

ASSAM POWER GENERATION CORPORATION LIMITED

Office of The Managing Director, APGCL, Bijulee Bhawan, Paltan Bazar, Guwahati-781 001

Website: www.apgcl.org



EOI NO: HR/APGCL/Esstt/2026/1756/41 dated 30/07/2026

NAME OF WORK

Group Medi-Claim Insurance Policy for All Regular Employees of APGCL

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ASSAM POWER GENERATION CORPORATION LIMITED

EXPRESSION OF INTEREST (EOI)

EOI Notice No. HR/APGCL/Esstt/2026/1756/41 dated 30/07/2026

Invitee	General Manager (HR), APGCL, Bijulee Bhawan, 3rd Floor, Paltanbazar, Guwahati-781001.
Name of the work	Group Medi-Claim Insurance Policy for All Regular Employees of APGCL
Bidder Eligibility Criteria	• Only IRDAI registered/Approved Insurance Broking Firms are eligible to participate in this EOI. • The bidder must enclose photocopy of valid IRDA registration Certificate. • The bidder should have held IRDAI broking license for at least last 3 consecutive years (Proof to be submitted) • The bidder should have turnover of at least Rs. 10 crore per year from broking services only during the last 3 financial years and positive net worth during the last 3 years. (Proof to be submitted) • The bidder should have handled average annual Group Health premium volume of at least Rs. 20 crore during the last 3 financial years (Proof to be submitted) • The bidder should have an office in Assam (preferably in Guwahati) with a minimum of three (3) dedicated permanent employees stationed at the office to ensure timely and efficient service delivery (An IRDAI BAP Screenshot to be furnished). • The bidder shall have at least 3 active Group Mediclaim policy with lives same or above APGCL requirement as on the date of bid submission. A CA certificate and/or policy copy, with the intermediary name/mandate letter, policy number and number of lives covered under the policy must be submitted.
Eligibility Criteria for Insurer	• The insurer must have IRDAI license/Registration as Indian Insurer in accordance with the Insurance Act and approved by IRDAI (Insurance Regulatory & Development Authority of India): • The Insurer must have a operating office in Guwahati with atleast 3 employees. • Health Claim Settlement Ratio of 90% and above for last 2 (Two) financial year ending 31/03/26 and 31/03/25 • At least 3 active Group Medi-claim policies with lives same or above APGCL (group size) should be underwritten:
Tender Processing Fee	Online Tender Processing Fee of Rs. 1000/- (Rupees One Thousand only) shall be collected from Bidder during bidding at https://assamtenders.gov.in .
Date of Issue of calling Quotes/ Bids:	31/07/2026 from 11:30AM
Last Date of Query:	03/08/2026 upto 06:00PM

Authority For seeking Clarification	1)Anal Kishore Bordoloi Email-anal.bordoloi@apgcl.org Mobile-9435008487
Date of query resolution	04/08/2026
Start Date of Online EOI Submission	31/07/2026
Last date of online EOI Submission	10/08/2026 upto 05:00PM
EOI opening	11/08/2026 at 02:00 PM
For APGCL EOI Document, please visit e-procurement portal https://assamtenders.gov.in . Bidder has to submit EOI online only at https://assamtenders.gov.in . Any addendum/corrigendum will be made available in https://assamtenders.gov.in only.	

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**EXPRESSION OF INTEREST(EOI) FOR GROUP MEDI-CLAIM INSURANCE POLICY FOR
ALL REGULAR EMPLOYEES OF
ASSAM POWER GENERATION CORPORATION LTD.**

Sub: Group Medi-claim Insurance Policy for All Regular Employees and their Dependent Family from 01.09.2026 to 31.08.2027 (Both days inclusive)

- A.** Assam Power Generation Corporation Ltd. was constituted after unbundling of Assam State Electricity Board (ASEB) in Dec 2004 through State Power Sector Reform Programme under the provision of Electricity Act'2003. The company is mainly responsible for maximum energy generation to meet up the energy demand in the state. We would like to provide Inpatient/Outpatient hospitalization medical treatment for all our officers on regular rolls of the Company and their family Pan-India under a Group Mediclaim Insurance Policy.

Offers for Proposed Group Mediclaim Policy premium are invited from the IRDA Approved Insurance Companies who is qualified as per given eligibility criteria.

Brokers need to submit offers from the qualified insurance companies only as per the proposed eligibility criteria. The offer must include Technical bid and Price bid and price bid of technically qualified Broker will only be considered.

