



NOTICE INVITING TENDER (NIT)

NAME OF THE WORK: ANDHRA PRADESH GRAMEENA BANK EXISTING & RETIRED STAFF GROUP MEDICLAIM POLICY UNDER TAILOR MADE GROUP MEDICAL INSURANCE SCHEME

Request for Quotations invited through **GeM portal** from IRDAI Registered Public / Private Sector General Insurance Companies for Tailor made Group Mediclaim Insurance Policy for existing Staff members & Retirees of Andhra Pradesh Grameena Bank (APGB).

1	Name of the work and category	Tailor made Group Mediclaim Insurance of Bank's 1. Existing Staff and their Dependent Family members. 2. Retired Staff (Pensioner) with dependent Spouse and Family Pensioners.
2	Family Definition	Mentioned in Annexure - II
3	No of Employees (No. of Lives is tentative)	Officers : 5,156 Office Assistants & Office Attendants : 2,223 Total employees : 7,379 Total No. of Lives (Tentative) : 30,000
4	No of Retirees (Pensioners/ Family Pensioners) (No. of Lives is tentative)	Total Pensioners : 2,397 Total Family Pensioners : 581 Total Number of Lives (Tentative) : 5,000 Issuance of Policy for Existing Staff is Mandatory. However, Policy for Retirees shall be issued only if minimum 500 Pensioners (Pensioners/ Family Pensioners) opts/ enrolled for Medical Insurance policy.
5	Grace Period for Dependents addition/modification	A 30 days grace period should be given for Additions/ Deletion/ Updations of dependents into the family is to be allowed by the selected bidder from the date of inception of Group Medical Insurance policies for all the existing and retired staff of the Bank.
6	Cost of application/ tender document.	Free of Cost
7	Proposed Policy commences	14/05/2026 (00.00 hrs) to 13/05/2027 (23.59 hrs)
8	Plan design for Policy issuance	The Policies shall be issued as below : 1. APGB's - Existing Staff and their Dependent Family Members. 2. APGB's - Retired Staff/Family Pensioner and their Dependent Family Member/s. Hence two separate policies for Employees, Retired Employees, should be issued.

Signature & Seal of the Bidder

9	Tender Details:	For details of RFQ, terms and conditions and other Information and queries pertaining to the policy, please contact either our empaneled Brokers or GeM or visit our website https://apgb.bank.in/
10	Tender Floated on	29.04.2026
11	Place & Address of the Bank Office	Head Office, Andhra Pradesh Grameena Bank, 4/1, Raghu Mansion, 4 th Line, Brodipet, Guntur, Andhra Pradesh - 522002.
12	Contact person/telephone no (In case of any Queries)	Mr. G PARAM SIVA, Chief Manager, HR Department Andhra Pradesh Grameena Bank, Head Office, 4/1, Raghu Mansion, Brodipet, Guntur - 522002, Mobile No. 9490158009; email id: staff@apgb.bank.in
13	Last Date and Time for Submission of Tender	Up to 04.05.2026 at 07:00 PM
14	Date and Time of opening of Technical Bid	04.05.2026 at 07.30 PM
15	Validity period of the tender.	60 Days.
16	Terms of payment of Bills, if any. Specify the minimum value of work for payment of running account bills.	One Single payment
17	Mode of Payment	Payment will be made through electronic mode only.
18	Taxes	Premium Rates quoted should be including GST
19	Insurance Broker	1. M/s Aon Risk Insurance Brokers India Pvt. Ltd. 2. M/s Edme Insurance Brokers Pvt. Ltd. 3. M/s Anand Rathi Insurance Brokers Ltd. 4. M/s Alliance Insurance Brokers Pvt. Ltd. 5. M/s Prudent Insurance Brokers Pvt. Ltd.
20	Brokers Remuneration	As per IRDAI Norms
21	Third Party Administration	Only external TPA (No In-House TPA) will be considered, the same will be finalized by the Bank.

Bank is in process of selecting insurance company through a bidding process (comprising of Technical Bid and Financial Bid) from IRDAI Registered Public / Private Sector General Insurance Companies operating in India for Group Mediclaim Insurance Policy for its Existing & Retired Staff Members.

Tender Procedure for Submission of Bids:

The tender submission is through GeM Portal as per the details given in the said Portal.

- i. e-Tendering through GeM: This tender will follow e-tendering guidelines of GeM portal under which the bidding process shall be conducted by the Bank. Bidder shall necessarily register on

GeM portal for participating in the bid. Bidders will have to abide by terms and conditions of GeM portal for participating the bidding process.

- ii. No consideration will be given to e-bids received after the date and time stipulated and no extension of time will normally be permitted for submission of e-Bids. Bank reserves the right to accept in part or in full or extend or reject the entire e-bid and cancel the entire tender without assigning any reason thereof at any stage.
- iii. Bank does not guarantee the participation of retired employees which is totally voluntary. The actual number who subscribe to policy in case of retired employees may vary from the number indicated by us.

Note: Insurance company / Bidders have to mention the name of the Insurance Brokers (Only one among the empaneled Insurance Brokers of the Bank) in their technical and financial Bids.

No submission of Physical Documents are permitted.

The Authorized Signatory has to sign on all pages of printed bid documents (including the Technical and Financial Bids), in token of having accepted all the terms and conditions of the Bid. The authorized signatory must be a person empowered to bind the bidder to the contract. The signatory shall submit a declaration and provide authenticated documentary evidence establishing that he or she is authorized to sign the tender documents and bind the bidder.

This is two bid system which has following 2 (Two) parts:

- A) “TECHNICAL BID” for “Tender for Family Floater Group Medical Insurance Scheme for the “i. Existing Staff and their Dependent Family Members & ii. Retired Staff/Family Pensioner and their Dependent Family Member/s” of APGB
- B) “FINANCIAL BID” “Tender for Family Floater Group Medical Insurance Scheme for the “i. Existing Staff and their Dependent Family Members & ii. Retired Staff/Family Pensioner and their Dependent Family Member/s” of APGB

The financial Bids of Technically Qualified Insurance Companies will be opened as per the following schedule. **Reverse Auction method** as per GeM Portal procedures will be adopted for finalizing the L1 Bidder.

All details with the relevant information documents/acceptance of all terms and conditions strictly as described in this NIT/RFQ will have to be submitted. The Technical Bid should be complete in all respects and contain all information sought for, as per RFQ. In the first stage, only the “Technical Bid - Eligibility Details” will be evaluated. Those satisfying all criteria as per technical requirements and agree to comply with all terms and conditions specified in this document may be invited for technical presentation, if required, at the discretion of the Bank, to display their capabilities, approach and methodology.

- Annexure I : Declaration of acceptance from the Bidder.
- Annexure II : Request for Quotation.
- Annexure III : Medical Scheme for the Existing & Retired Staff Members.
- Annexure IV : List of Diseases to be covered under Domiciliary Treatment.
- Annexure V : List of Diseases to be covered under Day Care Procedures.

- Annexure VI : Self-Declaration.
- Annexure VII : The Price Bid stating the Net Premium quoted.
- Annexure VIII : Integrity Pact (On Rs.200/- Non-Judicial Stamp Paper).
- Annexure IX : Non-Disclosure Agreement (on Company letter head).

Eligibility Criteria:

The Insurance Companies of repute both the Public & Private Sector, who possess claim payment ability “A” rating and above from the approved rating agencies (Proof to be enclosed) are eligible to apply and need to meet the below mentioned criteria.

S No	Parameters	Documents required
1	IRDAI (Insurance Regulatory Development Authority of India) registered Public/ Private Sector General Insurance Companies are eligible to participate in the Bid.	Copies of valid license issued by IRDAI.
2	The Insurance Company should have been in the line of business for at least five years as on 31.03.2025.	Self-Declaration of underwriting medical insurance policy in last five years. (Annexure VI - Self- Declaration).
3	Experience in handling minimum Three (3) large Group Medical Insurance Schemes (Each minimum of 25000 lives) to be enclosed and at least one such policy should be in force.	The bidder shall submit list of Government/ Semi-Government/ Govt. of India Undertaking for which such Insurance Scheme has been provided along with the proof.
4	Premium Collection	Total premium collection should be at least Rs.1,000 crores each in last 3 Financial Years
5	The insurance company should not have been blacklisted/ barred / disqualified by any regulator/ statutory body in the past 5years as on date of tender and submission of Tender.	Self-Declaration (in Annexure VI - Self Declaration).
6	solvency ratio	Solvency ratio should be as per IRDA norms

NIT/ RFQ Terminology

Definitions - Throughout this NIT/ RFQ, unless inconsistent with the subject matter or context:

- i. Bidder- An eligible entity/firm submitting a Proposal/Bid in response to this NIT/ RFQ.
- ii. Insurance Company - Selected Bidder under this NIT/RFQ.

- iii. Bank/ Purchaser/ APGB - Reference to the “Bank”/ “Purchaser” shall be determined in context and may mean without limitation “Andhra Pradesh Grameena Bank” or APGB
- iv. Bid - the response received in the prescribed format from a bidder in accordance with the NIT/RFQ
- v. NIT/RFQ - The Request for Proposal (this document) in its entirety, inclusive of any addenda/modification/clarification/amendment that may be issued by the Bank.
- vi. Insurance Broking Service - “Insurance Broking Service” means all services, scope of work and deliverables to be provided by a Bidder as described in the NIT/RFQ and include services ancillary to the services and other obligations of the Consultant covered under the NIT/RFQ.
- vii. “Contract” means the contract signed by the Parties and all the attached documents and the Appendices, consequent to the completion of the proceedings as per the NIT/RFQ.
- viii. “Day” means calendar day.
- ix. Parties - Party or Parties means the APGB / Selected Bidder/Insurance Broker and TPA.
- x. “Personnel” means such professionals and support staff provided by the Insurance Broking Services or by any Sub-Consultant and assigned to perform the Services or any part thereof.
- xi. “Domestic Personnel” means such professionals and support staff who at the time of being so provided had their domicile in India.
- xii. “Proposal” means the Technical Proposal and the Financial Proposal.
- xiii. “Assignment/job” means the work to be performed by the Insurance Broking Services pursuant to the Contract.
- xiv. “Sub-Consultant” means any person or entity with which the Insurance Broking Services subcontracts any part of the Assignment job with the prior permission of APGB.
- xv. “Terms of Reference” (TOR) means the document included in the NIT/RFQ which explains the scope of work, activities, and tasks to be performed.
- xvi. Project Cost - Project cost would be the total consideration that the Bank has to pay in accordance with the payment schedule to obtain the Group Medical Insurance Scheme for Employees as per the terms of the NIT/RFQ/ contract.

Terms and conditions:

1. The Bidder has to submit the relevant & readable files completely duly signed including covering letter as indicated in the tender document (including issued corrigendum if any). In case of any irrelevant or non-readable files, the bid maybe rejected.
2. Bidders are invited to submit their quotations in accordance with the enclosed Request

for Quotation (RFQ) terms.

3. Bidder shall sign stamp and seal each and every page of the original bid documents including all annexures. The authorization to sign bid form shall be in any other form evidencing that the signatory has been duly authorized to sign.
4. Bidders shall mention their valid email address and mobile numbers which shall be used for any communication.
5. The Bank shall have the right to reject the bids not submitted in the prescribed format or incomplete in any manner.
6. The Bank reserves the right to reject any or all offers without assigning any reason.
7. The Bank reserves the right to change the schedule mentioned above or elsewhere mentioned in the document, which will be communicated by placing the same as corrigendum on GeM/ Andhra Pradesh Grameena Bank Website (<https://apgb.bank.in/>). The bidder is required to read the tender document in conjunction with the corrigendum, if any issued by APGB.
8. The copy of this document may be downloaded from the Bank website free of cost.
9. Complete confidentiality should be maintained. Information provided here should be used for its intended scope and purpose. Retention of this RFQ signifies your agreement to treat the information as confidential.
10. All communication with regards to this request for quotations needs to be directed to APGB directly while keeping any or all of the brokers in copy of all these communications at the email addresses mentioned above.
11. APGB reserves the right to relax/ amend/ withdraw any of the terms and conditions contained in the tender document at any stage of the Tender process without assigning any reason thereof.
12. The bidders should agree to all the above-mentioned terms and conditions and they should submit a undertaking to that effect on the letter head of the bidder along with the technical bid; otherwise the offer shall be rejected. These tender wordings supersede all the in-house wordings of the Insurance company. The Technical bid will be opened first. The Price bids of the bidders, whose Technical bids are disqualified, will not be opened.
13. Bidder should submit quote **as per Annexure VII only.**
14. The offers containing erasures or alterations will not be considered. There should be no hand-written material, corrections or alterations in the offer. Technical details must be completely filled. No columns of the tender should be left blank. Offers with insufficient information and Offers which do not strictly comply with the stipulations given in this document, are liable for rejection. Correct technical information of the insurance product being offered must be filled in. Filling in of the information using terms such as "OK", "accepted", "noted" may not be acceptable. The bank may treat offers not adhering to these guidelines as unacceptable.
15. **Period of validity of Bids:** The Rate / Commercial / Technical Offer of the bidder

should remain valid for 60 days from the due date of submission of bids. The bidder should ensure that all necessary approvals from their Regional Offices/Head Offices/Competent Authority obtained before bidding. APGB is well within their right to seek those approvals in case a bidder is selected as L1. In case the bidder is unable to provide the same, APGB reserves the right to reject the L1 bidder.

