

राष्ट्रीय प्रौद्योगिकी संस्थान कर्नाटक, सुरत्कल

DOC - 4

NATIONAL INSTITUTE OF TECHNOLOGY KARNATAKA, SURATHKAL

POST-SRINIVASNAGAR, MANGALURU – 575 025 (D.K)

पोस्ट- श्रीनिवासनगर, मंगलूरु - 575025 (डी. के)

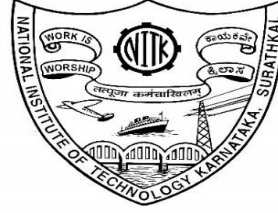
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Expression of Interest (EOI)

Notification No: NITK/2026-27/Acad./01

Date: 21-05-2026

| | |
|---|---|
| Name of Services | Students Group Medical Insurance Service |
| Estimated amount | ₹ 70,00,000/- (Including GST) |
| Eoi Document Download Start Date | 21-05-2026 |
| Eoi Submission Start Date | 21-05-2026 |
| Eoi Submission End Date | 28-05-2026, 3.00 PM |
| Address for Submission of EOI | https://eprocure.gov.in/ |
| Date of opening bids | 29-05-2026, 3.00 PM |
| Contact Details of Buyer | Office of the Dean (SW) |
| Purchase officer Name and Contact (Related to purchase inquiry) | Superintendent (purchase) Phone: +91-824-2473014,3114 Email: supdt-purchase@nitk.edu.in |



NATIONAL INSTITUTE OF TECHNOLOGY KARNATAKA, SURATHKAL

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Expression Of Interest (EOI)

The National Institute of Technology Karnataka, Surathkal (in short – NITK, Surathkal) is an Institute of National Importance under Ministry of Education, Govt of India imparting Technical Education and engaged in Research Activities.

National Institute of Technology Karnataka, Surathkal invites Expression of Interest (EOI) from eligible, reputed, and experienced insurance providers for the service of Students Group Medical Insurance

Online Eoi (<https://eprocure.gov.in/>) are invited for the following items in **Single cover systems** subject to the following terms and conditions, from the reputed service providers. The bid will be opened online on the due date as mentioned. Bidders can verify their bid status through the online portal <https://eprocure.gov.in/>.

| | |
|---|---|
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**Sd/-
(Dean SW)**

SECTION 1 A: Instructions for Online Bid Submission

The bidders are required to submit soft copies of their bids electronically on the CPP Portal, using valid Digital Signature Certificates. The instructions given below are meant to assist the bidders in registering on the CPP Portal, prepare their bids in accordance with the requirements and submit their bids online on the CPP Portal.

More information useful for submitting online bids on the CPP Portal may be obtained at: <https://eprocure.gov.in/eprocure/app>.

REGISTRATION

- 1) Bidders are required to enroll on the e-Procurement module of the Central Public Procurement Portal (URL: <https://eprocure.gov.in/eprocure/app>) by clicking on the link "**Online bidder Enrollment**" on the CPP Portal which is free of charge.
- 2) As part of the enrolment process, the bidders will be required to choose a unique username and assign a password for their accounts.
- 3) Bidders are advised to register their valid email addresses and mobile numbers as part of the registration process. These would be used for any communication from the CPP Portal.
- 4) Upon enrolment, the bidders will be required to register their valid Digital Signature Certificate (Class II or Class III Certificates with signing key usage) issued by any Certifying Authority recognized by CCA India (e.g. Sify / nCode / eMudhra, etc.), with their profile.
- 5) Only one valid DSC should be registered by a bidder. Please note that the bidders are responsible to ensure that they do not lend their DSC's to others which may lead to misuse.
- 6) Bidder then logs in to the site through the secured log-in by entering their user ID/password and the password of the DSC / e-Token.

