....
3.	<b>Dental Treatments</b> which generally do not require a continuous hospitalization, but a good number of sitting at the chamber of the Dentist are covered.	Yes/No Yes, but only to the extent of Rs.....Specify further conditions if any in <b>Annex. 9</b>
4.	<b>Physiotherapy :</b> a) Followed by hospitalization OR Prior to Hospitalization b) As advised by consulting Doctor even without pre or post hospitalization	Yes/No Yes/No Yes, but not to the extent of Rs..... Specify further conditions if any in <b>Annex.10</b>
5.	<b>Free Annual Medical Checkup Facility</b> at pre- identified Hospitals by Insurance Agency	Available/Not Available
6.	Exhaustive List of Approved Hospitals/Nursing Homes with Specialties	Attached-Marks as <b>Annex.11</b>

<b>VII</b>	<b>List of Additional Features for Institutions of Higher Education of Government: (if any):</b>	Yes/No If Yes, then Pl. attach and Mark as <b>Annex. 12</b>
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<b>VIII</b>	<b>List of Exclusions: (if any):</b>	Yes/No If Yes, then Pl. attach and Mark as <b>Annex.7</b>
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It is certified that on behalf of my Insurance Company named..... having registered Address at ..... has agreed to the above Quotation and Contents for all items 1 through is above and authorized me to put my signatures as herein below, in acceptance of the same. (All pages have also been Signed & Stamped by me).

.....  
(Seal and Signature of the Authorised Signatory for the Insuring Agency)

.....Name & Designation of the Contact Person:.....  
Cell Number:..... Email Address of above Contact:.....  
Date:..... Place:.....

**Terms and Conditions:**

**Duties of the Insurance Company:**

1. The company shall be responsible for providing the Mediclaim –cum-Accidental Insurance cover to the students of the Institute, as per the provisions stated in the tender document.
2. The company shall issue to the Institute, the detailed conditions as per the policy bond that would generally cover all points.
3. The company shall always keep the Institute updated with the list of its Networked Hospitals (NH). In case an existing NH is executed from the list of the Company. While the same is in the process of being communicated to the Institute, the list of NH available with the Institute shall be represented by the company.
5. In case of settlements of claims from NON Networked Hospitals to be handled by the company, the company shall promptly undertake to settle the case, preferably within 15 days under intimation to the Institute.
6. The VALID Institute Identity Card shall be treated as a VALID Identification document for receiving medical care by the student from the NH.
7. The company shall provide for a Senior Officer of the Company & keep the first party informed as a single point of contact for liaisoning with the Institute (together with his cell No. and address). The names, contact cell nos. and addresses of reference & contact in case of need.
8. The company shall provide the literature for distribution among students and posters, for popularization of the MCAIP Scheme, free of cost to the Institute.
9. The enquiry of lowest rate cannot be claimed as a right to be awarded that work/agreement.
10. Director, IITA reserves the right to alter/ modify any or all conditions of this tender and to reject of accept any quotation.
11. All disputes are subject to jurisdiction of courts at Allahabad

**“It is certified that I agree to the terms and conditions as specified above and bind myself to follow and comply with it. I have gone through all the conditions and understood the same”.**

.....  
**(Seal & Signature of the Proprietor/  
Authorized Representative**

**AGREEMENT**

An agreement made this ..... between Deputy Registrar (E), Indian Institute of Information Technology, Allahabad (herein referred to as Employer) of the part and ..... (herein referred as the Agency of the other part).

Whereas in response to call for enquiry for the .....as per enquiry paper hereto agency has submitted a Enquiry as per Annexure 'A' hereto and whereas the said Enquiry of the agency has been accepted the total estimated contract value of ..... as per copy of letter of acceptance of Enquiry Ref. No. .... completed with enclosures at the accepted rates and agreed deviations from Enquiry Papers as per annexure hereto. Now this agreement witness that consideration of premises and the payment to be made by the Employer to the agency provided for herein below the agency shall provides services and executed and perform all works for which the said Enquiry of the agency has been accepted strictly according to the various provisions in Enquiry papers hereto and upon such services and perform to the satisfaction of the Employer, the employer shall pay to the agency at the several rates accepted as per the said annexure and in terms of provisions herein.

In witness whereof the parties have hereunto set and subscribed their respective hands and /or seals the day and years respectively mentioned against their respective signatures.

Signed and delivered at \_\_\_\_\_ by for and on behalf of \_\_\_\_\_ the \_\_\_\_\_ agency within named in the presence.

**(Authorized Signatory)**

**Witness:**

- 1. Signature  
Name in Block Capitals \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_
- 2. Signature  
Name in Block Capitals \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Signed and delivered at IIIT-Allahabad by \_\_\_\_\_ Dy. Registrar (E), for Indian Institute of Information Technology, Allahabad in the presence of:

**Deputy Registrar (E)**

**Witness:**

- 1. Signature  
Name in Block Letter \_\_\_\_\_  
Address \_\_\_\_\_  
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- 2. Signature  
Name in Block Letter \_\_\_\_\_  
Address \_\_\_\_\_  
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**RELATIONSHIP CERTIFICATE**

This is to certify that none of my relative is an employee of Indian Institute of Information Technology, Allahabad.

**Signature of Authorized Person**

**Authorized Signatory of  
IIIT-Allahabad**