

Notice Inviting Expression of Interest

The undersigned invites proposals from reputed Insurance Companies/Corporate Agents registered under the IRDAI for Group Health insurance of the employees and family members of Cotton University.

Cost of Bidding Documents (non-refundable): Rs. 1000.00 in the form of Demand Draft drawn in favour of "Cotton University" payable at SBI, Guwahati Main Branch.

The Interested companies may avail detail information from the University's official website: www.cottonuniversity.ac.in

Last date of submission: within **21 days** from date of publishing, by 2.00 P.M.

Dated: 27/08/2026

MEMO NO: CU/GAD/2020/221/6706-08
dt. 27.08.2026


Registrar(i/c)
Cotton University, Guwahati
Registrar (i/c)
Cotton University
Panbazar, Guwahati-781001, Assam

Copy for information and necessary action to:

1. The Director, Directorate of Information and Public Relations, Government of Assam; is requested to arrange for publication of the abstract ad (soft copy enclosed) of this notice in the immediately next issue of "The Assam Tribune" and "Amar Asom", as well as submit the invoice in triplicate format for claiming the release of payment.
2. The P.S. to the Vice Chancellor to appraise the matter to Hon'ble Vice Chancellor, C.U.
3. The Finance Officer, Cotton University, requested to arrange the EOI pre-bid (08/09/2026) and opening meeting.(23/09/2026)
4. The Systems Manager, Cotton University; is requested to arrange for uploading/posting of this bidding document in the University's website
5. The University's notice board
6. The office file concerned

COTTON UNIVERSITY

(A State University of Government of Assam constituted by "Cotton University Act, 2017")

Panbazar, Guwahati - 781001, Assam

Website: www.cottonuniversity.ac.in

No. CU/GAD/2020/221/ 6706-68

Dated: 27/08/2026

Subject: Insurance Policy for COTTON UNIVERSITY Staff Group Medical Cover

1. Cotton University (CU) invites Proposal from reputed Insurance Companies/Corporate Agents registered under the IRDAI for providing Insurance coverage (Group Medical Cover) to the staff and dependents of COTTON UNIVERSITY.
2. The following documents are required to be submitted with the proposals for Insurance coverage (Group Medical Cover).
 - a) Duly signed Terms of reference (TOR) (Part A);
 - b) Format of Financial proposal (Part B).
 - c) A Sample Form of Contract for Insurance Agency under which the services will be performed (Part C).
3. **Eligibility Criteria in Technical Part:**
 - a) Cost of Bidding Document (Non-Refundable) - Rs. 1000.00 (Rupees One Thousand Only) in the Form of Demand Draft drawn in favour of "Cotton University" payable at SBI, Guwahati Branch.
 - b) The Insurance Companies/ /Corporate Agents should be registered with IRDAI. (Certified copy of registration certificate should be attached).
 - c) The Insurance Companies/ /Corporate Agents should submit Certificate of Incorporation for operation of Business in India. (Certified copy of registration certificate should be attached).
 - d) The Insurance Companies/ /Corporate Agents should submit copy of GST and Pan Card. (Certified copy of registration certificate should be attached).
 - e) The Insurance Companies/ Insurance Broker/Corporate Agents should submit minimum Three (3) Order/Contract Agreement in providing Group Medical Cover facilities Insurance to minimum 100 employees (Per Order/Contract Agreement) in reputed Educational Institutions / Central or State Govt. Departments /PSUs/ during the last 3 years in support of their experience. (Certified copy of Order/Contract Agreement should be attached).
 - f) The Insurance Companies/ Insurance Broker/Corporate Agents should have cashless health coverage in at least 15 renowned hospitals in the Guwahati city and good network of hospitals all over India. (List of empanelled Hospitals should be attached).
 - g) The Insurance Company must provide details of Supplementary Information as mentioned below:
 - (i) Technical Approach/methodology proposed for carrying out the required work.

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(ii) Maximum time required for grant of cashless facility by TPA and time required for reimbursement claim settlement on completion of documentation by the client.

(iii) Name and Designation of person who would be responsible for the service in a undertaking has to be submitted. (At least Two persons).

(iv) The provision for incorporating TOP UP facilities over and above of sum insured from the employer. The employee should be allowed to take the facilities of TOP UP at the personal level request.

(v) Cashless facilities should be provided all over India and at all major multi-specialty Hospitals located in Guwahati. (Certified format of List of cashless Hospitals should be attached)

(vi) There should be a dedicated helpline (24X7) from the TPA of Insurance Company available and the contact details should be furnished in the tender. Contact details of the TPA should be provided by the Insurance Company including the name of the contact person, contact numbers and postal & email address.

(vii) Reports including the claims of individuals and the details of the settlement are to be furnished to the University on monthly basis or as and when required by the University.

(viii) Pre-existing diseases (if any) should be waived.

(ix) One-time free health check up should be provided to all the insured staff every year with prior information to the University Authority.

(x) During the year if any employee resigns from the University, then the surrendered value of the premium paid for the employee is to be determined and to be refunded to the University.

(xi) Any employees newly admitted must be covered by the insurance at any point of time of the policy period.

(xii) In case any employee left the University, intimation will be given to the insurer immediately and his/her policy will be discontinued with immediate effect. with an information to this the respective insured person.

(xiii) The facilities for addition of beneficiary on legitimate relations with the insurer at the middle of policy life.

4. The list of beneficiaries of the university shall be provided through (apurba_s@cottonuniversity.ac.in) e-mail on request.

5. **Submission of Proposals:** The "Technical" and "Financial" proposals must be submitted in separate sealed envelope mentioning **Technical Part-A** and **Financial Part-B**. The "**Technical proposal**" should furnish details of Eligibility Criteria, quality of the policy and benefit proposed under Insurance Policy, the description of the firm/organization, party's

valid documents, party's general experience, the proposed work plan methodology and approach in response to suggested terms of reference as per point no 3 above. The Financial Proposal should include the **Price Schedule in Part B**.

6. Last date of submission of proposals (Technical & Financial):

In a separate sealed envelope which will be received in the **Administrative office of the Cotton University, Panbazar, Guwahati - 781001** within 21 days from publishing by 2:00 PM

7. Opening of proposal:

The proposals will be opened at **Conference Hall, MCB Building Cotton University, Panbazar, Guwahati** at 3.00 PM on 03/09/2026. The Proposals shall be opened in the presence of the agencies' representatives who choose to attend.

8. Pre-Bid Meeting:

A pre-bid meeting will be held at **Conference Hall, MCB Building Cotton University, Panbazar, Guwahati** at 11.00 AM on 08/09/2026..

9. Evaluation:

Technical and Financial evaluation will be one as per the convenience of the University. The evaluation will be done using the following criteria:

- a) agency fulfilling the eligibility criteria;
- b) agency's relevant experience for the assignment;
- c) the quality of the policy and benefit proposed; and
- d) best proposal quoting the lowest total unit rate.
- e) Financial proposal will be evaluated after the Technical proposal.

10. Award of Contract:

Quality of the policy and benefit proposal shall be considered as the per amount requirement. The decision of the award of the contract would be as under:

- a) The evaluation committee will determine whether the Proposals are complete. The Client will select the most beneficial among the bidders and will invite them for negotiations.
- b) During negotiations with the selected Insurance Company, the Insurance Company must be prepared to furnish the detailed cost break-up and other clarifications to the proposals submitted by them, as may be required to adjudge the reasonableness of the price proposals. If the negotiation with this Company is successful, the award will be made and notified.
- c) If negotiation fails with the selected Insurance Agency and if it is concluded that a contract with reasonable terms cannot be concluded with the Insurance Company, next Insurance Company will be invited for negotiations. This process will be repeated till an agreed contract is concluded.

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11. Bid Validity:

The Bid Validity will be for a period of 90 days from the date of submission without any change of proposed price. The Cotton University will make its best efforts to select insurance agency within the stipulated time frame.

12. The University reserves the right to amend or withdraw any of the terms & conditions and also update/ modify/supplement the minimum criteria / requirements at any point of time. Besides, the University reserve the right to accepts, consider or rejects any or all the bids/offer without assigning any reason in lieu thereof.
13. The law of the land shall be apply to the contract(s) / award of contract arising out of this bid. All disputes in this connection and all matters arising out of the same shall be settled exclusively in the courts failing under the jurisdiction of Kamrup Metropolitan district authority.

We look forward to receive the Proposal.



 COTTON UNIVERSITY
Registrar (i/c)
Cotton University
Panbazar, Guwahati-781001, Assam

Part-A

TERMS OF REFERENCE

INSURANCE POLICY FOR COTTON UNIVERSITY STAFF GROUP MEDICAL COVER

1. Background:

Cotton University, erstwhile Cotton College, is a Public State University located in Guwahati, the capital city of Assam. Its glorious history starts with Manik Chandra Barooah who, owing to huge public pressure, wrote a letter in 1899 to the British government to open a college in Guwahati. At that point of time Assam was the only of British Provinces in India without a college and Guwahati was regarded as the most suitable location in the region. Convinced by the arguments, Sir Henry John Stedman Cotton, K.C.S.I., the then Chief Commissioner of Assam, announced on 3rd November, 1899 that a college would be opened in Guwahati. Cotton College, the name decided by the public to honour its founder, was inaugurated on 27th May 1901 by Sir Henry Cotton himself.

2. Objective of the Assignment:

The objective of this assignment is Insurance Coverage of all employees of COTTON UNIVERSITY under Medi-claim Policy from an Insurance Agency which could provide a well-designed and appropriate policy for the employees.

3. Expectations from Insurance Agency:

- The Agency will have to submit a detail Policy Proposal consisting the best Benefits and compensation for the employees of COTTON UNIVERSITY. This insurance coverage will be valid till the staff will remain working with COTTON UNIVERSITY/policy period whichever is earlier.
- The Coverage of insurance for all employees of COTTON UNIVERSITY and their dependents.
- The Agency will also declare the incremental benefits and its condition will be applicable as and when applied by IRDAI.

