

FINANCIAL QUOTE FOR GROUP HEALTH INSURANCE POLICY OF ODISHA STATE PSU EMPLOYEES WELFARE SOCIETY FOR THE YEAR 2024-25

NAME OF THE INSURANCE COMPANY :

ADDRESS :

IRDA LICENCE NO. :

Description	(On Expring Policy Terms)	
	Figures in Rs.	In words
Annual Premium per family unit		
Service tax		
Total		

NB: All premium rates & total premium to be quoted by the quotationer shall be in Indian Rupees only on firm price basis and shall remain valid during the currency of the policy. In case of discrepancy between figures and words, the words will be considered correct.

Place :

SIGNATURE AND SEAL OF AUTHORISED SIGNATORY OF THE QUOTATIONER

Date:

NAME:

DESIGNATION:

Office Seal: