

	A	B	C
1	ANNEXURE 5		
2	FINANCIAL QUOTE FOR GROUP HEALTH INSURANCE POLICY OF ODISHA STATE PSU(BBSR) EMPLOYEES WELFARE SOCIETY FOR THE YEAR 2025-26		
3	NAME OF THE COMPANY :		
4	ADDRESS :		
5	IRDA LICENCE NO.:		
6	SCOPE OF COVER:	ON EXPRING TERMS	
7		FIGURES	IN WORDS
8	ANNUAL PREMIUM PER FAMILY UNIT		
9	SERVICE TAX		
10	TOTAL		
11			
12	NB: Figures quoted above by the quotationer shall be in Indian Rupees only and on firm price basis and shall remain valid during the currency of the proposed policy year . In case of discrepancy between figures and words, the words will be considered correct.		
13	PLACE:	SIGNATURE AND SEAL OF THE AUTHORISED SIGNATORYOF THE QUOTATIONER	
14	DATE:		
15		NAME:	
16		DESIGNATION :	
17		OFFICE SEAL:	