

No.SHIMUL/ADMN-1/ Staff M.C/e-TENDER/2948/2020-21

Date: 04-08-2020

COMMERCIAL TENDER PART-2

PRICE SCHEDULE

Staff Group Mediclaim Insurance of SHIMUL for 2020 - 21 (One Year)
(From 01-10-2020 to 30-09-2021)

Administrative office: Machenahalli, Nidige(Post), Shivamogga-577 222
Phone No: 08182-246161, 246162, 246163 Fax: 08182-246284
e-mail: shimuladm@gmail.com

**SHIVAMOGGA, DAVANAGERE & CHITRADURGA DISTRICT CO-OPERATIVE MILK PRODUCERS SOCIETIES UNION LTD.,
Machenahalli, Nidige(Post), Shivamogga-577 222**

STATEMENT SHOWING THE DETAILS OF INSURANCE PREMIUM FOR THE YEAR 2020-21
MEDICLAIM INSURANCE POLICY FOR EMPLOYEES OF SHIMUL

Insurance Coverage – Price Quote
(From 01-10-2020 to 30-09-2021)

Sl. No.	DESCRIPTION	Sum Insured in Rs.	Premium Amount (Including GST) Rs.	Remarks if any
1	Staff Group Mediclaim Insurance Policy for employees of Shimul by extending the facilities mentioned in the detailed scope of Mediclaim Insurance. (Details of employees and their family dependents is enclosed)	1,00,000/- per Employee and their dependents (Floater Policy including buffer) Buffer Corpus Rs 5,00,000/-		
2	Staff Group Mediclaim Insurance Policy for employees of Shimul by extending the facilities mentioned in the detailed scope of Mediclaim Insurance. (Details of employees and their family dependents is enclosed)	1,50,000/-per Employee and their dependents (Floater Policy including buffer) Buffer Corpus Rs 5,00,000/-		

ಸೂಚನೆ: ಮೇಲ್ಕಂಡ ನಮೂನೆಯನ್ನು ಕೇವಲ ಮಾಹಿತಿಗಾಗಿ ನೀಡಲಾಗಿದೆ. ಸಂಬಂಧಿಸಿದಂತೆ ಸರ್ಕಾರದ ಅಪರ ಮುಖ್ಯ ಕಾರ್ಯದರ್ಶಿ, ಆರ್ಥಿಕ ಇಲಾಖೆ, ಕರ್ನಾಟಕ ಸರ್ಕಾರ ಇವರು ದಿನಾಂಕ: 21-03-2017 ರ ಸುತ್ತೋಲೆಯಲ್ಲಿ ತಿಳಿಸಿರುವಂತೆ ಇ-ಪ್ರೋಕ್ಯೂರ್‌ಮೆಂಟ್ ಪೋರ್ಟಲ್‌ನಲ್ಲಿ ಟೆಂಡರ್‌ದಾರರು ನಮೂದಿಸುವ ದರಗಳನ್ನು ಪರಿಗಣಿಸಲಾಗುವುದು. ಬದಲಿಗೆ ಟೆಂಡರ್ ಅನುಬಂಧಗಳು, ನಮೂನೆಗಳು ಹಾಗೂ ಇತರೆ ಯಾವುದೇ ಮಾಧ್ಯಮದ ಮೂಲಕ ನಮೂದಿಸುವ ದರಗಳನ್ನು ಪರಿಗಣಿಸಲಾಗುವುದಿಲ್ಲ.