



INDIAN INSTITUTE OF INFORMATION TECHNOLOGY **LUCKNOW**

F. No: IIITL/MEDICAL INSURANCE/2020-2021

Dated: 08.12.2020

Request for Proposal (RFP) for providing Group Medical Insurance Scheme

INTRODUCTION

Indian Institute of Information Technology Lucknow (IIITL) is an institution of National Importance under an Act of Parliament (THE INDIAN INSTITUTES OF INFORMATION TECHNOLOGY (PUBLIC-PRIVATE PARTNERSHIP) ACT, 2017). It offers B. Tech courses in Information Technology (IT) and Computer Science (CS), and has Ph.D. & M.Tech programmes in IT & CS. IIITL started operations in 2015 with B. Tech programmes in IT. The first batch of B. Tech students completed their programme in 2019. B. Tech programmes in CS, Ph.D. programmes and & M. Tech programmes were introduced in 2019. IIIT Lucknow stands tall for its excellence in Academics and Research with top class faculty, staffs and students.

The Institute requests proposals for providing **Group Medical Insurance** for the Faculty & Staff and their families (including parents/dependents) of IIIT as per details mentioned in ANNEXURE- II (Terms of Reference) and ANNEXURE-III (Cost Proposal Format), attached herewith.

Please note:

- i) This RFP document is divided into :- (1) Instruction to Bidders, (2) Terms & Conditions (3) Basic Technical Details (Annexure I) (4) Annexure-II (Terms of Reference) and (4) Format of Cost Schedule (Annexure-III), and Details of persons to be Insured (Annexure-IV)
- ii) Duly filled, signed and sealed proposal along with the related documents in support of the Instructions to Bidders, Terms & Conditions is to be submitted.
- iii) Seal and signature of the authorized official of your organization must appear on all the papers and envelopes submitted.
- iv) Corrigendum/ Addendum in regards to terms and condition, if any, will be intimated over website of IIIT Lucknow i.e. www.iiitl.ac.in.

Kindly read the Instructions and Terms & Conditions properly and see that instructions and terms are fully understood and complied. No correspondence shall be entertained in case your proposal is rejected on ground of not complying with our instructions or terms & conditions.

INSTRUCTION TO BIDDERS

1. Important dates, time and place:
 - a. **Pre-Bid meeting** : 21/12/2020 - 11:00 A.M (Bidders may be asked to present their presentation online/offline at the time of pre-bid meeting)
 - b. **Last date & time of submission** : 04/01/2021 -11:00 A.M.
 - c. **Date & time of opening of RFP** : 05/01/2021 - 11:30 A.M.
 - d. **Place of opening proposal:** IIIT Lucknow, C.G City, Lucknow 226002
 - e. **Late and delayed proposal:** Late and delayed proposal will not be accepted.
 - f. **Unscheduled Holiday:** In case any unscheduled holiday occurs on the prescribed closing/opening date the next working day shall be the prescribed date of closing/opening.
2. Proposals (technical details & price) are to be placed in a single sealed cover and submitted to the Deputy Registrar, IIIT Lucknow, C.G City. Lucknow-226002
3. Proposals are to be valid for at least 180 days from the last date of submission.
4. To assist in the examination, evaluation, and comparison of proposals, IIITL may ask any Bidder for clarification of the proposal submitted, including breakdowns of the prices in the Activity Schedule, and other information that IIITL may require. The request for clarification and the response shall be in writing. There can be no change in prices during such clarifications.

Sd/-
Deputy Registrar
IIIT Lucknow

TERMS & CONDITIONS

1. Eligibility to participate in the RFP:

A Firm, called Insurer, registered and approved with the Insurance Regulatory and Development Authority (IRDA), who is authorized to issue medical insurance policies.

2. Scope of the Insurer:

The Insurer shall issue policies for the employees/pensioners and their families and

The insurance cover shall be for indoor treatment only. Out-patient treatment is excluded. However, operations (such as laparoscopy) and other procedures (intravenous medication) in a hospital which do not require booking a hospital room (day care) will also be covered as per details given below.

3. Compliance/Consideration:

The Insurer should comply with all the terms and conditions given in all the schedules of this RFP document. A copy of this RFP document has to be part of the Bid, and the authorized representative of the Insurer must sign on all pages of the copy of the RFP document.