4. Category-wise Insurance benefit required by COTTON UNIVERSITY as hereunder:

Details	Ceiling Amount	Members covered under the Policy	Tentative Number of Employees to be covered across Assam	Age Group
Mediclaim Coverage	7,00,000	Employee, Spouse, Two Children and Parents	201 Employees (comprising 127 Spouse, 131 Children and parents 271). Total: 730 Nos.	Employees: (Minimum Age 18 years and Maximum Age 65 years) Dependent(s): 0 -80 years

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Details	Ceiling Amount	Members covered under the Policy	Tentative Number of Employees to be covered across Assam	Age Group
Medicclaim Coverage	7,00,000	Employee, Spouse, Two Children	201 Employees (comprising 127 Spouse, 131 Children Total: 459 Nos.	Employees: (Minimum Age 18 years and Maximum Age 65 years) Dependent(s): 0 -18 years
Medicclaim Coverage	5,00,000	Employee, Spouse, Two Children and Parents	201 Employees (comprising 127 Spouse, 131 Children and parents 271). Total: 730 Nos.	Employees: (Minimum Age 18 years and Maximum Age 65 years) Dependent(s): 0 -80 years
Medicclaim Coverage	5,00,000	Employee, Spouse, Two Children	201 Employees (comprising 127 Spouse, 131 Children Total: 459 Nos.	Employees: (Minimum Age 18 years and Maximum Age 65 years) Dependent(s): 0 -18 years
Medicclaim Coverage	3,00,000	Employee, Spouse, Two Children and Parents	201 Employees (comprising 127 Spouse, 131 Children and parents 271). Total: 730 Nos.	Employees: (Minimum Age 18 years and Maximum Age 65 years) Dependent(s): 0 -80 years
Medicclaim Coverage	3,00,000	Employee, Spouse, Two Children	201 Employees (comprising 127 Spouse, 131 Children Total: 459 Nos.	Employees: (Minimum Age 18 years and Maximum Age 65 years) Dependent(s): 0 -18 years

The Number of Employees to be covered under this Insurance Policy may be increased or decreased depending on new recruitment or resignation submitted by employees,

5.Regulations:

a) The Mediclaim policy must be governed by Health Insurance Regulations 2016 issued by Insurance Regulatory Development Authority of India on 12.07.2016.

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b) The Mediclaim policy must be governed by IRDAI (Protection of Policy holders Interest) Regulations, 2017.

6. Facilities required in Medical Insurance Policy for maximum benefit for its employee which must include the following:

- a) Benefit in case of Hospitalization.
- b) Benefit in ease of continued treatment/Nursing during Pre/Post Hospitalization treatment for a maximum period of 180 days.
- c) Benefit (without capping) in case of following expenses incurred in any type of Medical treatment i.e.
 - i. Room, Boarding, Nursing Charges.
 - ii. Visiting Doctors, Surgeons, Anaesthetist, Physiotherapist, Consultants special fees.
 - iii. Intensive Care Unit.
 - iv. Surgical fees, OT charges, Aesthesia, Blood, Oxygen, Surgical appliances, Medicines, Any Diagnostic checkup charges, diagnostic Material & X-ray, Dialysis, Chemotherapy, Radio Therapy, Physiotherapy, Cost of Pace Maker, Artificial limbs, Cost for organ transplant and its related expenses.
 - v. Drugs and Medicines consumed during hospitalization period.
 - vi. Dressing, Ordinary splints and plaster casts.
 - vii. Cost of prosthetics devices if implanted during surgical procedures.
 - viii. Physiotherapy while being treated as inpatient and being part of the treatment.
 - ix. Ambulance charges including Air Ambulance, if required.
- d) Any other facility provisions like cashless facility, ID card issuing process and others.
- e) Coverage of pre-existing diseases.

7. Definition:

The following words or terms shall have the meaning ascribed to them wherever they appear in this Policy, and references to the singular or to the masculine shall include references to the plural and to the feminine wherever the context so permits:

- (a) "**Accident**" means a sudden, unforeseen and involuntary event caused by external and visible means.
- (b) "**Accidental Bodily Injury**" means any accidental physical bodily harm solely and directly caused by external, violent and visible means which is verified and certified by a Medical Practitioner but does not include any sickness or disease.
- (c) "**Administrator/TPA**" means a Third Party Administrator, who, for the time being, is licensed by the Insurance Regulatory and Development Authority, and is engaged, for a fee or remuneration, by whatever name called as may be specified in the agreement with the Company, for the provision of health services.

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(d) **"Cashless Facility"** means the TPA may authorize upon the insured request for direct settlement of admissible claim as per agreed charges between Network Hospitals & the TPA. In such cases the TPA will directly settle all eligible amounts with the Network Hospitals and the insured person may not have to pay any bills after the end of the treatment at hospital to the extent the claim is covered under the policy.

(e) **"Day Care Centre"** means any institution established for day care treatment of sickness and/or injuries or a medical set-up within a hospital/nursing home, which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified Medical Practitioner and must comply with all minimum criteria as under: Has a qualified nursing staff under its employment; Has qualified Medical Practitioner(s) in charge; Has a fully equipped operation theatre of its own where surgical procedures are carried out; Maintains daily records of patients and will make these accessible to the Insurer's authorized personnel.

(f) **"Day Care Treatment"** means medical treatment, and/or surgical procedure which is: Undertaken under General or Local Anaesthesia in a hospital/day care centre in less than 24 hours because of technological advancement; and Which would have otherwise required a hospitalization of more than 24 hours.

(g) **"Dependant Parents"** means the biological or legally adoptive parents of the Insured Person/Proposer who are financially dependent on the Insured/Proposer.

(h) **"Dependent Child/Children"** means children / a child (natural or legally adopted), who are/is financially dependent on the Insured or Proposer aged between 0 months and twenty-three (23) years and who are unmarried.

