



## **DOW UNIVERSITY OF HEALTH SCIENCES KARACHI**

*Baba-e-Urdu Road,  
Karachi-74200  
Ph: (92-21) 99215754-7 Fax: (92-21) 99215763  
www.duhs.edu.pk*

### **BIDDING DOCUMENT**

**TENDER NO: DUHS/HR/2013/02**

**DATED: 08<sup>th</sup> DECEMBER 2013**

### **HEALTH INSURANCE SERVICES**

(Cost Rs. 2,000/-)

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Closing Date: 24<sup>th</sup> December 2013 @ 11:00 a.m.  
Opening Date: 24<sup>th</sup> December 2013 @ 11:30 a.m.  
Opening Venue: Office of the Registrar, 4<sup>th</sup> Floor, Admin Block, Dow  
University of Health Sciences, Baba-e-Urdu Road,  
Karachi.

## 1. INVITATION FOR BIDS

**DOW UNIVERSITY OF HEALTH SCIENCES**



### NOTICE INVITING TENDERS (NIT)

No. DUHS/HR/2013/02

Dated 08th December 2013

The Dow University of Health Sciences, Karachi invites Tenders under sealed cover for providing "HEALTH INSURANCE SERVICES" to its employees and their families from SECP approved Insurance Companies having minimum 5 years' experience in rendering similar services.

DESCRIPTIONS	
TENDER REF NO.	DUHS/HR/2013/02
TENDER FEE	Rs. 2000/- (Two Thousand Only) (Non-Refundable)
PURCHASING DATE FROM	09th November, 2013
LAST PURCHASING DATE	23rd December, 2013
TENDER OPENING DATE	24th December, 2013
BIDS DELIVERY END TIME	11:00 a.m.
TENDER OPENING TIME	11:30 a.m.
TENDER PROCEDURE	Single Stage One Envelope (Rule 46-1 SPPRA)

Bidding Documents containing detailed terms and conditions can be obtained from the Office of the Registrar, Dow University of Health Sciences, Baba-e-Urdu Road, Karachi on payment of Tender Fee i.e. Rs. 2000/- in shape of Pay Order in favor of "Dow University of Health Sciences" from 10:00 a.m. to 02:30 p.m. except holidays. Copy of the following documents to be attached with the bids.

1. NTN Certificate
2. Valid GST Registration
3. Detailed Profile of the Company and relevant experience
4. Detailed Turn-over of at least three years
5. Copy of License.

All bids must be accompanied by Bid Security not less than 3% of the total value of the bid in favor of "Dow University of Health Sciences, Karachi in shape of Pay Order / Bank Guarantee. The bids without or less than 3% Bid Security will not be considered and rejected.

Bids with minimum Bid Validity of 90 days should be submitted / delivered to the Office of the Registrar, Dow University of Health Sciences, Baba-e-Urdu Road, Karachi on or before 11:00 a.m. on 24th December 2013.

The bidders not registered with Sales Tax and Income Tax or do not fulfill the terms and conditions will not be considered and their offer will be rejected. Government notified black listed firms shall not be entertained.

In case of any unforeseen situation or Government Holiday resulting in closure of the Office on the date of opening, the Tenders shall be submitted / opened on the next working day at the same time and venue.

The Dow University of Health Sciences reserves the right to reject any or all the bids subject to the relevant provisions of the SPPRA Rules.

This advertisement & Bidding Documents are also available on the website of Dow University of Health Sciences ([www.duhs.edu.pk](http://www.duhs.edu.pk)) & will be accepted on payment of tender Fee Rs. 2000/- (non-refundable) in shape of Pay Order in favor of Dow University of Health Sciences, Karachi.

#### REGISTRAR

Dow University of Health Sciences  
4th Floor, Admin Block, Baba-e-Urdu Road, Karachi-74200, Pakistan  
Phone: (92-21) 99215754-7, Fax- (92-21)99215763  
E-mail: [registrar@duhs.edu.pk](mailto:registrar@duhs.edu.pk)

[www.duhs.edu.pk](http://www.duhs.edu.pk)

