

Selection Of TPA for Servicing of AB-NHPM Yojana

**Appendix C**

(On the Letter-head of the Bidders)

Date:

To

**The Oriental Insurance Company Limited,**  
RO- Vadodara, A.G.Chambers,  
Fatehgunj, University Road  
VADODARA-390002

Sub: Providing Health Services by TPA for Implementation of AB-NHPM Yojana

Sir/Madam,

Being duly authorized to represent and act on behalf of ..... (hereinafter referred to as "the Bidder"), and having reviewed and fully understood all of the Proposal requirements and information provided and collected, the undersigned hereby submits the Proposal on behalf of (Name of Bidder) for the Project, with the details as per the requirements of the RFP, for your evaluation.

We confirm that our Proposal is valid for a period of six calendar months from (insert Proposal Due Date).

Yours faithfully,

For and on behalf of (Name of Bidder)  
Duly signed by the Authorised Signatory of the Bidder  
(Name, Title and Address of the Authorised Signatory)