(i) **"Disease/Illness"** means a condition affecting the general well-being and health of the body that first manifests itself in the Policy Period and which requires treatment by a Medical Practitioner.

(j) **"Domiciliary Hospitalisation"** 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 but actually taken whilst confined at home in India under any of the following circumstances namely: The condition of the patient is such that he/she cannot be removed to the Hospital/nursing Home; or The patient cannot be removed to Hospital/nursing home for lack of accommodation therein. Subject however that domiciliary Hospitalization benefits shall not cover: Expenses incurred for pre and post Domiciliary Hospitalization treatment; or Expenses incurred for treatment for any of the following Diseases: Chronic Nephritis and Nephritic Syndrome; Diarrheal and all type of Dysenteries including Gastro-enteritis; Epilepsy; Influenza, Cough and Cold; All Psychiatric or Psychosomatic Disorders; Pyrexia of unknown Origin for less than 10 days; Tonsillitis and Upper Respiratory Tract Infection including Laryngitis and Pharyngitis; Arthritis, Gout and Rheumatism.

(k) **"Eligible Hospitalisation Expenses"** means the expenses which the Insured/Insured Person is entitled for applicable room rent and other charges as given in the scope of cover under the policy.

(l) **"Epidemic Disease"** means a Disease which occurs when new cases of a certain Disease, in a given human population, and during a given period, substantially exceed what is the normal "expected" Incidence Rate based on recent experience (the number of new cases in the population during a specified period of time is called the "Incidence Rate").

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(m) "**Excess**" means the % of sum insured/claim or amount up to which all Expenses covered by this Policy are to be borne by the Insured for which the Policy benefits will not be available and before the liability of the Insurer is commenced.

(n) "**Family**" means and includes Insured Person/Insured Person's legal Spouse, Insured Person's legal & dependent children.

(o) "**Grace Period**" means the specified period of 30 days immediately following the premium due date during which a payment can be made to renew or continue a Policy in force without loss of continuity benefits such as waiting periods and coverage of Pre-existing condition/Diseases. Coverage is not available for the period for which no premium is received.

(p) "**Hospital/Nursing Home**": means any institution established for inpatient care and day care treatment of sickness and/ or injuries and which has been registered as a Hospital with the local authorities, wherever applicable, and is under the supervision of a registered and qualified Medical Practitioner OR must comply with all minimum criteria as under: has at least 10 inpatient beds, in those towns having a population of less than 10,00,000 and 15 inpatient beds in all other places; has qualified nursing staff under its employment round the clock; has qualified Medical Practitioner(s) in charge round the clock; has a fully equipped operation theatre of its own where surgical procedures are carried out; maintains daily records of patients and will make these accessible to the Insurer's authorized personnel.

(q) "**Hospitalisation**" means the Insured's admission into Hospital for a continuous period of not less than 24 hours.

(r) "**Insured**" means You/Your/Self the person named in the Schedule, who is a citizen and resident of India and for whom the insurance is proposed and appropriate premium paid.

(s) "**Insured Person**" means the person named in the Schedule/who is a resident of India and for whom the insurance is proposed and appropriate premium paid. This includes Insured Person's family inclusive of dependent parents.

(t) "**Insurer**" means Insurance Company.

(u) "**Inpatient Care**" means care or treatment for which the Insured Person has to be hospitalized for more than 24 hours.

(v) "**Intensive Care Unit**" means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

(w) "**Internal Congenital Anomaly**" means Disease not manifested externally resulting from congenital disorder due to defects in or damage to a developing fetus. It may be the result of genetic abnormalities, the intrauterine (uterus) environment, errors of morphogenesis, or a chromosomal abnormality.

(x) "**Medical Expenses**" mean reasonable & customary Expenses unavoidably and reasonably incurred by the Insured for medical treatment of Disease, illness or injury that may be the subject matter of claim as an In-patient in a Hospital/Nursing Home/Day Care Centre, and includes the costs of a bed; treatment and care by medical staff; medical procedures; Medical Practitioner's fees; medicines and consumables including cost of

pacemaker, implants, as long as these are recommended by the attending Medical Practitioner.

(y) **"Medical Practitioner"**: means a person who holds a valid registration from the medical council of any state of India and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license. The term Medical Practitioner would include Physician, Specialist and Surgeon. The registered Medical Practitioner should not be the Insured or any one of the close family members of the Insured.

(z) **"Mental Illness/Disease"** means any mental Disease or bodily condition marked by disorganization of personality, mind, and emotions to impair the normal psychological, social or work performance of the individual regardless of its cause or origin.

(aa) **"Network Hospital"** means the institutions (Hospitals/Nursing Homes as defined earlier). Network Hospital means hospital that has agreed with the TPA to participate for providing cashless health services to the insured persons. The list is maintained by and available with the TPA and the same is subject to amendment from time to time.

(bb) **"Non Network Hospital"** are those Hospitals/Nursing Homes which are outside the network of Hospitals/Nursing Homes as maintained on the list and made available by the Administrator and the Insurer.

(cc) **"Out Patient Department"** means a department where patient is not Hospitalized and who is being treated in an office, clinic, or other ambulatory care facility by Medical Practitioner for illness/Disease.

(dd) **"Pre-existing Condition"** means any condition, ailment or injury or related condition(s) for which Insured had signs or symptoms, and/or were diagnosed, and/or received medical advice/treatment within 48 months prior to the first Policy issued by the Insurer.

