

# भारतीय प्रबंध संस्थान इंदौर

INDIAN INSTITUTE OF MANAGEMENT INDORE  
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## Corrigendum-1

No.: IIMI/2018-19/23/ Corrigendum-1

October 18, 2018

The following amendment has been made in Tender No. IIMI/2018-19/23 dated 18-October-2018 for Notice Inviting Tender for Group Health Insurance Policy for IIM Indore employees and their family members.

### a) Amendment No.1-

Tender Reference	For	Read as
<b>4.2 Statutory Documents:</b> (Page no.5)	The firm should have valid registration certificate issued by IRDA on the last date of submission of the tender. A duly sealed & signed valid certificate submitted to this effect	The firm should have valid registration certificate issued by IRDAI on the last date of submission of the tender. A duly sealed & signed valid certificate submitted to this effect
<b>9.2 Online Bid Submission Procedure</b> (Page no.7)	The details of at least 5 major Hospitals located in Indore for Cashless Treatment as per Annexure-IV	The details of at least 5 major Hospitals located in Indore for Cashless Treatment for Listed Hospital as per Annexure-IV
	The details of the TPA along with contact details of TPA, if any.	Full details of the TPA. Details of Contact persons of TPA, their phone numbers and e-mails in case of 1 <sup>st</sup> , 2 <sup>nd</sup> and 3 <sup>rd</sup> level Escalation of Complaints, if any.
	Duly Completed copy of IRDA registration certificate	Duly Completed copy of Certificate of Registration issued by IRDAI.

### b) Addendum No.1- The Followings are appended at the end of the Annexure-VI (Page No. 19) in addition to the existing details:

“Contact details of National Level Manager in case of Escalation of Complaints –

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_”

**Accordingly Revised Annexure-VI is Attached Herewith**

Other terms and conditions remain unchanged.

Sd/-  
Santosh Kumar Sahoo  
Officer

Company Profile

<b>Name of the Party</b>		
<b>Date of Incorporation / Establishment</b>		
<b>PAN Number</b>		
<b>GST Registration Number</b>		
<b>Bank Details</b>	<b>Account Number</b>	
	<b>IFS Code</b>	
	<b>Bank Name</b>	
	<b>Branch Name</b>	
<b>Office Address for Postal Communication</b>		
<b>Authorized Signatory Details</b>	<b>Name</b>	
	<b>Designation</b>	
	<b>Email</b>	
	<b>Phone</b>	
<b>Details of Contact other than Authorized Signatory</b>	<b>Name</b>	
	<b>Designation</b>	
	<b>Email</b>	
	<b>Phone</b>	

**Contact details of National Level Manager in case of Escalation of Complaints -**

**Name**\_\_\_\_\_ **Phone**\_\_\_\_\_ **Email**\_\_\_\_\_

**Signature and Seal of the Tenderer:**

**Name in Block Letter:**

**Designation:**

**Full Address:**