4. Alternative proposals:

The Insurer shall submit Bids that strictly comply with the requirements of the schedules. Any alternatives may be given as options only.

5. Acceptance and rejection:

IIT Lucknow reserves the right to shortlist/reject any or all Bids and accept the whole or any part of a Bid without assigning any reason. A Bid which does not fulfill any of the conditions as per the schedules or with incomplete documents in any respect will be rejected summarily.

6. Final selection:

The Bidder who is in compliance with all the terms and conditions of the schedules and who is substantially responsive to the "Terms of Reference" of Annexure II and has quoted the lowest total premium for the required policies (as per the number of employees mentioned in Annexure IV) will be selected. In case of a tie, the Bidder who have the highest claim settlement ratio as per IRDA will be selected. (The bidders shall have to submit the authentic data of their claim settlement ratio as per IRDA with the

proposal/bid) If there is still a tie, the bidder with better coverage will be selected and this decision to be made is solely at the discretion of the Institute. The Institute shall decide if a bid is not substantially responsive and it will do so without providing any explanation to the bidders.

7. Agreement:

The selected Bidder shall sign an agreement with the Institute

8. Period of policies:

The policies shall be issued initially for a period of 1 (one) year. The contract period may be extended further, subject to satisfactory services, on year to year basis for a maximum period of 05 years on mutually agreed Terms & Conditions. **The employees' policy shall be treated as effective from the actual date of issuance of the policy to respective employees after the award of contract**

9. Performance bank guarantee (PBG):

The successful Bidder shall furnish an unconditional PBG (as per format at Annexure III) valid till 60 days after the expiry of policy period from a **scheduled/commercial** Bank of India for 10% of the premium within 21 days of issue of the award of contract; failing which, the contract shall be deemed as terminated. The PBG guarantees that the Bidder shall carry out its obligations satisfactorily as per the agreement, failing which the said PBG shall be forfeited as deemed fit.

10. Grievance redressal and termination:

In case of grievances due to noncompliance with any of the provisions contained in this policy by the Insurer, IITL may adopt one of the options given below.

- (a) Grievance Machinery: Submit the matter to the Grievance Machinery of the Insurer by lodging the grievance on the portal of IRDA.
- (b) Ombudsman: IITL may approach the Insurance Ombudsman and get the grievance redressed.
- (c) Consumer forum: IITL may approach the Consumers Forum.
- (d) Premium refund: The Insurer shall be asked to return a proportion of premiums (corresponding to the unexpired period of insurance) of individuals in the group against whom no claims are made.
- (e) PBG shall be forfeited.
- (f) Any other action as deemed fit by the competent authority of IITL.

11. Premium payment terms:

The insurer shall quote the premium as per Annexure - III. The IITL shall pay the quoted annual premium in advance within 15 days of the start of the contract period/insurance period for the number of insured employees.

12. Performance Monitoring:

The insurer shall submit quarterly statement to IIITL with the following details:

- (i) the claims made by the individuals of the group
- (ii) the date-wise settlements
- (iii) the respective amounts, and
- (iv) details of grievances received, disposed and pending under the policy.

13. Canvassing:

Any attempt to canvass for selection of an Insurer, directly or indirectly, will lead to disqualification of such Insurer from the selection process.

14. Modifications:

IIIT Lucknow reserves the right to modify/add any clause to the policy/agreement, before taking the policy.

15. Cancellation of RFP:

IIIT Lucknow reserves the right to cancel the RFP at any time without assigning any reason.

16. Disputes and jurisdiction:

Any legal disputes arising out of any breach of contract pertaining to this RFP during the tendering process or during policy period shall be settled in the court of competent jurisdiction located in Lucknow, U.P.

17. Documents in the Proposal

The following documents will be submitted:

- a) Annexure I
- b) Annexure II
- c) Annexure III
- d) All documents as required by the above annexures
- e) General Information of the Company.

18. Acknowledgement:

It is hereby acknowledged that we have gone through all the Schedules as well as the conditions mentioned above and we agree to abide by them.