SEARCHING FOR TENDER/EOI DOCUMENTS

- 1) There is various search options built-in in the CPP Portal, to facilitate bidders to search active tenders by several parameters. These parameters could include Tender ID, Organization Name, Location, Date, Value, etc. There is also an option of advanced search for tenders, wherein the bidders may combine a number of search parameters such as Organization Name, Form of Contract, Location, Date, Other keywords, etc. to search for a tender published on the CPP Portal.
- 2) Once the bidders have selected the tenders they are interested in, they may download the required documents/tender schedules. These tenders can be moved to the respective 'My Tenders' folder. This would enable the CPP Portal to intimate the bidders through SMS / email in case there is any corrigendum issued to the tender document.
- 3) The bidder should make a note of the unique Tender ID assigned to each tender; in case they want to obtain any clarification/help from the Helpdesk.

PREPARATION OF BIDS

- 1) Bidder should take into account any corrigendum published on the EOI document before submitting their bids.
- 2) Please go through the EOI document carefully to understand the documents required to be submitted as part of the bid. Please note the number of covers in which the bid documents have to be submitted, the number of documents - including the names and content of each of the documents that need to be submitted. Any deviations from these may lead to the rejection of the bid.
- 3) Bidder, in advance, should get ready the bid documents to be submitted as indicated in the EOI document/schedule and generally, they can be in PDF / XLS / RAR / DWF/JPG formats. Bid documents may be scanned with 100 dpi with the black and white option which helps in reducing the size of the scanned document.
- 4) To avoid the time and effort required in uploading the same set of standard documents which are required to be submitted as a part of every bid, a provision of uploading such standard documents (e.g. PAN card copy, annual reports, auditor certificates, etc.) has been provided to the bidders. Bidders can use the "My Space" or "Other Important Documents" area available to them to upload such documents. These documents may be directly submitted from the "My Space" area while submitting a bid, and need not be uploaded again and again. This will lead to a reduction in the time required for the bid submission process.

Note: My Documents space is only a repository given to the Bidders to ease the uploading process. If Bidder has uploaded his Documents in the My Documents space, this does not automatically ensure these Documents being part of the Technical Bid.

SUBMISSION OF BIDS

1. Bidder should log into the site well in advance for bid submission so that they can upload the bid in time i.e. on or before the bid submission time. Bidder will be responsible for any delay due to other issues.
2. The bidder has to digitally sign and upload the required EOI documents one by one as indicated in the EOI document.
3. Bidders are requested to note that they should necessarily submit their financial bids in the format provided and no other format is acceptable. If the price bid has been given as a standard BoQ format with the EOI document, then the same is to be downloaded and to be filled by all the bidders. Bidders are required to download the BoQ file, open it and complete the white-colored (unprotected) cells with their respective financial quotes and other details (such as the name of the bidder). No other cells should be changed. Once the details have been completed, the bidder should save it and submit it online, without changing the filename. If the BoQ file is found to be modified by the bidder, the bid will be rejected.
4. The server time (which is displayed on the bidders' dashboard) will be considered as the standard time for referencing the deadlines for submission of the bids by the bidders, the opening of bids, etc. The bidders should follow this time during bid submission.
5. All the documents being submitted by the bidders would be encrypted using PKI encryption techniques to ensure the secrecy of the data. The data entered cannot be viewed by unauthorized persons until the time of bid opening. The confidentiality of the bids is maintained using the secured Socket Layer 128-bit encryption technology. Data storage encryption of sensitive fields is done. Any bid document that is uploaded to the server is subjected to symmetric encryption using a system-generated symmetric key. Further, this key is subjected to

asymmetric encryption using buyers/bid openers' public keys. Overall, the uploaded tender documents become readable only after the tender opening by the authorized bid openers.

6. The uploaded EOI documents become readable only after the EOI documents opening by the authorized bid openers.
7. Upon the successful and timely submission of bids (i.e. after Clicking "Freeze Bid Submission" in the portal), the portal will give a successful bid submission message & a bid summary will be displayed with the bid no. and the date & time of submission of the bid with all other relevant details.
8. The bid summary has to be printed and kept as an acknowledgment of the submission of the bid. This acknowledgment may be used as an entry pass for any bid opening meetings.
9. The off-line EOI shall not be accepted and no request in this regard shall be entertained whatsoever.
10. All entries in the EOI should be entered in online Technical & Commercial Formats without any ambiguity.
11. Any order resulting from this e-EOI shall be governed by the terms and conditions mentioned therein.
12. No deviation from the technical and commercial terms & conditions are allowed.
13. The EOI/Tender inviting authority has the right to cancel this e-EOI or extend the due date of receipt of the bid(s).

