JHARKHAND TRIBAL DEVELOPMENT SOCIETY, RANCHI

(A unit of Scheduled Tribe, Scheduled Caste, Minority and Backward Class Welfare Department, Government of Jharkhand)

Letter No. : JTDS/91/2026/157 Ranchi/Date : 06/08/2026

Request for Quotation

झारखण्ड ट्राईबल डेवलपमेंट सोसाईटी में कार्यरत कर्मियों के लिए Group Mediclaim Policy तथा Group Accidental Policy वर्ष 2026–27 हेतु सरकारी/निजी प्रतिष्ठानों से Quotation आमंत्रित की जाती है। इच्छुक फर्म/संस्थान **दिनांक : 14.08.2026 अपराह्न 03:00 बजे** तक अपनी श्रेष्ठतम प्रस्ताव विहित प्रपत्र में JTDS. SPMU राँची कार्यालय को by post/by courier/by hand जमा कर सकते हैं।

नोटः RFQ से संबंधित विस्तृत जानकारी झारखण्ड ट्राईबल डेवलपमेंट सोसाईटी के **website www.jtdsjharkhand.com** पर देखा जा सकता है।

–ह०–
(राज्य परियोजना निदेशक)

1st Floor, Kalyan Complex (Training Centre), Balihar Road, Morabadi, Ranchi – 834008.
Phone No. : 0651-2552088, E-mail : spd.jtds@gmail.com

JHARKHAND TRIBAL DEVELOPMENT SOCIETY

MORABADI RANCHI JHARKHAND 834008

REQUEST FOR QUOTATION (RFQ) FOR GROUP HEALTH INSURANCE (FAMILY FLOATER) AND GROUP ACCIDENTAL POLICY

RFQ No.-JTDS/02/2026

Jharkhand Tribal Development Society ★ PMU-Ranchi ★

Time Schedule

Name of Work:	RFQ of GHI (Family Floater) for JTDS Employees and their dependents and GPA for JTDS Employees
RFQ No	JTDS/02/2026
R.FQ Fee/cost	NIL
Issue of the RFQ document commences from	Can be downloaded from our website: **http://jtdsjharkhand.com** from 07.08.2026 11.00 Hrs
Pre Bid Enquiry	A Pre-Bid enquiry till 10.08.2026 15.00hrs.
Last date for receipt of duly filled RFQ	**14.08.2026 15.00Hrs**
Date and Time of the opening Technical Bids & Financial Bids	**14.08.2026 15.00Hrs.**
Address for communication & submission of RFQ documents and opening of Technical & Financial bid	State Project Director Jharkhand Tribal Development Society Training Centre, Kalyan Complex, Balihar Road, Morabadi, Ranchi-834008(Jharkhand).
In case of any clarification required relating to this RFQ the same can be sought from the following persons in writing/email:	**Email: mfa.jtds@gmail.com** **Contact No. 0651-2552088**

Note: This RFQ document contains Nos. 11 pages (total no of pages including Annexure) and bidders are requested to sign on all the pages with Company seal/stamp impression.

Jharkhand Tribal Development Society ★ PMU-Ranchi ★

1. INTRODUCTION

Jharkhand Tribal Development Society invites sealed bid from IRDAI licensed General Insurance Company operating in India to insure employee and its dependents located at various location in Jharkhand.

2. NOTICE OF RFQ

Sealed bids are invited on behalf of the State Project Director, JTDS from the IRDA accredited Insurance Companies in Two Envelope System from interested bidders for selection of two insurance companies for the GHI (Family Floater) of JTDS employees and their dependents ***and GPA of JTDS employees.*** *The insurance companies should have experience of at least 10 years in the relevant insurance field.*

a) Bid should take due care to submit the bid in accordance with requirement in sealed covers (Two envelope system). Bid documents received shall be evaluated as per the parameters for selections prescribed in the RFQ document. JTDS will not entertain any modifications subsequent to opening of bids and bids not conforming to RFQ conditions shall be liable to be rejected. Therefore, bidders are advised to submit their bids complete in all the clauses of Bid Evaluation Criteria, General Terms and Conditions and compliance to the scope of work requirement etc. and Technical Bid shall be placed in the **Envelope-A.**

RFO documents for Group Health Insurance/ Group Accidental Insurance of JTDS Emplovee can downloaded from our **Website: http://jtdsjharkhand.com**

The RFQ document is not transferable to any other person.