(ee) **"Policy Period"** means the period commencing with the commencement date of the Policy & terminating with the expiry date of the Policy as stated in the Policy Schedule.

(ff) **"Post-Hospitalisation Expenses"** means relevant Medical Expenses incurred during period up to 60 days after Hospitalisation on Disease/Illness/Accidental Bodily Injury sustained. Such Expenses will be considered as part of claim limited to treatment which is continued after discharge for an ailment/Disease/Accidental Bodily Injury not different from the one for which Hospitalisation was necessary.

(gg) **"Pre-Hospitalisation Expenses"** means relevant medical Expenses incurred during period up to 30 days prior to Hospitalisation on Disease/Illness/Injury sustained. Such Expenses will be considered as part of claim limited to treatment which is taken before Hospitalisation for an ailment / Disease / injury not different from the one for which Hospitalisation was necessary.

(hh) **"Proposal"** means the written application or a standard form which the Insured duly fills and signs in with complete details seeking insurance are provided by him and includes any other information Insured provides to the insurer in the said form or in any communication with the Insurer seeking such insurance.

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(ii) "**Proposer**" means the person furnishing complete details and information in the Proposal form for availing the benefits either for himself or towards the person to be covered under the Policy and consents to the terms of the contract of Insurance by way of signing the same.

(jj) "**Qualified Nurse**" means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

(kk) "**Reasonable and Customary Expenses**" means a charge which:

a) is charged for medical treatment, supplies or medical services that are medically necessary to treat Insured's condition; and

b) does not exceed the usual level of Expenses for similar medical treatment, supplies or medical services in the locality where the expense is incurred; and

c) does not include Expenses that would not have been made if no insurance existed.

(ll) "**Schedule**" means that portion of the Policy which sets out Insured details, the type of Insurance cover in force, the Policy Period and the Sum Insured. Any Annexure and/or Endorsement to the Schedule shall also be a part of the Schedule.

(mm) "**Sum Insured**" means the specified amount mentioned in the Schedule to this Policy which represents the Insurer's maximum liability for any or all claims under this policy during the currency of the Policy subject to terms and conditions as stated in the Policy.

(nn) "**Surgical Operation**" means manual and/or operative procedures required for treatment of a Disease/Illness or Accidental Bodily Injury, correction of deformities and defects, diagnosis and cure of Diseases, relief of suffering or prolongation of life, performed in a Hospital or day care centre by a Medical Practitioner.

(oo) "**Waiting Period:**" All benefit shall be payable during the term of the Policy for the claim which occurs or where the hospitalisation for the claim has occurred from day 1 of first Policy issue Date. Waiting period will also be not applicable for the subsequent continuous uninterrupted renewals and hospitalisation due to accidents.

(pp) "**Period of Policy:**" This insurance policy is issued for a period of 1 (one) year as shown in the schedule.

(qq) "**Third Party Administrators (TPA)**" means a Third Party Administrator, who, for the time being, is licensed by the Insurance Regulatory and Development Authority, and is engaged, for a fee or remuneration, by whatever name called as may be specified in the agreement with the Company, for the provision of health services.

(rr) "**ID card**" means the card issued to the insured person by the TPA to avail cashless facility in the Network Hospitals. It will not have the photograph printed on it. The patient at the time of hospitalization will have to submit the photo-ID proof along with the copy of the card. In case photo-ID proof of the dependent is not available the ID card copy along with the primary cardholder's photo ID proof will be accepted.

(ss) "**Cashless Facility**" means the TPA may authorize upon the insured request for direct settlement of admissible claim as per agreed charges between Network Hospitals & the TPA. In such cases the TPA will directly settle all eligible amounts with the Network Hospitals and the insured person may not have to pay any bills after the end of the treatment at hospital to the extent the claim is covered under the policy.

(tt) "**Limit of Indemnity**:" means the amount stated in the schedule against the name of each insured person which represents maximum liability for any and all claims made during the policy period in respect of that insured person with regard to hospitalisation taking place during currency of the policy.

8. Scope of Services:

Insurer shall pay the expenses reasonably and necessarily incurred by or on behalf of the Insured Person under the following categories but not exceeding the Sum Insured and subject to deduction of any excess as reflected in the policy schedule in respect of such Insured person as specified in the Schedule:

a) **Room, Boarding, Nursing expenses** as charged by the Hospital/Nursing Home including Registration and Services Expenses etc. No capping for room rent per day. If admitted in ICU unit, all admissible claims under room, boarding and nursing expenses including ICU during the policy period are upto maximum amount of the sum insured.

b) Expenses of Hospitalization for minimum period of 24 hours are admissible. However, this time limit is not applied to specific treatments i.e. Dialysis, Parenteral Chemotherapy, Radiotherapy, Eye Surgery, Lithotripsy (Kidney Stone removal), D&C, Tonsillectomy, Dental Surgery due to accidents, Hysterectomy, Coronary Angioplasty, Coronary Angiography, Surgery of Gall Bladder, Pancreas & Bile duct, Surgery of Hernia, Surgery of Hydrocele, Surgery of Prostate, Gastrointestinal surgery, Genital Surgery, Surgery of Nose, Surgery of Ear, Nose and Throat, Surgery of Appendix, Surgery of Urinary System, Arthroscopic Knee Surgery, Laparoscopic Therapeutic Surgeries, Any surgery under Anaesthesia, Treatment of Fractures Dislocation excluding hairline fracture, Contracture releases & minor reconstructive procedures of limbs which otherwise require hospitalization taken in the Hospital/Nursing Home under the network of TPA and the Insured is discharged on the same day and listed day care procedure. The treatment will be considered under Hospitalization Benefit.

c) Modern Treatments IRDAI specified 12 Modern Treatments covered with 10% Co-pay.

d) Surgery Expenses of the diseases like Cataract, Hernia, and Kidney Stone, Fistula & Fissure sinusitis/Bilateral Hydrocele /Appendicitis /Gall Bladder & Prostate should be covered (Pre & Post expenses) under the policy.

e) Relaxation to 24 hours minimum duration for hospitalization will be applicable:

i) If they are carried out in day care centre networked by TPAs where requirement of

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minimum number of beds are overlooked but it must have (a) Fully equipped Operation Theatre (b) Fully qualified Day-care staff (c) Fully qualified Surgeons/Post-Operation attending Doctors.

- ii) If it necessitates hospitalization & involves specialized infrastructural facilities available only in hospital but due to technological advancement hospitalization is required for less than 24 hours and/or the surgical procedure involved has to be done under General anaesthesia.
- iii) Procedures/treatments usually done in Out Patient Department (OPD) are not payable under the policy even if converted to Day Care Surgery Procedure or as inpatient in hospital for more than 24 hours excluding specific injectable modern treatment.

f) **Pre Hospitalization:** Relevant Medical Expenses incurred during period up to 30 days prior to hospitalization/domiciliary hospitalization on disease/illness/injury sustained will be considered as part of claim.

g) **Post Hospitalization:** Relevant Medical Expenses incurred up to 60 days after hospitalization/ domiciliary hospitalization on disease/illness/injury sustained will be considered as part of claim.

h) **Day Care Expenses:** Insurer shall pay for Day Care Expenses incurred on any diseases excluding diarrhea and dehydration. Day care procedure as listed by IRDAI.

i) Maternity Expenses Benefits:

The Maternity Expenses Benefits will be applicable only if the Primary Members or Spouse of Primary Members. INR 50,000 for Normal and INR 1,00,000 for C-section.

i) Claims in respect of deliveries for only first two children and/or operations associated therewith will be considered in respect of anyone Insured person covered under the policy or any renewal thereof. Those insured persons who are already having two or more living children will not be eligible for this benefit.

ii) Waiver of 9 months waiting period for maternity benefit.

iii) Expenses incurred on new born baby will be covered from Day 1 with no limit of the amount.

iv) Maternity benefits should be included and 9 months waiting period should be waived.

v) New born baby should be covered under medical insurance from day 1.

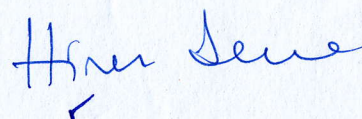
j) Free Health Check-up:

For every claim-free year during which policyholder has been Insured with Insurer without any break in insurance, Insurer may arrange a free medical check-up for Insured in Insurer's empanelled diagnostic centre or Insurer shall reimburse the cost incurred by Insured for the check-up subject to maximum 1% of Sum Insured up to a maximum of INR 5000. The medical check up required will be only for the primary member.

k) Ambulance charges up to 2% of sum Insured subject to a maximum limit of Rs. 10000/- in a policy year will be reimbursed.

l) The liability of the Insurer in respect of all claims admitted during the period of Insurance shall not exceed the Sum Insured for the person as mentioned in the Schedule.

m) The Mediclaim policy shall have waiver of 30 days Waiting Period. The Mediclaim coverage of the employee shall be from Day 1.



- n) The Mediclaim policy shall have immediate coverage of Pre-Existing Diseases.
- o) The Child cover from Day One (1) is desired under Floater Sum Insured.
- p) The Mediclaim policy shall have options of Top-up Plan/additional cover opted at individual level on requirement basis.
- q) **Covid Coverage or any other anticipated alike diseases:** Cases with positive diagnosis for Corona Virus indicating presence of SARS CoV-2 or any other variant who are admitted in Hospital for fever/respiratory related incidences for more than 24 Hours will be covered in the policy.
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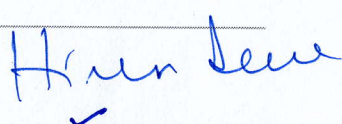
Annexure A - Day Care List

The following are the listed Day care procedures and such other Surgical Operation that necessitate less than 24 hours Hospitalisation due to medical/technological advancement/infrastructure facilities and the coverage of which is subject to the terms, conditions and exclusions of the policy.