PD(K) 1359

## 2. INTROUCTION

TENDER NO: DUHS/HR/2013/02

DATED: 08<sup>th</sup> December 2013

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- 2.1 The Dow University of Health Sciences, Karachi invites sealed Single Stage One Envelope Bids under SPPRA Rules 2010 for providing Health Insurance services to its employees and their families from SECP approved Insurance Companies having minimum 5 years' experience in rendering similar services.
- 2.2 Employees and their dependents will be covered under the following policies:-
- 2.3 **Premium Policy**  
For Hospitalization of Employees and their dependent spouses and children only.Out-Patient reimbursement for Employees and their dependent Spouses, Children and Parents also.
- 2.4 **Parents In-Patient Pool Policy**  
For Hospitalization of dependent Parents only on ASO Pool Basis.**ASO Pool of Rs. 10,000,000/-.**
- 2.5 **Dow ASO Pool Policy**  
For Hospitalization of Employees covered in Dow Pool Policy and their dependent spouses and children. Out-Patient reimbursement for Employees and their dependent Spouses, Children and Parents also.**ASO Pool of Rs. 1,225,000/-**  
.
- 2.6 The Details of Employees and their dependents divided in 04 categories for different policies is in the following pages.
- 2.7 The Number of lives is subject to increase or decrease at the time of submission of list of lives to be covered at the time of Contract.

### 3. BENEFIT STRUCTURE

3.1 The benefits plan of DUHS for Premium Policy is as under:-

Sr. #	Benefits / Coverage	Categories and Annual Entitlements in Rs.			
		A	B	C	D
1	Hospitalization Coverage per Insured per Annum	650,000	500,000	350,000	250,000
2	Daily Room / Bed limit per Insured	10,000	4,200	3,100	2,000
3	Maternity Limits for Normal Delivery / Forceps	50,000	30,000	25,000	20,000
4	Maternity Limits for C-Section / Multiple Births	80,000	45,000	40,000	30,000
5	Out-Patient Reimbursement per Family per Annum	35,000	20,000	15,000	12,000

3.2 The benefits plan of DUHS for its Parents In-Patient ASO Pool Policy is as under:-

Sr. #	Coverage	Categories and Annual Entitlements in Rupees			
		A	B	C	D
1	Hospitalization Coverage per Insured per Annum	150,000	125,000	75,000	50,000
2	Daily Room / Bed limit per Insured	10,000	4,200	3,100	2,000

3.3 The benefits plan of DUHS for its Dow ASO Pool Policy is as under:-

Sr. #	Benefits / Coverage	Categories and Annual Entitlements in Rs.			
		A	B	C	D
1	Hospitalization Coverage per Insured per Annum	650,000	500,000	350,000	250,000
2	Daily Room / Bed limit per Insured	10,000	4,200	3,100	2,000
3	Maternity Limits for Normal Delivery / Forceps	50,000	30,000	25,000	20,000
4	Maternity Limits for C-Section / Multiple Births	80,000	45,000	40,000	30,000
5	Out-Patient Reimbursement per Family per Annum	35,000	20,000	15,000	12,000

#### 4. DETAILS OF LIVES TO BE INSURED

##### 4.1 Category And Age Wise Detail Of Lives To Be Covered Under DUHS Premium Policy.

###### 4.1.1 PLAN A

Age Band	Employees	Spouses	Children	Parents	Total
10-29	0	0	34	0	34
19-29	0	0	31	0	31
30-34	0	0	1	0	1
35-39	0	2	0	0	2
40-44	1	4	0	0	5
45-49	4	9	0	0	13
50-54	10	7	0	0	17
55-59	23	6	0	0	29
60-64	3	6	0	0	9
65-69	1	1	0	2	4
70-75	2	1	0	5	8
76-80	0	0	0	20	20
Total	44	36	66	27	173

###### 4.1.2 PLAN B

Age Band	Employees	Spouses	Children	Parents	Total
10-29	0	0	393	0	393
19-29	4	10	179	0	193
30-34	30	36	3	0	69
35-39	52	31	0	0	83
40-44	45	53	0	0	98
45-49	42	34	0	1	77
50-54	66	49	0	7	122
55-59	58	24	0	26	108
60-64	5	3	0	51	59
65-69	1	4	0	71	76
70-75	0	0	0	77	78
76-80	0	0	0	96	97
Total	303	244	575	329	1453

**4.1.3 PLAN C**

<b>Age Band</b>	<b>Employees</b>	<b>Spouses</b>	<b>Children</b>	<b>Parents</b>	<b>Total</b>
10-29	0	1	582	0	583
19-29	140	75	124	0	339
30-34	179	92	6	0	277
35-39	121	83	5	1	210
40-44	70	59	0	9	138
45-49	45	35	0	37	117
50-54	36	26	0	99	161
55-59	27	20	0	165	212
60-64	9	10	0	200	219
65-69	9	3	0	185	197
70-75	5	2	0	102	109
76-80	1	1	0	58	60
Total	642	407	717	856	2622

