



राष्ट्रीय प्रौद्योगिकी संस्थान - आंध्रप्रदेश
NATIONAL INSTITUTE OF TECHNOLOGY ANDHRA PRADESH
Near National Highway No. 16, Kadakatla, Tadepalligudem – 534101
West Godavari District, Andhra Pradesh

Ref. No.: NITANP/SMMD/TENDER/2025-26/ 31

Date: 06.08.2025.

TENDER ENQUIRY

Sub: Group Medical Insurance for Students (Cash less) –Quotation invited –Regarding.

Please send your lowest quotation for the above services as per the Schedule-A. The quotation is to be sent in a sealed envelope to the following address:

**C/o Tender Box
Material Management & Disposal Section,
Sardar Vallabhbhai Patel Administrative Building
NATIONAL INSTITUTE OF TECHNOLOGY, ANDHRA PRADESH,
Near National Highway No. 16, Kadakatla,
TADEPALLIGUDEM – 534101
West Godavari District, Andhra Pradesh.**

The quotation has to be sent by Post (Ordinary / Register / Speed Post) or drop in Tender Box physically. (Any other mode will not be accepted)

The envelope must be superscribed as “**QUOTATION**” at the center of the envelope and the above **reference number at left top** along with the name of the tender on the envelope. Quotations without the above superscription **will not be accepted**.

The last date to receive the sealed quotation is 28.08.2025.

Schedule-A

CASHLESS MEDICAL INSURANCE SCHEME FOR STUDENTS

1. Key Features

The Key features for a health insurance plan include:

1. Health Insurance Scheme would be for about 1742 students (± 50 variation).
2. Premiums for insurance coverage: NIT Andhra Pradesh will pay a regular insurance premium for Health insurance during the coverage period.
3. Direct billing to service providers: The Insurer will ensure direct settlement of bills and claims with hospitals and medical service providers.
4. Accessibility to health insurance services: The administrative set-up should ensure access to health insurance information and services to all the beneficiaries of NIT Andhra Pradesh.
5. The scheme: The scheme will include the participation of all public & private sector health service providers.
6. The Insurance Company must be in the Group Medical Insurance business in India at least for Five years as on the scheduled date of tender opening.
7. The Health insurance is covered for a period of one year initially from the date of mutual agreement and it can be extended one year more upon satisfactory services.

2. Special terms and Conditions

1. There shall be a dedicated helpline (24x7) from the TPA of Insurance Company available and the contact details including the name of the contact person, contact numbers, and postal/email address shall be furnished in the EOI.
2. If there is any reimbursement to the students/beneficiaries of the scheme, the same should be paid directly to the Students of NIT Andhra Pradesh within 30 days on receipt of bills, the service provider shall be responsible for ensuring the smooth process.
3. The response time by the TPA at the time of admission and discharge shall be a maximum of up to 4 hours.
4. Reports including the claim of the students and the details of the settlement are to be furnished to the institute on monthly basis or as and when required by the institute.
5. The cashless facility should be provided in at least 3 hospitals in Tadepalligudem. Name of such hospitals to be provided.

6. The insurance company shall arrange to issue a membership card to each insured person/family directly at their cost.
7. The NIT AP Tadepalligudem shall not be responsible for any dispute between the beneficiary and the service providing hospital.

3. Mandatory Documents to be furnished along with the Quotation

1. Certified copy of IRDA accreditation certificate.
2. Details of Third-Party Administrators (TPA). (preference will be given to direct agencies)
3. A draft copy of Group Health Insurance Policy.
4. List of Government/Semi-Government/Govt. of India Undertaking/Autonomous Body or Private Body for which such Insurance Scheme has been provided along with the proofs. A minimum of three such work orders with execution certificates need to be attached. Failing which the quotation gets disqualified.
5. The Tenderer/bidder has to mandatorily fill and submit the Annexures I, II, III, IV.

Eligibility Criteria
(To be Filled and Certified by the Tenderer)

Technical Requirements	Complied	Supporting Documents Enclosed
IRDA Accreditation Certificate	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Adequate Experience in providing Group Insurance during the past 5 Years (A minimum of 3 purchase/work orders need to be attached)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Tender document duly signed on each page	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Cashless treatment in at least 3 multispeciality or any 10-20 bedded hospitals located in Tadepalligudem. Name of such hospitals to be provided.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
24x7 helpline of TPA along with contact details of TPA	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
A dummy copy of Group Health Insurance Policy	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

(Signature of the Authorised Person)

Date: _____

Name: _____

Designation: _____

Contact / Mob No. _____

Seal

Annexure-II

(To be printed on the official letterhead of the Insurance Agency)

To

The Registrar

National Institute of Technology Andhra Pradesh

Tadepalligudem-534101

Andhra Pradesh

Subject: Expressions of Interest for implementation of Group Health Insurance cover to the Students of NIT Andhra Pradesh

Dear Sir,

In reference to the above, I/We are enclosing our irrevocable Expression of Interest (EOI) for Group Health Insurance cover to the Students of NIT Andhra Pradesh, Tadepalligudem.

I/we hereby declare that I/we have carefully read and understood the above referred EOI document including instructions, terms and conditions, and all its contents stated there in, and accordingly we are showing our interest in providing the said services.

