



HO/GM/FI/16/23-24/624

Date:02.01.2024

CORRIGENDUM

REF: RFP REF. NO HO/NID/RFP/2023-24/112 DATED:20.12.2023 for Corporate Agency Arrangement for Health Insurance Business.

This corrigendum is regarding the below mentioned rectifications:

Page No/Annexure No.	Words to be replaced	Corrections/Modifications/Changes
Page 2 , TABLE OF CONTENTS	Section H , PAGE 9 Section I, PAGE 10 Section J , PAGE 11 Section K , PAGE 12 Section L , PAGE 17	Section H , PAGE 12 Section I, PAGE 15 Section J , PAGE 16 Section K , PAGE 17 Section L , PAGE 23
Pg No. 23, point 3 of Eligibility Criteria	Provide list of branches with contact person	Declaration by Bidder
Pg no 36, FORM 14	Please provide the details of your hospital network across various states as on 31.03.2023	Please provide the details of your hospital network across Bihar state as on 31.03.2023.

(D.N Pandey)

General Manager