Selection Of TPA for Servicing of AB-PMJAY

Appendix C

For and on behalf of (Name of Bidder)

Duly signed by the Authorised Signatory of the Bidder

(On the Letter-head of the Bidders)
Date:
To The Oriental Insurance Company Limited, RO- Ahmedabad, 3rd Floor, Navjivan Trust Buildin g, B/H Gujarat Vidhyapith, Near Ashram Road, Ahmedabad. Sub: Providing Health Services by TPA for Implementation of PMJAY-MA Yojana (Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana, Mukhyamantri Amrutam and Mukhyamantri Amrutam Vatsalaya
Yojana
Sir/Madam,
Being duly authorized to represent and act on behalf of
We confirm that our Proposal is valid for a period of six calendar months from (insert Proposal Due Date).
Yours faithfully,