

Annexure C				
Commercial Bid				
<b>Name of the Insurance Company :</b> (All Costs in INR only)				
1				
Group Medclaim Policy Premium (Applicable for employees and their Dependants)				
Summary of Annual Premium	Particulars	Policy Premium quote	Applicable taxes	Total Premium Amount
	Base Policy			
	Total Amount			
Total Bid value in words:				
2. Amount of Cash Deposit is to be maintained with Insurer (in INRs) :				
Company Seal		Authorised Signatory		