16. Bids which are late/ vague/ conditional/ incomplete/ not confirming to the laid down procedure in any respect will be rejected.
17. In case of any inconsistency between the terms of this RFQ and any of its appendices, annexures or attachments then, unless the contrary is explicitly in this RFQ, the terms of the RFQ will prevail to the extent of any inconsistency.
18. **Arbitration - All disputes and differences which may arise between the APGB and the Insurance Company shall be referred to the Chairman of APGB, whose decision shall be final and binding on all parties concerned.**
19. APGB reserves the right to cancel or postpone the tenders at any stage without assigning any reason.
20. Bank may re-negotiate with the successful bidder for further reduction of price.
21. The bidders are advised to offer their best possible rates. There would generally be no negotiations hence please submit your most competitive price while submitting price bid. However, in case the lowest rate appears to be reasonable taking into account the prevailing market conditions, the tender will be awarded to the lowest bidder.
22. Successful bidder confirms and shall ensure to cover the medical scheme for Regular & Retired employees as provided in Annexures- III, IV & V in conjunction with the RFQ in Annexure II.
23. Successful Bidders shall enter into agreement with the Bank which will be termed as Service Level Agreement and the terms and conditions of the RFQ shall be treated as part of SLA. Further, the successful bidder needs to submit NDA on Company letter head as per Annexure - IX
24. Successful Bidders shall provide :
 - a. A dedicated Customer Relationship Manager for effective initiation and regular servicing from the empaneled Insurance Brokers of the Bank.
 - b. Comprehensive operational and post-launch support from the centralized Group Operations Team from empaneled Insurance Brokers of the Bank.
 - c. Centralized customer support for query handling on an ongoing basis.
25. **Bid Compliance: Willful misrepresentation of any fact within the Bid will lead to the cancellation of the contract without prejudice to other actions that Bank may take. All the submission, including any accompanying documents, will become property of APGB.**
26. The bidding document provides an overview of the requirements, bidding procedures, and contract terms. It includes Introduction, Instructions to Bidder, Terms & Conditions of Contract, Eligibility Criteria, and Financial Bid. The bidder must conduct its own

investigation and analysis regarding any information contained in this NIT/RFQ document, its meaning, and the impact of that information.

27. The Bidder is expected to examine all instructions, statements, terms, and specifications in the bidding document. Failure to furnish all information required by the bidding documents or submission of a bid not responsive to the bidding documents in every respect will be at the Bidder's risk and may result in rejection of its bid. APGB has made considerable effort to ensure that accurate information is contained in this NIT/RFQ and is supplied solely as a guideline for Bidders. Furthermore, during the NIT/RFQ process, APGB has disclosed or will disclose in the NIT/RFQ and corrigendum/ addenda, available information relevant to the Scope of Work to the extent, detail, and accuracy allowed by prevailing circumstances. Nothing in this NIT/RFQ or any addenda is intended to relieve Bidders from forming their own opinions and conclusions in respect of the matters addressed in this NIT/RFQ or any addenda.
28. If deemed necessary, Bank may seek clarifications on any aspect from the bidder. However, that would not entitle the bidder to change or cause any change in the substances of the bid already submitted or the price quoted. The bidder may be asked to give a presentation for the purpose of clarifications of the bid.
29. At any time prior to the deadline for submission of bids, APGB reserves the right to modify the bidding document. Any clarification issued by APGB will be in the form of an addendum/ corrigendum and will be provided to the Insurance companies. The amendment will be binding on all bidders. APGB, at its discretion, may extend the deadline for submission of bids in order to allow prospective bidders a reasonable time to take the amendment into account.
30. The Bidder requiring any clarifications may contact.
- Mr. G PARAM SIVA,**
Chief Manager, HR Department
Andhra Pradesh Grameena Bank,
Head Office, 4/1, Raghu Mansion, Brodipet, Guntur - 522002,
Mobile No. 9490158009; email id: staff@apgb.bank.in
31. **Bid Currency:** Prices shall be expressed in Indian National Rupees only.
32. Insurance company / Bidders has to mention the name of the Insurance Brokers (Only one among the five empaneled insurance Brokers of the Bank) in their both Bids.
33. All details with the relevant information documents/acceptance of all terms and conditions strictly as described in this NIT/RFQ will have to be submitted. The Technical Bid should be complete in all respects and contain all information sought for, as per RFQ. In the first stage, only the "Technical Bid - Eligibility Details" will be evaluated. Those satisfying all criteria as per technical requirements and agree to comply with all terms and conditions specified in this document may be invited for technical presentation, if required, at the discretion of the Bank, to display their capabilities, approach and methodology. Such presentations are likely to be called within the time frame as decided by the Bank and the Bank reserves the right to reject the bids of the bidders who fail to make the presentations as scheduled by the Bank.

34. The financial proposal shall not include any conditions attached to it and any such condition attached to the financial proposal shall be liable for rejection. The proposal should also indicate specific milestones and deliverables for raising bills for part payment subject to other conditions. Payment will be made after deducting Tax Deductible at Source as per applicable Tax Laws. Please note no additional expenses would be paid for the personnel coming from abroad.
35. The Bank will award the Contract to the successful Bidder who has been determined to qualify to perform the Contract satisfactorily, and whose Bid has been determined to be responsive, and is the lowest evaluated Bid.
36. The Insurance companies shall not, without the Bank's prior written consent, disclose the Contract, or any provision thereof, or any specification, plan, drawing, pattern, sample or information furnished by or on behalf of the Bank in connection therewith, to any person other than a person employed by the Insurance companies in the performance of the Contract. Disclosure to any such employed person shall be made in confidence and shall extend only as far as may be necessary for purposes of such performance. The Insurance companies will keep all the data and information about the Bank confidential, obtained in the execution of his responsibilities, in strict confidence and will not reveal such information to any other party without the prior written approval of the Bank
37. APGB may at any time terminate the Contract by giving written notice to the successful bidder, if it becomes bankrupt, insolvent, or otherwise. The event of termination will be without compensation, provided that such termination will not prejudice or affect any right of action or remedy, which has occurred or will accrue thereafter to APGB. Notwithstanding the above, the APGB shall have the right to terminate the contract at any time without assigning any reasons
38. **Language of Bid: All bids and supporting documentation shall be submitted in English.**
39. APGB reserves the right to accept or reject any or all bids without assigning any reason thereof and Bank's decision in this regard will be treated as final. Bids may be accepted or rejected in total or any part or items thereof. No contractual obligation whatsoever shall arise from the NIT/RFQ process unless and until a formal contract is signed and executed by duly authorized officials of the Bank and the Bidder. However, until a formal contract is prepared and executed, this offer together with the Bank's written notification/acceptance of award shall constitute a binding contract with the Insurance companies.
40. The Bank also reserves the right to alter/ modify any/ some/ all of the requirements, as it may deem necessary, and notify the same to the bidders before the last date for submission of response under this NIT/RFQ. The Bidders should be agreeable for the same.
41. Bids not conforming to the requirements of the NIT/RFQ may not be considered by APGB. However, APGB reserves the right, at any time, to waive any of the requirements of the NIT/RFQ, if, in the sole discretion of APGB, the best interest of APGB be served by such waiver.
42. APGB shall have the right to cancel the NIT/RFQ process at any time prior to award of contract, without thereby incurring any liabilities to the Bidder(s)/ selected bidder. Reasons for cancellation, as determined by APGB in its sole discretion include but are not limited to, the following:

- Services Contemplated are no longer required
- Scope of work was not adequately or clearly defined due to unforeseen circumstances and/or factors and/or new developments,
- Proposed prices are unacceptable to the Work
- The Project is not in the best interest of APGB
- Any other reason, which is the sole opinion of the Bank a ground for cancellation of the NIT/RFQ.

43. APGB reserves the right to verify the validity of bid information and to reject any bid or cancel the contract where the contents appear to be incorrect, inaccurate, or inappropriate at any time during the process of NIT/RFQ or after award of contract, as the case may be.

44. APGB reserves the right to re-negotiate the prices in the event of changes in the market conditions and/ or technology etc.

45. The premiums quoted shall be proportionate to Sum Insured and Number of employees (both Existing & Pensioner/Family Pensioner) in the particular Cadre.

46. The successful bidder has to issue fully worded policy, as per the Tender document within **10 days of commencing of the Policy** and signing of the Service Level Agreement (SLA) / Memorandum of Understanding (MOU) in between four parties i.e., Insured, Insurer, Insurance Brokers and TPA within 21 days of commencing of the Policy.

47. Issue of Policy Terms & Conditions, should be identical as per Annexure II (RFQ).

48. Any future additions required by APGB such as new recruitment/ retirement/ repatriate, the quoted family premium rates at the inception of Policy are also applicable for such additions/deletions during the policy period on Pro-rata Basis.

49. Disclaimer:

- i. The information contained in this NIT/RFQ document issued for the eligible and interested bidders or any of their Employees / Directors, is provided on the terms and conditions set out in this document and all other terms and conditions subject to which such information is provided. The purpose of this NIT/RFQ document is to provide the Bidder(s) with information to assist the formulation of their Proposals.
- ii. This NIT/RFQ is not an offer by the Bank, but an invitation for responses to the issues pertaining to the Family Floater Group Health Insurance Policy for Employees of APGB. No contractual obligation on behalf of the Bank, whatsoever, shall arise from the NIT/RFQ process unless and until a formal contract is signed and executed by duly authorized officers of the Bank and the finally selected Bidder.
- iii. The Bidders, by accepting this document, agree that any information contained herein may be superseded by any subsequent written information on the same subject made available to the recipient or any of their respective officers or published on the Bank's website. It is also understood and agreed by the Bidder/s that decision of the Bank regarding the selection of the Bidder will be final and binding on all concerned. No correspondence in this regard, verbal or written, will be entertained.

- iv. The Bank reserves the right to amend, modify, vary, add, delete, accept or cancel, in part or full, any condition or specification of all proposals/orders/responses, without assigning any reason thereof before evaluation of technical bids. Each Bidder shall be entirely responsible for its own costs and expenses that are incurred while participating in the NIT/RFQ, presentations, and contract negotiation processes.
- v. The Bank reserves the right at the time of award of contract to increase or decrease, the scope of work without any change in price or other terms and conditions.
- vi. Notwithstanding anything contained in the NIT/RFQ Document, the Bank reserves the right to accept or reject any response and to annul the process and reject all responses at any time before execution of the agreement with the Bidder to whom the contract is finally awarded, without thereby incurring any liability to the affected Bidder or Bidders or any obligation to inform the affected Bidder or Bidders of the grounds for the Bank's decision.
- vii. The Bank reserves the right to cancel the entire process at any stage at its sole discretion without assigning any reason thereof.
- viii. It shall be the duty and responsibility of the Bidders to ensure themselves about the legal, statutory, and regulatory authority, eligibility, and other competencies of them to participate in this NIT/RFQ and to provide any and all the services and deliverables under the NIT/RFQ to the Bank. An undertaking should be submitted by the bidder to this effect.
- ix. Subject to any law to the contrary, and to the maximum extent permitted by law, Andhra Pradesh Grameena Bank and its Directors, Officers, Employees, Consultants, agents, and advisors disclaim all liability from any loss or damage suffered by any person acting or refraining from acting because of any information including forecasts, statements, estimates, or projections contained in this NIT/RFQ document or conduct ancillary to it whether or not the loss or damage arises in connection with any omission, default, lack of care or misrepresentation on the part of Andhra Pradesh Grameena Bank or any of its officers, employees, consultants, agents or advisors.

