



THE WBCARD BANK LTD.

THE WEST BENGAL STATE CO-OPERATIVE AGRICULTURE & RURAL DEVELOPMENT BANK LTD.

ICMARD Building, 4th Floor, 14/2, CIT Scheme- VIII (M), Kolkata-700 067

PBX : 033-2367-3012, 033-2358-0028

Email : wbscardb@gmail.com

Visit us at: www.wbscardb.com

EXPRESSION OF INTEREST (EOI) FOR GROUP HEALTH INSURANCE POLICY FOR THE: -

**PERMANENT EMPLOYEES INCLUDING THEIR DEPENDENT FAMILY
MEMBERS AND CONTRACTUAL EMPLOYEES (ASSISTANT)**

**THE WEST BENGAL STATE CO-OPERATIVE AGRICULTURE & RURAL
DEVELOPMENT BANK LTD.**

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Email of Person in Charge (underwriting) : underwriting@wbscardb.com

Email of (ICMARD, Kolkata) : board@wbscardb.com



THE WBSCARD BANK LTD.

THE WEST BENGAL STATE CO-OPERATIVE AGRICULTURE & RURAL DEVELOPMENT BANK LTD.

BOARD Building, 8th Floor, 14/2, CIT Scheme- VIII (W), Kolkata-700 067

Ph: 033-2557 3012, 033-2556 9028

Email: wbcard@wbcard.com

Web site: www.wbcard.com

INVITATION FOR EXPRESSION OF INTEREST

MEMO NO: 250/2024

DATE: 19.09.2024

The West Bengal State Co-operative Agriculture & Rural Development Bank (The WBSCARD Bank) Ltd. has been providing loans mainly to Farm Sector, Non-Farm Sector, Rural Housing Sector for various purposes as well as Personal Loan to Salary Earners since inception & to the Unbanked Beneficiaries in West Bengal through 24 PCATs & 2 District Offices of The WBSCARD Bank Ltd. The Bank has also initiated to create new avenues for augmenting scope of lending process as well as to make economic development in Rural areas of West Bengal by way of constituting Farmer Groups (FG), Self Help Groups (SHG), Joint Liability Group (JLG), Empowering Women Development Cell etc. The WBSCARD Bank Ltd. greatly welcomes facilities provided by the National Bank for Agriculture & Rural Development Bank in regard of Term Loans provided by the 2nd Priority MUDRA to the ultimate borrowers for the schemes of agriculture & rural development. The WBSCARD Bank Ltd. also seeks short term accommodation from the State Government, Commercial Banks and The WB State Co-operative Bank Ltd.

The WBSCARD Bank Ltd. is making efforts to cover all of its Permanent Employees including their dependent Family Members and Contractual Employees (Monthly) under Medical Insurance coverage in case of any Medical Emergency. The Group Health Insurance Plan could be a way of overcoming financial hardships, improving access to quality medical care and providing financial protection against high cost medical expenses. The Group Health Plan aims at addressing such issues of the employees of The WBSCARD Bank Ltd.

In view of this, The WBSCARD Bank Ltd. invites Expressions of Interest (EOI) from the Insurance Companies (Licensed and Registered with IRDAI) or Agencies / Brokers (licensed by Central Legislation to undertake Insurance related activities dealing with "Group Health Insurance Plan" for implementation of covering all of its Permanent Employees including their dependent Family Members and Contractual Employees (Monthly) of The WBSCARD Bank Ltd. under Medical Insurance Coverage in case of Medical emergency.

The EOI Document containing the details of qualification criteria, submission requirements, bid evaluation & scope of work and evaluation criteria etc. can be downloaded from the website www.wbcard.com.

Last date for submission of EOI is on or before Oct 05, 2024.

Insurance companies or agencies / Insurance Brokers if desired, may submit its proposals EOI in sealed envelope in addition to submit the same in online mode. The Managing Director, The WBSCARD Bank Ltd, BOARD Building, 8th Floor, 14/2, CIT Scheme- VIII (W), Kolkata-700 067 or to such the office or to his/her fax line for submission.


Arup Kumar Singh
Managing Director
The WBSCARD Ltd.



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THE WEST BENGAL STATE CO-OPERATIVE AGRICULTURE & RURAL DEVELOPMENT BANK LTD.

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 POB : 033-2367-3013, 033-2356-0000
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PART - A - TECHNICAL BID

1. NOTIFICATION:-

Call an award from the experienced, reputable and reputed insurance company/ insurance brokers for providing Group Mediclaim Policy for the Permanent Employees including their dependent Family Members and Contractual Employees (Assistant) at The WBSCARD Bank Ltd. at ICARD, 6th floor, 147 OT Scheme, VIII (W), Rajbala-700017 as per the details given below for a period of 1 (One) year extendable by further period at the discretion of The WBSCARD Bank Ltd. Authority.

1.1 Schedule of activities and events:-

S. No.	Particulars / Activity	Date & Time	Remarks
01.	Sum of Issuance of Bids	19.09.2023	
02.	Sum of opening of TOR/RFI and Tender Documents etc. (Publishing Bids) through Online	21.09.2023	Will be made available in the WBSCARD portal
03.	Sum of commencement of Downloading the Bids/Tender Documents etc. through Online	21.09.2023	
04.	Sum of commencement of Submission of Bid (i.e. Technical Bid and Financial Bid) through Online	21.09.2023	
05.	Pre-bid Meeting with the eligible Participants at ICARD, The WBSCARD Bank Ltd.	26.09.2023 2.00 PM	
06.	Sum of Opening of Submission/Uploading of Bid (i.e. Technical Bid and Financial Bid) through Online	26.10.2023 3.00 PM	
07.	Sum of Sum of uploading documents through Online	Sum of above	
08.	Sum and Place for Opening of Technical Bid/Proposals through Online with Preliminary Result based on Technical Bid Opening (TBO) Short A Pre-bid meeting	17.10.2023 4.00 PM	
09.	Sum of uploading of the Final Bid of the Technically Qualified Bidders as per TOR/RFI	To be decided by the Tender Committee of The WBSCARD Bank Ltd.	
10.	Sum of Opening of Financial Bid based on TBO (i.e. Financial Bid Opening) Meet	00	Will be notified to all the Bidders through e-Market Bids through email communication in the system
11.	Uploading of ECR the Cooperative Statement of Formed Rates and uploading of Final TBO Meet (i.e. Final Bid Evaluation Meet)	00	
12.	Uploading of Award of Contract - AOC (i.e. Work Order)	00	

1.2 Earnest Money Deposit:- (A)

Each Tender set comprises of (i) Part A - Technical Bid and (ii) Part B - Commercial Bid in addition to online submission at wbcard.gov.in as per the procedure provided in the Tender Document.