The financial bid to be placed in **Envelope-B.**

Both the envelopes to be placed in one main outer envelope and be super-scribed as **'RFO for Group Health Insurance and Group Accidental policy of JTDS employees'.** This main envelope should be addressed to:

State Project Director
Jharkhand Tribal Development Society
Training Centre, Kalyan Complex,
Balihar Road, Morabadi,
Ranchi-834008 (Jharkhand).
Contact: 0651-2552088.

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General Instructions

1. Bid shall be submitted in the prescribed form only. The Bid shall be liable for rejection if not submitted in the prescribed format.
2. The name and address of the bidder must be written in the space provided and no overwriting, correction, or insertion shall be permitted in any part of the Bid.
3. The Bid is liable to be rejected if complete information is not given therein or if the particulars of data (if any) asked for in the Bid document are not filled in.
4. Bid received after the specified date and time, due to whatever reason shall not be considered for bidding and no request in this regard shall be entertained on delay in courier/any reason.
5. The Bid filled in prescribed format may be deposited at JTDS office reception. The Bid documents received by post/courier and other means will not be entertained after mentioned date/time. It is the responsibility of the bidder to ensure that his enquiry (if any) reaches in time to the JTDS office.
   a) All the technical bids will be opened by the Committee authorized for this purpose.
   b) All the prospective bidders or authorized representative are invited on bid opening date and time at the given venue.

Note:- .JTDS reserves the right to cancel the bidding process at any stage during the bidding process without assigning any reason thereof.

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TERMS & CONDITIONS

1. **Opening of the Bids:**
   Technical and Financial bids will be opened on the mentioned date and time.

2. **Alternate Proposals/Alterations/Modifications**
   The bidders shall quote the rates that strictly comply with the requirement of the JTDS as detailed in **Annexure-I,** Any alterations and/or modifications in the **Annexure-I** and/or offer of conditional rebate will be rejected.

3. **Rate:**
   The financial bid should include rate and amount in the prescribed format as mentioned in **Annexure-II.** The quoted rates should be inclusive of all taxes as applicable.

4. **Validity of offer**:
   Bidders must agree to keep their quoted rates open for (60) days from the stipulated due date of submission. Once the RFQ documents are submitted, no modifications of whatsoever shall be entertained.

5. **Late Offer:**
   The bids/offers received alter the pre-defined Last Date and Time of submission of RFQ shall not be considered and the same shall, summarily be rejected.

6. **GST & other Taxes**
   The provision of Goods &Service Tax (GST) and other taxes as applicable from time to time will be binding on the insurance company. Rates quoted are inclusive of taxes as applicable.

7. **Acceptance and Rejection**:
   The offers/bids will be evaluated by a committee as would be constituted by the authority of the JTDS.

   The right to shortlist/reject any or all bids and/or to accept the whole without assigning any reason whatsoever is vested upon the JTDS.

   The final selection of the insurance Service Provider for the purpose will be based on a Low Cost Method after taking judicious assessment of all the related aspects, especially to the aspects of providing maximum service to the related clients. **The decision of the JTDS shall be final and binding in this matter.**

8. **Conciliation & Arbitration:**
   a. In the event of any dispute/difference which may arise between the parties. It shall be referred for a mutual and amicable settlement between the parties within 30 days from the date of receipt of a written notice raising such dispute by either of the party.
   b. In case there is no amicable settlement between the parties. The dispute or difference arising in

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relation to meaning or interpretation of this order, the same shall be referred to a sole arbitrator to be appointed by 'State Project Director, JTDS'

c. The language of the arbitration proceedings shall be in English/Hindi. The award of the arbitrator shall be final and binding.

d. JTDS reserves its right to remove from the list of approved agencies or to ban/blacklist business dealings with the agency if found to have committed fraud, deception, misconduct etc., and also to suspend business dealings pending investigation.

9. Any legal disputes arising out of any breach of contract about the part or whole process of this bid shall be settled in the Ranchi Courts of Jharkhand.

10. The bidder shall submit a declaration certified by CEO/Principal Officer of the Company/their authorized signatory, that there is no event of blacklisting, cancellation and discontinuation of running mandate given to them by any Pvt/PSU/Govt./State entities/IRDA within the preceding five (05) years reckoned as on the last date of submission of document Format at Annexure-lll. Those who do submit the certificate will stand disqualified without giving any reasons thereof.

Term and Conditions for Group Health Insurance and Group Accidental Insurance-

Coverage	Coverage details	Y/N	Remarks
In patient Treatment Inpatient	In-patient treatment (IPD) Graded Sum Insured of INR 500000, 800000		
Family Definition	Employee, Spouse, 2 Dependent Children up to 25 years only		
Pre/Post Hospitalization	30/60 days		
Domiciliary Treatment	Required		
Organ Donor	Medical and surgical Expenses required of the organ donor for harvesting the organ, where an Insured Person is the recipient, are limited to the In-Patient Sum Insured		
Ambulance Cover	Road Ambulance required up to 1% of SI with maximum amount of INR 2000 per Hospitalization		
Maternity	Maternity Benefit – For Normal Covered or Metro INR 25000 & Non-Metro INR 25000 – Applicable for the first Self or Spouse for the		

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	first two deliveries only Maternity Benefit- For C-Section Covered For Metro INR 35000 & For Non-Metro INR 35000 – Applicable for Self or Spouse for First two deliveries only 9 Month Waiting Period for Maternity 9 months waiting period waived off		
Pre/Post Natal Cover	Up to Rs.5000 within Maternity Limit		
Baby Day One Cover	Required Within Family SI		
Family Transportation Benefit	Required up to INR 5000		
Corporate Floater	Required for INR 1000000 with a sub-limit of family floater SI or 2 Lac per family sub-limit (whichever is lower)		
Nursing Allowance	Required for INR 100 per day up to a maximum of 15 days with a deductible of 2 days		
OPD Treatment (including dental)	OPD required for INR 10000 Per Family on a reimbursement basis		
Hospital ---- Benefit	Hospital Cash Benefit is required for INR 500 per day for 7 days only, if hospitalization is more than 5 days		
Emergency Air Ambulance Cover	Emergency Air Ambulance is required with a per event limit of INR 100000		
Co-Payment	No co-pay required		
Psychiatric/Mental Disorder treatment	Policy also requires hospitalization arising out of psychiatric ailments within a limit of Rs.50000 per family		
Congenital External Cover	Required in life-threatening conditions only		
Room rent Limit	1% of SI for Normal and 2% of SI for ICU		
COVID/AYUSH Cover	Required		
30-day waiting period	Waived Off		
Specified Disease Waiting Period	Waived Off		
PED Waiting Period	Waived Off		
Disease – wise Capping/Sublimit	No Capping/Sublimit		

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Coverage Details : (GPA)

Sr. No	Category Description	No. of Insured	AD	DM	PTD	PPD	Variable Medex	Remarks
1	Employee	70	1000000	1000000	1000000	1000000	100000	

Coverage	Average SI per Person	Yes/No	Remarks
Home Alteration and Vehicle Modification Benefit	5000		
Permanent Partial Disability	1000000		
Accidental Dismemberment and Paralysis	1000000		
Temporary Total Disability	10000		
Accidental Death	1000000		
Accidental Medical Expenses	100000		
Ambulance Services	1000		
Coma	5000		
Education Benefit	10000		
Family Transportation Benefit	10000		
Repatriation of Remains	2500		
Fractures/Dislocation/Burns	10000		
Permanent Total Disability	1000000		
Funeral Benefits	2500		

Demography for GMC

Sum insured	Dependent Child1	Dependent Child2	Self	Spouse	Grand Total
500000	55	32	69	64	220
800000	1	1	1	1	4
Grand Total	**56**	**33**	**70**	**65**	**224**

Sum insured	(0-18)	(19-22)	(23-28)	(29-25)	(36-40)	(42-45)	(46-50)	(51-55)	(56-60)	Grand Total
500000	69	15	7	15	27	29	30	17	11	220
800000	1		1					1	1	4
Grand Total	**70**	**15**	**8**	**15**	**27**	**29**	**30**	**18**	**12**	**224**

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ANNEXURE-I

ELIGIBILITY CRITERIA (Please fill in all the details. Information of Profile will be used for technical evaluation and is part of the eligibility criteria)

Sr. No.	Required information of profile	Details to be given by the company.
1.	Name of the firm/company (as registered)	
2.	Address of the Head Office of the firm/company (**Submit proof)**	
3.	Address of the company office (**Submit proof)**	
4.	Name, designation and telephone nos. of the contact person. Fax Email	
5.	Date of establishment of firm/company/LLP (**Submit proof)**	
6.	Period from which accredited with Insurance Regulatory Development Authority of India (IRDAI)-(**Submit proof)** Not less than 10 years' experience in the field of General Insurance	
7.	Annual GWP of last 3 years (Rs. in Crores)	
	2025-2026	
	2024-2025	
	2023-2024	
8.	Statutory details (Photocopies to be submitted)	
	a) Registration number of the firm.	
	b) Registration number issued by Registrar of Companies (if any)	
	c) PAN	
	d) GST- Registration number	
9	Should have provided insurance to one PSU/Private	

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To be submitted on letter head

The financial bids of only those bidders who qualify the minimum eligibility criteria and fulfill terms and conditions specified in the technical bid will be opened.

Annexure-II

Financial Bid

FOR GROUP HEALTH INSURANCE/MEDICLAIM POLICY FOR JTDS EMPLOYEES and DEPENDENTS	**Category**	**No. of LIVES**	**Sum Assured (Rs.)**	**Premium Amount including GST**
Coverage of Rs. 5 and 8 Lakh per Family on a Floater basis with OPD of Rs. 10000/-	JTDS Employees and dependents	224	5,00,000/- and 8,00,000/-	
Coverage of Rs. 5 and 8 Lakh per Family on a Floater basis without OPD of Rs. 10000/-	JTDS Employees and dependents	224	5,00,000/- and 8,00,000/-	

1. (Premium in words Rs _____)
2. (Premium in words Rs _____)

FOR GROUP ACCIDENTAL, INSURANCE POLICY FOR JTDS EMPLOYEES	**Category**	**No. of LIVES**	**Sum Assured (Rs.)**	**Premium Amount including GST**
Coverage of Rs. 10 Lakh per LIFE.	**JTDS Employees**	**70**	**10,00,000/-**	

(Premium in words Rs _____)

Details of the person authorized to bid on behalf is as follows:-

NAME OF INSURANCE COMPANY-

Name of Employee-

Designation –

Email ID –

Mobile No.-

Address-

Signature and seal

Place-

Date -

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Annexure-III

FORMAT Of UDERTAKING TO BE FURNISHED ON COMPANY LETTER HEAD WITH REGARD TO BLACKLISTING/ NON-DEBAR.MENT BY ORGANISATION

UNDERTAKING REGARDING BLACKLISTING /NON-DEBARMENT

We hereby confirm and declare that we, M/s _____ is not blacklisted /De-registered /debarred by any Government Department /Public Sector Undertaking/Private Sector/or any other agency for which we have Executed / Undertaken the works/Services during the last 5 years.

For

Authorized Signatory

Date :

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