



**International Centre for Free and Open Source Solutions**

Swatantra,  
South Pavilion, Sports Hub, Karyavattom,  
Trivandrum - 695 581  
Kerala, India.  
Phone No: +91 471 2700013  
Email: [info@icfoss.in](mailto:info@icfoss.in)

**NOTICE INVITING TENDER**

**Providing Medical Insurance Support to the Employees of ICFOSS**

**Tender No: ICFOSS/16/2019 – AAD dated 11/02/2026**

<b>Name of the Work</b>	<b>Providing Medical Insurance Support to the Employees of ICFOSS</b>
<b>Period of engagement</b>	<b>12 Months</b>
<b>Engagement of Contract</b>	<b>2<sup>nd</sup> March 2026</b>
<b>Availability of Tender documents</b>	<b>Can be downloaded from the website <a href="http://icfoss.in">http://icfoss.in</a> up to 16/02/2026, 03:00 PM</b>
<b>Date of Publishing</b>	<b>11/02/2026</b>
<b>Last date &amp; time of submission of Tender</b>	<b>16/02/2026 at 04:00 PM</b>
<b>Date &amp; time of opening of Tender</b>	<b>16/02/2026 at 05:00 PM</b>



All communications shall be addressed to the Secretary & Registrar, ICFOSS, Swatantra, South Pavilion, Sports Hub, Karyavattom, Trivandrum - 695 581 Kerala, India.

The tender documents and other details may be downloaded from the website <http://icfoss.in/>. Only manual submission shall be entertained. Late submissions will not be considered

**Secretary & Registrar**

Swatantra,  
South Pavilion, Sports Hub,  
Karyavattom, Trivandrum - 695 581  
Kerala, India.  
Phone No: +91 471 2700013  
Email : info@icfoss.in

A handwritten signature in blue ink, appearing to read 'Bijumma'.

Place: Trivandrum  
Date: 11/02/2026

**Procurement Officer**  
ICFOSS

**Note:** - If the date of opening of Tender happens to be a holiday; the actual date for the same will be the next working day. No separate intimation in this regard will be issued.



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**TENDER DOCUMENT**

**ICFOSS/16/2019 – AAD dated 11/02/2026**

**NATURE OF SERVICE CONTRACT : Providing Medical Insurance Support to  
the Employees of ICFOSS**

I. NAME OF THE FIRM : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

II. POSTAL ADDRESS : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. TELEPHONE : \_\_\_\_\_

MOBILE : \_\_\_\_\_

E- MAIL : \_\_\_\_\_



#### IV. DETAILS OF STATUTORY REGISTRATION (Attach copies)

Company /Society/Partnership /Registration No

PAN No.

GST Registration No.

Others

I/We hereby certify that the details given above are correct to the best of my/our knowledge and belief. I/We also understand that in case any information has been concealed or information provided is not factual our request for pre-qualification will be rejected without assigning any reason therefore.

I/We have no objection to ICFOSS contacting our Clients and Bankers for reference.

Place:

Signature:

Date:

Name:

Seal:

Designation

#### ➤ **Submission of tender**

The tender should be submitted with the following documents. The documents shall include the following:

1. Company registration details
2. Detailed specification of the item quoted
3. Copy of Permanent Account Number (PAN)
4. Copy Of GST Registration Documents
5. Previous work orders supplied to any Government departments if any
6. Signed tender document



- **The contract is for a period of one year.** However, ICFOSS reserves the right to cut short the contract period at any point of time by giving notice of one month.
- The number is as per the present requirement which will be enhanced according to the necessity.
- ICFOSS reserves the right to conduct price negotiation with the lowest quoted bidder. The acceptance of a tenders shall rest with the ICFOSS, who does not bind himself to accept the lowest quoted tenders and reserves to it the authority to reject any or all the tenders received without assigning any reason(s) whatsoever.
- On acceptance of the tender, the Agency shall intimate the name of his accredited representative who would be responsible for taking instructions for carrying out the service.
- ICFOSS's decision with regard to the quality of the services will be final and binding.
- Details about the employee (such as age, gender, and number) are displayed on pages 10 through 18.

## Policy Conditions

Waiting Period	Waived Off
Sum Insured	Sum Insured Per Family Rs. 2,00,000 during the policy period
Age Band	1 day to 80 years
Family Definition	Employee, spouse , 4 dependent children upto 25 yrs. of Age and dependent .
Room Rent	2% of SI(200000) maximum upto Rs.4000 for Normal and 4% of SI(200000) maximum upto Rs.7000 for ICU (inclusive of nursing charges) .
Co-Payment	For employees, children,Spouse & Parents 0% co pay for all claims
Day care procedures	Day Care Procedures are to be Covered
Service Category	Both (Cashless + Reimbursement)

Pre-Post Hospitalisation	Pre Hospitalisation and Post Hospitalisation for 60-90 days respectively are to be covered
Maternity Benefit for Normal & C-Section	For Metro 25000-35000 for Normal and C-section respectively & for Non-Metro 20000-30000 for Normal for Normal and C-section respectively 9 Months waiting period waived off
Add-Del of Lives	Premium to be charged on Short Period Scale for addition/deletion endorsement. No Refund for deletion-if lives less than minimum required and if insured has claimed during policy
Pre-Existing Disease	Pre-Existing diseases have to be covered
Disease wise sublimits	No SubLimits
OPD Cover (Reimbursement)	To be covered

Baby Day 1	Baby covered from day1
Pre/Post Natal Expense	Need to be covered
Ambulance Service	Ambulance Charges to be covered Air Ambulance may covered upto Rs 100,000 or family sum insured whichever is less.
Special Condition	<ol style="list-style-type: none"> <li>1) Injury due to terrorism should be covered</li> <li>2) Lucentis to be covered</li> <li>3) Policy may cover hospitalization arising out of Psychiatric ailments as well as treatment of Functional Endoscopic Sinus</li> <li>4) 20% Co-Pay for cyberknife treatment/Stem Cell Transplantation. Cochlear</li> <li>5) Implant treatment shall be restricted to 20% of the SI.</li> <li>6) Lasik Surgery is to covered if correction index is +/- 6.5 D</li> <li>7) Ayurvedic treatment have to be covered in a Government Hospital, on the prescription of a registered medical practitioner only but to Sum Insured</li> <li>8) Internal Congenital disease have to be covered and External congenital disease is covered in life threatening situation.</li> </ol>



Mid-Term Inclusion	Mid term inclusion of dependents, spouse(on account of marriage during the policy term) b) children (childbirth during the policy term)
Claim submission clause	Claim must be filed within 30 days from the date of completion of treatment. However, the Company may at its discretion consider waiver based on merits of the claim, where there is delay in intimation or in submission of documents due to unavoidable circumstances and it is proved that the delay was for reasons beyond the control of the insured and under the circumstances in which the insured was placed it was not possible for him or any other person to give such notice or file claim within the prescribed time-limit
Reasonable and Customary Charges	Waived Off
Termination	Policy will cease to be in effect from the date of termination of relationship with the organization.
Exclusion	No Limits



### **DECLARATION**

1. I ..... Proprietor/ Partner/ Director/ Authorised Signatory of .....is / am competent to sign this declaration and execute this tender document.
2. I have carefully read and understood all the terms and conditions of the tenders and here by convey my acceptance of the same.
3. The information / documents furnished along with the above tenders are true and authentic to thee best of my knowledge and belief. I/ We/ am/are well aware of the fact that furnishing of any false information/ fabricated document would lead to rejection of my tenders at any stage besides liabilities towards prosecution under appropriate law

Date-  
Place-

Signature of Authorised Person

Full Name:  
Address:  
Company's Seal

N.B.: The above declaration in letter head, duly signed and sealed by authorised signatory of the company, should be enclosed with Technical bid.



**ANNEXURE I (BOQ TEMPLATE)**

Date : 11/02/2026

<b>tender Inviting Authority: ICFOSS</b>					
<b>Name of Work: Providing Medical Insurance Support to the Employees of ICFOSS</b>					
<b>Contract No: ICFOSS/16/2019 – AAD dated 11/02/2026</b>					
<b>Name of agency :</b>					
<b><u>PRICE SCHEDULE</u></b> <b><u>(This BOQ template must not be modified/replaced by the bidder and the same should be submitted after filling)</u></b>					
Sl. No.	Item Description (as specified in tenders documents)	Quantity	Units	RATE (inclusive of all Taxes)	TOTAL AMOUNT (inclusive of all Taxes)
1.	<b>No of Employees</b>	58	Nos		
2.	<b>No. of Dependents</b>	144	Nos		
<b>Grand total Amount</b>					
<b>Quoted Rate in Words</b>					

**Authorized Signature**  
(With Signature and Seal)

Employee Details		
<b>No of Employees 58</b> <b>No of Dependents 144</b>		
Employee No	Gender	Age
<b>Employee 1</b>	<b>M</b>	<b>57</b>
	F	54
	F	21
<b>Employee 2</b>	<b>M</b>	<b>46</b>
	F	40
	F	14
	M	11
<b>Employee 3</b>	<b>M</b>	<b>55</b>
<b>Employee 4</b>	<b>M</b>	<b>45</b>
	F	38
	F	68
	F	14
	M	3
<b>Employee 5</b>	<b>F</b>	<b>41</b>
	M	44
	F	67
	M	78
	M	14
	M	8

<b>Employee 6</b>	<b>M</b>	<b>60</b>
	F	54
<b>Employee 7</b>	<b>M</b>	<b>37</b>
	F	29
	M	4
	F	54
	M	68
<b>Employee 8</b>	<b>M</b>	<b>45</b>
	F	35
	F	4
	F	77
	M	75
<b>Employee 9</b>	<b>M</b>	<b>36</b>
	F	33
	F	58
	F	8
	F	8
<b>Employee 10</b>	<b>F</b>	<b>43</b>
	M	45
	F	68
<b>Employee 11</b>	<b>F</b>	<b>42</b>
	F	73
	M	73

