

## Format for Submission of Expression of Interest (EOI)

### Brief about Expression of Interest.

Name	<b>Proposal for Group Health Insurance of employees</b>
Location of the Supply	Veer Surendra Sai University of Technology, Burla, Sambalpur, Odisha
Name of Authority	Registrar, VSSUT, Burla
Eligible firms	The firm should be IRDA registered and having similar experience in undertaking group insurance of other reputed institute.
Date of Submission of EOI	06.03.2023
Contact person	Registrar VSSUT, Burla
Phone Number of Contact person	9861262771
Email	<a href="mailto:registrar@vssut.ac.in">registrar@vssut.ac.in</a>
Address for submission of EoI	Registrar, Veer Surendra Sai University of Technology, Burla, Sambalpur, Odisha-768018.
Selection Process	Expression of Interest (EOI)
<ul style="list-style-type: none"><li>• <b><u>The EoI will be submitted by Speed Post/Registered Post only</u></b></li><li>• The sealed envelope containing the EoI should be superscribed with “<b>Expression of Interest (EoI) for group term life insurance</b>”</li></ul>	

## **APPLICANT'S EXPRESSION OF INTEREST**

To,  
The Registrar  
Veer Surendra Sai University of Technology  
PO- College of Engineering, Burla  
Sambalpur - 768018  
Odisha

**Sub: Submission of Expression of Interest for .....**

Dear Sir,

In response to the Invitation for Expressions of Interest (EOI) published on \_\_\_\_\_ for the above purpose, we would like to express interest to carry out the above proposed task. As instructed, we agree for Group Health Insurance of employees of VSSUT with the following specification:

### **Specifications:**

#### **Organizational Details :**

1. Name of the Organization
2. Complete postal address with pin code:
3. GST No:
4. Telephone No.
5. Fax Number
6. Mail Id:
7. Name of representative:
8. Representative Mobile Number :
9. Representative E mail Id:

**Experience in related fields:** Attach the order copy in undertaking group insurance of other reputed institute.

#### **Additional information (if any):**

**Declaration:** We hereby confirm that we are interested for Group Health Insurance of employees of VSSUT as per the given specification to VSSUT, Burla and we certify that our organization has not been blacklisted during last three financial years. All the information provided herewith is genuine and accurate.

Sincerely Yours,

Signature of the applicant  
[Full name of applicant]  
Stamp.....

Date:

**Note: This is to be furnished on the letter head of the organization and signed in every page.**