**4.1.4 PLAN D**

<b>Age Band</b>	<b>Employees</b>	<b>Spouses</b>	<b>Children</b>	<b>Parents</b>	<b>Total</b>
10-29	0	1	1378	0	1379
19-29	186	125	490	0	802
30-34	133	117	15	0	265
35-39	119	137	6	2	264
40-44	143	116	0	17	276
45-49	185	119	0	55	359
50-54	135	58	0	134	327
55-59	71	33	0	187	291
60-64	10	7	0	202	220
65-69	3	5	0	201	209
70-75	2	2	0	173	177
76-80	0	1	0	98	99
Total	987	721	1889	1069	4666

4.2 Category And Age Wise Detail Of Lives To Be Covered Under DUHS ASO Pool Policy.

**4.2.1 PLAN A**

Age Band	Employees	Spouses	Children	Parents	Total
10-29	0	0	9	0	9
19-29	0	0	9	0	9
30-34	0	0	0	0	0
35-39	0	0	0	0	0
40-44	0	1	0	0	1
45-49	0	2	0	0	3
50-54	1	2	0	0	3
55-59	5	0	0	0	5
60-64	0	1	0	0	1
65-69	0	0	0	0	0
70-75	0	0	0	0	0
76-80	0	0	0	1	1
Total	6	6	18	1	32

**4.2.2 PLAN B**

Age Band	Employees	Spouses	Children	Parents	Total
10-29	0	0	6	0	6
19-29	0	0	10	0	10
30-34	0	0	0	0	0
35-39	0	1	0	0	1
40-44	0	1	0	0	1
45-49	1	3	0	0	4
50-54	2	0	0	0	2
55-59	2	1	0	0	3
60-64	1	0	0	0	1
65-69	0	0	0	1	1
70-75	0	0	0	1	1
76-80	0	0	0	2	2
Total	6	6	16	4	32

#### 4.2.3 PLAN C

Age Band	Employees	Spouses	Children	Parents	Total
10-29	0	0	0	0	0
19-29	0	1	0	0	1
30-34	0	0	0	0	0
35-39	2	0	0	0	2
40-44	0	0	0	0	0
45-49	0	0	0	0	0
50-54	0	0	0	1	1
55-59	0	0	0	1	1
60-64	0	0	0	1	1
65-69	0	0	0	1	1
70-75	0	0	0	0	0
76-80	0	0	0	0	0
Total	2	1	0	4	7

#### 4.2.4 PLAN D

Age Band	Employees	Spouses	Children	Parents	Total
10-29	0	0	0	0	0
19-29	0	0	0	0	0
30-34	0	0	0	0	0
35-39	0	0	0	0	0
40-44	0	0	0	0	0
45-49	0	0	0	0	0
50-54	0	0	0	0	0
55-59	0	0	0	0	0
60-64	0	0	0	0	0
65-69	0	0	0	0	0
70-75	0	0	0	0	0
76-80	0	0	0	0	0
Total	0	0	0	0	0

#### 4.3 Category Wise Detail Of Lives To Be Covered Under Parents In-Patient ASO Pool Policy.

Sr.#	Coverage	Category and Number of Lives			
		A	B	C	D
1.	Parents IPD	28	333	860	1069