ASSISTANCE TO BIDDERS

- 1) Any queries relating to the EOI document and the terms and conditions contained therein should be addressed to the EOI/Tender Inviting Authority or the relevant contact person indicated in the EOI document.
- 2) Any queries relating to the process of online bid submission or queries relating to CPP Portal, in general, may be directed to the 24x7 CPP Portal Helpdesk.

Scope of Work and Coverage Requirements

Group Medical Insurance and Personal Accident Insurance Policy

National Institute of Technology Karnataka, Surathkal

1. Scope of Work

To provide the "NITK Surathkal Students' Medclaim Insurance Scheme" to all students of NITK. The effective date of commencement of the Policy shall be the date on which communication is made to the selected Insurer.

2. Student Strength and Policy Period

2.1 Student Strength

The policy shall cover approximately 7,000 students of NITK, including:

- Undergraduate Students
- Postgraduate Students
- Ph.D. Scholars
- Post-Doctoral Fellows

The number of students may vary during the policy period due to admissions, withdrawals, or graduation. The current student strength and age profile are as follows:

| Course | Number of Students | Approximate Age Band |
|---------|--------------------|----------------------|
| B. Tech | 4,245 | 17 – 26 |
| M. Tech | 1,597 | 21 – 35 |
| MBA | 121 | 20 – 30 |
| M. Sc | 140 | 20 – 30 |
| Ph. D | 813 | 23 – 50 |
| Total | 6,916 | 17 – 50 |

** The student count is tentative and may vary at the time of placing the order. The age band may vary marginally. Coverage shall apply to the actual number of enrolled students.*

2.2 Policy Period (04-08-2026 to 03-08-2027)

Policy Period: 04-08-2026 to 03-08-2027 (one year). The policy shall remain valid for one year from the effective date of commencement as notified by the Institute. Coverage for each insured student shall commence from the effective date of the policy. The policy shall cover all students of NITK Surathkal.

3. Insurance Coverage Requirements

3.1 Group Medical Insurance — Sum Insured Options

Insurance providers shall submit premium quotations for all six combinations in the table below. Failure to quote for any combination will render the bid non-responsive and liable for rejection.

| Sum Insured per Year (Rs.) | Without Buffer (Rs.) | Corporate Buffer Rs. 10,00,000 | Corporate Buffer Rs. 15,00,000 |
|----------------------------|----------------------|--------------------------------|--------------------------------|
| 1,00,000 | | | |
| 1,25,000 | | | |
| 1,50,000 | | | |

- The graded structure enables the Institute to compare options and select the most cost-effective coverage.
- Students will NOT be given a choice — the Institute will select ONE combination and fix a uniform fee for all eligible students.
- Bidders must quote premiums for all six combinations.
- Failure to quote for any combination will render the bid non-responsive and liable for rejection.

3.2 Coverage Details

The policy shall include:

- Cashless hospitalisation at network hospitals across the country
- Reimbursement facility for non-network hospitals across the country
- Day-care procedures
- Pre-hospitalisation expenses — covered for 30 days
- Post-hospitalisation expenses — covered for 60 days
- Emergency hospitalisation
- Coverage for surgeries and medical treatments
- Ambulance charges — covered up to 5% of Sum Insured per hospitalisation
- ICU/ICCU expenses
- Diagnostic expenses related to hospitalisation
- Accidental hospitalisation coverage
- **AYUSH treatment — covered up to ₹10,000/-**
- **OPD coverage — up to ₹10,000/-** including consultations, investigations and medicines
- Hospitalisation arising out of psychiatric ailments shall be covered
- Referral consultations and pathology tests ordered by outside specialists shall be eligible for reimbursement
- Hospitalisation expenses arising out of self-harm shall be covered

- Tele-medicoone consultations shall be covered

Room Rent Limits:

- Normal Room Rent: 2% of Sum Insured, subject to a maximum of ₹2,000/- per day (inclusive of nursing charges)
- ICU Charges: 4% of Sum Insured, subject to a maximum of ₹4,000/- per day
- If admitted to a higher-category room, the insured student shall bear the proportionate difference in all medical expenses as reflected in the final hospital bill

Key Policy Conditions:

- Pre-existing diseases: covered from policy inception (Day 1), with no waiting period
- All waiting periods waived — initial, pre-existing disease, disease-specific, and for accidents
- No disease-wise or procedure-wise sub-limits
- No co-payment applicable; students shall not bear any percentage of admissible hospitalisation expenses
- No age limit on insured covered by this policy
- Mid-term inclusion: applicable for new joiners only, on a pro rata premium basis
- Maximum time limit for reimbursement claim submission (non-network hospitals): 60 days from date of discharge
- Claims shall be admissible from the effective date of commencement; no claim shall be denied on grounds of waiting period or delayed activation
- The policy shall cover hospitalisation for surgeries, procedures, and day-care treatments not requiring an overnight stay

The Policy shall exclude:

- Lasik surgery
- Infertility and related ailments, including male sterility
- Experimental or trial treatments
- Maternity benefit (normal delivery and C-section)
- Maternity waiting period (9 months)
- Newborn baby coverage (Baby Day-1)

3.3 Personal Accident Insurance Coverage

The policy shall include 24x7 Personal Accident Insurance coverage as follows:

| Coverage Type | Benefit Amount |
|--|-------------------------|
| Accidental Death Cover | ₹5,00,000/- per student |
| Permanent Total Disability | ₹2,00,000/- per student |
| Permanent Partial Disability | ₹1,00,000/- per student |
| Accident Hospitalisation Cover | ₹1,00,000/- |
| OPD Coverage (accident-related treatment only) | ₹10,000/- |

4. Cashless Hospital Network Requirements

4.1 Network Hospitals

The Insurance Company/TPA shall maintain a sufficient network of empanelled hospitals for cashless treatment across India. Special emphasis shall be given to the empanelment of reputed multi-speciality hospitals in:

- Mangalore
- Udupi
- Manipal

The bidder shall submit a detailed list of empanelled hospitals in the above regions along with the Technical Bid. Prior to furnishing this list, the Insurance Company/TPA shall verify and confirm the validity of tie-ups with each respective hospital.

4.2 Emergency Treatment at Non-Network Hospitals

In emergency situations where treatment is received at a non-network hospital, reimbursement shall be allowed in accordance with the policy terms and conditions.

4.3 Cashless Facility

The Insurance Company/TPA shall ensure:

- 24x7 cashless approval support
- Fast-track emergency approvals
- Hassle-free hospitalisation process
- Dedicated authorisation support

No student shall be denied emergency treatment due to procedural delays.

5. Dedicated Support and TPA Requirements

5.1 Dedicated Representative

The Insurance Company/TPA shall deploy at least one dedicated representative exclusively for NITK on a 24x7 basis throughout the policy period. The representative shall:

- Handle all student-related queries
- Coordinate claim processing and assist in claim documentation
- Support cashless approvals and facilitate grievance redressal
- Maintain communication with students and Institute authorities

The representative shall be easily accessible by telephone, e-mail, and WhatsApp.

The Institute shall not be held responsible for any deficiencies, delays, lapses, or failures on the part of the Insurance Company/TPA in discharging their responsibilities.

5.2 Appointment of TPA

The successful Insurance Company shall finalise and appoint the Third Party Administrator (TPA), if applicable, within 7 days from the date of issue of the Purchase Order/Letter of

Award. Failure to comply within the stipulated timeline may attract penalties as decided by the Institute.