50. Pre-Contract Integrity Pact:

The pact essentially envisages an agreement between the prospective bidders and the Bank, committing the persons/officials of both sides, not to resort to any corrupt practices in any aspect/stage of the contract.

Only those bidders, who commit themselves to the above pact with the Bank, shall be considered eligible to participate in the bidding process.

The Bidders shall submit signed contract integrity pact along with conformity to eligibility criteria. Those bids which do not contain the above are liable for rejection.

Foreign Bidders to disclose the name and address of agents and representatives in India and Indian Bidders to disclose their foreign principles or associates.

Bidders to disclose the payments to be made by them to agents/brokers or any other intermediary. Bidders to disclose any transgressions with any other company that may

impinge on the anti-corruption principle.

Integrity pact in respect to this contract would be operative from the stage of invitation of the Bids till the final completion of the contract. Any violation of the same would entail disqualification of the bidders and exclusion from future business dealings.

The Integrity pact agreement submitted by the bidder during the bid submission will automatically form the part of the contract agreement till the conclusion of the contract that is the final payment or the duration of the works order if contracted whichever is later.

Integrity pact shall be signed by the person who is authorized to sign the Bid.

The bidder shall submit the bid/tender along with the "Integrity Pact", as per Annexure VIII on a non-judicial stamp paper of ₹200/- along with the bid/tender document, duly signed on all pages and the details filled in properly. All pages of the Integrity Pact shall be signed by the same signatory who signs the bid document.

The signed Integrity Pact should be enclosed with the technical offer of the bid only. Bids received without the signed Integrity Pact and/or without details filled in shall be rejected.

The Name and contact details of the Independent External Monitor (IEM) nominated by the Bank are as under:

Shri P R Ravikumar , IRS, (Retd.)
Email ID: p_r_ravikumar@yahoo.com

51. Termination of contract:

The Bank alone shall have the right to terminate the contract with the selected bidder at any time during the contract period, by giving a written notice of at least one month, for any valid reason, including but not limited to the following reasons:

- a) Laxity in following standards laid down by the Bank.
- b) Excessive delay (over 6 weeks) in execution of orders placed by the Bank.
- c) Discrepancies / deviations in the agreed processes.
- d) Violation of terms & conditions stipulated in this NIT/RFQ.

The selected bidder shall not have the right to terminate the contract or to demand any damages on account of termination of the Contract by the Bank.

26. GOVERNING LAW AND DISPUTES : (Applicable in case of successful bidder only):

All disputes or differences whatsoever arising between the parties out of or in connection with the contract or in discharge of any obligation arising out of the Contract (whether during the progress of work or after completion of such work and whether before or after the termination of the contract, abandonment or breach of the contract), shall be settled amicably. If however, the parties are not able to solve them amicably, either party (APGB or Insurance Company), give written notice to other party clearly setting out there in

specific dispute(s) and/ or difference(s) and shall be referred to a sole arbitrator mutually agreed upon, and the award made in pursuance there of shall be binding on the parties. In the absence of consensus about the single arbitrator, the dispute may be referred to a panel of three arbitrators; one to be nominated by each party and the said arbitrators shall nominate a presiding arbitrator, before commencing the arbitration proceedings. The arbitration shall be conducted in accordance with the Laws of India. Any appeal will be subject to the exclusive jurisdiction of courts at Guntur, Andhra Pradesh.

Authorized Signatory
Andhra Pradesh Grameena Bank
Head Office : Guntur

Annexure I

To

Date:

The General Manager - HR Dept.,
Head Office, Andhra Pradesh Grameena Bank,
4/1, 4th Line, Raghu Mansion,
Brodipet, Guntur,
Andhra Pradesh - 522002.

Dear Sir,

Sub: - Tender for Tailor Made GMC Insurance Policy for APGB's

- i. Existing Staff and their Dependent Family Members &**
- ii. Retired Staff/Family Pensioner and their Dependent Family Member/s.**

Ref: Notice inviting Tender No.

With reference to the above, we are offering our competitive terms prices for Tailor Made GMC Insurance Policy for APGB's i. Existing Staff and their Dependent Family Members & ii. Retired Staff/Family Pensioner and their Dependent Family Member/s.

We hereby reconfirm and declare that we have carefully read and understood the above referred tender document including instructions, Annexure Terms & Conditions, Coverages, Specifications, Schedule and all the contents therein and corrigendum if any published on GeM/APGB website.

We confirm that all necessary approvals from our competent authority at Regional Offices/ Head Offices have been taken before submitting the Technical as well as the Financial Bid.

All supporting documents required to establish the eligibility criteria/Desirable criteria are enclosed to this technical bid.

Signature of Authorized Representative of the Bidder.

Name of the Authorized Representative of the Bidder.

Date:

Place:

Company Seal, Stamp and Signature with Full Name and Address of the Insurance Company is mandatory failing which the quote may not be considered.

Each Page of the Annexure II to Annexure VI are to be stamped with company seal and signed, failing which the quote may not be considered.

Annexure-II (RFQ) for

(i) Tailor Made GMC Insurance Policy for APGB's Existing Staff and their Dependent Family Members.

S.No	INSURANCE COVERAGES	
1	Family Floater	Yes
2	Coverage	Existing Staff and their dependent family members
3	No of Employees (No. of Lives is tentative)	Officers : 5,156 Office Assistants & Office Attendants : 2,223 Total employees : 7,379 Total No. of Lives (Tentative) : 30,000
4	Family Definition	<p>a) Staff + spouse + wholly dependent unmarried children (including step children and legally adopted children) + wholly dependent physically and mentally challenged brother / sister with 40% or more disability, widowed daughters and dependent divorced / separated daughters, sisters including unmarried / divorced / abandoned or separated from husband / widowed sisters and also parents wholly dependent on the employee.</p> <p>b) The term wholly dependent family member shall mean such member of the family having a monthly income not exceeding Rs.18,000/- per month. If the income of one of the parents exceeds Rs.18,000/- per month or the aggregate income of both the parents exceeds Rs.18,000/- per month, both the parents shall not be considered as wholly dependent on the employee.</p> <p>Provided that in case of physically and mentally challenged children irrespective of age, they shall be construed as dependents even after their marriage including spouse and children subject to fulfilling income criteria.</p>
5	The Officers/ Employees in service would be continued beyond their retirement for existing policy period.	Yes (all facilities as applicable to Existing Staff)

S.No	INSURANCE COVERAGES	
6	Sum Insured	Officers : Rs. 5.25 Lakhs Office Assistants & Attendants : Rs. 4.00 Lakhs
7	Additional Sum Insured for Critical Illness	Rs. 1.00 Lakh (Only for Self)
8	Corporate Buffer	Rs. 200 Lakhs (Sanction will be at the discretion of the Bank from time to time)
9	Pre-existing Diseases and Waiting period Waivers	Covered.
10	Room Rent for normal	Not exceeding Rs. 5,000/- Per day
11	Room Rent for ICU	Not exceeding Rs. 7,500/- Per Day
12	Proportionate Deductions	Waived off
13	Expenses on Major surgeries/ Illnesses	No capping
14	Maternity cover	Covered
	a) for Normal	Rs. 50,000/-
	b) For C section	Rs. 75,000/-
		Including Pre and Post Hospitalization Expenses to be settled within maternity limit. Monthly checkup expenses shall be settled in OPD sub-limit
15	Waiver of Nine Months Waiting period	Waived off
16	New Born Baby Cover	Covered
17	New Born Baby expenses	Within the Family Floater SI
18	Termination of Pregnancy	Covered, if recommended by the treating Doctor
19	Pre and Post Hospitalization	30 and 90 days
20	Domiciliary treatment/ Hospitalization and OPD Cover	Domiciliary treatment/ hospitalization covered up to 100% of SI (For Annexure IV) & OPD Covered up to Max limit of 10% of SI in the Policy Year
21	AYUSH Cover	Covered (Mentioned in Annexure III)
22	Advanced Medical Treatment	Covered up to SI without any capping (Mentioned in Annexure III)
23	Charges for Hiring a Nurse / attendant in ICU/CCU & Neo Natal Nursing cases	Covered, if the patient is critical and recommended by the treating Doctor
24	Ambulance & Auto Charges	Auto and taxi max up to Rs. 750/- per trip. Ambulance max up to Rs. 2,500/- per trip.

S.No	INSURANCE COVERAGES	
25	Congenital anomalies cover	Both External & Internal diseases / defect anomalies are covered.
26	CORONA COVER / PANDEMIC COVER	All expenses related to Corona (COVID-19) / any outbreak of Pandemic (during the Policy Period) and its variants with respect to PPEs, Masks, Gloves and any other expenses related to the treatment shall be covered.
27	Addition & Deletion of Employee(s)	Premium will be paid on Pro rata basis (Date of Joining & Date of discharge from the Bank is considered)
28	Grace Period for Dependents addition/modification	A 30 days grace period should be given for Additions/ Deletion/ Updatons of dependents into the family is to be allowed by the selected bidder from the date of inception of Group Medical Insurance policies for all the existing and retired staff of the Bank.
29	Day care Procedures to be Covered	Covered (Annexure V attached)
30	Cataract Surgery	Rs. 50,000/- per eye - irrespective of lens.
31	Taxes, Surcharges Payable	Yes
32	Genetic, Autism, Psychiatric, Neurological, Muscular Degenerative, Neurological disorders like ADHC, Cerebral Palsy & Age related Disorders	Covered
33	R & C	Wavier
34	Physiotherapy treatment	Covered, for the period specified by the treating Doctor
35	Organ Donor cover	Covered (excluding organ cost)
36	Rental Charges for External and Durable medical equipment	Only rental charges are payable. (Mentioned in Annexure III)
37	Ambulatory Devices	Covered (Mentioned in Annexure III)
38	Treatment taken for accidents	Covered even on an OPD basis in hospitals up to sum insured
39	Settlement of Claim	Both for treatments at Network and Non-Network Hospitals.

S.No	INSURANCE COVERAGES	
40	Cash less Facility	To be provided at Network Hospitals
41	Reimbursement	To be provided at Non-Network Hospitals
42	Submission of claim documents for reimbursement	Within 90 days from the date of discharge in case of hospitalization and within 90 days of purchase of medicines in case of domiciliary treatment/ OPD.
43	Intimation of claim	Within 90 days from the date of occurrence
44	Setting up of Helpdesk	The Third Party Administrator (TPA) shall set up a help desk with Three (3) members at Bank's Head office, Guntur. The infrastructure required, Manpower and any operating cost including wages of the manpower, for setting up of such Help Desk shall be borne by the Insurance Company only.

Name of the Insurance Broker: _____

(ii) Tailor Made GMC Insurance Policy for APGB's Retired Staff/Family Pensioner and their Dependent Family Member/s.

S.No	INSURANCE COVERAGES	
1	Family Floater	Yes
2	Basis of enrolment	Voluntary enrolment
3	No of Retirees (Pensioners/ Family Pensioners) (No. of Lives is tentative)	Total Pensioners : 2,397 Total Family Pensioners : 581 Total Number of Lives (Tentative) : 5,000 Policy for Retirees shall be issued only if minimum 500 Pensioners (Pensioners/ Family Pensioners) opts for enrollment of Medical Insurance policy.
4	Family Definition	Retired Staff + Dependent Spouse or Widow Spouse + Physically/ Mentally challenged dependent family member

Note: The policy is based on voluntary enrolments from the Retirees & Family Pensioners. The number of enrolments may increase or decrease subject to the option exercised by the eligible retired staff & family pensioner.

There are 2978 pensioners / family pensioners who are eligible to be covered under the policy. However, Policy for Retirees shall be issued only if minimum 500 Pensioners (Pensioners/ Family Pensioners) opts for enrollment of Medical Insurance policy and number may increase as per the request of pensioners / family pensioners. The bidders are requested to make a note of it while submitting the price bid.