Important definitions / clarifications:

- **APGCL:** Assam Power Generation Corporation Ltd.
- **EOI:** The Expression of Interest (this document) in its entirety, inclusive of any addendum / modification / clarification / amendment that may be issued by APGCL.
- **Broker:** IRDAI registered/Approved Insurance Broking Firms
- **Bidder:** "Bidder" means Insurance Broker responding to this EOI and the Insurance Companies whose quotation/bid will be submitted by the broker
- **IRDAI:** "IRDAI" means Insurance Regulatory and Development Authority of India.
- **Bid/Proposal:** "Bid"/"Proposal" means the response submitted by the bidder to this EOI.
- **Insurance Company:** Selected Insurer under this EOI.
- **Proposal:** The Technical Proposal and the Commercial Proposal.
- **Day:** Calendar Day.
- **Party or Parties:** APGCL / Selected Bidder (Brokers as well as the Insurance Company selected by the broker) as the case may be.

- B.** We invite you to submit your Offer for **Group Medical Insurance** cover for a period of one year effective **from 01.09.2026 to 31.08.2027** for **all Regular Employees of APGCL and their dependent family members.**

C. Important Dates & Time: -

Sl. No.	Particulars	Date	Time
1	Last date & time for submission of bid	10/08/2026	06:00 PM
2	Date & time for opening tender	11/08/2026	02:00 PM

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D. The bids/offers received after the due date and time mentioned above will not be entertained under any circumstances. Incomplete and unsigned bids or the bids not in prescribed format will be rejected without assigning any reason. The bid/offers should be complete in all respects and submitted as per clause 31.

E. Scope of Cover: Hospitalization

The Insurance Policy would cover the following:

Sum Insured:	Sum Insured – Rs. 5 lacs on family floater basis
Family	a) Self + Spouse + 2 dependent children/adopted children b) Children age limit is 25 yrs. c) No age limit for disabled children
Coverage:	1) All Pre-existing Diseases to be covered. 2) Pre-health Check-up waived off 3) Waiver of Time exclusion for diseases 4) Medical Coverage from Day 1. Waiting period to be waived off. 5) Room Rent per day: ➤ 2% of SI (INR 5 lacs) for Non-Metro cities for normal hospitalization ➤ 3% of SI (INR 5 lacs) for Metro cities for normal hospitalization. ➤ ICU/ICCU/HDU/NICU on actuals. ➤ Proportionate clause for higher room rent will not be applicable. 6) Pre & Post hospitalization period for claim up to 60 days & 90 days respectively. No capping on the Pre & Post hospitalization expenses 7) New born baby to be covered from date of birth in the floater sum insured 8) Nine Month waiting period waived off for maternity claims 9) Well baby expenses covered up to INR 5000 within Maternity Sum Insured. 10) Maternity Coverage: ➤ Claim in respect of first two delivery and / or surgeries associated therewith will be considered in respect of any one 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 ➤ Normal Delivery- INR 50,000 ➤ C-sec Delivery- INR 2,00,000 ➤ Life threatening situation due to Maternity complications to be covered up to the family Sum Insured ➤ Coverage for twin delivery also, in case of 2nd pregnancy. C-sec limit applicable ➤ Pre & Post Natal IPD expenses within maternity Sum Insured. 11) Ambulance Costs - INR 10,000 per incident from incidence place to hospital OR hospital to hospital