TPA Requirements:

- The Insurance Company/TPA branch office [object Object] The Insurance Company shall ensure compliance before assigning the TPA.
- The TPA must have sufficient manpower to effectively service the NITK student population ([object Object]). The Insurance Company shall ensure this before assigning the TPA.
- The Institute shall not take responsibility for any TPA/Insurance Company-related work. The TPA/Insurance Company shall be solely responsible for insurance, claims, reimbursement, and all related activities.
- The Institute shall provide only the students' database. All documentation, treatment claims, reimbursement, and related queries shall be directly resolved by the Insurance Company/TPA with the concerned students.
- The Institute shall not handle collection of insufficient/pending documents from students, distribution of Health Cards/E-Health Cards, or make any communication on behalf of the Insurance Company/TPA.
- The Insurance Company/TPA shall not request NITK to perform or manage any duty or responsibility pertaining to insurance services.
- All communications with students regarding hospitalisation, cashless/partially cashless treatment, pre- and post-treatment, and any treatment-related queries shall be handled solely by the Insurance Company/TPA.
- Any dispute arising between the Insurance Company/TPA and hospitals shall be resolved directly and immediately by the dedicated representative. Students must not be adversely affected, and NITK shall not be involved.
- The process of converting non-empanelled hospitals to empanelled hospitals shall be the sole responsibility of the Insurance Company/TPA.
- The performance of the Insurance Company/TPA and claim settlement status shall be continuously monitored by the office of the Dean (Students' Welfare) throughout the policy validity period.

5.3 Continuity of TPA

Once a TPA is assigned and approved, the same TPA shall continue throughout the contract period and shall not be changed without prior written approval of the Institute, to be obtained at least 15 days before the proposed change. The outgoing Insurance Company/TPA shall hand over all necessary documentation to the newly appointed TPA.

6. Health Cards and Digital Access

6.1 e-Health Cards

The Insurance Company/TPA shall provide e-Health Cards to all insured students through e-mail, WhatsApp, mobile application, web portal, or any other digital mode. Alternatively, unique login credentials/user ID and password shall be provided to each student and the Institute for digital access to:

- Policy details
- Health card
- Claim status
- Hospital network details

- Claim procedures

6.2 Issuance Timeline

The Insurance Company/TPA shall generate and provide e-Health Cards and policy details to all students within 15 days of receiving complete student data from the Institute. Any delay beyond the stipulated timeline may attract penalties as determined by the Institute.

7. Family Coverage Clause

The Group Medical Insurance Policy under this tender is intended exclusively for students of NITK. However, students may, at their own discretion and cost, opt for additional insurance coverage for their family members (spouse and children only) directly through the Insurance Company/TPA. In such cases:

- Students shall directly coordinate with the Insurance Provider/TPA representative/authorised point of contact.
- The Institute shall not bear any responsibility or liability regarding family member coverage, claims, disputes, premium payments, or services related to family member insurance.

8. Claims Management and Settlement

8.1 Claim Assistance

The Insurance Company/TPA shall provide timely support and seamless claim facilitation to all insured students throughout the policy period.

8.2 Reimbursement Claim Procedure

Where treatment is taken at a non-network hospital, or where a cashless facility could not be availed due to emergency or unavoidable circumstances, reimbursement claims shall be processed as follows:

a) Submission of Claim

The insured student shall submit the reimbursement claim within 60 days of discharge, along with the following documents:

- Duly filled claim form
- Discharge summary
- Original hospital bills and receipts
- Investigation reports
- Prescriptions
- Pharmacy bills
- Bank account details
- Student ID proof
- Any other documents required for claim processing

b) Acknowledgement of Claim

The Insurance Company/TPA shall acknowledge receipt of the claim through e-mail/SMS/WhatsApp within 3 working days from the date of submission.

c) Deficiency / Query Intimation

If any document or information is found deficient, the Insurance Company/TPA shall raise all queries in one instance within 7 working days from receipt. No repeated or piecemeal queries shall ordinarily be raised thereafter unless specifically required.

d) Claim Settlement Timeline

All reimbursement claims complete in all respects shall be settled within 15 working days from the date of receipt of complete documents. The approved claim amount shall be transferred directly to the student's bank account through NEFT/online transfer.

e) Claim Status Support

The Insurance Company/TPA shall provide online and offline support for claim tracking, query resolution, escalation handling, and settlement status updates. The dedicated NITK representative shall assist students throughout the process.

