

**No. Duba/Admn/653/1/2008**  
**Consulate General of India**  
**Dubai**

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**TENDER NOTICE**

Sealed quotations are invited from the reputed and experienced bidders for "Renewal of Medical insurance to locally recruited staff members (Local Cadre) in Consulate General of India, Dubai". The last date of receipt of bids in sealed envelopes is on or before **1600 hours of 14<sup>th</sup> August 2025** in the office of Head of Chancery, Consulate General of India, Diplomatic Enclave, Al-Hamariya, Bur Dubai, Dubai. Details of the tender documents are available on [www.cgidubai.gov.in/tenders](http://www.cgidubai.gov.in/tenders) and [www.eprocure.gov.in](http://www.eprocure.gov.in).

Sd/-  
(Head of Chancery)

**No Duba/Admin/653/1/2008**  
**Consulate General of India**  
**Dubai**

**Invitation for Tender**

Sealed tenders in 2 (two) Envelope System are invited from eligible Contractors for the under mentioned requirements as per terms and conditions set forth in the Tender Documents:

1.	Tendering Authority	Consulate General of India, Dubai
2.	Invitation Ref No. & Date	No. Duba/Admin/653/1/2008
3.	Procurement Method	Open Tendering Method
4.	Source of Fund	Government of India
5.	Tender Name	Invitation of bids for Health Insurance cover for local employees of Consulate General of India, Dubai and their dependent family members
6.	Earnest Money Deposit/ Tender Security Amount	<b>AED 4,000/- (Dirham Four Thousand only)</b> by way of Banker's cheque/Demand Draft in favour of <b>Consulate General of India, Dubai</b> . <u>Any bid not accompanying with Earnest Money Deposit/Tender Security Amount shall be rejected.</u> The EMD of unsuccessful bidder will be returned within 30 days after the award of the contract. The EMD will be forfeited in case the bidder withdraws his bid during the period of bid validity or in case of a successful bidder, the selected bidder fails to sign the agreement in time or furnishing of any wrong information.
7.	Tender Submission Date	<b>Publication Date : 18.07.2025 (1100 hrs)</b> <b>Pre Bid Meeting : 28.07.2025 (1100 hrs)</b> <b>Last date of submission of bids : 14.08.2025 (1600 hrs)</b>
8.	Tender Opening Date & Time	<b>Technical bids will be opened on 20.08.2025 (1000 hrs) &amp; Financial bids will be opened on 27.08.2025 (1000 hrs).</b> Intending tenderer or their authorized representatives may attend the opening of tenders.
9.	Eligibility of Tenders	The invitation of tender is open to all eligible tenderer as mentioned below: i. Insurance company, which is registered with Department of Health, Dubai should have a minimum of five years of overall experience in providing health insurance cover in UAE and have successfully completed similar type of work in any Govt / Semi Govt. / Autonomous Body / Embassy / Consulate. ii. Tenderer must have up to date Trade License / Requisite approval from UAE regulatory authorities.
10.	Name and address of the office Receiving Tenders	Office of the Consul (Head of Chancery), Consulate General of India, Dubai.
11.	Name and address of the office for opening Tenders	Office of Consul (Head of Chancery), Consulate General of India, Dubai (Al Hamriya, Diplomatic Enclave Area No 312/8, Um Hurair 1, Dubai).
12.	Name and address of the officer(s) selling Tenders Documents	Office of Consul (Head of Chancery), Consulate General of India, Dubai (Al Hamriya, Diplomatic Enclave Area No 312/8, Um Hurair 1, Dubai)

13.	Special instructions	<ul style="list-style-type: none"> <li>i. The tenders should be submitted in <b><u>two (02) separate sealed covers</u></b> – the first sealed cover should be superscribed “<b>Technical Bid</b>” and second sealed cover be superscribed “<b>Financial Bid</b>”. Both the sealed covers should be placed in the main sealed envelope superscribed “<b>Tender for Health Insurance</b>” and addressed to “Head of Chancery, Consulate General of India, P.O. Box No.737, Dubai”.</li> <li>ii. The ‘<b>Technical Bid</b>’ should contain – (a) The requisite information duly filled in as per proforma at Annexure-I; (b) Agency profile including previous experience (c) Demand Draft/Banker’s cheque for Earnest Money Deposits; (d) All other required documents. The bidder should also clearly mention in the tender that the terms and conditions of the tender are acceptable by them.</li> <li>iii. The ‘<b>Financial Bid</b>’ should contain rates as proforma at Annexure-II. This should also mention statutory taxes as applicable.</li> <li>iv. The Tenderer shall submit documentary evidence in respect of their financial and technical capabilities and also of their experience in execution of similar nature of work.</li> <li>v. The tenderer can submit only one tender. A Tenderer who submits or participates in more than one tender will be disqualified.</li> <li>vi. The Agency/procuring entity reserves the right to accept or reject any or all the tenders without assigning any reasons whatsoever. If the Tenderer submit any false-incorrect or forged certificates, his tender will be summarily rejected and the Tender security may be forfeited. Quotations should be valid for at least 120 days.</li> </ul>
14.	<p>Scope of work (Minimum insurance cover is <b>AED 1,50,000/- per year</b> as per the laws of UAE and the quotations may be provided as per this insurance limit)</p>	<p>Health Insurance cover for local Employees of the Consulate General of India as admissible under the United Arab Emirates Laws for Dubai as per the details of local employees as attached.</p> <p><b>Scope of Work:</b></p> <p><b>In-Patient Treatment:</b></p> <ul style="list-style-type: none"> <li>i. Direct access to hospitals and clinics</li> <li>ii. Inpatient and Day treatment (including Pre &amp; Post hospital treatment)</li> <li>iii. Accommodation Type - General Room/Private Room</li> <li>iv. Hospital Accommodation &amp; Services</li> <li>v. Consultant’s, Surgeon’s &amp; Anesthetist’s Fees and other fees</li> <li>vi. Ambulance Services</li> <li>vii. Parent Accommodation for accompanying Child</li> <li>viii. Companion Accommodation for Critical Illness</li> <li>ix. Diagnostics, Labortaries</li> </ul>