1. Microsurgical operations on the middle ear:- Stapedectomy, Revision of a Stapedectomy, Other operations on the auditory ossicles, Myringoplasty (Type-I Tympanoplasty), Tympanoplasty (closure of an eardrum perforation/reconstruction of the auditory ossicles), Revision of a tympanoplasty, Other microsurgical operations on the middle ear.
2. Other operations on the middle & internal ear:- Myringotomy, Removal of a tympanic drain, Incision of the mastoid process and middle ear, Mastoidectomy, Reconstruction of the middle ear, Other excisions of the middle and inner ear, Fenestration of the inner ear, Revision of a fenestration of the inner ear, Incision (opening) and destruction (elimination) of the inner ear, Other operations on the middle and inner ear.
3. Operations on the nose & the nasal sinuses:- Excision and destruction of diseased tissue of the nose, Operations on the turbinates (nasal concha), Other operations on the nose, Nasal sinus aspiration.
4. Operations on the eyes:- Incision of tear glands, Other operations on the tear ducts, Incision of diseased eyelids, Excision and destruction of diseased tissue of the eyelid, Incision of diseased eyelids, Operations on the canthus and epicanthus, Corrective surgery for entropies and ectropion, Corrective surgery for blepharoptosis, Removal of a foreign body from the conjunctiva, Removal of a foreign body from the cornea, Incision of the cornea, Operations for pterygium, Other operations on the cornea, Removal of a foreign body from the lens of the eye, Removal of a foreign body from the posterior chamber of the eye, Removal of a foreign body from the orbit and eyeball, Operation of cataract.
5. Operations on the skin & subcutaneous tissues:- Incision of a pilonidal sinus, Other incisions of the skin and subcutaneous tissues, Surgical wound toilet (wound debridement) and removal of diseased tissue of the skin and subcutaneous tissues, Local excision of diseased tissue of the skin and subcutaneous tissues, Other excisions of the skin and subcutaneous tissues, Simple restoration of surface continuity of the skin and subcutaneous tissues, Free skin transplantation, donor site, Free skin transplantation, recipient site, Revision of skin plasty, Other restoration and reconstruction of the skin and subcutaneous tissues, Chemosurgery to the skin, Destruction of diseased tissue in the skin and subcutaneous tissues, Abscess.
6. Operations on the tongue:- Incision, excision and destruction of diseased tissue of the tongue, Partial glossectomy, Glossectomy, Reconstruction of the tongue.
7. Operations on the salivary glands & salivary ducts:- Incision and lancing of a salivary gland and a salivary duct, Excision of diseased tissue of a salivary gland and a salivary duct, Resection of a salivary gland, Reconstruction of a salivary gland and salivary ducts.
8. Other operations on the mouth & face:- External incision and drainage in the region of the mouth, jaw and face, Incision of the hard and soft palate, Excision and destruction of diseased hard and soft palate, Incision, excision and destruction in the mouth, Palatoplasty, Other operations in the mouth.
9. Operations on the tonsils & adenoids:- Transoral incision and drainage of a pharyngeal abscess, Tonsillectomy without adenoidectomy, Tonsillectomy with adenoidectomy, Excision and destruction of a lingual tonsil, Other operations on the tonsils and adenoids.
10. Trauma surgery and orthopaedics:- Incision on bone, septic and aseptic, Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis, Suture and other operations on tendons and tendon sheath, Reduction of dislocation under GA, Arthroscopic knee aspiration.
11. Operations on the breast:- Incision of the breast, Operations on the nipple.

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12. Operations on the digestive tract:- Incision and excision of tissue in the perianal region, Surgical treatment of anal fistulas, Surgical treatment of haemorrhoids, Division of the anal sphincter (**Sphincterotomy**), Other operations on the anus, Ultrasound guided aspirations, Sclerotherapy etc, Laparoscopic cholecystectomy.
13. Operations on the female sexual organs:- Incision of the ovary, Insufflation of the Fallopian tubes, Other operations on the Fallopian tube, Dilatation of the cervical canal, Conisation of the uterine cervix, Other operations on the uterine cervix, Incision of the uterus (hysterectomy), Therapeutic curettage, Culdotomy, Incision of the vagina, Local excision and destruction of diseased tissue of the vagina and the pouch of Douglas, Incision of the vulva, Operations on Bartholin's glands (cyst).
14. Operations on the prostate & seminal vesicles:- Incision of the prostate, Transurethral excision and destruction of prostate tissue, Transurethral and percutaneous destruction of prostate tissue, Open surgical excision and destruction of prostate tissue, Radical Prostatectomy, Other excision and destruction of prostate tissue, Operations on the seminal vesicles, Incision and excision of periprosthetic tissue.
15. Operations on the scrotum & tunica vaginalis testis:- Incision of the scrotum and tunica vaginalis testis, Operation on a testicular hydrocele, Excision and destruction of diseased scrotal tissue, Plastic reconstruction of the scrotum and tunica vaginalis testis, Other operations on the scrotum and tunica vaginalis testis.
16. Operations on the testes:- Incision of the testes, Excision and destruction of diseased tissue of the testes, Unilateral Orchiectomy, Bilateral orchidectomy, Orchidopexy, Abdominal exploration in cryptorchidism, Surgical repositioning of an abdominal testis, Reconstruction of the testis, Implantation, exchange and removal of a testicular prosthesis.
17. Operations on the spermatic cord, epididymis and ductus deferens:- Surgical treatment of a varicocele and a hydrocele of the spermatic cord, Excision in the area of the epididymis, Epididymectomy, Reconstruction of the spermatic cord, Reconstruction of the ductus deferens and epididymis.
18. Operations on the penis:- Operations on the foreskin, Local excision and destruction of diseased tissue of the penis, Amputation of the penis, Plastic reconstruction of the penis, Other operations on the penis.
19. Operations on the urinary system:- Cystoscopic removal of stones.
20. Other Operations:- Lithotripsy, Coronary angiography, Haemodialysis, Radiotherapy for Cancer.