Date:

Name of Bidder:

Place:

Signature & Stamp:

Annexure I
**Basic Technical
Details**

1	Name of the Insurer:			
	Complete Address:			
	Phone No.		E-mail ID	
2	Name of Contact Person / Representative of Insurer and Designation			
	Phone No.:	Mobile No.:		
3	Company Registration Details:			
	(a) Under Companies' Act/Partnership Act			
	(b) IRDA			
	(c) PAN No.			
	(d) GST Registration No.			
	(Enclose relevant documents)			
4	Details of TPA: (Enclose the relevant documents. E.g. Agreement, Terms of TPA with the Insurer, etc.)			
5	List of Network Hospitals:			
6	Names and Contact Details of two Clients/Organizations of repute against whom such a group insurance policies have been issued: (Enclose the relevant contract/policy documents)			
	i)			
	ii)			
7	Audited Annual Accounts of last three financial years (2017-18,2018-19, 2019-20)			
8	Insurer wishes to provide any other information in support of its credential may furnished separately			
Note: Please use separate sheets if the space is not sufficient and indicate the column number. Authenticated certificates are to be produced in support of respective items.				

Annexure-II
TERMS OF REFERENCE

Terms of Policy Execution:		
	Item	Yes /No (with remarks, if No)
1.1	Third Party Administrator (TPA)	
1.1.1	Mandatory TPA: An agency licensed by Insurance Regulatory and Development Authority (IRDA) must be engaged by the Insurer as TPA for providing Cashless facility and reimbursement of claims to insured persons under this policy.	
1.1.2	Helpdesk at IIITL: For smooth processing of claims, a staff of TPA must be stationed at IIITL on a regular basis, at least twice in a week on Tuesday and Friday, during office hours. For this purpose, unless otherwise decided by IIITL, a seating place/room with a table and chair shall be provided by IIITL during the policy period. The help desk must provide the necessary list of documents well in advance to the employees. A timeline for the payment should be followed if all the documents are in order. Starting from the day the documents are accepted by the insurance provider, the reimbursement must be made within a defined period. Beyond which, a penalty @ Rs.500/- per day shall be imposed on the bidder. The penalty amount shall be forfeited from the performance bank guarantee submitted by the bidder.	
1.2	Cashless Treatment	
1.2.1	Network Hospitals: TPA must provide list of its Network Hospitals in Lucknow city and rest of India. L1 bidder must have reputed hospital in their network. The committee constitute in this regard may evaluate the bid on the basis of better coverage of hospital in the network of the bidder.	
1.2.2	Insurer must provide Cashless facility through its TPA, which will help the insured to avail hospitalization benefits without any advance payment. Cashless treatment means a facility whereby the TPA agrees, on the insured's request, to settle the admissible claim directly with the network hospital. Any expense in excess of the admissible claim amount will, however, be borne by the insured himself/herself.	

1.2.3	<p>Mode of Cashless Treatment: Claims in respect of Cashless access services will be through the agreed list of network of hospitals / nursing homes provided by the Insurer/TPA. The TPA shall, upon getting requisition in writing or verbal (by toll free number 24x7 for cash less), as applicable, from the individual insured under this policy, will issue a pre-authorization letter / guarantee of payment letter to the hospital /nursing home mentioning the sum guaranteed as payable and also the ailment for which the person is seeking to be admitted as a patient. If cashless service is not received in any of the hospitals in the network of the, a penalty @ Rs. 50,000/- shall be imposed on the bidder. The penalty amount shall be forfeited from the performance bank guarantee submitted by the bidder.</p>	
1.2.4	<p>In case an insured does not avail the cashless scheme, her claim is to be reimbursed as per rules.</p>	
1.3	<p>Non-Network Hospitals or Non- Cashless Treatment: In case of non-cashless treatment, as per the conditions of the policy, reimbursement shall be made by the Insurer/TPA. In such cases, the insured individuals shall intimate to TPA prior to treatment. In case of emergency, the intimation in the form of email/SMS/phone shall be made within 24 hours of hospitalization. Reimbursement against such treatment will be made within 30 (thirty) days from the date of discharge from the Hospital. Documents to be provided will be specified by the TPA.</p>	