5	Sum Insured (as per IBA)	Rs. 5.25 Lakhs Rs. 4.00 Lakhs Rs. 3.00 Lakhs
6	Corporate Buffer	NIL
7	Domiciliary treatment/ Hospitalization and OPD Cover	NIL
8	Pre-existing Diseases and Waiting period Waivers	Covered
9	Room Rent for normal	Not exceeding Rs.5,000/- Per day
10	Room Rent for ICU	Not exceeding Rs.7,500/- Per Day
11	Proportionate Deductions	Waived off
12	Expenses on Major surgeries/ Illnesses	No capping
13	Pre and Post Hospitalization	30 and 90 days
14	AYUSH Cover	Covered (Mentioned in Annexure III)
15	Advanced Medical Treatment	Covered up to SI without any capping including Buffer if any (Mentioned in Annexure III)
16	Charges for Hiring a Nurse / attendant in ICU/CCU & Neo Natal Nursing cases	Yes, if the patient is critical and recommended by the treating Doctor
17	Ambulance & Auto Charges	Auto and taxi max up to Rs.750/- per trip. Ambulance max up to Rs.2,500/- per trip.

18	Congenital anomalies cover	Both External & Internal diseases/defect anomalies are covered
19	CORONA COVER / PANDEMIC COVER	All expenses related to Corona (COVID-19) / any outbreak of Pandemic (during the Policy Period) and its variants with respect to PPEs, Masks, Gloves and any other expenses related to the treatment shall be covered.
20	Day care Procedures to be Covered	Covered (Annexure V attached)
21	Cataract Surgery	Rs. 50,000/- per eye - irrespective of lens.
22	Taxes, Surcharges Payable	Yes
23	Genetic, Autism, Psychiatric, Neurological, Muscular Degenerative, Neurological disorders like ADHC, Cerebral Palsy & Age related Disorders	Covered up to sum insured limit
24	Physiotherapy treatment	Covered, for the period specified by the treating Doctor
25	Organ Donor cover	Covered (excluding organ cost)
26	Rental Charges for External and Durable medical equipment	Only rental charges are payable. (Mentioned in Annexure III)
27	Ambulatory Devices	Covered (Mentioned in Annexure III)
28	Settlement of claim	Both for treatments at Network and Non-Network Hospitals.
29	Cashless Facility	To be provided at Network Hospitals
30	Reimbursement	To be provided at Non-Network Hospitals
31	Submission of claim documents for reimbursement	Within 90 days from the date of discharge from hospitalization
32	Intimation of claim	Within 90 days from the date of occurrence
33	Setting up of helpdesk	The Third Party Administrator (TPA) shall set up a help desk with One (1) member at Bank's Head office, Guntur. The infrastructure required, Manpower and any operating cost including wages of the manpower, for setting up of such Help Desk shall be borne by the Insurance Company only.

Plan Design for Policy issuance:

The Policies shall be issued as below :

1. APGB's - Existing Staff and their Dependent Family Members.
2. APGB's - Retired Staff with dependent spouse and Family Pensioners.

Hence, two separate policies for Employees, Retired Employees, should be issued.

Annexure- III

Medical Scheme for the APGB's i. Existing Staff and their Dependent Family Members & ii. Retired Staff/Family Pensioner and their Dependent Family Member/s & Policy Wordings which shall form part of the Policy

The scheme covers medical expenses of the APGB's i. Existing Staff and their Dependent Family Members & ii. Retired Staff/Family Pensioner and their Dependent Family Member/s, in cases he/she shall contract any disease or suffer from any illness (hereinafter called DISEASE) or sustain any bodily injury through accident (hereinafter called INJURY) and if such disease or injury shall require any such insured Person, upon the advice of a duly qualified Physician/ Medical Specialist/ Medical practitioner (hereinafter called MEDICAL PRACTITIONER) or of a duly qualified Surgeon (hereinafter called SURGEON) to incur hospitalization/ domiciliary hospitalization and domiciliary treatment expenses as defined in the Scheme, for medical/ surgical treatment at any Nursing Home/ Hospital / Clinic (for domiciliary treatment)/ Day care Centre which are registered with the local bodies, in India as herein defined (hereinafter called HOSPITAL) as an inpatient or otherwise as specified as per the scheme, to the extent of the sum insured + Corporate buffer for Existing Staff and their Dependent Family Members and for sum insured to Retired Staff/Family Pensioner and their Dependent Family Member/s.

1.1 The Scheme Covers

- a) Existing Staff and their spouse, wholly dependent unmarried children (including step children and legally adopted children) wholly dependent physically and mentally challenged brother / sister with 40% or more disability, widowed daughters and dependent divorced / separated daughters, sisters including unmarried / divorced / abandoned or separated from husband / widowed sisters and also parents wholly dependent on the employee.
- b) The term wholly dependent family member shall mean such member of the family having a monthly income not exceeding Rs.18,000/- per month. If the income of one of the parents exceeds Rs.18,000/- per month or the aggregate income of both the parents exceeds Rs.18,000/- per month, both the parents shall not be considered as wholly dependent on the employee.
- c) Provided that in case of physically and mentally challenged children irrespective of age, they shall be construed as dependents even after their marriage including spouse and children subject to fulfilling income criteria.
- d) For all employees, any two of the dependent father, mother, Father-in-law, Mother-in-law (cross combination also) shall be covered. The employee will have the choice to substitute either of the dependents or both once in a policy year.
- e) Retired Staff and their Spouse with either physically or mentally challenged dependent family members, if any. In case of Retired Staff passed away, his/her family pensioners are covered.
- f) Additions/Deletion/Updates of dependents into the family is to be allowed for a period of 30 days from the date of inception of Group Medical Insurance policy for all the existing and retired staff of the Bank.

(The definition of family and monthly income criteria for arriving dependency shall undergo a change as decided by IBA and the same is deemed to be followed as and when the respective change is affected. Accordingly, such eligible dependents consequent to the change in criteria shall be covered from the date of such change. The Bank will provide the details of all such new dependents within 60 days from the date of change in criteria.)

1.1.1 All New Officers / employees to be covered from the date of joining as per their appointment letter subject to availability of premium in CD balance. For additions / deletions during policy period, premium to be charged / refunded on pro rata basis. After 30 days from the inception of the policy, No midterm inclusion of any employee unless he/she is a new joiner and dependents of the already insured employee unless they are newly married spouse or new born child, subject to addition on or before 180 days from the date of marriage/ birth of child. Further inclusion is also subject to within family premium only. Corrections to be allowed during the policy period.

1.1.2 The Officers/ Employees in service shall be continued beyond their retirement for existing policy period.

1.1.3 No midterm inclusion of any retired Officer/ employee.

1.2 **SUM INSURED:** Hospitalization and Domiciliary Treatment / OPD coverage as defined in the scheme per annum.

Cadre	Amt in Rupees	
	For Existing Staff	For Retired Staff
Officers	5,25,000	5,25,000
Office Assistants & Office Attendants	4,00,000	4,00,000
		3,00,000
For all Pensioners and Family Pensioners Only Hospitalization is covered		

Change in sum insured after commencement of policy to be considered in case of promotion of the employee or vice versa.

CRITICAL ILLNESS : Rs. 1.00 Lakh (Only for existing Staff)

CORPORATE BUFFER : Rs. 200.00 lakhs
(Only for Existing Staff and their Dependent Family Members)

The Sanction of Buffer will be purely at the discretion of the Bank from time to time.

1.3 In the event of any claim becoming admissible under this scheme, the company will pay through Third Party Administrator to the Hospital / Nursing Home or insured the amount of such expenses as would fall under different heads mentioned below and as are reasonably and medically necessary incurred thereof by or on behalf of such insured but not exceeding the Sum Insured in aggregate mentioned in the schedule hereto.

A. Room and Boarding expenses as provided by the Hospital/ Nursing Home not exceeding Rs. 5,000/- per day or the actual amount whichever is less.

B. Intensive Care Unit (ICU) expenses not exceeding Rs. 7,500/- per day or actual amount whichever is less.

C. Surgeon, team of surgeons, Assistant surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees.

D. Nursing Charges , Service Charges, IV Administration Charges, Nebulization Charges, RMO charges, Anesthetic, Blood, Oxygen, Bipap Machine Operation Theatre Charges, surgical appliances, OT consumables, Medicines & Drugs, Dialysis, Chemotherapy, Radiotherapy, Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like pacemaker, Defibrillator, Ventilator, orthopedic implants, Cochlear Implant, any other implant, Intra-Ocular Lenses, infra cardiac valve replacements, vascular stents, any other valve replacement, laboratory/diagnostic tests, X-ray CT Scan, MRI, any other scan, scopes and such similar expenses that are medically necessary, or incurred during hospitalization as per the advice of the attending doctor.

E. Hospitalization expenses (excluding cost of organ) incurred on donor in respect of organ transplant to the insured also covered.

1.4 PRE AND POST HOSPITALISATION: Pre and Post Hospitalization expenses payable in respect of each hospitalization shall be the actual expenses incurred subject to 30 days prior to hospitalization and 90 days after discharge. Pre & Post maternity expenses also covered subject to within the maternity limit and 30 days prior to hospitalization and 90 days after discharge.

2 DEFINITIONS:

2.1 ACCIDENT: An accident is a sudden, unforeseen and involuntary event caused resulting in injury -

2.2

A. “Acute condition” - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her of health immediately before suffering the disease/illness/injury which leads to full recovery.

B. “Chronic condition” - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics -

- i.** It needs ongoing or long-term monitoring through consultations, examinations, check-ups and/or tests.
- ii.** It needs ongoing or long-term control or relief of symptoms
- iii.** It requires rehabilitation or for to be specially trained to cope with it
- iv.** It continues indefinitely
- v.** It comes back or is likely to come back.

2.3 ALTERNATIVE TREATMENTS:

Alternative Treatments are forms of treatment other than treatment “Allopathy” or “modern medicine and includes Ayurveda, unani, siddha, homeopathy and Naturopathy in the Indian Context, for Hospitalization only and Domiciliary for treatment only under ailments mentioned under clause number 3.1 (Ref: 3.4 Alternative Therapy)

2.4 ANY ONE ILLNESS:

Any one illness will be deemed to mean continuous period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital / Nursing Home where treatment has been taken. Occurrence of the same illness after a lapse of 45 days as the above will be considered as fresh illness for the purpose of this policy.

2.5 CASHLESS FACILITY:

Cashless facility “means a facility extended by the insurer to the insured where the payments, of the cost of treatment undergone by the insured employee and the dependent family members of the insured in accordance with the policy terms and conditions, or directly made to the network provider by the insurer to the extent pre-authorization approved.

2.6 CONGENITAL ANOMALY:

Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

- a. Internal Congenital Anomaly which is not in the visible and accessible parts of the body
- b. External Congenital Anomaly which is in the visible and accessible parts of the body

2.7 CONDITION PRECEDENT:

Condition Precedent shall mean a policy term or condition upon which the Insurer’s liability under the policy is conditional upon.

2.8 CONTRIBUTION:

The Officers / employees will not share the cost of an indemnity claim on a ratable proportion from their personal Insurance Policies.

2.9 DAY CARE CENTRE:

A day care center means any institution established for day care treatment of illness and/or injuries or a medical setup within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under;-

- has qualified nursing staff under its employment
- has all qualified medical practitioner(s) in charge
- has a fully equipped operation theatre of its own where surgical procedures are carried out.
- maintains daily records of patients and will make these accessible to the insurance companies authorized personnel.

2.10 DAY CARE TREATMENT:

Day care Treatment refers to medical treatment and or surgical procedure which is

- i. undertaken under general or local anesthesia in a hospital/day care Centre in less than a day because of technological advancement, and
- ii. Which would have otherwise required a hospitalization of more than a day. Treatment normally taken on an outpatient basis is not included in the scope of this definition.

2.11 DOMICILIARY HOSPITALIZATION:

This Domiciliary treatment is covered for Existing staff and their dependents only. Domiciliary Hospitalization means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:

- a) The condition of the patient is such that he/she is not in a condition to be moved to a hospital or
- b) The patient takes treatment at home on account of non-availability of room in a hospital.

2.12 DOMICILIARY TREATMENT

Treatment taken for specified diseases which may or may not require hospitalization as mentioned in the Scheme under clause Number 3.1

2.13 HOSPITAL / NURSING HOME:

A Hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a Hospital with the local authorities under the Clinical establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act or complies with all minimum criteria as under

- Has qualified nursing staff under its employment round the clock.
- Has at least 10 in-patient beds in towns having a population of less than 10lacs and at least 15 in-patient beds in all other places;
- Has qualified medical practitioner(s) in charge round the clock;
- Has a fully equipped Operation Theatre of its own where surgical procedures are carried out;
- Maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

The term 'Hospital / Nursing Home' 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 a similar place.

This clause will however be relaxed in areas where it is difficult to find such hospitals.