## 5. INSTRUCTIONS TO BIDDERS

- 5.1 Tender is open to Insurance Companies who are registered with SECP having minimum 5 years' experience in rendering Health Insurance Services. Government notified Black-Listed Firms will not be entertained.
- 5.2 The Bidders must submit an Affidavit on Legal Stamp paper that they are not notified as Black-Listed.
- 5.3 **EVALUATION CRITERIA**  
The following documents must be submitted by the Bidders otherwise the bid shall be liable to be ignored / rejected.
- 5.3.1 **Copy of NTN Certificate.**
  - 5.3.2 **Detail Profile of the Company including Official Address, Contact Numbers and E-mail along with relevant experience.**
  - 5.3.3 **Detailed Turn-over of at least Three Years. (Audit Reports conducted by reputable Auditors).**
  - 5.3.4 **Copy of Valid License.**
  - 5.3.5 **List of Panel Hospitals throughout Pakistan.**
  - 5.3.6 **List of atleast 10 top clients with Address & Contact Numbers.**
  - 5.3.7 **Affidavit on Legal Paper as per clause 5.2 of this Document.**
  - 5.3.8 **3% Bid Security as per clause 5.7 of this Document.**
  - 5.3.9 **Bid Validity of 90 Days as per clause 5.6 of this Document.**
  - 5.3.10 **Affidavit on Legal paper as per clause 5.4 of this Document.**
  - 5.3.11 **Duly filled performa as per Annexures A & B.**
- 5.4 An Affidavit on Legal Paper confirming the acceptance of the Terms and Conditions of this Bidding Document must be provided with the Bid. Performa attached at Annexure - A.
- 5.5 Quoted Rates must be in Pakistani Rupees on For Basis.
- 5.6 Bids with minimum Validity Period of 90 days shall be submitted. The bid without or less than 90 days Validity will not be considered and rejected.
- 5.7 The bids should be accompanied with Bid Security not less than 3% of the total Bid in shape of Pay Order in favor of Dow University of Health Sciences, Karachi. Bids without or less than 3% Bid Security will not be considered and rejected.
- 5.8 The Bid Security will be returned to the bidders once the contract has been signed with the successful bidder.
- 5.9 In case the offer is withdrawn, amended or revised by the Bidder during the validity period of the offer, the Bid Security shall be liable to be forfeited.
- 5.10 The successful Bidder at the time of signing of Contract will also have to submit a Performance Security @ 7% of the Contract Price in shape of Pay Order / Bank Guarantee in the name of Dow University of Health Sciences.

- 5.11 If the Successful Bidder fails to provide the Performance Security of the Contract or execute the Contract Agreement, the Bid Security shall be liable to be forfeited and the Contract will be given to the next successful Bidder.
- 5.12 Bidders should quote their firm and final rates inclusive of all taxes and Misc. Charges (if applicable).
- 5.13 If there is a discrepancy between words and figures of the amount, the amount in words will prevail.
- 5.14 Quotation must be duly filled in, stamped, signed and properly sealed in one envelope.
- 5.15 Envelopes shall also bear the word **"FINANCIAL PROPOSAL"**.
- 5.16 The language of the Bids shall be English.
- 5.17 Any overwriting, cutting, crossing etc. is not acceptable.
- 5.18 Hand written Offers will not be accepted.
- 5.19 DUHS reserves the right to reject any or all Bids prior to acceptance without giving any reasons subject to the relevant provisions of SPPRA Rules.
- 5.20 **All bids must be submitted / delivered to the Office of the Registrar, Dow University of Health Sciences, 4<sup>th</sup> Floor, Admin Block, Baba-e-Urdu Road, Karachi, on or before the prescribed deadline of 11:00 a.m. on 24<sup>th</sup> December 2013.**
- 5.21 **The bids will be opened on the same day at 11:30 a.m. at the Office of the Registrar, Dow University of Health Sciences, 4<sup>th</sup> Floor, Admin Block, Baba-e-Urdu Road, Karachi. In case of any unforeseen situation or Government Holiday resulting in closure of Office on bid opening date, the bids shall be submitted / opened on the next working day at the same time and venue.**
- 5.22 Incomplete, late and conditional bids will not be considered and will be rejected.

## 6 TERMS & CONDITIONS FOR CONTRACT – HOSPITALIZATION COVER

- 6.1 The Period of Contract / Insurance Cover shall be effective from 01<sup>st</sup> January 2014 to 31<sup>st</sup> December 2014. These dates may be extended upon mutual consent.
- 6.2 Direct Hospitalization through Insurance Card and Reimbursement.
- 6.3 Daily Room & Board Charges.
- 6.4 Miscellaneous Hospital Services and Supplies. Drugs, Dressings, Prescribed Medicines, Laboratory Examinations, Physiotherapy, intravenous injections & solutions, administration of blood and blood plasma including cost and any other fluids administered during surgery.
- 6.5 Emergency Room treatment for Accidental and Non-Accidental emergencies.
- 6.6 Doctor's visits. (Consultant, Specialist, etc.)
- 6.7 Surgical Operation Charges.
- 6.8 Local Ambulance Charges.
- 6.9 Pre-Post Hospitalization cover including Diagnostic Tests, Consultation Charges & prescribed Medicines within 30 days prior to or after Hospitalization.
- 6.10 ICU and Operation Theatre Charges.
- 6.11 Specialized Investigations & Day Care Surgeries. Dialysis, MRI, CT Scan, Thallium Scan, Angiography, Cataract, Endoscopy, Echo, Treatment for Fractures, Lacerated wounds, Emergency Dental Treatment due to accidental injuries, Day Care surgical Charges including medicines and investigations.
- 6.12 Declared / Undeclared Pre-Existing Conditions.
- 6.13 Psychiatric Treatments.
- 6.14 Congenital Birth Defects.
- 6.15 Interferon Therapy of Hepatitis 'B' and 'C'.
- 6.16 Maternity related complications.
- 6.17 Enhancement of Hospitalization Limit in case of Accidental Injuries. (50% of available limit).
- 6.18 Radiotherapy and Chemotherapy.
- 6.19 Any other Benefit / Cover with mutual consent.

