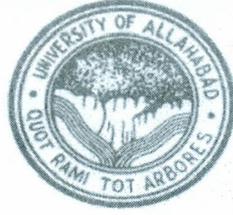


STUDENT SURAKSHA POLICY
UNIVERSITY OF ALLAHABAD
(A Central University)



Prayagraj-211002, Uttar Pradesh
India

TENDER DOCUMENT

For

Student INSURANCE

Tender No. DSW/Insurance/22-23/01



Limited Tender Enquiry (LTE)
STUDENTS SURAKSHA POLICY
University of Allahabad
(A Central University)

28.06.2022

Date: 28.06.2022

Quotation Ref. No: SPC/DSW/Insurance/22-23/01

Date of Uploading LTE- 28.06.2022

Last date of submitting Hardcopy of Quotations only through registered/speed post Courier: 05.07.2022

Tender value: 16 Lakhs

Policy Period : 12 months

AGE : 18 years to 60 years

COVERAGE		
Section I: PERSONAL ACCIDENT (80% of sum Insured)		
Sl.no.	Risk Cover	Compensation(Quotes by the firms)
1.	Death/ Permanent Total Disability% of sum Insured
2.	Loss of sight of both eyes or total and irrecoverable loss of sue of two limbs% of sum Insured
3.	Loss of sight of one eye and such loss of sue of one% of sum Insured
4.	Total and irrecoverable loss of sight of one eye or total and irrecoverable loss of use of one limb% of sum Insured
5.	Permanent disablement not less than 40% in aggregate% of sum Insured
Section II : Reimbursement of Hospitalization Expenses Following Bodily Injury Caused by and Arising out of an Accident		
1.	Hospitalization expenses as a result of Accident. Compensation for accidental injuries and/or reimbursement of expenses incurred at hospital as a result of accidental injuries subject to limits specified in the policy.% of sum Insured

Section II:

Sum Insured	100000(Rs)	200000(Rs)	300000(Rs)	400000(Rs)	500000(Rs)
No of persons(Approx)	18000(approx)	18000(approx)	18000(approx)	18000(approx)	18000(approx)
Premium per Head					
Total premium					
Discount(if any)					
Net premium					
GST 18%					
Total premium					
Gross premium per head					

Note: The details of terms and conditions are required to be enclosed. The number of beneficiaries (persons) may increase or decrease as per the conditions. The University reserves rights to cancel the tender any time without assigning any reason thereof. The format for submitting the data for issuing the policy to the students has to be submitted by the successful bidder (company) within 7 days of the receipt of the purchase order.

Purchase
28/06/2022

Purchase Officer

E-mail: purchasecell.uoa@gmail.com

University of Allahabad

1. Quotation received after due date and time shall be summarily rejected.
2. Unsolicited / conditional / unsigned tenders shall not be considered.
3. Complete terms and conditions along with policy details should be given while quoting. Literature/ Pamphlets should also be enclosed wherever applicable.
4. Rates must clearly indicate all taxes and discounts offered, if any.
5. No price negotiation will be entertained in normal course of action.
6. The policy will be treated as in-force after issuance of work order and lump sum payment of No. of students indicated in the Purchase Order.
7. Kindly furnish your GST number in your quotation for our records.
8. Tender conditions, if any, or otherwise sent with the tender shall not be binding on University.
9. The acceptance of the quotation will rest with the competent authority of University of Allahabad, who does not bind himself to accept the lowest quotation and reserves the right to reject, or partially accept any or all the quotation & received without assigning any reasons.
10. All the above instructions and our standard terms and conditions must be complied, failing which your offer may be liable for rejection.
11. All suits shall be in the courts of **Allahabad Jurisdiction** only.
12. Under no circumstances unsealed quotation will be entertained by University.
13. The Quotations should be submitted through registered/speed post only to the "**Purchase Officer, University of Allahabad, Prayagraj-211002, UP, INDIA**". Postal delay will not be considered.
14. The insurance company is liable to consider the claim of the bonafide student of the University, as per certification by the **Dean Students Welfare**, University of Allahabad after the issuance of Purchase order and lump sum payment.
15. The insurance company should also provide the modus operandi for submission of claim by the student along with general guidelines in this regard for uploading on the University website for information to all the concerned.
16. The insurance company should appoint a nodal officer for settlement of claims of the students. The detail of the nodal officer e.g. Name, designation, contact number, email ID be provided to the Dean, Student Welfare, University of Allahabad.



UNIVERSITY OF ALLAHABAD

(A Central University)

Supplier Profile Form

1. Firm's Name : _____
2. GST No. : _____
3. Owner's Name : _____
4. Full Postal Address: 1. _____
_____ PIN _____
2. _____
_____ PIN _____
4. E-mail address : _____
5. Website address : _____
6. Contact Person's Name : _____
7. Contact No. : Phone No. _____ Mobile No _____
E-mail: _____ City: _____ State: _____
8. GST NO : _____
9. PAN NO. : _____
(Enclose Xerox copy)
10. Shop Act Registration No : _____
(Enclose Xerox copy)
11. Current Bank Account No : _____
12. Manufacturer or Supplier : _____
(In case of supplier please enclose authorization of your Principal)

Item wise rate list, with available discount (if any), is attached.

Note: Supplier must print GST No. on their Letter Head / Bill / Quotations.

Signature with Seal

Mandate Form for Payment-2019
Public Fund Management System(PFMS) Facility for receiving Payments

Details of Account Holder/Firm:

1.	Firm/Contractor/Agency	
2.	Name of Account Holder	
3.	Complete Contact Address	
4.	Telephone Number	
5.	E-mail	

Bank Accounts Details:

1.	Name of the Bank viz. SBI/PNB	
2.	Branch Name with Complete Address	
3.	Telephone Number and E-mail of Bank Branch	
4.	Whether the Branch is computerized?	
5.	Whether the Branch is RTGS enabled? If yes, then what is the Branch's IFSC Code?	
6.	Is the Branch also NEFT enabled	
7.	Type of Bank Account (SB/Current/Cash Credit)	
8.	MICR Code of Bank	
9.	Complete Bank Account Number	
10	Repeat Bank Account Number	

Date:

Signature of Customer

I hereby certify that all the details mentioned above are true to my knowledge and belief.

Bank Stamp

Signature of Branch Manager
 Name.....
 Mobile No.....
 E-mail.....