2.14 HOSPITALIZATION:

Hospitalization means admission in a Hospital/Nursing Home for a minimum period of 24 consecutive hours of inpatient care except for specified procedures/treatments, where such admission could be for a period of less than a day, as mentioned in clauses 2.9 and 2.10

2.15 ID CARD:

ID Card means the identity card issued to the insured person by the **THIRD PARTY ADMINISTRATOR** to avail cashless facility in network hospitals.

2.16 ILLNESS:

Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the policy period and requires medical treatment.

2.17 INJURY:

Injury means accidental physical bodily harm excluding illness or disease which is verified and certified by a medical practitioner.

However, all types of Hospitalization is covered under the Scheme.

2.18 IN PATIENT CARE:

In Patient Care means treatment for which the insured person has to stay in a hospital for more than a day for a covered event.

2.19 INTENSIVE CARE UNIT:

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

2.20 MATERNITY EXPENSES:

Maternity expenses/treatment shall include:

- a) Medical treatment expenses traceable to child birth (including complicated deliveries and caesarean sections incurred during hospitalization).
- b) Expenses towards medical termination of pregnancy during the policy period.
- c) Complications on Maternity would be covered up to the Sum Insured plus the Corporate Buffer.
- d) Not applicable to Retired Employees or their dependent.

2.21 MEDICAL ADVICE:

Any consultation or advice from a medical practitioner/doctor including the issue of any prescription or repeat prescription.

2.22 MEDICAL EXPENSES:

Medical Expenses means those expenses that an insured person has necessarily and actually incurred for medical treatment on account of illness or accident on the advice of a medical practitioner, as long as these are no more than would have been payable if the insured person had not been insured.

2.23 MEDICALLY NECESSARY:

Medically necessary treatment is defined as any treatment, test, medication or stay in hospital or part of a stay in a hospital which

- is required for the medical management of the illness or injury suffered by the insured;

- must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity;
- must have been prescribed by a medical practitioner;
- must confirm to the professional standards widely accepted in international medical practice or by the medical community in India.

2.24 MEDICAL PRACTITIONER:

Medical Practitioner is a person who holds a valid registration from the Medical Council of any or Medical Council of India or Council for Indian Medicine or the homeopathy set up by the Government of India or a Government and is there by entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license. The term medical practitioner would include physician, specialist and surgeon.

(The Registered practitioner should not be the insured or close family members such as parents, parents-in-law, spouse and children.)

2.25 NETWORK PROVIDER:

Network Provider means hospitals or health care providers enlisted by an insurer or by a Third Party Administrator and insurer together to provide medical services to an insured on payment by a cashless facility.

The list of network hospitals is maintained by and available with the THIRD PARTY ADMINISTRATOR and the same is subject to amendment from time to time.

2.26 NEW BORN BABY:

A new born baby means baby born during the Policy Period aged between One day and 180 days, both days inclusive.

2.27 NON NETWORK:

Any hospital, day care Centre or other provider that is not part of the network.

2.28 NOTIFICATION OF CLAIM

Notification of claim is the process of notifying a claim to the Bank, insurer or Third Party Administrator as well as the address/telephone number to which it should be notified.

2.29 OPD TREATMENT:

OPD Treatment is one in which the insured visits a clinic/hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a medical practitioner. The insured is not admitted as a day care or in-patient. **It is not applicable for retired staff and family pensioners.**

2.30 PRE-EXISTING DISEASE:

Pre Existing Disease is any condition, ailment or injury or related condition(s) for which he/ she had signs or symptoms, and/or were diagnosed, and/or received medical advice/treatment, prior to the first policy issued by the insurer.

2.31 PRE-HOSPITALISATION MEDICAL EXPENSES:

Medical expenses incurred immediately 30 days before the insured person is hospitalized will be considered as part of a claim as mentioned under Item 1.2 above provided that;

- i. such medical expenses are incurred for the same condition for which the insured person's hospitalization was required and
- ii. the in-patient hospitalization claim for such hospitalization is admissible by the insurance company.

2.32 POST HOSPITALISATION MEDICAL EXPENSES:

Relevant medical expenses incurred immediately 90 days after the Insured person is discharged from the hospital provided that;

- a. Such Medical expenses are incurred for the same condition for which the Insured Person's Hospitalization was required; and
- b. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

2.33 QUALIFIED NURSE:

Qualified Nurse is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any in India and/or who is employed on recommendation of the attending medical practitioner.

2.34 REASONABLE AND CUSTOMARY CHARGES:

Reasonable Charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness/injury involved.

2.35 ROOM RENT:

Room Rent shall mean the amount charged by the hospital for the occupancy of a bed on per day basis.

2.36 SUBROGATION:

Subrogation shall mean the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source. It shall exclude the medical / accident policies obtained by the insured person separately.

2.37 SURGERY:

Surgery or surgical procedure means manual and/or operative procedure(s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care Centre by a medical practitioner.

2.38 THIRD PARTY ADMINISTRATOR:

Third Party Administrator means a Third Party Administrator who holds a valid License from Insurance Regulatory and Development Authority to act as a THIRD PARTY ADMINISTRATOR and is engaged by the Company for the provision of health services as specified in the agreement between the Company and Third Party Administrator.

2.39 UNPROVEN/EXPERIMENTAL TREATMENT:

Unproven/Experimental treatment is treatment, including drug Experimental therapy, which is not based on established medical practice in India.

3. COVERAGES:

3.1 DOMICILIARY HOSPITALISATION/ DOMICILIARY TREATMENT:

This Domiciliary treatment is covered for Existing staff and their dependents only. **Medical** expenses incurred in case of the diseases mentioned in Annexure-IV, which requires Domiciliary Hospitalization /domiciliary treatments are reimbursed to the extent of 100% of Sum Insured.

The cost of Medicines, Investigations, and consultations, etc. in respect of domiciliary treatment shall be reimbursed for the period specified by the specialist and / or the attending doctor and / or the bank's medical officer, in Prescription. **If no period, the prescription for the purpose of reimbursement shall be valid for a period not exceeding 90 days.**

3.2 CRITICAL ILLNESS:

To be provided to the Existing Staff only subject to a sum insured of Rs. 1,00,000/-. Cover starts on inception of the policy. In case an employee contracts a Critical Illness as listed below, an additional insurance coverage of Rs.1,00,000/- is covered in addition to the actual Sum Insured. This benefit is provided on first detection/diagnosis of the Critical Illness.

- Cancer including Leukemia
- Stroke (of any kind)
- Paralysis
- By-Pass Surgery
- Major Organ Transplant
- End Stage Liver Disease
- Heart Attack
- Kidney Failure
- Heart Valve Replacement Surgery

Further, the Employee must claim the cost of hospitalization on the same from the Group Mediclaim Policy as cashless / reimbursement of expenses for the treatment taken by him.

3.3 Expenses on Hospitalization for minimum period of a day are admissible. However, this time limit is not applied to specific treatments, such as

1	Adenoidectomy	20	Hemodialysis
2	Appendectomy	21	Fissurectomy / Fistulectomy
3	Ascitic / Pleural tapping	22	Mastoidectomy
4	Auroplasty not Cosmetic in nature	23	Hydrocele
5	Coronary angiography /Renal	24	Hysterectomy
6	Coronary angioplasty	25	Inguinal/ ventral/ umbilica/ femoral hernia
7	Lumbar puncture	26	Parenteral chemotherapy
8	D&C	27	Polypectomy
9	Excision of cyst/ granuloma/lump/tumor		
10	Eye surgery	28	Septoplasty
11	Fracture including hairline fracture /dislocation	29	Piles/ fistula
12	Radiotherapy	30	Pro surgeries
13	Chemotherapy including parental chemotherapy	31	Sinusitis surgeries
14	Lithotripsy	32	Tonsillectomy
15	Incision and drainage of abscess	33	Liver aspiration
16	Varicocelelectomy	34	Sclerotherapy
17	Wound suturing	35	Varicose Vein Ligation
18	FESS	36	All scopies along with biopsies
19	Operations/Micro surgical operations on the nose, middle ear/internal ear, tongue, mouth, face, tonsils & adenoids, salivary glands & salivary ducts, breast, skin & subcutaneous tissues, digestive tract, female/male sexual organs.		

This condition will also not apply in case of stay in hospital of less than a day provided -

- a. The treatment is undertaken under General or Local Anesthesia in a hospital / daycare Centre in less than a day because of technological advancement and
- b. Which would have otherwise required hospitalization of more than a day.

3.4 ALTERNATIVE THERAPY:

Reimbursement of Expenses for hospitalization or domiciliary treatment (under clause 3.1) under the recognized system of medicines, viz, Ayurvedic, Unani, Sidha, Homeopathy, Naturopathy, if such treatment is taken in a clinic /hospital registered, by the central and government.

3.5 MATERNITY EXPENSES BENEFIT EXTENSION

The hospitalization expenses in respect of the new born child can be covered within the Mother's Maternity expenses. The maximum benefit allowable under this clause will be up to Rs. 50,000/- for Normal Delivery and Rs. 75,000/- for C- Section.

Special conditions applicable to Maternity expenses Benefit Extension:

- i. 9 months waiting period under maternity benefit will be waived from the policy.
- ii. Pre-natal & post-natal charges in respect of maternity benefit are covered under the policy up to 30 days and 60 days only, unless the same requires hospitalization.
- iii. Missed Abortions, Miscarriage or abortions induced by accidents are covered under the limit of Maternity
- iv. Complications in Maternity including operations for extra uterine pregnancy ectopic pregnancy would be covered up to the Sum Insured + Corporate Buffer
- v. Expenses incurred for Medical Termination of Pregnancy
- vi. Claim in respect of delivery to be given irrespective of the number of children
- vii. Amount beyond the ceiling and monthly maternity expenses shall be settled in OPD-sublimit.

3.6 BABY DAY ONE COVER:

New born baby is covered from day one. All expenses incurred on the new born baby during maternity will be covered in their Respective Family Sum Insured

However, if the baby contacts any illness the same shall be considered in the Sum Insured + Corporate buffer. Baby to be taken as an additional member within the normal family floater.

3.7 AMBULANCE CHARGES :

Ambulance charges are payable up to Rs 2,500/- per trip to hospital and /or transfer to another hospital or transfer from hospital to home if medically advised. Taxi and Auto expenses in actual maximum up to Rs.750/- per trip.

Ambulance charges actually incurred on transfer from one center to another center due to Non availability of medical services/ medical complication shall be payable in full.

3.8 PRE- EXISTING DISEASES/ AILMENTS:

Pre-existing diseases are covered under the scheme from day one (Under Clause 2.30).

3.9 CONGENITAL ANOMOLIES:

Expenses for Treatment of Congenital Internal / External diseases, defects/ anomalies are covered under the policy.

3.10 PSYCHIATRIC DISEASES:

Expenses for treatment of psychiatric and psychosomatic diseases be payable with or without hospitalization.

3.11 ADVANCED MEDICAL TREATMENT:

All new kinds of approved advanced medical procedure treatments of any kind is payable on hospitalization /day care surgery without any capping including buffer (if any as per the discretion of Bank).

Treatment taken for Accidents can be payable even on OPD basis in Hospital up to Sum Insured.

3.12 TAXES AND OTHER CHARGES:

All taxes , Surcharges , Service Charges , Registration charges , Admission Charges Nursing , and Administration charges to be payable.

Charges for diapers and sanitary pads are payable if necessary as part of the treatment. Charges for Hiring a nurse / attendant during hospitalization will be payable only in case of recommendation from the treating doctor in case ICU / CCU, Neo natal nursing care or any other case where the patient is critical and requiring special care.

3.13 GENETIC DISORDERS:

Treatment for Genetic Disorder and stem cell therapy is covered under the scheme.

3.14 DEGENERATIVE DISORDERS:

Treatment for Age related Macular Degeneration (ARMD), treatment such as Rotational Field Quantum magnetic Resonance (RFQMR), Enhanced External Counter Pulsation (EECP), etc. are covered under the scheme. Treatment for all neurological/ macular degenerative disorders shall be covered under the scheme.

3.15 RENTAL CHARGES:

Rental Charges for External and or durable Medical equipment of any kind used for diagnosis and or treatment including CPAP, CAPD, Bi-PAP, Infusion pump etc. will be covered under the scheme. However, purchase of the above equipment to be subsequently used at home in exceptional cases on medical advice shall be covered.

3.16 AMBULATORY DEVICES:

Ambulatory devices i.e., walker, crutches, Belts, Collars, Caps, Splints, Slings, Braces, Stockings, elastocrepe bandages, external orthopaedic pads, sub cutaneous insulin pump, Diabetic foot wear, Glucometer (including Glucose Test Strips)/ Nebulizer/ prosthetic devise/ Thermometer, alpha / water bed and similar related items etc., will be covered under the scheme.

3.17 PHYSIOTHERAPY TREATMENT:

Physiotherapy charges shall be covered for the period specified by the Medical Practitioner even if taken at home.

All claims admitted in respect of any/all insured person/s during the period of insurance shall not exceed the Sum Insured in the schedule and Corporate Buffer if allocated.

3.18. All COVID/ any outbreak of Pandemic (during the policy period) related expenses inclusive of PPE, Gloves, masks and any other protective devices/equipment's shall be covered, including home treatment within the overall limits of the basic sum insured.

3.19. AYUSH COVER:

Coverage for traditional, non-allopathic treatments, including Ayurveda, Naturopathy, Unani, Siddha, and Homeopathy. It covers in-patient hospitalization costs at government-recognized or accredited hospitals or medical college.

4. EXCLUSIONS:

The company shall not be liable to make any payment under this policy in respect of any expenses whatsoever incurred by any Insured Person in connection with or in respect of:

4.1 Injury / disease directly or indirectly caused by or arising from or attributable to War, invasion, Act of Foreign enemy, War like operations (whether war be declared or not).

4.2

- a.** Circumcision unless necessary for treatment of a disease not excluded here under or as may be necessitated due to an accident.
- b.** Vaccination or inoculation.
- c.** Change of life or cosmetic or aesthetic treatment of any description is not covered.
- d.** Plastic surgery other than as may be necessitated due to an accident or as part of any illness.

4.3 Cost of spectacles and contact lenses, hearing aids. Other than Intra-Ocular Lenses and Cochlear Implant.

4.4 Dental treatment or surgery of any kind which is done in a dental clinic and those are cosmetic in nature.

4.5 Convalescence, rest cure, Obesity treatment and its complications including morbid obesity, treatment relating disorders, Venereal disease, intentional self-injury and use of intoxication drugs / alcohol.

4.6 All expenses arising out of any condition directly or indirectly caused to or associated with Human T-Cell Lymphotropic Virus Type III (HTLB - III) or lymphadenopathy 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.

4.7 Charges incurred at Hospital or Nursing Home primarily for diagnosis x-ray or Laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of positive existence of presence of any ailment, sickness or injury, for which confinement is required at a Hospital / Nursing Home, unless

recommended by the attending doctor.

4.8 Expenses on vitamins and tonics unless forming part of treatment for injury or diseases as certified by the attending physician.

4.9 Injury or Disease directly or indirectly caused by or contributed to by nuclear weapon/ materials.

4.10 All non-medical expenses including convenience items for personal comfort such as charges for telephone, television, barber or beauty services, diet charges, baby food, cosmetics, tissue paper, diapers, sanitary pads, toiletry items and similar incidental expenses, unless and otherwise they are necessitated during the course of treatment.

5. CONDITIONS:

- 5.1** Contract: The quotation form, declaration, and the policy issued shall constitute the complete contract of insurance.
- 5.2** Every notice or communication regarding hospitalization or claim to be given or made under this Policy shall be communicated to the office of the Bank, dealing with Medical Claims, and/or the THIRD PARTY ADMINISTRATOR office as shown in the Schedule. Other matters relating to the policy may be communicated to the policy issuing office.
- 5.3** The premium payable under this Policy shall be paid in advance. No receipt for Premium shall be valid except on the official form of the company signed by a duly authorized official of the company. The due payment of premium and the observance and fulfillment of the terms, provisions, conditions and endorsements of this Policy by the Insured Person in so far as they relate to anything to be done or complied with by the Insured Person shall be a condition precedent to any liability of the Company to make any payment under this Policy. **No waiver of any terms, provisions, conditions and endorsements of this policy shall be valid unless made in writing and signed by an authorized official of the Company.**
- 5.4** Notice of Communication: Upon the happening of any event which may give rise to a claim under this Policy notice with full particulars shall be sent to the Bank or Regional Office or THIRD PARTY ADMINISTRATOR named in the schedule at the earliest in case of emergency hospitalization within 7 days from the time of Hospitalization/Domiciliary Hospitalization.
- 5.5** All supporting documents relating to the claim must be filed with the office of the Bank dealing with the claims or THIRD PARTY ADMINISTRATOR within 90 days from the date of discharge from the hospital. In case of post- hospitalization, treatment (limited to 90 days), (as mentioned in para 2.32) all claim documents should be submitted within 90 days after completion of such treatment.

Note: Waiver of these Conditions 5.4 and 5.5 may be considered in extreme cases of hardship

where it is proved to the satisfaction of the Bank that under the circumstances in which the insured was placed it was not possible for him or any other person to give such notice or deliberate or file claim within the prescribed time-limit. The same would be waived by the TPA without reference to the Insurance Company.

- 5.51** The Insured Person shall obtain and furnish to the office of the Bank dealing with the claims / THIRD PARTY ADMINISTRATOR with all original bills, receipts and other documents upon which a claim is based and shall also give such additional information and assistance as the Bank through the THIRD PARTY ADMINISTRATOR/ Insurance Company may require in dealing with the claim.
- 5.52** Any medical practitioner authorized by the Bank/ Third Party Administrator/ shall be allowed to examine the Insured Person in case of any alleged injury or disease leading to Hospitalization, if so required.
- 5.6** The Company shall not be liable to make any payment under this policy in respect of any claim if such claim be in any manner fraudulent or supported by any fraudulent means or device whether by the Insured Person or by any other person acting on his behalf.
- 5.7 DISCLOSURE TO INFORMATION NORM**
The claim shall be rejected in the event of misrepresentation, mis-description or non-disclosure of any material fact.
- 5.8** Claims will be managed through the same Office of the Bank from where it is managed at present. The Insurance Companies, third party administrator will be setting up a help desk at that office and supporting the bank in clearing all the claims on real time basis. The infrastructure required, Manpower and any operating cost including wages of the manpower, for setting up of such Help Desk shall be borne by the Insurance Company only.
- 5.9** In case of rejection of claims it would go through a Committee set up of the Bank, Third Party Administrator and Insurance Company. Unless rejected by the committee in real time the claim should not be rejected.
- 5.10** There would be a continuity of this Scheme / benefits to the Officers / Employees in service and would be continued beyond their retirement for existing policy period.

6. CLAIM SETTLEMENT:

- 6.1** On receipt of the final document(s), the company shall within a period of 30 (Thirty) days offer a settlement of the claim to the insured person.
- 6.2** However, where the circumstances of a claim warrant an investigation in the opinion of the company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of the last necessary document. In such cases, the insurer shall settle the claim within 30 days from the date of receipt of the last necessary document.

- 6.3** This policy is subject to IRDA (Health Insurance) Regulations 2013 and IRDAI Protection Policy Holders' Interest Regulations 2002 as amended from time to time.
- 6.4** In the event of Insured has any grievance relating to the insurance, the insured may contact any of the Grievance Cells at Regional Offices of the Insurance Company or Office of the Insurance Ombudsman under the jurisdiction of Guntur, Andhra Pradesh.

Annexure-IV

Domiciliary Hospitalization / Domiciliary Treatment	
Sr. No.	Treatments
1	Cancer
2	Leukemia
3	Thalassemia
4	Tuberculosis
5	Paralysis
6	Cardiac Ailments
7	Pleurisy
8	Leprosy
9	Kidney Ailment
10	All Seizure disorders
11	Parkinson's diseases
12	Psychiatric disorder including schizophrenia and psychotherapy
13	Diabetes and its complications
14	Hypertension
15	Asthma
16	Hepatitis -B
17	Hepatitis - C
18	Hemophilia
19	Myasthenia gravis
20	Wilson's disease
21	Ulcerative Colitis
22	Epidermolysis bullosa
23	Venous Thrombosis (not caused by smoking) Aplastic Anemia
24	Psoriasis
25	Third Degree burns
26	Arthritis
27	Hypothyroidism
28	Hyperthyroidism expenses incurred on radiotherapy and chemotherapy in the treatment of cancer and leukemia
29	Glaucoma
30	Tumor
31	Diphtheria
32	Malaria
33	Non-Alcoholic Cirrhosis of Liver
34	Purpura
35	Typhoid
36	Accidents of Serious Nature

37	Cerebral Palsy
38	Polio
39	All Strokes Leading to Paralysis
40	motor neuron disease caused by accidents
41	All animal/reptile/insect bite or sting
42	Chronic pancreatitis
43	Immunosuppressants
44	Multiple sclerosis / motor neuron disease
45	Status asthmaticus
46	Sequela of meningitis
47	Osteoporosis
48	Muscular dystrophies
49	Sleep apnea syndrome(not related to obesity)
50	Any organ related (chronic) condition
51	Sickle cell disease
52	Systemic lupus erythematosus (SLE)
53	Any connective tissue disorder
54	Varicose veins
55	Thromboembolism venous thrombosis/venous thromboembolism (VTE)]
56	Growth disorders
57	Graves' disease
58	Chronic obstructive Pulmonary Disease
59	Chronic Bronchitis
60	Physiotherapy and swine flu shall be considered for reimbursement under domiciliary treatment.
61	Type 1 Diabetes
62	Rheumatoid Arthritis
63	Psoriasis/Psoriatic Arthritis
64	System lupus Erythematosus
65	Inflammatory Bowel Diseases
66	Additions Diseases
67	Sjogren's Diseases
68	Hashimoto's Thyroiditis
69	Auto immune vacuities
70	Pernicious Anemia
71	Celiac disease
72	Auto immune myositis
73	Any other rare disease certified and recommended by the Doctor for Domiciliary treatment

Annexure V

Day care procedures	
ENT: Operation of the ear	
1	Stapedotomy or Stapedectomy
2	Myringoplasty (Type -I Tympanoplasty)
3	Tympanoplasty (closure of an eardrum perforation)
4	Reconstruction and other Procedures of the auditory ossicles
5	Myringotomy
6	Removal of a tympanic drain
7	Mastoidectomy
8	Reconstruction of the middle ear
9	Fenestration of the inner ear
10	Incision (opening) and destruction (elimination) of the inner ear
ENT: Procedures on the nose & the nasal sinuses	
11	Excision and destruction of diseased tissue of the nose
12	Procedures on the turbinates (nasal concha)
13	Nasal sinus aspiration
ENT: Procedures on the tonsils & adenoids	
14	Transoral incision and drainage of a pharyngeal abscess
15	Tonsillectomy and / or adenoidectomy
16	Excision and destruction of a lingual tonsil
17	Quinsy drainage
OPHTHALMOLOGY: Procedures on the eyes	
18	Incision of tear glands
19	Excision and destruction of diseased tissue of the eyelid
20	Procedures on the canthus and epicanthus
21	Corrective surgery for entropion and ectropion
22	Corrective surgery for blepharoptosis
23	Removal of a foreign body from the conjunctiva
24	Removal of a foreign body from the cornea
25	Incision of the cornea
26	Procedures for pterygium
27	Removal of a foreign body from the lens of the eye
28	Removal of a foreign body from the posterior chamber of the eye
29	Removal of a foreign body from the orbit and eyeball
30	Operation of cataract
31	Chalazion removal
32	Glaucoma Surgery
33	Surgery of Retinal Detachment
Procedures on the skin & subcutaneous tissues	

34	Incision of a pilonidal sinus
35	Other incisions of the skin and subcutaneous tissues
36	Surgical wound toilet (wound debridement)
37	Local excision or destruction of diseased tissue of the skin and subcutaneous tissues
38	Simple restoration of surface continuity of the skin and subcutaneous tissues
39	Free skin transplantation, donor site
40	Free skin transplantation, recipient site
41	Revision of skin plasty
42	Restoration and reconstruction of the skin and subcutaneous tissues
43	Chemosurgery to the skin
44	Excision of Granuloma 17
45	Incision and drainage of abscess
Procedures on the tongue	
46	Incision, excision and destruction of diseased tissue of the tongue
47	Partial glossectomy
48	Glossectomy
49	Reconstruction of the tongue
Procedures on the salivary glands & salivary ducts	
50	Incision and lancing of a salivary gland and a salivary duct
51	Excision of diseased tissue of a salivary gland and a salivary duct
52	Resection of a salivary gland
53	Reconstruction of a salivary gland and a salivary duct
Procedures on the mouth & face	
54	External incision and drainage in the region of the mouth, jaw and face
55	Incision of the hard and soft palate
56	Excision and destruction of diseased hard and soft palate
57	Incision, excision and destruction in the mouth
58	Plastic surgery to the floor of the mouth
59	Palatoplasty
Trauma surgery and orthopaedics	
60	Incision on bone, septic and aseptic
61	Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis
62	Suture and other Procedures on tendons and tendon sheath
63	Reduction of dislocation under GA
64	Arthroscopic knee aspiration
65	Aspiration of hematoma
66	Excision of dupuytren's contracture
67	Carpal tunnel decompression
68	Surgery for ligament tear
69	Surgery for meniscus tear
70	Surgery for hemoarthrosis /pyoarthrosis
71	Removal of fracture pins/nails

