Appendix G

Financial Proposal for the Project (On the Letter head of Bidder)

To Date:

The Oriental Insurance Company Limited, RO- Guwahati, Godrej Building, G.S.Road, Ulubari, Guwahati ASSAM-781007

Sub: Providing Support Services for Implementation of AB-PMJAY CMHIS, Nagaland Scheme.

Sir/Madam,

Having gone through this RFP document and having fully understood the Scope of Work for the Providing Support Services for Implementation of AB-PMJAY CMHIS, we are pleased to inform that we would charge the following rates for providing various support services as specified in RFP document.

NO.	Cover	Number of AB-PMJAY Beneficiary Family Units	Per Family TPA Fees (in Rs.) per annum for 3 years inclusive of all costs, expenses, overheads and profits margin)	Total Annual TPA Fees (in Rs.) excluding GST/other taxes	GST/other taxes (if applicable as per law)
		(A)	(B)	(C)=AX B	(D)
1	Rs. 5,00,000/- cover Beneficiary FamilyUnit eligible for BASIC RISK COVER to meet hospitalization expenses as per the Scheme for CMHIS (GEN) & CMHIS (EP)- based on N HBP2022 And Top up cover of Rs.15,00,000/- for CMHIS(EP)	3,50,453 (Three Lakhs Fifty Thousand Four Hundred Fifty Three Only)	Rs (Rupees only)	Rs (Rupees only)	Rs (Rupees only)
	Total Fees payable (C+D)			Rs (Rupees	only)

Selection Of TPA for Servicing of AB-PMJAY, Nagaland

I/We	Designated as	At	of	TPA hereby declare that I have read
the contents annexures d therein. I / w the RFP Doc	s of the RFP document ar uly signed by me. I / we we we hereby declare that th	nd here by undertake ere are, and that the ab	submit the to abide by nd shall be, r pove rates w	Bid in the desired format with respective all the terms and conditions contained no deviations from the stated terms in all remain valid and that there will be no
				Yours faithfully,
			, ,	For and on behalf of (<i>Name of Bidder</i>), by the Authorised Signatory of the Bidder, and Address of the Authorised Signatory)