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- 12) Bereavement Cover – No deduction in claim amount in case death of employee
- 13) Continued Dependent coverage till policy expiry – Post demise of employee
- 14) Internal Congenital Coverage
- 15) External Congenital coverage (only life threatening)
- 16) Expenses incurred for Ayurveda/Homeopathic/Unani Treatment are admissible up to the sum insured provided the treatment for Illness and accidental injuries, is taken in a Government hospital or in any institute recognized by Government and /or accredited by Quality Council Of India / National Accreditation Board on Health, excluding centers for spas, massage and health rejuvenation procedures
- 17) Day care surgeries and treatment including Chemo therapy, Dialysis etc. are covered.
- 18) Copay- No Copay on any illness/hospitalization
- 19) Cataract: INR 50,000 per eye (Femto Mono-focal). PPN Rates in case below the agreed limit of cataract then PPN rates will not be applicable
- 20) Mental Treatment: All mental illness (IPD) to be covered upto INR 50,000
- 21) Domiciliary hospitalization: Subject to patient cannot go to the hospital
- 22) Assisted Surgeries: Cyber knife/Gama Knife, Laser surgeries and Cochlear implant coverage upto 100% of the SI
- 23) Oral Chemotherapy is covered upto sum insured.
- 24) Bariatric Surgery: On doctor's advice with BMI>40. Cosmetic surgery not covered
- 25) Prosthetic device: On actual in case of approved hospitalization claim
- 26) Advance treatment: All 12 advance treatment approved by IRDAI should cover up to full Sum Insured:
 - (a) Uterine Artery Embolization and HIFU
 - (b) Balloon Sinuplasty
 - (c) Deep Brain stimulation
 - (d) Oral chemotherapy
 - (e) Immunotherapy- Monoclonal Antibody to be given as injection
 - (f) Intra vitreal injections
 - (g) Intra vitreal injections
 - (h) Stereotactic radio surgeries
 - (i) Stereotactic radio surgeries
 - (j) Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
 - (k) IONM - (Intra Operative Neuro Monitoring)
 - (l) Stem cell therapy
- 27) Mid-term addition of dependents in case the same is missed to be declared by the employee within the window period of 60 days from policy inception /employee joining date.
- 28) Bioabsorbable stent, KT Prostate, Femto laser treatment for eye to be covered up to sum insured.
- 29) Coverage of Advanced Cancer Treatment-Targeted therapy and hormonal therapy.
- 30) Holter monitoring test coverage as per Doctor's advice both IPD/OPD basis.

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	31) Toric Lens /Multifocal lens to be covered within Cataract limit. 32) Lasik surgery covered for eye power more than +/-6.5 33) Organ donor hospitalization expenses to be covered excluding the cost of organ. 34) Coverage of HIV/AIDS covered 35) Septoplasty to be covered under the policy 36) Autism to be covered on OPD upto 50,000(Special Case)/IPD as applicable basis 37) Pre and Post-natal on OPD basis along with existing IPD cover within maternity limit 38) FESS (Functional Endoscopic Sinus Surgery) covered up to SI 39) Quantum Magnetic Resonance Therapy -Up to sum insured 40) Retrograde Intra renal surgery – Up to the SI 41) Waiver of claim intimation clause 42) Waiver on 60 days claim submission 43) Addition of New Employees and dependents on Pro-Rata basis 44) Addition of newly wedded spouse &/or new born child on pro rata premium from date of marriage/date of birth Premium rates should be as per life and age wise basis 45) Corporate Buffer of 50L limited to family sum insured. No limit for named critical illness like, Cancer; End Stage Renal Failure; Multiple Sclerosis; Major Organ Transplant; Heart Valve Replacement; Coronary Artery Bypass Graft/Angioplasty (PTCA); Stroke excluding transient ischemic attack (TIA); Paralysis; Myocardial Infarction Brain surgery and Road accidents with Head injury or Fractures in two or more limbs (upper/ lower) or RTA injury requiring ventilation support, accidental claims & Covid claim.
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F. Scope of Cover: OPD

OPD Coverage	<u>OPD: Sum Insured: INR 20,000 (Without any sub-limit) per family over and above family sum insured of INR 5 Lac.</u> • In-clinic consultation • Prescribed Diagnostics, Investigations, Screenings • Preventive Annual Health check-ups • Cost of Insulin • Dental (All procedures excluding cosmetic treatments, braces, scaling) • Vision Care (Excluding cost of Spectacles/Frame) • Pharmacy bills (only prescribed). • First Aid expenses to be covered under OPD • Vaccination • Covid Care treatment including thermometer, oximeter, oxygen cylinder & nebulizer • Hiring charges of any medical equipment for observation/evaluation/monitoring/investigation/study/treatment as prescribed by the Doctor
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G. Scope of Cover: Restoration of Corporate Buffer

Restoration of Corporate Buffer	Insurer to share pre-agreed rates for Buffer restoration of INR 50 Lac
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H. EOI Terms & Conditions for Broker/Insurance Companies: -