1.4	<p>ID Card: Identity Cards/Health Cards shall be issued by the Insurer/TPA to all the persons covered under the policy within a week from the date of commencement of policy. In case of employees, a separate Identity Cards/Health Cards card must be issued to each member of the family within 30 days from the date of issuance of Letter of Award. If there is a delay in the issuance of ID Card by the Insurer/TPA, the ID card issued by IITL to its employees must be honored in all the Network hospitals. In case of family members of IITL employees, any ID Card such as Driving License, Voter ID, PAN Card, Passport, Student ID Card, accompanied by the employee's ID Card should be honored.</p> <p>The health card for family/dependent is mandatory. If not issued within the defined time limit, a penalty @Rs. 500/- per day shall be imposed on the bidder.</p>	
1.5	<p>Customary & Reasonable Charge: Rate of reimbursement under this policy shall be the rate which is consistent with the prevailing rate in an area or charged in a certain geographical area for identical or similar services without any upper cap in TPA's Network Hospitals.</p>	
1.6	<p>Sum Assured</p>	
1.6.1	<p>Basic Sum Insured: Basic sum insured for employees' policy is Rs. 500000/- (Rupees Five Lakhs) per family.</p>	
1.6.2	<p>Top-up Sum Insured: This shall be allowed for the employees' policy. An employee may opt for top-up in blocks of Rs. 1 Lakhs, over and above the basic sum insured.</p>	
1.6.3	<p>Floater Sum Insured: Under the employees' policy, the total sum insurance (basic + top- up) of an individual family shall be utilized on family floater basis. This means the sum insured is available for any one or all members of the employee's family.</p>	
<p>2. Coverage Subject to the terms/conditions, coverage, exclusions and definitions contained herein or endorsed, the Insurer shall undertake that if during the period of contract or during the continuance of this policy by renewal any Insured Person shall contract any disease or suffer from</p>		

	any illness or sustain any bodily injury through accident, the Insurer will pay for all such expenses as mentioned in the agreement to the hospital / nursing home or the insured person through the TPA.	
2.1	Persons Covered:	
2.1.1	Employee and Family: The policy is based on principle of Floater Sum Insured. Employee under this policy means both the current employees and the retirees and their respective families as recorded in the personnel file of the employee of IIITL. In Annexure IV, age- wise statistics of employees and their dependents are provided.	
2.1.2	Inclusion of new employee: Subject to payment of pro-rata premium, coverage should be provided to newly appointed employees and their families. The terms and conditions for these members shall be the same with other members of the policy. The premium for a new employee shall be fixed at the quoted rate.	
2.1.3	Ex-Students and Ex-employees: In case an employee leaves the Institution before retirement, the policy shall continue to be in force till the end of the current policy period or utilization of sum insured, whichever is earlier. In case, the policy is renewed for further periods, these members will not be included in the policy.	
2.2	Expenses Covered	
2.2.1	Treatment system covered: Beside Allopathic treatment other system of treatment such as Homeopathy, Ayurvedic, Siddha and Unani.	
2.2.2	Upper limit on reimbursements: Unless it is stated otherwise in any of the following clauses, the reimbursements shall be made as per actuals without any upper limit up to the sum insured of the individuals.	
2.2.3	Pre-existing diseases: All pre-existing conditions must be included.	
2.2.4	Doctors' fee: Surgeon, Anesthetist, Medical Practitioner, Consultants' Specialist fees, and any such fee paid to the doctor shall be reimbursed as per actuals	

2.2.5	<p>Investigation, Treatment, Drugs, etc. charges: MRI, PET Scan, CT scan, Endoscopy, Ultra sound, Anesthesia, Dialysis, Chemotherapy, Radiotherapy, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines & Drugs, Diagnostic Materials, X- ray, Cost of Prosthetic devices implanted during surgical procedure, relevant Laboratory/ Diagnostic tests, X-Ray and any such medical expenses related to the treatment shall be reimbursed as per actuals.</p>	
2.2.6	<p>Cost of artificial appliances: Cost of artificial appliances including hearing aid, artificial joints, pace maker, artificial limbs, etc. shall be reimbursed as per actuals.</p>	
2.2.7	<p>Room & Other Charges: (a) Room: Room expenses as provided by the Hospital/nursing home not exceeding 2.0 % of the annual sum insured, per day or actuals, whichever is less. (b) Nursing: 10% of room rent or actual whichever is less. (c) Dressing: 10% of room rent or actual whichever is less. (d) Service Fee: 10% of room rent or actual whichever is less.</p>	
2.2.8	<p>Intensive Care Unit (ICU): Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses not exceeding 4.0 % of the sum insured, per day, or actuals, whichever is less.</p>	
2.2.9	<p>Pre-hospitalization: Pre-hospitalization medical charges up to 30 days period immediately before the insured's admission to hospital for that illness shall be covered</p>	
2.2.10	<p>Post hospitalization: Post hospitalization medical charges up to 180 days period immediately after the insured's discharge from a hospital shall be covered.</p>	
2.2.11	<p>Day Care Treatment: Surgery (such as laparoscopy, lithotripsy, tonsillectomy, dental surgery, prostate, etc.) and other procedures (intravenous medication, blood transfusion, haemo dialysis, etc.) which do not require booking a hospital room will also be covered.</p>	
2.2.12	<p>Domiciliary hospitalization is included as defined below.</p>	
2.2.13	<p>Maternity (a) Maternity Benefit: Reimbursable up to Rs. 50,000/- per case and additional Rs. 10,000/- for every Rs. 1 lakh top-up. (b) New born babies shall be covered from the day 1.</p>	