72	Removal of metal wire
73	Joint Aspiration - Diagnostic / therapeutic
Procedures on the breast	
74	Incision of the breast
75	Procedures on the nipple
76	Excision of breast lump /Fibro adenoma
Procedures on the digestive tract	
77	Incision and excision of tissue in the perianal region
78	Surgical treatment of anal fistulas
79	Surgical treatment of haemorrhoids
80	Division of the anal sphincter (sphincterotomy)
81	Ultrasound guided aspirations
82	Sclerotherapy
83	Therapeutic Ascitic Tapping
84	Endoscopic ligation /banding
85	Dilatation of digestive tract strictures
86	Endoscopic ultrasonography and biopsy
87	Replacement of Gastrostomy tube
88	Endoscopic decompression of colon
89	Therapeutic ERCP 18
90	Nissen fundoplication for Hiatus Hernia /Gastro esophageal reflux Disease
91	Endoscopic Gastrostomy
92	Laparoscopic procedures e.g. colecystectomy, appendicectomy etc.
93	Endoscopic Drainage of Pseudopancreatic cyst
94	Hernia Repair (Herniotomy / herniography / hernioplasty)
Procedures on the female sexual organs	
95	Incision of the ovary
96	Insufflation of the Fallopian tubes
97	Dilatation of the cervical canal
98	Conisation of the uterine cervix
99	Incision of the uterus (hysterotomy)
100	Therapeutic curettage
101	Culdotomy
102	Local excision and destruction of diseased tissue of vagina and Pouch of Douglas
103	Procedures on Bartholin's glands (cyst)
104	Endoscopic polypectomy
105	Myomectomy , hysteroscopic or laparoscopic biopsy or removal
Procedures on the pro & seminal vesicles	
106	Incision of the pro
107	Transurethral excision and destruction of pro tissue
108	Open surgical excision and destruction of pro tissue
109	Radical prostatovesiculectomy

110	Incision and excision of periprostatic tissue
Procedures on the scrotum & tunica vaginalis testis	
111	Incision of the scrotum and tunica vaginalis testis
112	Operation on a testicular hydrocele
113	Excision and destruction of diseased scrotal tissue
114	Plastic reconstruction of the scrotum and tunica vaginalis testis
Procedures on the testes	
115	Incision of the testes
116	Excision and destruction of diseased tissue of the testes
117	Orchidectomy- Unilateral / Bilateral
118	Orchidopexy
119	Abdominal exploration in cryptorchidism
120	Surgical repositioning of an abdominal testis
121	Reconstruction of the testis
122	Implantation, exchange and removal of a testicular prosthesis
Procedures on the spermatic cord, epididymis and DuctusDeferans	
123	Surgical treatment of a varicocele and hydrocele of spermatic cord
124	Excision in the area of the epididymis
125	Epididymectomy
126	Reconstruction of the spermatic cord
127	Reconstruction of the ductus deferens and epididymis
Procedures on the penis	
128	Procedures on the foreskin
129	Local excision and destruction of diseased tissue of the penis
130	Amputation of the penis
131	Plastic reconstruction of the penis
Procedures on the urinary system	
132	Cystoscopical removal of stones
133	Lithotripsy 19
134	Haemodialysis
135	PCNS (Percutaneous nephrostomy)
136	PCNL (PercutaneousNephro-Lithotomy)
137	Tran urethral septate of bladder tumor
138	Suprapubiccytostomy
Procedures of Respiratory System	
139	Brochosopic treatment of bleeding lesion
140	Brochosopic treatment of fistula /stenting
141	Bronchoalveolar lavage & biopsy
142	Direct Laryngoscopy with biopsy
143	Therapeutic Pleural Tapping
Procedures of Heart and Blood vessels	
144	Coronary angiography (CAG)

145	Coronary Angioplasty (PTCA)
146	Insertion of filter in inferior vena cava
147	TIPS procedure for portal hypertension
148	Blood transfusion for recipient
149	Therapeutic Phlebotomy
150	Pericardiocentesis
151	Insertion of gel foam in artery or vein
152	Carotid angioplasty
153	Renal angioplasty
154	Varicose vein stripping or ligation
OTHER Procedures	
155	Radiotherapy for Cancer
156	Cancer Chemotherapy
157	True cut Biopsy
158	Endoscopic Foreign Body Removal
159	Vaccination / Inoculation - Post Dog bite or Snake bite
160	Endoscopic placement/removal of stents
161	Tumorembolisation
162	Aspiration of an internal abscess under ultrasound guidance

**Annexure VI
Self-Declaration
(To be submitted on Bidder's letterhead)**

Date:

To
The General Manager - HR Dept.,
Andhra Pradesh Grameena Bank,
4/1, 4th Line, Raghu Mansion,
Brodipet, Guntur,
Andhra Pradesh - 522002.

Dear Sir,

I on behalf of _____ (bidder's name) declare the following:

- We have not been suspended / delisted / penalized / blacklisted by any of IRDAI / Any Regulatory Body during the past 5 years as on date of submission of tender.
- We hereby undertake and confirm that we have understood the scope of work (insurance cover) properly and shall comply with the terms of engagement mentioned in all Annexures.
- We have been underwriting group medical insurance policy in India for the last five years.
- In case of the declaration given by us proven as wrong, Bank can block list us.

Further, we accept that we may be disqualified from bidding for any contract with the Bank for a period of five years from the date of notification if we are in a breach of any obligation under the bid conditions,

- The bidder withdraws his bid before opening of the bids.
- The bidder withdraws his bid after opening of the bids but before acceptance of "Letter of Intent" or "Purchase Order".
- The bidder violates any of the provisions of the terms and conditions of the NIT in the process of evaluation.

Date:

Authorized Signatory

Signature & Seal of the Bidder

Annexure-VII

PART- II - PRICE BID

Tailor Made GMC Insurance Policy for APGB's i. Existing Staff and their Dependent Family Members & ii. Retired Staff/Family Pensioner and their Dependent Family Member/s.

Ref No.: _____

Date _____

Premium for without Domiciliary for Existing Staff (cost should include critical illness & Corporate Buffer as mentioned in Annexure-II) and Retirees with their respective dependents / Family Pensioners - Hospitalization cover.

S.No	Sum Insured	No of Existing Staff	No of Pensioners/ Family Pensioners	Total	Net Premium Per Family	Applicable GST Per Family	Total Premium (in Rupees)
a	b	c	d (tentative)	e = c + d	f	g	h = e * (f + g)
1	Rs.3.00 Lakhs	0	10	10			
2	Rs.4.00 Lakhs	2223	50	2273			
3	Rs.5.25 Lakhs	5156	440	5596			
Total Premium with GST - (A)							

Premium Load for Domiciliary treatment/ hospitalization and 10% OPD Per family for Existing Staff and their Dependent Family Members.

S.No	Sum Insured	No of Existing Staff	Net Premium Per Family	Applicable GST Per Family	Total Premium (in Rupees)
a	b	c	d	e	f = c * (d+e)
1	Rs.4.00 Lakhs	2223			
2	Rs.5.25 Lakhs	5156			
Total Premium with GST - (B)					
Grand Total - (A) + (B)					

(L1 will be decided on the basis of (A) + (B))

Note: The Bank will remit the premium amount for the Existing Staff and their Dependent Family Members only, if the total enrollments for the Retired Staff/ Family Pensioner and their Dependent Family Member/s Policy falls below 500.

Name of the Insurance Broker: _____

We confirm that all necessary approvals from our competent authority at Regional Offices / Head Offices have been taken before submitting the above Price Bid.

Note:

1. Premium should be quoted for all coverages, terms and conditions, features etc. as mentioned in the RFQ and its accompanied Annexure II to Annexure V.
2. No column should be left Blank. However, Net Premium Quoted per family (including GST) will be considered for evaluation of price Bid.
3. Conditional Bids are liable to be rejected.
4. Insurance Broker shall be one of the empanelled insurance brokers of the Bank.

SIGNATURE OF THE BIDDER WITH SEAL & DATE

Signature & Seal of the Bidder

Annexure VIII

INTEGRITY PACT FOR

.....

Andhra Pradesh Grameena Bank, a Regional Rural Bank, incorporated under the Regional Rural Bank Act, 1976 and having its Head Office at 4/1, Raghu Mansion, Brodipet, Guntur -522002, herein after referred to as “The Principal”,

And

_____, (description of the party along with address), hereinafter referred to as “The Bidder/Contractor” Preamble the principal intends to award contract/s for _____ under laid down organizational procedures, The Principal values full compliance with all relevant laws of the land, rules, regulations, economical use of resources and of fairness / transparency in its relations with its Bidder(s) and / or Contractor(s).

To achieve these goals, the Principal shall appoint Independent External Monitors (IEMs) who shall monitor the tender process and the execution of the contract for compliance with the abovementioned principles.

Section 1 - Commitments of the Principal

- (1) The Principal commits itself to take all measures necessary to prevent corruption and to observe the following principles: -
 - a. No employee of the Principal, personally or through family members, will in connection with the tender for, or the execution of a contract, demand, take a promise for or accept, for self or third person, any material or immaterial benefit which the person is not legally entitled to.
 - b. The Principal shall treat all Bidder(s) with equity and reason during the tender process. The Principal shall, in particular, before and during the tender process, provide to all Bidder(s) the same information and shall not provide to any Bidder(s) confidential / additional information through which the Bidder(s) could obtain an advantage in the tender process or the contract execution.
 - c. The Principal will exclude from the process all known persons having conflict of interest.
- (2) If the Principal obtains information on the conduct of any of its employees which is a criminal offence under the IPC/PC Act, or if there be a substantive suspicion in this regard, the Principal will inform the Chief Vigilance Officer and in addition can initiate disciplinary proceedings.

Section 2 - Commitments of the Bidder(s)/ Contractor(s)

- (1) The Bidder(s)/ Contractor(s) commit themselves to take all measures necessary to prevent corruption. The Bidder(s)/Contractor(s) commit themselves to observe the following principles during participation in the tender process and during the contract execution.

- a. The Bidder(s)/Contractor(s) will not, directly or through any other person or firm, offer, promise or give to any of the Principal's employees involved in the tender process or the execution of the contract or to any third person any material or other benefit which he/she is not legally entitled to, in order to obtain in exchange any advantage of any kind whatsoever during the tender process or during the execution of the contract.
 - b. The Bidder(s)/Contractor(s) will not enter with other Bidders into any undisclosed agreement or understanding, whether formal or informal in violation of companies Act 2002 (As amended from time to time). This applies in particular to prices, specifications, certifications, subsidiary contracts, submission or non- submission of bids or any other actions to restrict competitiveness or to introduce cartelization in the bidding process.
 - c. The Bidder(s)/Contractor(s) will not commit any offence under the relevant IPC/PC Act; further the Bidder(s)/ Contractor(s) shall not use improperly, for purposes of competition or personal gain, or pass on to others, any information or document provided by the Principal as part of the business relationship, regarding plans, technical proposals and business details, including information contained or transmitted electronically.
 - d. The Bidder(s)/Contractors(s) of foreign origin shall disclose the name and address of the Agents/representatives in India, if any. Similarly, the Bidder(s)/Contractors(s) of Indian Nationality shall furnish the name and address of the foreign principals, if any. Further details, as mentioned in the "Guidelines on Indian Agents of Foreign Suppliers," shall be disclosed by the Bidder(s)/Contractor(s). Further, as mentioned in the Guidelines, all the payments made to the Indian agent/representative must be in Indian Rupees only. Copy of the "Guidelines on Indian Agents of Foreign Suppliers" is placed on Annex hereto. 290 Annexure 30: Integrity Pact Format.
 - e. The Bidder(s)/Contractor(s) shall, when presenting their bid, disclose any and all payments made, is committed to, or intends to make to agents, brokers, or any other intermediaries in connection with the award of the contract.
 - f. Bidder(s)/Contractor(s) who have signed the Integrity Pact shall not approach the Courts while representing the matter to IEMs and shall wait for their decision.
- (2) The Bidder(s)/Contractor(s) will not instigate third persons to commit offences outlined above or be an accessory to such offences.