1. **All General Insurance Companies/Broking Firms in India having valid IRDA registration are eligible to bid.**
2. A Insurance Company should have the provision for both internal/external TPA. The TPA should have all India presence with reputed empaneled hospitals pan India. The TPA should ensure that the Medical ID Cards for the Employees and their eligible family members are issued immediately and not later than 10 days from the commencement of the policy cover.
3. **Reimbursement of medical claims should be settled within 15 working days** from the date of submission of complete documents.
4. The number of employees indicated under this policy is only provisional and APGCL has in its right to increase or decrease the same depending upon requirement during the award of insurance business. The list of employees along with their dependents to be extended coverage as on date is appended as **Annexure – A.**
5. The employees and their dependents shall be provided hassle free cashless treatment against the Policy in case of hospitalization. Adequate measures in this regard shall be taken by the Insurance company
6. APGCL reserves the right to award and distribute the Insurance business to one or more Insurer/s.
7. Notwithstanding anything stated above, APGCL reserves the right to assess the Insurer's capacity and capability to perform the Insurance business, should the circumstances warrant. Such an assessment will be in the overall interest of APGCL.
8. Submitting the offer does not guarantee the acceptance of your offer. APGCL reserves the right to accept or reject any or all offers or part thereof at its sole discretion, without assigning any reason whatsoever.
9. Any offer received after the expiry of the time & date specified for receiving the offer is liable to be rejected without assigning any reasons.
10. Insurance Company shall appoint dedicated personnel to liaison with APGCL in the matter of the Group Medi-claim Policy, Hospitalization of employees & their dependents and all related issues arising out of the Policy and for its smooth implementation.

Name, address, contact number of such Nodal Person shall be made available to APGCL within 7 days from the issue of the Service Order.

11. During the EOI opening one Authorized Representative of the Insurer/broker may be present.

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12. The bid shall be opened at 02:00 PM on the date mentioned above. If the said date is declared as holiday, tender will be opened on the next working day at 02:00 PM.
13. The rate/commercial/technical offer of the firm should remain valid for 90 days from the date of EOI opening.
14. Bids which are late/vague/conditional/incomplete/not confirming to the laid down procedure in any respect will be rejected.
15. Bids sent by fax & email will not be accepted.
16. In case of differences arising in the terms & conditions of the EOI documents with the firms, the decision of APGCL shall prevail.
17. APGCL reserves the right to modify/change/delete/add any further terms and conditions prior to issue of agreement
18. APGCL reserves the right to accept or reject any or all offers without assigning any reason(s) thereof.
19. All the pages of this EOI document needs to be signed & stamped, signifying acceptance of all the terms & conditions.
20. Corrigendum/Addendum/Clarification (if any) in the EOI will be published by APGCL.
21. All bidders should forward a declaration in the enclosed format (**Annexure-I**), which should form a part of the bid. **EOIs received without this declaration will not be considered.**
22. All bidders should forward an undertaking in the enclosed format (**Annexure-II/III**), which should form a part of the bid. **EOIs received without this undertaking will not be considered.** Techno Commercial Bid is to be submitted along with the following documents.
 - a) A copy of EOI document duly signed and stamped on each page as a token of acceptance of all terms and conditions in affirmative.
 - b) The bidders should provide the 'List of Day-Care facilities" duly signed by authorized signatories with seal.

23. Terms of Payment

Total premium (all inclusive) shall be paid on finalization of order and acceptance by the bidder. Statutory deductions/ TDS as applicable shall be made during release of payments.

24. Risk & Cost:

If the service provider does not provide proper service during the contract period, APGCL may black list the Insurer/Broker in its future EOI participation for next 3 years

25. Force Majeure:

Any delay in or failure of the performance of either party hereto shall not constitute default hereunder or give rise to any claims for damages, if any, to the extent such delays failure of performance is caused by occurrences such as Acts of God or the public enemy expropriation or confiscation of facilities by Government Authorities, compliance with any order or request of any Governmental Authorities, was fires, floods, riots or illegal strikes.

26. No price Escalation:

No price escalation shall be entertained during the validity of the Insurance Coverage.

27. Jurisdiction:

Any legal dispute that may arise will be settled within the jurisdiction of Court of Assam

28. Arbitration:

Dispute Resolution: All disputes, differences and questions of any nature including interpretation of this Agreement or arising out of or in connection with this Agreement or as to the rights, duties or liabilities under it of the Parties shall be referred to Arbitration.

The procedure of the Arbitration shall be governed under the Arbitration and Conciliation Act, 1996 (as amended) and the rules thereunder as may be in force from time to time. The Arbitration proceedings shall be conducted in English language. The Seat of Arbitration shall be at Guwahati.