<b>Employee 12</b>	<b>M</b>	<b>31</b>
	F	28
	F	62
<b>Employee 13</b>	<b>M</b>	<b>31</b>
	F	30
	F	53
<b>Employee 14</b>	<b>F</b>	<b>36</b>
	M	72
	F	66
<b>Employee 15</b>	<b>M</b>	<b>31</b>
	M	67
	F	55
	F	1
<b>Employee 16</b>	<b>F</b>	<b>48</b>
	F	72
	M	78
	M	26
<b>Employee 17</b>	<b>M</b>	<b>32</b>
	F	33
	M	6
	M	0
	M	64
	F	56

<b>Employee 18</b>	<b>M</b>	<b>34</b>
	F	55
	M	66
<b>Employee 19</b>	<b>M</b>	<b>27</b>
	F	50
	M	52
<b>Employee 20</b>	<b>M</b>	<b>37</b>
	F	37
	M	73
	F	61
<b>Employee 21</b>	<b>M</b>	<b>29</b>
	M	65
	F	56
	F	28
<b>Employee 22</b>	<b>F</b>	<b>34</b>
	M	37
	M	64
	F	63
<b>Employee 23</b>	<b>F</b>	<b>54</b>
	M	60
	M	16
<b>Employee 24</b>	<b>M</b>	<b>29</b>
	M	56

	F	51
<b>Employee 25</b>	<b>M</b>	<b>27</b>
	F	54
<b>Employee 26</b>	<b>F</b>	<b>40</b>
	M	46
	F	14
	M	9
	F	57
<b>Employee 27</b>	<b>M</b>	<b>31</b>
	M	70
	F	60
<b>Employee 28</b>	<b>M</b>	<b>26</b>
	M	57
	F	53
<b>Employee 29</b>	<b>F</b>	<b>25</b>
	F	58
	M	61
<b>Employee 30</b>	<b>F</b>	<b>35</b>
	M	38
	M	10
	M	66
	F	55
<b>Employee 31</b>	<b>M</b>	<b>27</b>

	M	66
<b>Employee 32</b>	<b>F</b>	<b>27</b>
	M	61
	F	50
<b>Employee 33</b>	<b>M</b>	<b>26</b>
	M	60
	F	59
<b>Employee 34</b>	<b>F</b>	<b>24</b>
	M	59
	F	50
<b>Employee 35</b>	<b>M</b>	<b>26</b>
	F	54
<b>Employee 36</b>	<b>F</b>	<b>30</b>
	M	36
	M	64
	F	57
<b>Employee 37</b>	<b>F</b>	<b>39</b>
	M	40
	M	9
	F	3
	M	73
	F	66
<b>Employee 38</b>	<b>M</b>	<b>29</b>

	M	65
	F	60
<b>Employee 39</b>	<b>M</b>	<b>25</b>
	M	66
<b>Employee 40</b>	<b>M</b>	<b>25</b>
	M	54
	F	50
<b>Employee 41</b>	<b>F</b>	<b>32</b>
	M	67
	F	69
	M	39
<b>Employee 42</b>	<b>M</b>	<b>23</b>
	M	53
	F	47
	F	82
<b>Employee 43</b>	<b>M</b>	<b>25</b>
	M	61
	F	56
<b>Employee 44</b>	<b>M</b>	<b>26</b>
	M	54
	F	47
	F	76
<b>Employee 45</b>	<b>F</b>	<b>26</b>



	M	60
	F	46
<b>Employee 46</b>	<b>M</b>	<b>24</b>
	M	54
	F	44
	F	74
<b>Employee 47</b>	<b>F</b>	<b>25</b>
	M	59
	F	51
	F	71
<b>Employee 48</b>	<b>F</b>	<b>25</b>
	M	55
	F	51
<b>Employee 49</b>	<b>F</b>	<b>29</b>
	M	34
	F	51
	M	61
<b>Employee 50</b>	<b>F</b>	<b>26</b>
	M	62
	F	50
<b>Employee 51</b>	<b>M</b>	<b>30</b>
	M	52
	F	45

<b>Employee 52</b>	<b>M</b>	<b>26</b>
	M	56
	F	51
<b>Employee 53</b>	<b>M</b>	<b>26</b>
	M	57
	F	46
<b>Employee 54</b>	<b>M</b>	<b>26</b>
	M	58
	F	54
<b>Employee 55</b>	<b>F</b>	<b>28</b>
	M	56
	F	46
	M	27
<b>Employee 56</b>	<b>F</b>	<b>25</b>
	M	55
	F	53
<b>Employee 57</b>	<b>M</b>	<b>24</b>
	M	59
	F	51
<b>Employee 58</b>	<b>M</b>	<b>26</b>
	M	58
	F	54