2.2.14	Ambulance service: Ambulance service @ 1% of the sum insured or actual, whichever is less, for every shifting of a patient from residence to hospital vice-versa or from one Hospital/Nursing Home to another Hospital/Nursing Home in connection to hospitalization must be allowed.	
2.2.15	Hospitalization of Organ donor: Hospitalization expenses incurred on the donor (not the cost of organ) during the course of organ transplant to the insured person shall be covered.	
2.2.16	Insurer's Liability: The Insurer's liability in respect of all claims admitted during the period of Insurance shall not exceed the sum insured.	
3.0	Exclusions	
3.1	Permanent Exclusions: Any medical expenses incurred for or arising out of:	
3.1.1	War invasion etc.: War invasion, Act of foreign enemy, War like operations, Nuclear weapons, ionizing radiation, contamination by radio activity, by any nuclear fuel or nuclear waste or from the combustion of nuclear fuel.	
3.1.2	Cosmetic etc.: Cosmetic or aesthetic treatment devices, circumcision without disease or emergency e.g. in pediatric patient, plastic surgery unless required to treat injury, illness or burnt cases	
3.1.3	Cost of braces etc.: Cost of braces, equipment or external prosthetic, non-durable implants, eyeglasses, Cost of spectacles and contact lenses, and durable medical equipment.	
3.1.4	Deliberate exposure to danger etc.: Bodily injury or sickness due to willful or deliberate exposure to danger (except in an attempt to save human life), intentional self-inflicted injury, attempted suicide, arising out of non-adherence to medical advice. This condition, however, shall not be applicable to patient undergoing psychiatric treatment.	
3.1.5	Injury due to hazardous sports: Treatment of any Bodily injury sustained whilst or as a result of active participation in any hazardous sports of any kind excluding normal IITL's sports activities.	
3.1.6	Sexually transmitted diseases: Sexually transmitted diseases, any condition directly or indirectly caused due to or associated with Human T-Cell Lymphotropic Virus Type III (HTLB-III) or lymphopathy Associated Virus (LAV) or the Mutants Derivative or Variation Deficiency syndrome or any syndrome or condition of a similar kind commonly referred to as AIDS.	
3.1.7	Vitamins etc.: Vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending physician.	

3.1.8	Instrument used in treatment of Sleep Apnea Syndrome (C.P.A.P.) and Oxygen Concentrator for Bronchial Asthmatic condition.	
3.1.9	Stem cell implantation	
3.1.10	Outside India: Treatment undertaken outside India.	
3.1.11	Experimental treatment: Unproven treatment (not recognized by Indian Medical Council).	
3.1.12	Convenience items: All non-medical expenses including convenience items for personal comfort such as telephone, television, Ayah, Private Nursing / Barber or beauty services, diet charges, baby food, cosmetics, tissue paper, diapers, sanitary pads, toiletry items, etc.	
	Any Other: Please list.	
4	Definitions	
4.1	Pre-existing Disease/Condition: It means any sickness/illness, which existed prior to the effective date of this insurance, whether or not the insured person had any knowledge of symptoms related to the sickness/illness. Complications arising from a pre-existing condition will also be considered as a part of that pre-existing condition.	
4.2	Hospital/Nursing Home means any institution in India established for indoor care and treatment of sickness and injuries and which has been registered either as a hospital or nursing home with the local authorities and is under the supervision of a registered and qualified medical practitioner. For the purpose of this definition the term Hospital/Nursing Home/Day Care Center shall not include an establishment, which is a place of rest, a place for the aged, a place for drug addicts or place for alcoholics, a hotel or any other like place.	
4.3	Domiciliary hospitalization 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 as in-patient but actually taken whilst confined at home in India under any of the following circumstances namely: i. The condition of the patient is such that he/she cannot be moved to the Hospital/Nursing Home OR ii. The patient cannot be moved to Hospital/Nursing home due to lack of accommodation in any hospital in that city / town / village.	