29. Termination of Contract:

APGCL may terminate the agreement by giving a written one-month advance notice to the Service Provider, if:

- i. The Service Provider becomes bankrupt or is otherwise declared insolvent.
- ii. The Service Provider being a company is wound up voluntarily or by the order of a court or a receiver, or manager is appointed on behalf of the debenture holders or circumstances occur entitling the court or debenture holders to appoint a receiver or a manager, provided that such termination will not prejudice or affect any right of action or remedy accrued or that might accrue thereafter to the Purchaser
- iii. The quality of services rendered to APGCL gets degraded.
- iv. The Service Provider resorts to any deviation from the contract or violates the contract.

In the event that the contract is terminated, pro-rata premium will have to be refunded to APGCL by the Service Provider within 10 (Ten) working days.

30. Documents to be submitted by the bidders along with their bid:

- i. The bidder must enclose photocopy of valid IRDA Accreditation Certificate.
- ii. Declaration by the Bidder: **Annexure – I (to be submitted on Company Letterhead).**
- iii. Undertaking by the Bidder: **Annexure-II/III(to be submitted on Company Letterhead).**
- iv. The Bidders to submit Particulars of Company in the Format at **Part 'A'**
- v. The Bidders to submit their Quote in the Format at **Part 'B' (Separate Part B to be submitted for separate Insurance Company Quote). Not more than 2(two) quotes to be submitted.**
- vi. All the pages of the Tender Document should be necessarily signed, signifying acceptance of all the terms and conditions which is to be enclosed along with the Bid.

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31. Procedure for Bid Submission:

Technical & Un-priced/Priced parts of the Bid must be submitted separately in online mode only along with scanned copies of all supporting/requested documents at <https://assamtenders.gov.in>. No Hard Copy of the bid to be submitted.

Note: Bidder shall upload '**Password Protected PDF files**' of their submitted Bid to the portal in order to maintain confidentiality of all documents submitted in response to their Technical & price Bids. The password must be emailed to APGCL on the day of Bid opening. The email Id to which the password is to be mailed is: i) anal.bordoloi@apgcl.org

32. The rates shall be quoted in both words and figures. Any correction / overwriting / scoring / cancellation should be counter-signed. If there is any difference in words and figures, the figures in words will supersede figures. In case of illegibility, the interpretation of APGCL shall be final. All entries shall be in English language only.
33. Any extension of time for bidding or any other information on the subject will be notified addendum by APGCL.
34. **Premium to be quoted separately for Hospitalization coverage of INR 5 lacs floater for all regular Employees with their dependents, for OPD coverage of INR 20,000 per family over and above Hospitalization coverage of INR 5 Lacs floater and Restoration of Corporate Buffer as mentioned in Price Bid Format B.**
35. L1 Bidder will be considered on the basis of total premium with GST. The price mentioned in (Total) will be considered for selection of L1 Bidder if and only if the price quoted in all line items are valid and numerical. In case of invalid value or quote in any field, the bid will be treated as invalid and may be rejected. In such case, APGCL at its sole discretion may consider L2 bid for awarding contract.
36. All Bidders should be able to provide single policy covering both Hospitalization coverage of INR 5 Lacs floater (including Corporate Buffer Restoration) and for OPD coverage of INR 20,000 per family over and above INR 5 Lacs family floater sum insured or separate policies as per decision of the management of APGCL without any change in the bid price.
37. Final decision on the L1 bidder on basis of different options will be solely as per decision of the management of APGCL.
38. All Bidder should quote premium fees/expenses/charges/cost as per IRDA norms. Any quotes exclusive of the same will be treated as null and void.
39. The insurer/appointed TPA should have tie up with all major Hospital chain across India including hospitals in Guwahati, Dibrugarh, Jorhat, Nagaon, Sivasagar.


GM (HR)
APGCL

PARTICULARS OF COMPANY**PART - A**

EOI NO. - _____ dated _____

GROUP MEDICLAIM INSURANCE COVERAGE FOR ALL REGULAR EMPLOYEES OF APGCL AND THEIR DEPENDENTS FAMILY MEMBERS.

To,
The General Manager (HR),
APGCL, Bijulee Bhawan,
Guwahati, Assam - 781001

We are glad to submit our Offer for Group Medi-claim Insurance Policy against your EOI No. _____ dated _____

1.	Name of the Organization:	
2.1	Address (Registered Office):	
2.2	Address (Head Office):	
2.3	Telephone No.:	
2.4	Email:	
2.5	Website:	
3.1	Name of Contact Person (1)	
	Mobile No.:	
	Email:	
3.2	Name of Contact Person (2)	
	Mobile No.:	
	Email:	

We are agreeable to all the "Terms & Conditions" set out in the EOI and submit herewith signed and sealed copy of the EOI no. DATED as our token of acceptance of all terms and conditions of the EOI.