		<p><b>Out-Patient treatment:</b></p> <ul style="list-style-type: none"> <li>i. Physician/Consultant</li> <li>ii. Diagnostics (x-Ray, MRI, CT-Scan, Ultra Sound, etc.), Laboratory</li> <li>iii. Pharmaceuticals</li> <li>iv. Physiotherapy</li> </ul> <p><b>Other Services:</b></p> <ul style="list-style-type: none"> <li>i. Emergency Treatment in UAE</li> <li>ii. Diagnostic and treatment services for dental and gum treatment (Medical emergency cases)</li> <li>iii. Repatriation of Mortal Remains to country of origin</li> <li>iv. Healthcare services for work related illnesses and injuries</li> <li>v. Ayurveda &amp; Homeopathy : Consultation &amp; Medication</li> </ul> <p><b>Maternity:</b></p> <ul style="list-style-type: none"> <li>i. Inpatient Maternity</li> <li>ii. Outpatient Maternity</li> </ul> <p><b>Others:</b></p> <p>Insurance service provider at his discretion may offer additional services at the lowest price, or without any additional cost. While evaluation of tender qualification, maximum service offered at lowest price will be key factor. 60% weightage will be given to facilities offered &amp; 40% weightage will be given to rates offered.</p>
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**For any enquiry/clarification regarding the following:**

- i. Details of employees (like age, gender etc) to be covered under this scheme.
- ii. Table of benefits of the current health insurance policy.
- iii. Claim ratio of the current policy.

The bidders can contact the Consulate at the following Email IDs:

- i. hoc.dubai@mea.gov.in
- ii. admn1.dubai@mea.gov.in
- iii. admn.dubai@mea.gov.in

The tendering authority reserves the right to accept any tender not necessarily the lowest, reject any tender without assigning any reasons and accept tender for all or anyone or more of the articles for which the service provider has bid.

Any bid received by the tendering authority after the deadline for submission of bids will be rejected and not be considered and may be returned unopened to the service provider.

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**Technical Bid**

To

Head of Chancery,  
Consulate General of India,  
Dubai

Dear Sir/Madam,

I/We, \_\_\_\_\_, Representative(s) of  
M/s. \_\_\_\_\_ solemnly declare that:-

1. I/We are submitting tender for Health Insurance Cover for Local Employees of Consulate General of India, Dubai against Tender Notice No. Duba/Admin/653/1/2008 dated 18.07.2025.
2. Myself or my partners do not have any relative working in any office of Consulate General of India, Dubai.
3. All information furnished by me/us in respect of fulfillment of eligibility criteria and other information given in this tender is complete, correct and true.
4. All documents / credentials submitted along with this tender are genuine, authentic, true and valid.
5. The Price – Bid submitted by me/us is “WITHOUT ANY CONDITION”.
6. I/We have not been banned/de-listed by any Government or Quasi Government agencies or PSUs.
7. If any information or document submitted is found to be false / incorrect, Consulate may cancel my/our Tender and can take any action as deemed fit including termination of the contract, forfeiture of all dues including Earnest Money and blacklisting of my/our firm and all partners of the firm etc.
8. All the terms and conditions of the tender are acceptable to us.

Yours sincerely,

(Signature of Tenderer)

**GENERAL INFORMATION AND EMD DETAILS**

1	EMD Details DD No and date: Amount in DHS. Name of the Bank:	
2	Name and Address of the Bidder:	
3	Contacts:	
4	Telephones:	
5	Fax:	
6	E-mail:	
7	Mobile No:	
8	Category of the Bidder (Whether company, partnership firm or Proprietary concern)	
9	Details of Owners/Partners-Nationality	
10	Name of Chief Executive Officer and Telephone No.	
11	Year of Establishment	
12	Trade License Number (please provide copy)	
13	Name and Address of the Banker	
14	List of major Clients and the size of orders executed	

**Note: Separate sheets may be attached wherever necessary.**

**Signature of the Tenderer  
With stamp and date**

**Financial Bid**

<b>SUM INSURED</b>	<b>AED 1,50,000/-</b>
<b>TERRITORY</b>	
<b>ELIGIBILITY</b>	
<b>NETWORK</b>	
<b>TPA</b>	
<b>DEDUCTIBLE</b>	
<b>CHRONIC CONDITIONS</b>	
<b>DENTAL</b>	
<b>OUT OF NETWORK</b>	
<b>OUTPATIENT</b>	
<b>INPATIENT</b>	
<b>AIR TRAVEL</b>	
<b>COMPANION ACCOMMODATION</b>	
<b>MATERNITY</b>	
<b>PREVENTIVE SERVICE, VACCINES &amp; IMMUNIZATIONS</b>	
<b>NEW BORN COVER</b>	
<b>TOTAL COUNT</b>	
<b>PREMIUM PER PERSON</b>	
<b>ANY OTHER CHARGE</b>	
<b>VAT, if any</b>	

**Signature of the Tenderer**  
**With stamp and date**