

Selection Of TPA for Servicing of SWASTHYA SATHI, GOVT OF W.B.

Appendix C

(On the letter -head of the Bidders)

Date :

To
The Oriental Insurance company Limited
Regional Office
4, Lyons Range,
Kolkata-700001.

Sub : Providing Health Services by TPA for Implementation of SWASTHYA SATHI, W.B.

Sir,

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 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 180 days 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)