4.4	<p>Network Hospital and Non Network Hospital: Network Hospital shall mean the hospital, day care center, nursing home or such other medical aid provider that has agreed with the TPA to provide cashless access services to policyholders. Non-network Hospital, on the other hand, means any other hospital/nursing home/day care center, or such other medical aid provider, who has not agreed to provide cashless access services but gives treatment.</p>	
4.5	<p>Doctor/Medical Practitioner means a person who holds a degree/diploma of a recognized institution and is registered by Medical Council of respective State of India.</p>	
4.6	<p>Surgical Operation means manual and/or operative procedures for correction of deformities/ defects, repair of injuries, cure of diseases, relief of suffering and prolongation of life.</p>	
4.7	<p>Hospitalization shall mean admission in any Hospital/Nursing Home in India upon the written advice of a Medical Practitioner for a minimum period of 24 consecutive hours. (The time limit of 24 hours will not be applicable for surgeries which require less than 24 hours hospitalization due to advancement in Medical Technology- minor surgery & Day care surgery).</p>	

Cost Proposal Format**Annexure - III**

Premiums for both the policies shall be quoted by the insurer in the following format. Please indicate the taxes, if any, separately.

To quote the premium please refer to Annexure-IV for the age-wise statistics of the employees/pensioners and their dependents. The number of families are estimates, and the actual number may vary by +/- 10%. Total premium will be paid on the actual number being insured at the rates quoted here.

Policy for Faculty, Staff & their family members.

(A) Premium must be quoted for basic coverage of Rs. 5, 00,000/- (Rupees Five Lakhs only) per family on family floater basis.

Sl No.	Category of Families	Annual Premium per family	No. of Families	Total annual Premium for annual coverage of Rs. 5 lakhs per family (in Rs)	Tax	Total (including taxes)
		A	B	$C = A*B$	D	C+D
1	Employees					

B) Additional premium per family for top-up optional coverage in various blocks.

Sl. No.	Top-Up Coverage (over and above the basic coverage of Rs. 5 lakh)	Extra Premium per family (in Rs.) (including taxes)
1	Rs. 1 lakhs	
2	Rs. 2 lakhs	
3	Rs. 3 lakhs	
4	Rs. 4 lakhs	
5	Rs. 5 lakhs	
Note*The total premium of employees will be considered to arrive at the L1 bidder.		

ANNEXURE-IV

Age-Wise Statistics of Employees and Their Dependents (as on 13.11.2020)

Category	Age Bracket													Total
	0-10	11-20	21-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70	71-75	>75	
Faculty (F)				3	4	2	1	1						11
F-Depend.	8	2	1	2	4		1	1	1	2	1	1		24
Non-Faculty (NF)			4	5		2	1							12
NF-Depend.	11		2	2	4	1			1	1	2			24
Total														71

DECLARATION (On the company letter head)

(1) I / We certify that all the particulars furnished above are true and correct and based on documentary evidence, and that I /we understand that if any of the above particulars is found to be false or misleading, our bid is liable to be summarily rejected at any stage and my /our Organization is liable to be blacklisted/debarred by IIIT LUCKNOW for at least 3 years.

(2) I/We.....(Name) Contractor/Partner/sole Proprietor (Strike out word which is not application) of the (Firm)..... Do hereby solemnly affirm and declare that the individual firm/ companies are neither black-listed by the Union /State Government or Institutions/Bodies created by Centre/State Government, public sector undertaking, autonomous bodies etc, nor any partner/ shareholder thereof is directly or indirectly connected with or has any subsisting interest in business of my/our firm.

Date:

Signature with Seal of Authorised Signatory

Place:

