DAV PUBLIC SCHOOL
UNIT - VIII, BHUBANESWAR, ODISHA
AFFILIATED TO CBSE, NEW DELHI, AFFILIATION No. 1530006, SCHOOL No. 15342

Ref. No. DAV(UNIT-VIII)/ 1663 /2026 Date : 11-08-2026

QUOTATION CALL NOTICE

Sealed quotations are invited by the undersigned from the **Govt Undertaking Insurance Company for Group Mediclaim Insurance of employees of DAV Schools** under Regional Directorate, DAV institutions, Odisha for the year 2026-27. The interested Insurance Company may submit their sealed quotations in the office of the undersigned on or before **17.08.2026 by 3.00 p.m.** in the prescribed proforma available in the website www.davunit8.org. The envelope containing the quotation must be written on the cover as **QUOTATION FOR GROUP MEDICLAIM INSURANCE -2026-27.** The quotation received either after the stipulated date & time or without the prescribed proforma or incomplete in any respect will not be considered. The quotations without GST/PAN/TIN number shall also not be considered. The undersigned reserves the right to cancel any/all the quotations without assigning any reason thereof.

Once the quotation are shortlisted, the Insurance Companies shall be duly intimated and they would be invited for a presentation/discussion with the competent Authority.

PRINCIPAL
(On behalf of Regional Directorate,
DAV Institutions, Odisha)

Memo No.DAV(UNIT-VIII)/ /2026 Date

Copy to :

1. The Regional Director, DAV Institutions, Odisha for kind information
2. The RO/AROs, DAV Institutions, Odisha for kind information.
3. The Heads, DAV Institutions, Odisha with a request to display this Notice in their School Notice Board/School Website for information of the person concerned on this profession/line.

PRINCIPAL
(On behalf of Regional Directorate,
DAV Institutions, Odisha)

QUOTATION FORM FOR GROUP MEDICLAIM INSURANCE OF EMPLOYEES FOR THE YEAR 2026-27

Name of the Insurance Company : _____

A. Pre-quotation conditions:

1. Approximate number of employees to be insured: **1000**
2. Approximate number of family members to be insured: **4000**
3. Family size of each insured employee: **Employee + upto 4 (four)**
4. Family members to be included [upto 4 members may be out of spouse, children (Son - below 25 years and dependent girl child of any age), Parents or Parents-in-law]
5. Sum Insured for each employee including his/her family: **Rs.5 lakhs.**
6. Date of Commencement: **24.08.2026**.
7. Details of age group of the insured persons including the employees:

Sl. No.	Age Group	No. of Persons
i.	Below 25 Years	1010 (Approx.)
ii.	26-65 years	2260 (Approx.)
iii.	Above 65 Years	730 (Approx.)

The above number of insured persons are likely to increase by another 15-20%.

B. Benefits / Coverage of the Insurance:

Sl. No.	Particulars	Benefits / Coverage	Remarks, If Any
1	Upper age of Parents and Parents-in-law		
2	Upper age limit for retired employees (post 24/08/2025)		
3	Domicile Hospitalization		
4	Pre-hospitalization period		
5	Post-hospitalization period		
6	Pre-existing waiting period		
7	Maternity Benefit		
8	9 months waiting period		
9	New born baby from day 1		
10	Congenial internal disease, Psychiatry treatment, Genetic Disorder, Treatment for HIV/AIDS		

Sl. No.	Particulars	Benefits / Coverage	Remarks, If Any
11	Ambulance Charges		
12	Additional benefits, if any, for critical illness		
13	Ayurvedic/Homeopathic medicines/Ayush		
14	Room Rents		
15	ICU Charges		
16	Day care treatments		
17	Cataract treatment		
18	Knee Replacement		
19	CABG		
20	Hysterectomy		
21	Angiography		
22	Ayush treatment		
23	Cashless facility		
24	Reimbursement of bills, if any.		
25	Details of Medicines, treatments, Physicians fee and appliances Covered		
26	Whether treatment of organ donor is covered		
27	Details of Tests covered		
28	Details of Tests not covered		
29	Whether pre-hospitalization Tests covered.		
30	Whether post-hospitalization Tests for confirmation of recovery will be covered		
31	Amount of coverage in case of Senior citizen(above 65 years)		
32	Time limit for clearance of cashless		
33	Whether any amount will be paid by the insured at the hospital in cashless facility?		
34	Time limit for clearance of Reimbursement cases		

Sl. No.	Particulars	Benefits / Coverage	Remarks, If Any
35	Documents required for reimbursement		
36	The insured employees shall be allotted the coverage of insurance benefits even after retirement upto his/her age of 80 years.		
37	The Premium amount shall not be enhanced for the next two years.		
38	Individual Claim settlement report should be send within 24 hours to the Regional Office for information.		
39	Enrollment for employees/dependents		
40	Midterm addition		
41	Co-pay		
42	**Conditions for Top-up Facility (if opted by certain member)**		

C. Other Terms and Conditions:

i. **The insured employee shall be allotted the coverage of insurance benefits even after retirement, upto his / her age of 80 years.**

ii. **Individual Claim settlement report should be send within 24 hours to the Regional Directorate for information.**

D. Premium per employee per annum including GST : Rs.

Certified that the rate quoted under 'D' covers the Pre-quotation conditions under 'A' benefits/coverages under 'B' as well as satisfying the conditions under 'C'. This quotation shall be treated as an agreement between the Insurance Company and the Master Policy Holder.

Date :

Signature & Seal of Authorized Officer