8.3 Communication and Grievance Redressal

The Insurance Company/TPA shall maintain proper communication channels for emergency assistance, claim tracking, grievance redressal, and escalation handling. A dedicated escalation matrix shall be provided to the Institute within one week of the commencement of the insurance.

8.4 Penalty for Delay in Reimbursement Settlement

Any delay in settlement of reimbursement claims beyond the stipulated timeline, without valid and justifiable reasons, shall attract a penalty/interest liability on the Insurance Company/TPA, as follows:

a) Interest on Delayed Claims

If reimbursement claims are not settled within 15 working days from receipt of complete documents, the Insurance Company shall be liable to pay interest on the admissible claim amount at the rate of 2% per month over and above the applicable bank rate/prevaling IRDAI norms, for the delayed period until actual payment.

b) Delay Attributable to Insurance Company/TPA

Penalty shall apply only where the delay is attributable to:

- Internal processing delays by the TPA/Insurance Company
- Failure to communicate deficiencies in a timely manner
- Administrative lapses by the TPA/Insurance Company

c) Exemption from Penalty

Penalty shall not apply where delay is caused by:

- Non-submission of required documents by the student
- Fraud investigation
- Legal or statutory complications
- Force majeure conditions

Provided the same is properly communicated to the student and the Institute in writing.

d) Institute's Right to Review Delayed Claims

The Institute reserves the right to review cases of abnormal delay and may call for claim status reports, justification for delay, and a corrective action plan. Repeated delays or poor claim servicing may be treated as a deficiency in service and may attract further action as deemed appropriate by the Institute.

9. Mid-Term Inclusion of Students

New students admitted during the policy period shall be covered from the date of joining/admission on a pro rata premium basis, wherever applicable. Students leaving the

Institute during the academic year shall continue to be covered for the duration for which premium has already been paid.

10. Service Level Requirements

The Insurance Company/TPA shall ensure:

- 24x7 customer support
- Timely claim settlement as per stipulated timelines
- Prompt cashless authorisation
- Efficient grievance handling
- Periodic coordination meetings with Institute authorities, if required

Failure to meet service obligations may result in penalties or other actions as determined by the Institute.

10.1 Periodic Review Meetings and Grievance Redressal

The Insurance Company/TPA shall conduct periodic review meetings with the officials of the Dean (Students' Welfare), National Institute of Technology Karnataka, at the Institute campus for effective monitoring and implementation of the Group Medical Insurance Policy.

The meetings shall primarily focus on:

- Review of pending and settled claims
- Cashless hospitalisation issues
- Student grievances and complaint resolution
- Delays in claim settlement
- Network hospital-related issues
- Performance of dedicated support personnel/TPA
- Suggestions for improving claim facilitation and student support services

Meetings shall ordinarily be conducted at regular intervals, preferably once every quarter or as decided by the Institute. The Insurance Company/TPA shall ensure participation of authorised officials/relationship managers having adequate decision-making authority. Action points arising from the meetings shall be complied with by the Insurance Company/TPA within the timelines communicated by the Institute. Failure to attend such meetings or to address recurring grievances may be treated as a deficiency in service.

11. Institute Rights

The Institute reserves the right to:

- Review the performance of the Insurance Company/TPA
- Seek replacement of dedicated support personnel
- Impose penalties for delays or deficiencies
- Reject unsatisfactory services
- Terminate the arrangement in cases of serious non-performance

The decision of the Institute shall be final and binding in all matters related to the implementation of the policy.

12. Pre-Qualification Criteria

Bidders must satisfy all of the following eligibility requirements and submit documentary evidence for each:

- 12.1 The bidder shall be a registered Indian Insurer, licensed by IRDAI as a Medical/Health Insurer, with a valid licence to carry out Medical Insurance business on a pan-India basis.
- 12.2 The Insurance Company shall have been in the Medical Insurance business in India for at least five (5) years as on the scheduled date of tender opening.
- 12.3 The Insurance Company shall have a Solvency Ratio greater than 80%.
- 12.4 The Insurance Company shall have Medical Insurance participation in at least three major companies, institutions, or organisations — government, semi-government, PSU, government undertaking, autonomous bodies, or educational institutes of national repute (documentary evidence required).
- 12.5 The Insurance Company shall be providing Medical Insurance to at least 10 clients in India where the annual premium exceeds INR 5 Lakhs per client.
- 12.6 The Insurance Company shall be providing Medical Insurance to at least 10 clients in India where the sum insured exceeds INR 1 Crore per client.
- 12.7 The bidder shall have a claim settlement ratio of more than **90%** for Medical Insurance over the last 3 years.
- 12.8 More than 3 Medical Insurance policies shall have been issued to government departments in the past 3 years, with sum insured not less than INR 2 Lakhs each.
- 12.9 The tenderer shall submit a declaration (Annexure-III) with the Technical Bid confirming that it has not been blacklisted, debarred, or placed on a holiday list by any Indian institutional agency, government department, or PSU in the last three years. Certification that no restraint order has been passed by a competent court shall also be furnished.
- 12.10 Offers shall be submitted with proper documentary evidence substantiating fulfilment of all qualifying requirements.
- 12.11 The Institute shall have the absolute right to consider or not consider any offer or Insurance Company.

Technical Bid Requirements:

- Bifurcated premium amounts with applicable taxes for all required sum insured combinations
- Complete coverage details as per Section 3
- Clear outline of all policy exclusions
- List of all empanelled hospitals along with the claim settlement support system

12.12 Additional Technical Information Required

The following information must be provided in the Technical Bid:

- IRDAI Membership Number
- Address and contact details of Registered Office
- Address and contact details of Operating Branch Office
- Year of establishment and commencement of operations in India

- Turnover in the Health Insurance sector — last 3 years
- Details of hospitals empanelled in [object Object]
- List of hospitals under the cashless scheme — city/state-wise (all-India level)
- List of 10 major existing Medclaim Insurance clients (self-attested)
- Details of individual(s) serving as point of contact/communication for the Institute
- PAN and GST Registration Number
- TPA details, including branch office location in Mangalore
- Special benefits, offers, and value-added services, if any

13. General Clauses

13.1 Canvassing, Fraud, and Corrupt Practices

Canvassing in any form to influence the process of award will result in disqualification of the Bidder. Bidders shall observe the highest standard of ethics and shall not engage in any corrupt, fraudulent, coercive, undesirable, or restrictive practices. "Corrupt practice" means the offering, giving, receiving, or soliciting of anything of value to influence the action of a public official. "Fraudulent practice" means a misrepresentation of facts to influence the tender process or execution of a contract, and includes collusive practices among bidding Insurers designed to establish bid prices at artificially non-competitive levels. NITK Surathkal will reject any proposal and may declare a bidder ineligible, either indefinitely or for a stated period, upon determining that corrupt or fraudulent practices have occurred.

13.2 Disclaimer

National Institute of Technology Karnataka Surathkal reserves the right, at any stage, to cancel, add to, or amend any information, terms, procedures, or protocols set out in the Bid document. The Bidder shall have no claim against the exercise of such rights. The Institute shall have absolute and unfettered discretion in this regard, as decided by the competent authority of the Institute.

13.3 Force Majeure

Any failure or delay by a party in performing its obligations due to causes beyond its reasonable control — including fire, flood, earthquake, acts of God, war, terrorism, riots, civil disorders, rebellions, or revolutions — shall not constitute a default or a ground for termination of the contract. The affected party shall notify the other party of the occurrence of a force majeure event forthwith.

13.4 Disputes and Arbitration

With respect to all tender conditions and any matter connected therewith, the decision of NITK Surathkal shall be final and binding. In the event of any dispute arising out of the tender, such dispute shall be subject to the exclusive jurisdiction of the Mangalore courts only.

a) In case of a dispute regarding any claim, a committee comprising representatives of the Insurance Company and NITK Surathkal shall be constituted to resolve the matter. This arrangement does not preclude either party from approaching the relevant regulatory authorities.

b) All disputes or differences arising out of this tender, its terms and conditions, or any related matter shall be resolved through arbitration. The Director of the Institute, or his nominee, shall be the sole arbitrator under the provisions of the Arbitration and Conciliation Act, 1996.