Thanking you,

Yours sincerely

(Signature of the Authorised Person)

Date: _____

Name: _____

Designation: _____

Contact/Mobile No. _____

Seal

**TECHNICAL BID FOR STUDENTS GROUP HEALTH INSURANCE POLICY FOR
NIT ANDHRA PRADESH TADEPALLIGUDEM**

Technical Details				Remarks
Group Name	National Institute of Technology			
Location	Tadepalligudem			
Commencement Date	From the day of contract awarded	Period	One Year	
Insured Group Details				
Students	1742 ±50			
Maximum age	16 to 52 yrs			
Floater/Individual	Individual			
Sum Insured bands	Rs.1.00 Lakhs (Students)			
Coverage & Benefits Details				Remarks
Domiciliary Hospitalization	Covered			
Coverage of Pre Existing diseases	Covered			
Exclusions	Nil			
Cashless facility	Applicable			
30 days waiting Period	Waived			
30 days Pre and 60 Days post hospitalization Expenses covered	Covered			
Day care Expenses	Covered			Insurer shall pay for Day Care expenses incurred on advance technological surgeries and procedures requiring less than 24 hours of hospitalization
Ambulance charges	Covered			Up to 2% of sum insured
Accident/Trauma	Covered			

Annexure-IV

Day one coverage	Covered	
Nature of non-empanelled hospitals where expenses are Reimbursable incase of emergency treatment	Yes/No	
Dental treatment	covered	
Out Patient Consultation	Not Applicable	
Co-Payment	Not Applicable	
Room Rent Capping	Applicable. Cap should not be lower than as mentioned in corresponding table	2% of the sum assured for students
Other Conditions	New Students shall be included in policy from date of joining and passed out students will be deleted.	
	Monthly declaration will be given for Additions and Deletions by end of the following month	
	Pro rata Premium to be charged/refund in case of Addition/Deletion	
TPA	TPA Services Involved (if any) and Name and contact details to be submitted	List of Network of Authorized hospitals to be provided
Any Service Charges on Medical Bills	Should not be deducted from the individual Claim	

NATIONAL INSTITUTE OF TECHNOLOGY TADEPALLIGUDEM

Students Strength As on	09/06/2025.
Students	1742

Name and Signature of Authorized Person

Seal

Annexure-V

(To be Certified by the Tenderer/Bidder)

DISEASE-WISE CAPING

S.NO	Disease	Metro locations	Non-metro Locations
1	Appendix	50,000	35,000
2	Eye related	60,000	50,000
3	Gall bladder	60,000	50,000
4	Hernia	50,000	40,000
5	Hydrocele	25,000	20,000
6	Hysterectomy	50,000	40,000
7	Piles	45,000	35,000
8	Kidney stones (including DJ stent removal for same stone)	70,000	60,000

Sr No	Particulars	Total premium/Year/Student
1	Premium for coverage of Rs. 1.00 Lakh per student for a period of one year.	
2	GST	
Total in Figures		
Total in Words		

Note:

1. All terms & conditions as stated in the Tender Document.
2. Conditional bids are not acceptable.
3. Bids submitted in the above format shall only accepted.

Name and Signature of Authorized Person

Seal

Annexure-VI**AGE PROFILE OF STUDENTS OPTED FOR MEDICAL INSURANCE**

Age Band	Students (In No. s)
0-18 Years	485
19 Year	486
20 Year	405
21-35 Years	343
36-45 Years	22
46-52 Year	01
TOTAL	1742

While sending your lowest quotation – please specify the following:

1. Sales Tax : Inclusive
GST : Indicate prevailing tax on percentage basis.
2. Excise Duty :
3. Rates
a) F.O.R. Destination/
b) Estimated Packing, Forwarding and Freight Charges in case of Ex-works only, may be mentioned on percentage basis.
4. Insurance : Inclusive/ indicate on percentage basis, in case payable by the Institute.
5. Preferred terms of payment (institute rules permit to pay on Receipt of materials in good condition/completion of the work):
6. Recommended mode of transport :
7. Discount offered, if any :
8. Validity of the offer :
9. Firm schedule of completion of work :
10. Detailed drawings / catalogues / Leaflets / literature / samples may be furnished wherever feasible / required.
11. Please indicate clearly whether the rates quoted herein are the same as applicable to DGS & D / Government Department / Other Public Sector Undertakings.
12. The supplier shall invariably furnish the **Certificate of Clearance of GST Registration number and Authorization Certificate from the Manufacturer along with the quotations.**
13. The quotation should not contain any handwritten text except the Price quoted.
14. All the Submitted documents must be duly signed by the bidder along with the firm's seal.
15. Please mention the Quotation number and name of the item/s (in brief) on your envelope when submitting your quotation to the Institute.
16. Please note that the Director reserves the right to modify or alter the specifications and also to reject any or all the Quotations without assigning any reasons thereto.
17. The suppliers / firms are informed not to call on us without prior appointment.
18. The Institute is not responsible for delays / loss in postal transit or due to any other reasons.
19. Any Violation in the terms and conditions, the bidder will be made ineligible for the contract.



Yours faithfully,

[Signature]
66/8/2025

Head of the Department

सह अधिष्ठाता / Associate Dean
CENTRAL STORES & PURCHASE SECTION
NIT Andhra Pradesh