(HR) MG
JCGA

Date:
Place:

(Authorized Signatory with Stamp)

EOI NO: _____ dated _____

EOI FOR PROVIDING GROUP MEDI-CLAIM INSURANCE COVERAGE FOR ALL REGULAR EMPLOYEES OF APGCL AND THEIR DEPENDENT FAMILY MEMBERS.

To,

**The General Manager (HR),
APGCL, Bijulee Bhawan
Guwahati, Assam - 781001**

Dear Sir,

We are glad to offer our best premium as given below for Insurance coverage of no. of lives as per requirement from.....

Sl. No.	Particulars	Details
1	No. of Lives Covered	Employees: Dependents: Total:
2	Total Sum Insured (In Rupees) (Rs. 5 Lakhs x No. of employees covered)	
3	Net Premium (In figures) {for Hospitalization coverage of INR 5 Lacs floater for on-roll Employees with dependents}	INR
4	Net Premium (In figures) {for OPD coverage of INR 20,000 per family over and above Hospitalization coverage of 5 lacs floater}	INR
5	Net Premium - Restoration of Corporate Buffer of INR 50,00,000	INR
6	Total Net Premium (3+4+5)	
7	18% GST Premium (18% x 6)	
8	Total Premium Payable with 18% GST (Including all fees/cost/charges/expenses) (6+7)	
9	In Words:	

[Authorized Signatory with Official Seal]**Date**

DECLARATION BY THE BIDDER

To,
**The General Manager (HR),
APGCL, Bijulee Bhawan
Guwahati, Assam - 781001**

Dear Sir,

Sub: EOI for Group Medi-claim Insurance Policy for all Regular Employees of APGCL and their dependent family members

Ref : EOI No. _____

With reference to the above, I am/we are offering our competitive prices for Group Medical Insurance Policy for APGCL.

I/We hereby reconfirm and declare that I/We have carefully read and understood the above referred EOI document including instructions, terms & conditions, specifications, schedule and all the contents stated therein and I/We accept the same.

I/We hereby declare that my/our firm has not been blacklisted/suspended by any department/unit/Autonomous Body/PSU of Central/State Government.

Thanking you,

Yours faithfully,

(Signature of the Bidder)

Name :

Designation :

Mobile No :

Date :

Seal/Stamp :

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To,

**The General Manager (HR),
APGCL, Bijulee Bhawan
Guwahati, Assam-781001.**

UNDERTAKING

Dear Sir,

1. We hereby agree to provide the Insurance Policies as outlined in your bidding document.
2. We have understood and have thoroughly examined the detailed Scope of work along with Extensions and features laid down by you and are fully aware of nature and scope of coverage required.
3. We hereby confirm our unconditional, complete acceptance and compliance to the proposed terms, conditions of this tender including but not limited to proposed covers, additional covers, limits of insurance, additional clauses as mentioned in this document along with provisions contained in the bidding document. We declare that the Insurance Coverage and Services will be rendered strictly in accordance with the requirement.
4. We further confirm premium rates charged in all policies at the inception of policy will remain unchanged during the policy period. The same rate will be applicable in respect of any additions/deletions made during the policy period on pro rata basis.
5. Copies of confirmations / undertakings / submissions as per the terms & conditions of the Bid document are enclosed here with.

Date:

Place:

Name:

Designation:

Seal/Stamp

(On Company's Letter Head)

Annexure - III

To,

The General Manager (HR),
APGCL, Bijulee Bhawan
Guwahati, Assam - 781001

UNDERTAKING

Dear Sir,

Sub: Tender for Group Medi-claim Insurance Policy for all Regular Employees of APGCL and their dependent family members

Ref: EOI No. _____

This is to confirm and declare that I/We have carefully verified and reviewed the relevant terms and conditions against the quotations submitted by us on behalf of the insurer/ insurers. The same have been found to be in order and in full conformity with APGCL's tender requirements, without any deviation.

I/We further undertake that, in the event of any false, fraudulent, or incorrect submission made by us on behalf of these insurer/ insurers, I/We shall be responsible to the extent applicable under law and as per the terms of the tender.

Thanking you,

Yours faithfully,

(Signature of the Bidder)

Name :

Designation :

Mobile No :