## 7 TERMS & CONDITIONS FOR CONTRACT – MATERNITY COVER

- 7.1 The Period of Contract / Insurance Cover shall be effective from 01<sup>st</sup> January 2014 to 31<sup>st</sup> December 2014. These dates may be extended upon mutual consent.
- 7.2 Direct Hospitalization through Insurance Card and Reimbursement.
- 7.3 Daily Room & Board Charges / Labor Room Charges.
- 7.4 Ante-Natal Care such as Ultrasound scans, Lab Tests and examinations.
- 7.5 Hospital Charges & Obstetricians Fee for Childbirth.
- 7.6 Midwife Charges if delivery takes place at home.
- 7.7 Operation Theatre /Physician's /Surgeon's Charges.
- 7.8 Prescribed Medical Supplies & Services during Hospitalization.
- 7.9 Anesthesia Charges.
- 7.10 Blood Transfusion including Cost of Blood.
- 7.11 ICU Charges.
- 7.12 Baby Nursing Care while the Mother is confined to the Hospital.
- 7.13 Circumcision Charges of Newborn Baby Boys.
- 7.14 Post- natal Care immediately following childbirth such as Stitches, Follow up Visits & Prescribed Medicines.
- 7.15 Secondary Conditions brought about by Pregnancy such as Backache, High BP, Vaginal Bleeding, Nausea & Vomiting etc requiring Hospitalization.
- 7.16 In the event of D&C, Normal delivery benefits as mentioned in Benefits Schedule.
- 7.17 Declared / Undeclared Pre-Existing Conditions.
- 7.18 Any other Benefit / Cover with mutual consent.

## 8 TERMS & CONDITIONS FOR CONTRACT – OUT-PATIENT COVER

- 8.1 The Period of Contract / Insurance Cover shall be effective from 01<sup>st</sup> January 2014 to 31<sup>st</sup> December 2014. These dates may be extended upon mutual consent.
- 8.2 Reimbursement only.
- 8.3 Physician / Consultant's fees for consultations.
- 8.4 Psychiatrists and Psychologist's Fee for Psychiatric Treatment.
- 8.5 Prescribed Drugs and Dressings.
- 8.6 Pathology, Radiology and Diagnostic Tests, X-rays & Ultrasounds.
- 8.7 Vaccinations.
- 8.8 Out-Patient Surgical Operations.
- 8.9 Wellness Mammogram, PAP Smear, Prostate Cancer Screening or Colon Cancer Screening.
- 8.10 Dental Treatment including Extractions Teeth, Root Canaling or Caping or Similar Treatment.
- 8.11 Accident Related Dental Treatment.
- 8.12 Costs for Treatment by Therapists and Complementary Medicine Practitioners.
- 8.13 Declared / Undeclared Pre-Existing Conditions.
- 8.14 Coverage / Treatment from any Hospital / Clinic of the Patient's Choice.
- 8.15 Any other Benefit / Cover with mutual consent.