Section 3 - Disqualification from tender process and exclusion from future contracts

If the Bidder(s)/ Contractor(s), before award or during execution has committed a transgression through a violation of Section 2, above or in any other form such as to put their reliability or credibility in question, the Principal is entitled to disqualify the Bidder(s)/Company(s) from the tender process or take action as per the laid down procedure to debar the bidder(s)/Contractor(s) from participating in the future procurements process of the Government of India.

Section 4 - Compensation for Damages

Signature & Seal of the Bidder

- (1) If the Principal has disqualified the Bidder(s) from the tender process prior to the award according to Section 3, the Principal is entitled to demand and recover the damages equivalent to Earnest Money Deposit/ Bid Security.
- (2) If the Principal has terminated the contract according to Section 3, or if the Principal is entitled to terminate the contract according to Section 3, the Principal shall be entitled to demand and recover from the Company liquidated damages of the Contract value or the amount equivalent to Performance Bank Guarantee.

Section 5 - Previous transgression

- (1) The Bidder declares that no previous transgressions occurred in the last three years with any other Company in any country conforming to the anti-corruption approach or with any Public Sector Enterprise in India that could justify his exclusion from the tender process.
- (2) If the Bidder makes an incorrect statement on this subject, the Principal shall act like para (2) of Section 4 above

Section 6 - Equal treatment of all Bidders / Contractors / Sub-Contractors

In case of Sub-contracting, the Principal Bidder shall take the responsibility of the adoption of Integrity Pact by the Sub-contractor.

- a. The Principal shall enter into agreements with identical conditions as this one with all Bidders and Contractors.
- b. The Principal shall disqualify from the tender process all bidders who do not sign this Pact or violate its provisions.

Section 7- Criminal charges against violating Bidder(s) / Contractor(s)/ Subcontractor(s)

If the Principal obtains knowledge of the conduct of a Bidder, Contractor, or Subcontractor, or of an employee or a representative or an allied firm of a Bidder, Contractor or Subcontractor which constitutes corruption, or if the Principal has substantive suspicion in this regard, the Principal shall inform the same to the Chief Vigilance Officer.

Section 8 - Independent External Monitor

- 1) The Principal shall appoint competent and credible Independent External Monitor(s) for this Pact after approval by the Central Vigilance Commission. The task of the Monitor is to review, independently and objectively, whether and to what extent the parties comply with the obligations under this agreement.
- 2) The Monitor is not subject to instructions by the parties' representatives and performs their functions neutrally and independently. The Monitor would have access to all Contract documents whenever required. It shall be obligatory for them to treat the information and documents of the Bidders/Contractors as confidential. They report to the Management of the Principal.
- 3) The Bidder(s)/Contractor(s) accepts that the Monitor has the right to access without restriction, all

Project documentation of the Principal, including that provided by the Contractor. Upon their request and demonstration of a valid interest, the Contractor shall also grant the Monitor unrestricted and unconditional access to their project documentation. The same applies to Sub contractors.

- 4) The Monitor is under contractual obligation to treat the information and documents of the Bidder(s)/ Contractor(s)/ Sub-contractor(s) with confidentiality. The Monitor has also signed declarations on 'Non-Disclosure of Confidential Information' and 'Absence of Conflict of Interest.' In case of any conflict of interest arising later, the IEM shall inform the Management of the Principal and recuse themselves from that case. 291 Manual for Procurement of Goods, Second Edition, 2024
- The Principal shall provide the Monitor with sufficient information about all meetings among the parties related to the Project, provided such meetings could impact the contractual relations between the Principal and the Contractor. The parties offer the Monitor the option to participate in such meetings.
 - As soon as the Monitor notices, or believes to notice, a violation of this agreement, they shall inform the Management of the Principal and request the Management to discontinue or take corrective action or other relevant action. The Monitor can, in this regard, submit non-binding recommendations. Beyond this, the Monitor has no right to demand from the parties that they act in a specific manner, refrain from action, or tolerate action.
 - The Monitor shall submit a written report to the Management of the Principal, within 8 to 10 weeks from the date of reference or intimation to him by the Principal and, should the occasion arise, submit proposals for correcting problematic situations.
 - If the Monitor has reported to the Management of the Principal a substantiated suspicion of an offence under the relevant IPC/ PC Act, and the Management of the Principal has not, within the reasonable time, taken visible action to proceed against such offence or reported it to the Chief Vigilance Officer, the Monitor may also transmit this information directly to the Central Vigilance Commissioner.
- 9) The word 'Monitor' would include both singular and plural.

Section 9 - Pact Duration

This Pact begins when both parties have legally signed it. It expires for the Contractor 12 months after the last payment under the contract, and for all other Bidders 6 months after the contract has been awarded. Any violation of the same would entail disqualification of the bidders and exclusion from future business dealings.

If any claim is made / lodged during this time, the same shall be binding and continue to be valid despite the lapse of this pact as specified above, unless it is discharged / determined by Management of the Principal.

Section 10 - Other provisions

- (1) This agreement is subject to Indian Law. Place of performance and jurisdiction is the Registered Office of the Principal, i.e. Guntur.
- (2) Changes and supplements as well as termination notices must be submitted in writing. Side agreements have not been made.

- (3) If the Contractor is a partnership or a consortium, this agreement must be signed by all partners or consortium members.
- (4) Should one or several provisions of this agreement turn out to be invalid, the remainder of this agreement remains valid. In this case, the parties will strive to come to an agreement according to their original intentions.
- (5) Issues like Warranty / Guarantee, etc., shall be outside the purview of IEMs.
- (6) In the event of any contradiction between the Integrity Pact and its Annex, the Clause in the Integrity Pact shall prevail.

(For & On behalf of the Bank)
(Office Seal)

(For & On behalf of Bidder/Company)
(Office Seal)

Place:
Date:

Place:
Date:

Annexure - IX

NON-DISCLOSURE AGREEMENT

THIS AGREEMENT made and entered into aton this theday of.....2026 between ANDHRA PRADESH GRAMEENA BANK, a body corporate constituted under the Regional Rural Banks Act 1976, having its Head Office at Guntur,522002, A.P., hereinafter called the “BANK” which term shall wherever the context so require includes its successors and assigns

AND

M/s_____ a company registered under the Companies Act having its registered office at_____ hereinafter called the “Company” which term shall wherever the context so require includes its successors and assigns, WITNESSETH:

WHEREAS

The Bank is inter-alia engaged in the business of banking and intends to procure Group Medical Health Insurance plan.

M/s_____ Limited has been engaged in the business of providing the Health Insurance Plans.

The parties have entered into agreement dated _____for supply of Group Medical Health Insurance Plan/Policy and have established business relationship between themselves. In course of the said purpose, it is anticipated that each party may disclose or deliver to the other certain or some of its trade secrets or confidential or proprietary information. The parties have agreed that disclosure and use of such confidential information shall be made and on the terms and conditions of this agreement.

NOW THEREFORE THIS AGREEMENT WITNESSETH and it is hereby agreed by and between the parties hereto as follows:

1. Confidential Information:

Confidential Information means all information disclosed/ furnished by either party to another party in connection with the Purpose. Confidential Information shall include customer data, any copy, abstract, extract, sample, note or module thereof and all electronic material or records, tenders and other written, printed or tangible thereof and include all information or material that has or could have commercial value or other utility in the business in which disclosing party is engaged. Receiving party may use the information solely for and in connection with the Purpose.

2. Use of Confidential Information:

Each party agrees not to use the other’s confidential information for any purpose other than for the specific purpose. Any other use of such confidential information by any party shall be made only upon the prior written consent from the authorized representative of the other party or pursuant to subsequent agreement between the Parties hereto.

The receiving party shall not commercially use or disclose for commercial purpose any confidential information or any materials derived there from, to any other person or entity other than persons in the direct employment of the Receiving Party who have a need to access to and knowledge of the confidential information solely for the purpose authorized above. The Receiving Party may disclose confidential information to consultants only if the consultant has executed non-disclosure agreement with the Receiving Party that contains terms and conditions that are no less restrictive than these and such consultant should also be liable to the original disclosing party for any unauthorized use or

disclosure. The Receiving party shall take appropriate measures by instruction and written agreement prior to disclosure to such employees to assure against unauthorized use or disclosure. The Receiving Party agrees to notify the Disclosing Party immediately if it learns of any use or disclosure of the Disclosing party's confidential information in violation of the terms of this Agreement.

Neither party shall make news release, public announcements, give interviews, issue or publish advertisements or Agreement, the contents/provisions thereof, other information relating to this agreement, the purpose, the Confidential information or other matter of this agreement, without the prior written approval of the other party.

Upon written request by the Bank, the Company shall:

- (i) cease using the Confidential information,
- (ii) return the Confidential Information and all copies, notes or extracts thereof to the Bank within seven (7) business days of receipt of request and
- (iii) confirm in writing that the Receiving Party has complied with the obligations set forth in this paragraph.”

3. Exemptions:

The obligations imposed upon either party herein shall not apply to information, technical data or know how whether or not designated as confidential, that:

- Is already known to the Receiving party at the time of the disclosure without an obligation of confidentiality
- Is or becomes publicly known through no unauthorized act of the Receiving party
- Is rightfully received from a third party without restriction and without breach of this agreement
- Is independently developed by the Receiving party without use of the other party's confidential information and is so documented.
- Is disclosed without similar restrictions to a third party by the Party owning the confidential information Is approved for release by written authorization of the disclosing party; or
- Is required to be disclosed pursuant to any applicable laws or regulations or any order of a court or a governmental body; provided, however that the Receiving party shall first have given notice to the Disclosing Party and made a reasonable effort to obtain a protective order requiring that the confidential information and / or documents so disclosed used only for the purposes for which the order was issued.

1. Term

This agreement shall be effective from the date of the execution of this agreement and shall continue till expiration or termination of this agreement due to cessation of the business relationship between the parties. Upon expiration or termination as contemplated herein the Receiving party shall immediately cease any or all disclosures or uses of confidential information and at the request of the disclosing party, the receiving party shall promptly return or destroy all written, graphic or other tangible forms of the confidential information and all copies, abstracts, extracts, samples, note or modules thereof.

Notwithstanding the above, the obligations of the receiving party respecting disclosure and confidentiality shall continue to be binding and applicable without limit until such information enters the public domain.

2. Title and Proprietary rights

Notwithstanding the disclosure of any confidential information by the disclosing party to the receiving party, the disclosing party shall retain title and all intellectual property and proprietary rights in the confidential information. No License under any trademark, patent or copyright or

application for same which are or thereafter may be obtained by such party is either granted or implied by the conveying of confidential information.

3. Return of Confidential Information

Upon written demand of the disclosing party, the receiving party shall (i) cease using the confidential information (ii) return the confidential information and all copies, abstracts, extracts, samples, note or modules thereof to the disclosing party within seven (7) days after receipt of notice and (iii) upon request of the disclosing party, certify in writing that the receiving party has complied with the obligations set forth in this paragraph.

4. Remedies

The receiving party acknowledges that if the receiving party fails to comply with any of its obligations hereunder, the disclosing party may suffer immediate, irreparable harm for which monetary damages may not be adequate. The receiving party agrees that, in addition to all other remedies provided at law or in equity, the disclosing party shall be entitled to injunctive relief hereunder.

5. Entire Agreement

This agreement constitutes the entire agreement between the parties relating to the matter discussed herein and supersedes any and all prior oral discussion and/or written correspondence or agreements between the parties. This agreement may be amended or modified only with the mutual written consent of the parties. Neither this agreement nor any rights, benefits and obligations granted hereunder shall be assignable or otherwise transferable.

6. Indemnity Clause

“The receiving party should indemnify and keep indemnified, saved, defended, harmless against any loss, damage, costs etc. incurred and / or suffered by the disclosing party arising out of breach of confidentiality obligations under this agreement by the receiving party etc., officers, employees, agents or consultants.”

7. Governing Laws

The provisions of this agreement shall be governed by the laws of India.

In witness whereof, the parties hereto have set their hands through their authorized signatories.

BANK

M/s