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Annexure B

Modern Treatment

1. Robotic Surgeries
2. Stem Cell Therapy
3. Immunotherapy - Monoclonal Antibody to be given as injection
4. Oral Chemotherapy
5. Intravitreal injections (Except Lucentis)
6. Deep Brain Stimulation
7. Stereotactic Radio Surgeries
8. Bronchial Thermoplasty
9. Intra Operative Neuro Monitoring (IONM)
10. Uterine Artery Embolization and HIFU
11. Balloon Sinuplasty
12. Vaporisation of the Prostate (Green laser treatment or holmium laser treatment)

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Registrar (IIC)

Cotton University
Panbazar, Guwahati-781001, Assam

Part B

FINANCIAL PROPOSAL

(To be covered in Separate Sealed Envelope)

COTTON UNIVERSITY

(A State University of Government of Assam constituted by "Cotton University Act, 2017")

Panbazar, Guwahati - 781001, Assam

Website: www.cottonuniversity.ac.in

Price Schedule

SN.	Tentative Number of Employee	No of Spouse and Children.	Coverage Amount of the Policy	Premium Amount per employee	Unit Applicable Tax	Gross Premium Amount (201 Employees comprising 127 Spouse, 131 Children and parents 271). Total: 730 Nos.) (InRs)	Gross Premium Amount 201 Employees (comprising 127 Spouse, 131 Children Total: 459 Nos.
1.			7,00,000.00				
2.			5,00,000.00				
3.			3,00,000.00				
	Total Contract Price						

NOTE:

1. In case of discrepancy between unit price and total price, the unit price shall prevail
2. The Numbers of Employees to be covered under this Insurance Policy may be increased by 10-15% depending on new recruitment process
3. The Numbers of Employees may be decreased in case of resignation submitted by employees prior to commencement of group policy.

We agree to provide policy in accordance with the specifications/requirement mentioned in the Invitation for Proposal.

Hiren Deka

Part-c

Insurance Agency

Subject: Draft Letter of Contract

(Name of Agency):

1. Set out below are the terms and conditions under which (Name of Agency) has agreed to carry out for (Name of Client) the above-mentioned assignment specified in the attached Terms of Reference.
2. For administrative purposes (Name of responsible staff of Client) has been assigned to administer the assignment and to provide [Name of Consultant] with all relevant information needed to carry out the assignment.
3. The services will be required in (Name of Project) for about days/months, during the period from to.
4. The (Name of Client) may find it necessary to postpone or cancel the assignment and/or shorten or extend its duration. In such case, every effort will be made to give you, as early as possible, notice of any changes. In the event of termination, the (Name of Agency) shall be paid for the services provided to the date of termination, and the [Name of Agency] will provide the (Name of Client) with any reports or parts thereof, or any other information and documentation gathered under this Contract prior to the date of termination.
5. The services to be performed, the estimated time to be spent will be in accordance with the attached Description of Services.
6. This Contract, its meaning and interpretation and the relation between the parties shall be governed by the laws of Union of India.
7. This Contract will become effective upon confirmation of this letter on behalf of (Name of Agency) and will terminate on , or such other date as mutually agreed between the (Name of Client) and the (Name of Agency).
8. Payments for the services will not exceed a total amount of Rs.
9. The above charges includes all the costs related to carrying out the services, including overhead and any taxes imposed on (Name of Agency).
10. The [Name of Agency] shall indemnify and hold harmless the (Name of Client) against all claims, demands, and/or judgments of any nature brought against the (Name of Client) arising out of the services by the [Name of Agency] under this Contract. The obligation under this paragraph shall survive the termination of this Contract.
11. The Agency agrees that, during the term of this Contract and after its termination, the Agency and any entity affiliated with the Agency, shall be disqualified from providing goods, words or services (other than the Services and any continuation thereof) for any project resulting from or closely related to the Services.
12. The Agency undertake to carry out the assignment in accordance with the highest standard of professional and ethical competence and integrity, having due regard to the nature and purpose of the assignment, and to ensure that the staff assigned to perform the services under this Contract, will conduct themselves in a manner consistent herewith.
13. The Agency will not assign this Contract or sub-contract or any portion of it without the Client's prior written consent

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14. The [Name of Agency] shall pay the taxes, duties fee, levies and other impositions levied under the Applicable law and the Client shall perform such duties, in regard to the deduction of such tax, as may be lawfully imposed.
15. The [Name of Agency] also agrees that all knowledge and information not within the public domain which may be acquired during the carrying out of this Contract, shall be, for all time and for all purpose, regarded as strictly confidential and held in confidence, and shall not be directly or indirectly disclosed to any person whatsoever, except with the (Name of Client) written permission.
16. Any dispute arising out of the Contract, which cannot be amicably settled between the parties, shall be referred to adjudication/arbitration in accordance with Arbitration & Conciliation Act 1996.

Place:

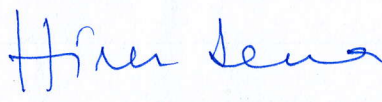
Date:

(Signature of Authorized Representative on behalf of Agency)

(Signature & Name of the Client's Representative)

LIST OF ANNEXES

- Part A: Terms of Reference and Scope of Services
- Part B: Price Schedule
- Part C: Draft Letter of Contract


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Cotton University
Panbazar, Guwahati-781001, Assam