

**CENTRAL UNIVERSITY OF PUNJAB**

Established vide Act No. 25 (2009) of Parliament

**EXPRESSION OF INTEREST (EOI)**

**FOR**

**GROUP HEALTH / MEDICAL INSURANCE SCHEME FOR STUDENTS**



Release Date : 15.02.2022

Last Date :08.03.2022

V.P.O. Ghudda, District-Bathinda- 151401  
E-mail: [procurement@cup.edu.in](mailto:procurement@cup.edu.in)

**EXPRESSION OF INTEREST**

**FOR**

**GROUP HEALTH / MEDICAL INSURANCE SCHEME FOR STUDENTS**

Central University of Punjab, Bathinda invites EOI from eligible Insurance Companies registered within the ambit of IRDA (Insurance Regulatory and Development Authority) and are interested in executing a Group Insurance Coverage for the Student as follows:-

**Case I : Group Insurance Coverage for upto 1000 students**

**Case II : Group Insurance Coverage for more than 1000 students**

Interested Insurance Companies are requested to send detailed proposals to the Central University of Punjab

Last date for submission of proposals: **08.03.2022**  
**(through post/by hand)**

Date and time of scrutiny of proposals: **To be notified separately to eligible participating firms through email**

Date of presentation: **To be notified separately to eligible participant firms through email**

Address for submission of proposals : The Registrar,  
Central University of Punjab  
VPO: Ghudda, District Bathinda  
PIN 151 401 (PUNJAB)

**Terms & Conditions:-**

1. Please send the proposals alongwith the duly filled format for submission of EOI.
2. The envelope containing proposal should be superscribed as "EOI For Group Health / Medical Insurance Scheme for Students".
3. The schedule of presentation is subject to change and revised schedule will be intimated accordingly.
4. The invitation for presentation shall be sent separately through email.
5. University reserves the right to adopt the criteria for selection to call the insurance companies for presentation.
6. Mere presentation of products / proposals does not confer right to claim business.
7. Central University of Punjab reserves the right to adopt further process in this regard.
8. Proposals received after due date shall not be entertained under any circumstances.

**FORMAT FOR SUBMISSION OF EXPRESSION OF INTEREST FOR GROUP  
HEALTH / MEDICAL INSURANCE SCHEME  
FOR STUDENTS**

Name of the Company :

Head Office :

IRDA Regn. No. :  
(Attach a copy of Regn. Certificate)

Contact person and designation :

Address of Office Nearest to CUP, Ghudda :

Phone / Mob. :

E-mail id :

Name[s] of Govt. Higher :  
Educational Institutes to whom  
the company is providing similar services

Years of experience :

Brief description of the best suitable plan :  
(Provide attachment, if required)

List of Enclosures :

Date :

Place :

Name, Sign and Stamp of the auth. sign.