## 9 OTHER TERMS & CONDITIONS OF CONTRACT

- 9.1 Contract Price / Premium will be paid in equal Quarterly Installments. Payment Plan will be with mutual consent.
- 9.2 All the Health Insurance Cards shall be provided by the Insurance Company within 15 days of award of contract.
- 9.3 All the Health Insurance Cards in case of new Employees or Addition /Deletion / Plan Revision Correction cases shall be provided by the Insurance Company within 10 days from the submission of intimation.
- 9.4 Premium for New lives to be Added / Deleted or Plan Revise shall on the same rates as per Premium Rates quoted in the Bid.
- 9.5 Bidder must provide Hotline numbers of the Company's Representatives / Focal Person (s) in order to facilitate and provide necessary information to the patients in case of Hospitalization in Panel Hospitals.
- 9.6 Approval / Authorization of Hospitalization shall be provided to the Hospital / Patient in not more than 02 Days. All intimations of Approvals / Regrets must also be furnished to the Dow University of Health Sciences through email.
- 9.7 All the IPD and OPD Reimbursement Claims would be paid within 10 days from the date of submission of claims.
- 9.8 In case of IPD / Maternity Reimbursement Claim of a Non-Panel Hospital, a deduction of not more than 20% of the Total Claim may be made. This shall be waived if the treatment is unavailable at a Panel Hospital or is some peculiar circumstances.
- 9.9 In case of return or withholding of Claim for Reimbursement, a formal intimation by letter or email would be required by the Insurance Company describing the reason for return or withholding.
- 9.10 If an Employee / Patient wishes not to disclose certain personal information such as Investigations Reports, the requirement in Reimbursement Cases shall be waived upon the request of the Employee / Patient.
- 9.11 Requirement of Prescriptions shall be waived in case the Employee / Patient is a Doctor/ Medical Practitioner upon request.
- 9.12 All the Health Insurance Cards must bear the DUHS Employee ID and Name of Institute, provided in the list as and when the contract is awarded.
- 9.13 Claim Report for Hospitalization and Reimbursement is required from the Insurance Company on monthly basis.
- 9.14 In case of non-issuance of Insurance Card to an existing employee, due to non-provision of data required for issuance of Health Insurance Card, the employee or his dependent shall be provided Hospitalization Coverage after obtaining necessary approval / verification from the DUHS.
- 9.15 There should be no Age Restrictions.
- 9.16 The Number of lives is subject to increase or decrease at the time of submission of list of lives to be covered at the time of Contract.

## 10 CLAIM RATIO

### 10.1 DUHS Premium Policy

Year	Claim	Claim Ratio
2010 – 2011	29,250,676	0.87
2011-2012	36,587,878	1.12
2012-2013	35,258,030	0.98

### 10.2 DUHS Parents IPD Pool Policy:-

Year	Claim	Claim Ratio
2010 – 2011	8,583,521	0.91
2011-2012	8,876,391	0.87
2012-2013	10,524,659	0.93

### 10.3 DUHS ASO Pool Policy:-

Year	Claim	Claim Ratio
2010 – 2011	580,564	0.92
2011-2012	225,426	0.13
2012-2013	114,276	0.09

## **CERTIFICATE**

(To be submitted on Affidavit).

1. We, \_\_\_\_\_ hereby confirm to have read carefully all the Clauses of the advertised Tender Notice **No DUHS/HR/2013/02 dated 08<sup>th</sup> December 2013**, for the provision of **Health Insurance Services for Dow University of Health Sciences, Karachi**. We hereby agree to abide all the Instructions, Terms & Conditions mentioned in the Tender Notice and Tender/Bidding Documents.
  
2. That if any of the information submitted in accordance to this Tender / Bidding Document found incorrect, our Contract if awarded, may be cancelled at any stage on our own cost and risk.

1.	Name	
2.	In the Capacity of	
3.	Signature	
4.	Duly authorized to sign the Bid for and on behalf of	
4.	Stamp	
5.	Date	
6.	Contact Number	
7.	E-Mail Address	



**FINANCIAL PROPOSAL**

(To be submitted on Company Letterhead).

**RATES PER CATEGORY**

Sr.#	Coverage	Category and Rates in Rupees			
		A	B	C	D
1.	Hospitalization Coverage				
2.	Maternity Coverage				
3.	Out-Patient Coverage				
4.	Total				

**Total Premium Calculations:**

Gross Premium: Rs. \_\_\_\_\_

Admin Charges: Rs. \_\_\_\_\_

Stamp Duty: Rs. \_\_\_\_\_

Any Other: Rs. \_\_\_\_\_

Net Premium for Premium Policy: Rs. \_\_\_\_\_

Parents IPD ASO Pool: Rs. \_\_\_\_\_

Dow ASO Pool: Rs. \_\_\_\_\_

**Total Net Premium:** Rs. \_\_\_\_\_

Authorized Person Signature: \_\_\_\_\_

Authorized Person Name: \_\_\_\_\_

Company Stamp: \_\_\_\_\_

Date: \_\_\_\_\_