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Sealed Tenders addressed to The Managing Director, The WBSCARD Bank Ltd, 6th Floor, ICARD Building, Block 14/2, C.I.T Scheme-VIII (M), Kolkata-700067 is desired may be submitted in the form of two (02) systems. The EOI/Tenders shall be submitted in the following manner and shall contain details / documents as listed below:-

A. Signed as "Technical Bid (Part-A) - EOI for Group Mediclaim for the Permanent Employees including their dependent Family Members and Contractual Employees (Assistant) of The WBSCARD Bank Ltd." shall contain the following:-

- Forwarding letter (as per proforma given in Annexure-I) on the letter head of the Bidder Profile of the Bidder (as per proforma given in Annexure-A & B) duly filled in.
- A complete set of Tender Document (Part-A-Technical Bid) is issued, duly filled and signed by the Bidder.
- Other related documents mentioned in Technical Bid (Part-A).

B. Signed as "Commercial Bid (Part-B) - EOI for Group Mediclaim for the Permanent Employees including their dependent Family Members and Contractual Employees (Assistant) of The WBSCARD Bank Ltd." shall contain the following:-

- A complete set of the EOI/Tender documents (Part-B - Commercial Bid & Annexure-II) is issued, duly filled and signed by the Bidder.
- Both the envelopes (Technical Bid as well as Commercial Bid) if desired, may be submitted by the Bidder in a single sealed envelope superscribing "EOI for Group Mediclaim of the Permanent Employees including their dependent Family Members and Contractual Employees (Assistant) of The WBSCARD Bank Ltd."
- The full name and postal address of the Bidder shall be written on the bottom left hand corner of the sealed covers.
- Bidder / Authorized Signatory shall sign on each page of the Tender.

In the first stage of evaluation process, the Tenders under only Technical Bid (Part-A) of the Bid will be opened at The WBSCARD Bank Ltd. H.O. Those bidders qualifying the technical requirement and accepting the terms and conditions of these documents shall be short-listed as eligible bidders to participate in the Financial Bid.

Accordingly, under the second stage of evaluation process, the Commercial Bid (Part-B) of not Technically Qualified eligible Bidders will be opened. Fabrication/suppression of information shall lead to disqualification of the Bidder / cancellation of Bid/contract even after award of the award.

Bidders submitting the Bid, the intending Bidder may visit the Head Office to get acquainted with scope of work, terms and conditions of the EOI. Prior appointment in this regard may be made in period from Sep 21, 2016 to Sep 25, 2016 (Shri Sumin Bhui, DGM (HOD)-in-charge of IT, The WBSCARD Bank Ltd, Mobile No. 98312X6726)



THE WBSCARD BANK LTD.

THE WEST BENGAL VILLAGES CO-OPERATIVE AGRICULTURE & RURAL DEVELOPMENT BANK LTD.

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With-Tenders not submitted as per the guidelines stated above, are liable for rejection. Tenders received after the prescribed time and date in sealed envelope without applying in electronic mode will not be considered. Corrections, if any, in the quotation should be duly authenticated with full signature. In case of any difference between the figures and the wordings, the wordings will be taken as the correct one. The duration / condition will be stipulated by the Bidders in both Technical and Commercial Bids. Conditional Tenders will not be accepted and will be summarily rejected.

Note: The WBSCARD Bank Ltd. or any of its Authorized person, has right to cancel this request for EOI and invite another bid with or without advertisement, without liability or any obligation for such request for EOI and without assigning any reason thereof. Information provided at this stage is indicative only and The WBSCARD Bank Ltd. reserves the right to amend/alter further details in the EOI.

1. Key Features

The key features of the Health Insurance Plan envisaged are as follows:-

- Health Insurance Scheme would be for the permanent employees including their dependent family members and contractual employees (Arbitration).
- Premiums for Insurance coverage:** The WBSCARD Bank Ltd. will pay a Insurance premium for Health Insurance during the coverage period, every year basis.
- Direct Billing to Service Providers:** The insurer will assign direct settlement of Bills and Claims with Hospitals and Medical Service Providers in order to get the reimbursement and settlement of bills.
- Accessibility to Health Insurance Services:** The Administrative setup should ensure access to health information and services to all the beneficiaries of The WBSCARD Bank Ltd.
- The Scheme will include the participation of all Public and Private Sector Health Service Providers.
- The Scheme shall conform to the existing guidelines attached to this Notice and any other details as stated in Annexure-III. If there is any deviation/ additional deletion/ suggestion to the provided guidelines for coverage, the same should be indicated in the EOI submitted.

2. Terms and conditions

- Submission procedure:** Sealed envelope (if desired) may be submitted in addition to online submission of e-tenders/propoal with hardcopy/softcopy as "EOI for Group Health Insurance Policy for The WBSCARD Bank Ltd. Employees".
- Advance Copy of the Bid in Sealed Envelope** If desired, may be submitted to the Office of the Managing Director within the stipulated time. Those who send the documents by Post must ensure that the documents reach this Office before the prescribed time and date it must be affixed/proofed properly in advance copy. The Authority of the Bank will not take any responsibility under any circumstances for courier/ postal delays.
- The WBSCARD Bank Ltd. shall assess the ability and credentials of the Service Provider, before drawing up the EOI.
- The Authorized Representative of the Bidder shall sign on each page of the documents affixing Office Seal.
- EOI which are not in conformity with the requirements specified shall be rejected, without assigning any reason whatsoever.
- EOI sent by email shall not be considered for evaluation.
- The Scheme should have provision for additional beneficiaries to the list throughout the Year on Priority basis.



THE WBSCARD BANK LTD.

THE WEST BENGAL STATE CO-OPERATIVE HYPOTHETICAL & RURAL DEVELOPMENT BANK LTD.

BOARD BUILDING, 6th Floor, 14/1, CIT Scheme- VII (III), Kolkata-700 007

Phn : 033-2547 0011, 333-3254-5028

Email : wbcard@wbml.com

Web site : www.wbcard.com

- 6) The qualified Insurance Company/ Insurance Broker shall at all times and, comply with the provisions of Orders & Notifications issued by IRDAI and Government, from time to time. In case of any unsatisfactory service, suitable Penalty as imposed (to be decided by the competent Authority of The WBSCARD Bank Ltd.) shall be levied after issuing Notice, giving chance to the Service Provider for rectification.
- 7) In case of any failure for settlement of any Claim as agreed upon by the Service Provider, within a reasonable time frame as to be decided by the competent Authority of The WBSCARD Bank Ltd., Penalty shall be imposed. The period of contract shall be initially for one year, extendable further on mutually agreed terms and conditions, which is also liable to be terminated in case of any unsatisfactory services or lapses of any kind, with one-month's notice.
- 8) An Agreement in the mutually approved Format shall be entered between The WBSCARD Bank Ltd. and the Insurance Company/ Insurance Broker. The WBSCARD Bank Ltd. reserves the right to modify/ change the any terms and conditions, prior to signing of the Agreement.
- 9) The Insurance Company shall have to continue the Policy till the Policy completion date without making any additional premium except addition of members on Parents basis.
- 10) Any dispute of difference which may arise shall be resolved through conciliation and arbitration proceedings even after which if there exists any dispute, the issue shall be referred to Calcutta High Court for settlement whose decision shall be final and binding. Any dispute raised are subject to the first jurisdiction of the Court in Kolkata only.

A. Special terms and Conditions

- a) There should be a dedicated helpline (24 X 7) from the TPA of Insurance Company/ Insurance Broker available and the contact details including the name of Contact Person, Contact Numbers and Professional address, shall be furnished in the ICD documents.
- b) If there is any enhancement in the employees/ beneficiaries of the Scheme, the same should be paid direct to the Employees within 30 days on receipt of Bills. The Insurance Company/ TPA/ Insurance Broker shall be responsible for monitoring the smooth process.
- c) The reasonable claim by the TPA at the time of admission and discharge shall be maximum up to 6 hours.
- d) Reports including claim of the Employees (Permanent/ Contractual) and the details of settlements are to be furnished to the Centre immediately basis as and when required by the Centre.

4. Confidentiality

Only Agencies having the following credentials are requested to participate:-

- a) The Agency should be an IRDAI Accredited Insurance Company (Not HR)
- b) The Agency should have experience of providing Group Medical / Health Insurance Cover to Employees of Government/ Semi Government Organizations during the past 3 Financial Years.
- c) The Agency should have good Medical Claims Settlement record.
- d) The Agency should preferably have Average Annual Turnover of at least Rs. 50 Crores during the last three Financial Years 2022-23, 2023-24, and 2024-25.

5. Evaluation / Selection Procedure:

Evaluation / selection shall be carried out at the following stages:-

- i. A Selection Committee of The WBSCARD Bank Ltd. shall go through the documents of the Agencies to prepare the list of Agencies fulfilling the eligibility conditions.



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- (i) The Agencies will be making presentation on Technical and Commercial Parameters on Pre-Bid Meeting due to demonstrate their capabilities, their financial resources and experience operating across the following areas:
- Company Profile – Management Structure, Main Business & Areas of Specialization, Timeline of Hardware, Service Centre in Kolkata
 - Key Corporate Client, Value of Contracts and Select Features of Contract Agreement with Clients.
 - List of Expanded Hospitals in the form of West Bengal.
 - Details of Third-Party Administrator (TPA) and their role & responsibilities.
 - Approved Insurance/Health Insurance process.
 - Profit & Loss Account of the last three financial years and Past Work.
- (ii) Based on their meeting against this RFP, The Financial Bid will be opened only of those firms who will be found technically qualified after evaluation of their Technical bids.
- (iii) Agencies are required to sign & place Company's Stamp on all the pages of the Tender document against discrepancy of the Tender conditions.

A. Particulars/Documents to be submitted with and / signature and a covering letter in the Bids's Envelope.

(i) Details of establishment:

- Name and address of the Agency with e-mail ID and Contact Number.
- Address of local Office in Kolkata with e-mail ID & Contact Numbers.
- Attested / unexpired copy of Certificate of Incorporation.
- Attested / unexpired copy of Certificate of TENDR Certificate.
- Attested / unexpired copy of GST Registration Certificate.
- Attested / unexpired copy of Permanent Account Number (PAN) Card.
- Any other useful information: Evaluation Matrix etc.

(ii) Details of Experience & Financial Standing:

- Average Annual Turnover during the last three financial years certified by Auditor/ Chartered Accountant in the format at Annexure-A.
- Claim Settlement Performance during the last three financial years certified by IRDAI/Audited/Chartered Accountant in the format at Annexure-B.
- Attested/unexpired copies of at least 20 (twenty) contracts for Group Medical/ Health Insurance issued for Government / Semi Government organizations during the last 5 (five) financial years.
- Insurance Brokers need to submit Extract at Annexure-C.

(iii) Other Details:

- List of unexpired General & Super-Specialty Licenses in Kolkata and other major cities.

X. Criteria for Health claim Insurance for the Employees & their Family Members:

The age group of the existing Permanent Employees of Bank is in the range of 13 years to 60 years. The total number of Permanent Employees as on 01st Sep. 2024 is 72 (Seventy two) persons in Family Health cover and Casualty Employees as on 01st Sep 2024 is 18. The Permanent Employees and their dependent Family Members will be covered through Family Health Plan and the insured amount would be Rs. 2,00,000 p.a. for each Permanent



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Employees with Corporate Buffer @ Rs. 2.00 Lakh p.a. for Commercial Employees. The maximum amount of Corporate Buffer shall be Rs. 20 Lakh for one year. Limit of Corporate Buffer Loan per family would be 20% of respective loan limit based on Category of Staff. Though Insurance Companies have to seek the prior permission from the Management of The WBSCARD Bank Ltd. for using amount of Corporate Buffer per family, it is not covered for Critical Illness coverage but it cannot be offered by Mahatma Health.

The limits of the Limited Premium Employees & their Family Members and Commercial Employees (Outside) will be as per Annexure-III.

Last date and time of submission of EOI: 02.00 P.M. of Oct 15, 2024

9. Interested Agencies if desired may duly EOI in a sealed envelope, along with supporting documents, in as to reach to the Company on or before **02.00 P.M. of Oct 15, 2024** at the said address. The Envelope should be superimposed / marked as "Advance Copy-EOI FOR MEDICLAIM INSURANCE FOR THE WBSCARD Bank Ltd."

10. Mediclaim Insurance Policy for voluntary benefit for its employees should include the following points:

- a. Benefit is one of Hospitalization.
- b. Benefit is one of continued Treatment Starting from Post Hospitalization Treatment for a maximum period of 90 days.
- c. Benefit in case of following expenses incurred in any type of Medical Treatment i.e.,
 - (i) Room, Boarding, Nursing Charges.
 - (ii) Visiting Doctor, Surgeon, Anaesthetist, Physiotherapy, Consultant special fees.
 - (iii) Intensive Care unit.
 - (iv) Surgical fees, OT charges, Anesthetics, Blood, Oxygen, Surgical appliances, Medicines, Any Diagnostic (diagnostic charges, diagnostic Material & X-ray, Infusion, Chemotherapy, Radio Therapy, Physiotherapy, Cost of Prostheses, Artificial limbs, Cost of organ transplant and Re-related expenses.
 - (v) Drugs and Medicines consumed during hospitalization period.
 - (vi) Dressing, Out-patient, optical and plaster cast.
 - (vii) Cost of prostheses/limbs if implanted during surgical procedure.
 - (viii) Physiotherapy while being treated as inpatient and being part of the treatment.
 - (ix) Anaesthesia Charges.
- d. Any other facility provisions like cardiac facility, IT based imaging process and others.
- e. Coverage of pre-existing diseases.

11. Definition

The following words & terms shall have the meaning ascribed to them wherever they appear in this Policy, and reference to the singular or to the masculine shall include reference to the plural and to the feminine wherever the context so permits:

- a. "Accident" means a sudden, unforeseen and involuntary event caused by external and visible causes.
- b. "Accidental bodily injury" means any accidental physical bodily harm solely and directly caused by external, violent and visible cause which is verified and certified by a Medical Practitioner but does not include any sickness or disease.



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- e. "Administrator" means any Third Party administrator engaged by the Insurer for providing Policy and claims facilitation services to the Insured as well as to the Society and who is duly licensed by IRDAI for the said purpose.
- f. "Age" means completed years as at the commencement Date of the Policy Period.
- g. "Any One Illness" means any continuous period of illness and which includes a relapse within 45 days from the date of discharge from the Hospital/Nursing Home where treatment may have been taken and for which a claim has been made with the Insurer. Occurrence of same illness after a lapse of 45 days as stated above will be considered as fresh illness for the purpose of this Policy.
- h. "Co-Payment" means the agreed share of the Clinic Expenses which is to be borne by the Insured for each Hospitalization claim.
- i. "Day Care Expenses" means the Reasonable and Customary Expenses incurred towards medical treatment for a Day Care Treatment / Procedure prescribed by the Administrator and done in a Network Hospital / Day Care Centre to the extent that such cost does not exceed the Reasonable and Customary Expenses in the locality for the same Day Care Treatment / Procedure.
- j. "Day Care Hospital/Centre" means a special facility, or an arrangement within a hospital setting, that enables the patient to come to the Hospital for treatment during the day and return home or to another facility at night. "Day care Treatment" Day care treatment refers to medical treatment, and/or surgical procedure which is:- undertaken under General or Local Anesthesia in a temporary care Centre in less than 24 hrs because of technological advancement, in which would have otherwise required a Hospitalization of more than 24 hours. Treatment usually taken on an out-patient basis is not included in the scope of this definition.
- k. "Diagnostic Centre" means the Diagnostic Centre which have been recognized by Insurer or Administrator as per the latest version of the Schedule of Diagnostic Centres maintained by Insurer or Administrator, which is available to Insured on request.
- l. "Dependent Child/ Children" means children / a child (natural or legally adopted), as laid in the agreement of The WBSCARD Bank Ltd.
- m. "Disease / Illness" means a condition affecting the general well-being and health of the Insured that first manifests itself in the Policy Period and which requires treatment by a Medical Practitioner.
- n. "Domiliary Hospitalization" means Medical Treatment for a period exceeding three days for such Illness/ Disease/ Injury which in the normal course would require care and treatment at a Hospital/Nursing Home but actually occurs while confined at home in form under any of the following circumstances namely:-
 - The condition of the patient is such that he/she cannot be moved to the Hospital/Nursing Home.
 - The patient cannot be moved to Hospital/Nursing Home for lack of accommodation facilities. However, the Domiliary Hospitalization benefits shall not cover:-
 - o Expenses incurred for pre and post Domiliary Hospitalization Treatment or
 - o Expenses incurred for treatment for any of the following diseases:-
 - Asthma
 - Bronchitis
 - Chronic Nephritis and Nephritic Syndrome
 - Diabetes and all type of Dysmetabolism including Gastro-intestinal
 - Diabetes Mellitus and Insipidus



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- Dengue
 - Hypertension
 - Influenza, Cough and Cold
 - All Psychiatric or Psychosomatic Disorders
 - Pyrexia of unknown Origin for less than 10 days
 - Exanthema with Upper Respiratory Tract Infection including Laryngitis and Pharyngitis
 - Asthma, Gout and Rheumatism.
- a. "Eligible Hospitalization Expenses" means the expenses which the Insured Person is entitled for applicable under and subject to the charges as given in the scope of Cover under the Policy.
 - a. "Epidemic Disease" means a Disease which occurs when new cases of a certain Disease, in a given human population, and during a given period, substantially exceed what is the normal "expected" incidence rate based on known experience (the number of new cases in the population during a specified period of time is called the "Incidence Rate").
 - a. "Excess" means the % of sum insured claim or amount up to which all Expenses covered by this Policy are to be borne by the Insured for which this Policy benefit will not be payable and better the liability of the Insurer is ascertained.
 - p. "External Congenital Anomaly" means a condition which is present since birth, is the visible and an ascertainable part of the body and which is discussed with reference to Form structure of Policies.
 - q. "Family" means as defined in the Standard Rules of The West India Life and General Insurance Co. Ltd. of the Schedule V (Schedule for Reimbursement of Hospitalization Expenses).
 4. "Cover Period" means the specified period of 90 days immediately following the premises the date during which a person can be made to cover or contract a Policy is lost without loss of continuity. Periods such as waiting periods and coverage of pre-existing condition / Diseases. Coverage is not available for the period for which no provision is made as:
 6. "Hospital/Treating House" means any institution established for Hospital Care and they have Treatment of sickness and / or injuries and which has been registered in a Hospital with the Local Authorities, wherever applicable, and is under the supervision of a registered and qualified Medical Practitioner OR must comply with all minimum criteria as under:
 - has at least 10 separate beds, in case there being a provision of less than 10 beds, only and 15 separate beds in all other places;
 - has qualified Nursing staff under its employment round the clock;
 - has qualified Medical Practitioner(s) in charge round the clock;
 - has a fully equipped Operation Theatre of its own where Surgical Procedures are carried out;
 - maintains daily records of patients and will make them accessible to the Insurer's authorized personnel.
 1. "Hospitalization" means the Insured's admission into Hospital for a continuous period of not less than 24 hours.
 - a. "Insured" means the Beneficiary/Policy owner named in the Schedule, who is a citizen and resident of India and for whom the insurance is proposed and appropriate premium paid.



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- iv. "Insured Person" means the person named in the Schedule-2B in a contract of India and for whom the insurance is proposed and appropriate premium paid. This includes Insured Person's family members of dependent person).
- vi. "Insurer" means Insurance Company.
- v. "Intensive Care" means care or treatment for which the Insured Person has to be hospitalized for more than 24 hours.
- vi. "Intensive Care Unit" means an identified section, ward or wing of a Hospital which is under the constant supervision of a qualified Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is appreciably more sophisticated and intensive than in the ordinary and other wards.
- vii. "Maternal Congenital Anomaly" means Disease not manifested externally resulting from congenital disorder due to defects or damage in a developing fetus. It may be the result of genetic abnormalities, the intrauterine (intra) uterine environment, stress of pregnancy, or a chromosomal abnormality.
- viii. "Medical Expenses" mean reasonable & necessary Expenses reasonably and necessarily incurred by the Insured for Medical Treatment of Disease, Illness or Injury that may be the subject matter of claim as incurred in a Hospital / Nursing Home / Day Care Centre, and includes the cost of a test, treatment and care by Medical Staff, Medical Practitioner, Medical Practitioner's fees, medicines and consumables including cost of Prosthetic, Implants, as long as these are recommended by the attending Medical Practitioner.
- ix. "Medical Practitioner" means a person who holds a valid registration from the Medical Council of any State of India and is directly entitled to practice medicine within his jurisdiction; and is acting within the scope and jurisdiction of his license. The term Medical Practitioner would include Physicians, Specialist and Surgeons. The registered Medical Practitioner should not be the insured or any son of the claim family members of the insured.
- x. "Mental Illness/Disorder" means any mental Disease or bodily condition marked by derangement of personality, mind, and emotions to begin the normal psychological, social or work performance of the individual regardless of its cause or origin.
- xi. "Network Hospital" means the Institutions (Hospitals / Nursing Homes or Health centers) Network Hospital means Hospital that has agreed with the TPA to participate for providing Cashless Health Services to the Insured Persons. The list is maintained by and available with the TPA and the same is subject to amendment from time to time.
- xii. "Non-Network Hospital" are those Hospitals/ Nursing Homes which are outside the network of Hospital/ Nursing Homes as maintained on the list and made available by the Administrator and the Insurer.
- xiii. "Out Patient Department" means a department where patient is not hospitalized and who is being treated in an office, clinic or other Ambulatory Care facility by Medical Practitioner for Illness/Disease.
- xiv. "Pre-existing Condition" means any condition, ailment or injury or related conditions for which Insured had signs or symptoms, and/or were diagnosed, under medical medical advice / treatment within 36 months prior to the first Policy issued by the Insurer.
- xv. "Policy Period" means the period commencing with the commencement date of the Policy & terminating with the expiry date of the Policy as stated in the Policy Schedule.



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- ii. "Post-Hospitalisation Expenses" means relevant Medical Expenses incurred during period up to 90 days prior to Hospitalisation or Disease / Disease / Accidental Bodily Injury sustained. Such Expenses will be considered as part of claim settled as treatment which is continued after discharge for an Accident / Disease / Accidental Bodily Injury, not different from the one for which Hospitalisation was necessary.
- iii. "Pre-Hospitalisation Expenses" means relevant Medical Expenses incurred during period up to 30 days prior to Hospitalisation or Disease / Disease / Injury sustained. Such Expenses will be considered as part of claim settled as treatment which is taken before Hospitalisation for an Accident / Disease / Injury, not different from the one for which Hospitalisation was necessary.
- iv. "Proposal" means the Written Application of a Standard Form which the Insured duly fills and signs in which complete details seeking insurance to be provided to him and includes any other information claimed provided to the Insurer in the said Form or in any communication with the Insurer, seeking and receiving.
- v. "Proposal" means the person furnishing complete details and information in the Proposal Form for availing the benefits either by himself or through the person to be covered under the Policy and continues to be a part of the Contract of Insurance by way of signing the same.
- vi. "Qualified Nurse" means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any State in India.
- vii. "Reasonable and Customary Expenses" means a charge which is charged for Medical Treatment, supplies or Medical Services that are medically necessary in that Insured's condition, and it does not exceed the usual level of Expenses for similar Medical Treatment, supplies or Medical Services in the locality where the expense is incurred, and it does not include Expenses that would not have been made if no insurance existed.
- viii. "Schedule" means that portion of the Policy which sets out insured details, the type of Insurance Cover as Basic, the Policy Period and the Sum Insured. Any Addendum and/or Endorsement to the Schedule shall also be a part of the Schedule.
- ix. "Sum Insured" means the specified amount mentioned in the Schedule or this Policy, which represents the Insurer's maximum liability for any or all claims under this Policy during the continuation of the Policy subject to terms and conditions as stated in the policy.
- x. "Surgical Operation" means Manual and/or Chemical Procedures required for treatment of a Disease / Disease or Accidental Bodily Injury, correction of Deformities and Defects, Wounds and cuts, Hemorrhoids, relief of suffering, or preservation of life, performed in a Hospital or Day Care Centre by a Medical Practitioner.
- xi. "Waiting Period" All benefits shall be payable during the term of the Policy for the Claims which occur or where the Hospitalisation for the Claim has occurred from day 1 of first Policy Issue Date. Waiting period will also be not applicable for the subsequent continuous uninterrupted intervals of Hospitalisation due to accidents.
- xii. "Period of Policy" This Insurance Policy is issued for a period of one year as shown in the Schedule.
- xiii. "Third Party Administrators (TPA)" means a Third-Party Administrator, who, for the time being, is licensed by the Insurance Regulatory and Development Authority, and is engaged, for a fee or remuneration, by whatever name called as may be specified in the Agreement with the Company, for the provision of Health Services.
- xiv. "ID card" means the Card issued to the Insured Person by the TPA/Insurance Company in valid condition issued in the Network Hospital. It will not have the photograph printed on it. The pattern of the Card is



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Disproportionate will have to submit the Photo ID proof along with the copy of the Card. In case Photo ID proof of the dependent is not available the ID Card copy along with the Primary Card Holder's photo ID proof will be accepted.

- iv. "Cashless Facility" means the TPA may authorize upon the insured's request for direct settlement of admissible claims on per agreed charges between Network Hospital & the TPA. In each case, the TPA will directly settle all eligible amounts with the Network Hospital and the Insured Person may not have to pay any bills after the end of the treatment at Hospital to the extent the claim is covered under the Policy.
- v. "Limit of Indemnity" means the amount covered in the Schedule against the name of each Insured Person which represents maximum liability for any and all claims made during the Policy Period in respect of that Insured Person with regard to Hospitalization taking place during continuance of the Policy.

Q. Scope of Services: Insurer shall pay the expenses reasonably and necessarily incurred by or on behalf of the Insured Person under the following categories but not exceeding the Sum Insured and subject to deduction of any sums as indicated in the Policy Schedule in respect of each Insured Person as specified in the Schedule:

(i)	Room, Boarding, Nursing expenses as charged by the Hospital/Nursing Home including Registration and Services Expenses. 2% of Sum Insured per day subject to a maximum of Rs.1,000/- for room cost per day. If admitted in ICU, max. 4% of Sum Insured per day subject to maximum of Rs.10,000/- per day. All admissible claims under Room, Boarding and Nursing expenses including ICU during the Policy period are restricted maximum amount of the sum insured. Sum Insured of each Permanent Employee is limited to Rs. 2 Lakh. Dependents of employees have also capped at of Rs. 1 Lakh each (Family floater). Sum Insured of each Contractual Employee is limited to Rs. 2 Lakh.
(ii)	Corporate Buffer: Rs. 25Lakh Pre and Post Hospitalization Medical Expenses should be limited up to 30 & 60 days respectively. There will be no Waiting period of pre-existing diseases. Limit of Corporate Buffer per family would be 50% of respective Sum Insured based on Corporate of Staff. Though Insurance Companies have to get prior permission for using amount of Corporate Buffer per family from the management of The WBSCARD Bank Ltd., it is not needed for Critical illness coverage but it may be utilized for Maternity benefit. Expenses of Hospitalization for continuous period of 24 hours are admissible. However, this sum limit is not applied to specific treatment i.e. Dialysis, Peritoneal Dialysis, Radiotherapy, Eye Surgery, Lithotripsy (Kidney Stone removal), DMC, Transurethral, Dental Surgery due to accident, Hysterectomy, Coronary Angioplasty, Coronary Angiography, Surgery of Gall Bladder, Prostate & Bladder, Surgery of Hernia, Surgery of Hydrocele, Surgery of Prostate, Gastrointestinal Surgery, General Surgery, Surgery of Nose, Surgery of Ear, Nose and Throat, Surgery of Appendix, Surgery of Urinary System, Arthroscopic Knee surgery, Laparoscopic Thoracoscopic Surgeries. Any surgery under Anaesthesia, Treatment of Fracture/Disluxation excluding fracture fractures. Comminuted fractures & minor reconstructive procedures of limbs which otherwise require hospitalization taken in the Hospital bearing Name under the network of TPA and the Insured is discharged on the same day. The treatment will be considered under Hospitalization Benefits.
(iii)	Nursing Allowance: Nursing charges are included within Room Rent Limit.



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	Family expenses: Several Health Treatments which do not need Hospitalization. Outpatient treatment would not be covered on OPD / PD basis. Weight loss treatment, Infertility and related ailments (included Male Sterility) and alternative methods of treatment should not be included under this Policy. Simultaneously Domesticity Hospitalization is specially excluded. Any Hospitalization for condom contraception is excluded under this policy. Treatment of Mental Disorders, assessed as incomplete development of a mind of a person (Sub normal intelligence, Cerebral Palsy, Mental Intellectual disability, Parkinson Disease, Alzheimer's Disease, Manic-depressive, Dementia, etc.) will not be covered under this Policy. Injury Expenses of the disease like Cancer, Hepitis, Kidney Stone, Fracture & Fracture repair / Fractured Hyaline Apparatus / Gall Bladder & Prostate should be covered (Pre & Post exposure) under the Policy. Congenital Hereditary / Excessal disease: Inborn Congenital disease not covered. Excessal Congenital cases are covered only in life threatening emergencies. To be covered after family term insured. Appendix: Not included, Gall Bladder, Hepitis, Hydrocele, Hernia, etc. Fracture repair and its after removal the same should be covered. And Hospitalization including Vaccines shall also be covered. Cancer: Covered upto INR Rs. 10,00,000 per case. Cyberknife Treatment / Brain cell Transplantation: Covered upto 50% Capex. Cochlear Implant Treatment: Covered upto 50% of CI. Organ donor Expenses: Covered upto last full amount. Lash / Leprosy: Lash to be covered if eye prior to + or - 1. Psychiatric ailments: Policy does not cover Hospitalization along with of Psychiatric ailments within a limit of INR 10,000. Modern treatment method should be 50% of CI. Ambulance cover: Covered Upto 2k per emergency incident & total Rs. 50k per employee in a Policy year. Emergency Air Ambulance: No coverage if Emergency Air Ambulance. Hospital Cash Benefit: No coverage of Hospital Cash Benefit.
10)	Relaxation is 24 hours minimum duration for Hospitalization will be applicable. 1) If they are covered up to Day Care Center networked by THA where requirement of minimum number of beds are provided but it must have (a) fully equipped Operation Theatre (b) Fully qualified Day Care staff (c) Fully qualified Surgeon / Post Operative attending Doctors. 2) If it requires Hospitalization it requires Specialized Infrastructure facilities available only in Hospital but due to technological advancement Hospitalization is required for less than 24 hours under the Hospital Procedures (subjected but to be done under General Anesthesia). 3) Procedures/Treatments usually done in Day Patient Department (OPD) are not payable under the Policy even if converted to Day Care Surgery Procedure as no Hospitalization is required for more than 24 hours. 4) Pre Hospitalization: Relevant Medical Expenses incurred during period up to 30 days prior to Hospitalization / Outpatient Hospitalization on day-care/surgery covered will be considered as part of Claim. 5) Post Hospitalization: Relevant Medical Expenses incurred up to 90 days after Hospitalization / Outpatient Hospitalization on day-care/surgery covered will be considered as part of Claim.



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	6) Day Care Expenses: Insured shall pay for Day Care Expenses incurred on any disease excluding Cancer and Dementia.
(6)	Maternity Expenses Benefit:- Initial waiting period as also Pregnancy coverage should also be 3 months. The Maternity Expenses benefits will be applicable only if the Primary Members or Spouse of Primary Members are admitted in Hospital / Nursing Home. 1) Claims in respect of delivery for only first two children and/or Operations associated therewith will be considered in respect of any one Insured person covered under the Policy or any insured thereof. Those Insured Persons who are already having two or more living children will not be eligible for this benefit. 2) Maximum Benefit of Rs.25,000/- benefit per employee in case of Pregnancy, which is in between 9-9 months from the Policy commencement date. 3) Expenses incurred on new born baby will be covered from Day 1 with no limit of the amount. 4) Maternity benefits should be included. For Normal delivery upto Rs. 10,000/- should be covered and for Caesarian delivery upto Rs. 15,000/- should be covered under this scheme. 5) New Born Baby should be covered under Medical Insurance from Day 1. 6) Pre & post Natal Expenses : Covered upto INR 1Lk within Maternity sum insured.
(7)	Free Basic Health Check-up camp should arrange by Insurance Companies/Insurance Broker at their own cost in or Kolkatta/Midnapore/Purulia & Siliguri location preferably for the Primary Members. Day Care : Covered. Less than 24 hrs. Hospitalization and also provide complete list of Day Care Procedures. Day Care treatment should be covered as per Industry Practice. Following charges levied by Hospital will not be payable under this Policy Admission Charge/ Sub-charge/ Service charges/ Miscellaneous charges/ Registration Fee/ Admission Fee/ Other non-medical or non treatment related expenses Dental OPD & Treatment & other (DPT) :- a. Accidental Dental damage cover included. b. All Dental IPD/OPD treatments such as Root Canal, Implants, C&D Dental treatment to be covered. Subject to Non-Coverable as below. Maximum upto Rs. 5,000/- would be covered under such Dental OPD (insurance along with all OPD benefit) for each family of the Permanent Employees and for each Contractual Employee (Assistant) in a Policy year. For each case, original XRs should be placed in the Insurance companies by the WBSCARD Bank Ltd. in quarterly basis for necessary reimbursement. Ayurvik / Allopathic / Ayurveda, Homeopathy, Unani / Siddha - other forms of treatments Covered at Government recognised Hospitals with a sub-limit of 50% of Sum Insured. Ambulance Charges up to 2% of sum insured subject to maximum limit of Rs.5000/- in a Policy Year will be reimbursed. This benefit is available only for shifting patient from Residence to Hospital if admitted to ICU or Emergency Ward or from one Hospital to another Hospital (transfer). a) The liability of the Insurer in respect of all claims admitted during the period of Insurance shall not exceed the Sum Insured for the person as mentioned in the Schedule. b) The Mediclaim Policy shall have waiver of 30 days Waiting Period. The Mediclaim coverage of the employee shall be from Day 1. c) The Mediclaim Policy shall have immediate coverage of Pre-Existing Disease. d) The self-cover from Day One(1) is decided under Patient Sum Insured/Corporate benefit. e) The Mediclaim Policy shall have option of Top-up Health Insurance cover upto an individual level or corporate level.
(8)	



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(A)	Covid Coverage or any other associated with diseases Cases with positive diagnosis (By Centre Virus) indicating presence of SARS-CoV-2 or any other related who are admitted in Hospital for Emergency related illnesses for next 24 Hours will be covered as per Policy. Covid & other Pandemic Cover, including Flu/Influenza exposure IP covered upto 31. Home Health Care covered upto 5% of SI maximum upto 25% per family.
(B)	Coverage for Dependents in case of Death of an Insured should be continued until the last day of Current Policy Year. In case there is Hospitalisation and Tests are conducted, however, post the Tests, no further amounts are disbursed, costs of Tests and Hospitalisation expenses should be covered in the following manner :- ➤ Cover for expenses for Ambulance i.e. ambulance or third party. Not Covered. ➤ SIPs on pay for non-attendance start / Tests and / medical fees. ➤ Cashless Benefit : As per Insured or Insurer TPA network list. ➤ Addition : Deduction : On Pre-rules basis. ➤ Mid-term addition of newly enrolled spouses and new born baby and New policies : Allowed subject to timely intimation within 30 days from day of event. ➤ Mid-Term addition from date of joining premium to be charged on pro-rata basis. Addition and deletions to be carried out within 30 days. ➤ Mid-term addition from date of joining - premium subject to pro-rata basis / Allowed subject to timely intimation and no claims certification. ➤ No deduction in case of death of an employee during Hospitalisation Cover to date basis of Insuree. ➤ There should be a scope for cancellation of separate Individual Policy top up policy viz., i) persons wish to continue this Policy after retirement, voluntary retirement from this service. ii) Scope of top up in Sum Insured. iii) Coverage of OPD treatment. iv) Coverage of single Private Room or no capex of RRT. v) Coverage of PFI from day one. vi) Coverage of Domestic Insurance. vii) Coverage of additional Air Ambulance. viii) Coverage of critical illness. Bank authorities will not be held responsible as also he will liable for additional insurance premium rates for such additional benefit cover above against such individual policy, if any.



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Annexure A – Day Care List

The following are the listed Day Care Procedures and such other Surgical Operations for treatment less than 24 hours Hospitalization due to Medical / Technological Advancement Infrastructure facilities and the coverage of which is subject to the terms, conditions and inclusion of the Policy.

1. **Marginal Operations on the middle ear:-** Stapedectomy, Revision of a stapedectomy, Other operations on the middle ear; Myringoplasty (Type-C Tympanoplasty), Tympanoplasty (Closure of an eardrum perforation) reconstruction of the eardrum ossicles, Revision of a tympanoplasty, Other microsurgical operations on the middle ear.
2. **Other Operations on the middle & inner ear:-** Myringoplasty, Removal of a tympanic drum, Incision of the round process and middle ear, Stapedectomy, Reconstruction of the middle ear; Other incisions of the middle and inner ear; 1-4 Translocation of the inner ear, Section of a fenestration of the inner ear, Incision (opening) and destruction (ablation) of the inner ear, Other Operations on the middle and inner ear.
3. **Operations on the nose & the nasal sinuses:-** Excision and destruction of diseased tissue of the nose, Operations on the turbinates (nasal concha), Other operations on the nose, Nasal septa resection.
4. **Operations on the eyes:-** Incision of tear glands, Other operations on the tear ducts, Incision of diseased eyelids, Excision and destruction of diseased tissue of the eyelids, Incision of diseased eyelids, Operations on the eyelids and eyelids, Corrective surgery for strabismic and astigmatic, Corrective surgery for Myopia/Hyperopia, Removal of a foreign body from the conjunctiva, Removal of a foreign body from the cornea, Removal of a foreign body from the base of the eye, Removal of a foreign body from the cornea, Incision of the cornea, Operations for pterygium, Other operations on the cornea, Removal of a foreign body from the base of the eye, Removal of a foreign body from the posterior chamber of the eye, Removal of a foreign body from the iris and eyelid 1K Operations of cataract.
5. **Operations on the skin & subcutaneous tissues:-** Incision of a placental sinus, Other incisions of the skin and subcutaneous tissues, Surgical removal (excision) and removal of diseased tissue of the skin and subcutaneous tissues, Local excision of diseased tissue of the skin and subcutaneous tissues, Other excisions of the skin and subcutaneous tissues, Simple excision of surface contusion of the skin and subcutaneous tissues, Free skin transplantation, Autologous skin, Free skin transplantation, compound skin, Revision of skin grafts, Other resurfacing and reconstruction of the skin and subcutaneous tissues, Chemodermatoma to the skin 2B Excision of diseased tissue in the skin and subcutaneous tissues, Malignant.
6. **Operations on the tongue:-** Incision, excision and destruction of diseased tissue of the tongue, Partial glossectomy, Chemodermatoma, Reconstruction of the tongue.
7. **Operations on the salivary glands & salivary ducts:-** Incision and biopsy of a salivary gland and a salivary duct, Excision of diseased tissue of a salivary gland and a salivary duct, resection of a salivary gland, Reconstruction of a salivary gland and a salivary duct.
8. **Other operations on the mouth & face:-** External incision and drainage in the region of the mouth, jaw and face, Incision of the hard and soft palate, excision and destruction of diseased hard and soft palate, Incision, excision and destruction in the mouth, Palatoplasty, Other operations in the mouth.
9. **Operations on the tonsils & adenoids:-** External incision and drainage of a pharyngeal abscess, Tonsillectomy without adenoidectomy, Tonsillectomy with adenoidectomy, Excision and destruction of a lingual tonsil, Other operations on the tonsils and adenoids.



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- (8). Thyroid surgery and thyroplasty, Incision of lobe, cystic and simple, Closed reduction in fracture, Incision, myotomies with neurolysis, suture and other operations on tendons and tendon sheaths, Reduction of dislocation under GA, Arthroscopic knee operations
- (9). Operations on the breast: Incision of the breast, Operation on the nipple.
- (10). Operations on the digestive tract: Incision and closure of wound in the peritoneal region, Resection of stomach and ileum, Surgical treatment of hemorrhoids, Dilatation of the anal sphincter (sphincterotomy), Other operations on the anus, Ulcerated gastric operations, Sclerotherapy etc., Laparoscopic cholecystectomy
- (11). Operations on the female genital regions: - Resection of the ovary, Dissection of the fallopian tube, Other operations on the fallopian tube, Dilatation of the cervical canal, Coagulation of the uterine cervix, Other operations on the uterine cervix, Incision of the cervix (hysterotomy), Therapeutic curettage, Conization, Incision of the vagina, Local excision and illumination of diseased tissue of the vagina and the pouch of Douglas, Incision of the vulva, Operations on Bartholin's gland(s)
- (12). Operations on the prostate & seminal vesicles - Incision of the prostate, Transurethral excision and destruction of prostate tissue, Transurethral and percutaneous destruction of prostate tissue, open vaginal excision and destruction of prostate tissue, Radical prostate extirpation, Other excision and destruction of prostate tissue, Operations on the seminal vesicles, Incision and excision of preprostatic tissue
- (13). Operations on the scrotum & testes: vaginally, scrotal, Incision of the scrotum and testis: vaginally, scrotal, Operation on a testicular tumour, Excision and destruction of diseased testis tissue, Plastic reconstruction of the scrotum and testes: vaginally, scrotal, Other operations on the scrotum and testes: vaginally, scrotal.
- (14). Operations on the testes: Incision of the testes, Excision and destruction of diseased tissue of the testes, Unilateral orchiectomy, Bilateral orchiectomy, Orchiopexy, Abdominal exploration in cryptorchidism, Surgical repositioning of an abdominal testis, Reconstruction of the testis, Implantation, exchange and removal of a testicular prosthesis
- (15). Operations on the spermatic cord, epididymis and ductus deferens - Surgical treatment of a varicocele and a hydrocele of the spermatic cord, excision in the area of the epididymis, Epididymectomy, Reconstruction of the spermatic cord, Reconstruction of the ductus deferens and epididymis
- (16). Operations on the penis: Operation on the foreskin, Local excision and destruction of diseased tissue of the penis, Amputation of the penis, Plastic reconstruction of the penis, / More operations on the penis.
- (17). Operations on the Urinary System: Cystoscopically removal of stones
- (18). Other Operations: Urethral, Cerebral Angiography, Hemodialysis, Radiotherapy for Cancer



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(ON THE LETTER HEAD OF THE COMPANY)

ANNEXURE-A

ANNUAL TURNOVER STATEMENT Rs. Annual Turnover of M/s
for the past three years are given below and certified that the
statement is true and correct.

S.No.	FINANCIAL YEAR	TURNOVER (Rs. & Pcs)
1	2023-24	
2	2024-25	
3	2025-26	

TOTAL Rs. _____ Pcs

Average Annual Turnover

Rs. _____ Pcs

Date: _____

Signature of Auditor/Chartered Accountant
(with Name in Capital)



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(ON THE LETTER HEAD OF THE COMPANY)

ANNEXURE-B

CLAIM SETTLEMENT – GROUP MEDICLAIM GROUP MEDICLAIM STATUS (NUMBER OF CLAIMS)

Particulars	2023-24	2024-25	2025-26
No. of Claims pending at start of year (A)			
Claims initiated / booked (B)			
Total Claims (C=A+B)			
No. of Claims paid (D) within 30 days			
No. of Claims paid within 90 days			
No. of claims paid after 90 days			
Claims repudiated (E)			
Claims closed during the Year (F)			
Claims pending at end of year			

GROUP MEDICLAIM STATUS (AMOUNT OF CLAIMS in Lakhs)

Particulars	2023-24	2024-25	2025-26
No. of Claims pending at start of year (A)			
Claims initiated / booked (B)			
Total Claims (C=A+B)			
No. of Claims paid (D) within 30 days			
No. of Claims paid within 90 days			
No. of claims paid after 90 days			
Claims repudiated (E)			
Claims closed during the Year (F)			
Claims pending at end of year			

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Email of PMARD, 1 Bhatnagar : wbscardb@gmail.com



THE WESCARD BANK LTD.

THE WESCARD BANK LTD. CO-OPERATIVE SOCIETY LIMITED, A PUBLIC LIMITED COMPANY INCORPORATED IN KENYA

HEAD OFFICE: 1ST FLOOR, 147-149, CH. S. ROAD, NAIROBI. P.O. BOX 10000, NAIROBI. KENYA

TELEPHONE: 311111, 311122, 311133, 311144, 311155, 311166, 311177, 311188, 311199

TELEFAX: 311111, 311122, 311133, 311144, 311155, 311166, 311177, 311188, 311199

Website: www.wescardbank.co.ke

ANNEXURE C (ON THE LETTER HEAD OF THE ISSUANCE REQUEST)

No.	Query	Competence (Yes/No)	Response may be submitted (Copy)
1	The company should be registered, well established and financially sound under the Companies Act, 2015.		Copy of Certificate of Incorporation (COI) and Certificate of Commencement of Business (CCB).
2	The bank must have a good record of at least 5 years without any default in payment of loans.		Copy of latest audited financial statements and latest annual report.
3	The bank must have a good record of at least 5 years without any default in payment of loans.		Copy of latest audited financial statements and latest annual report.
4	The bank must have a good record of at least 5 years without any default in payment of loans.		Copy of latest audited financial statements and latest annual report.
5	The bank must have a good record of at least 5 years without any default in payment of loans.		Copy of latest audited financial statements and latest annual report.
6	The company should have a good record of at least 5 years without any default in payment of loans.		Copy of latest audited financial statements and latest annual report.
7	The bank must have a good record of at least 5 years without any default in payment of loans.		Copy of latest audited financial statements and latest annual report.
8	The bank must have a good record of at least 5 years without any default in payment of loans.		Copy of latest audited financial statements and latest annual report.
9	The bank must have a good record of at least 5 years without any default in payment of loans.		Copy of latest audited financial statements and latest annual report.
10	The bank must have a good record of at least 5 years without any default in payment of loans.		Copy of latest audited financial statements and latest annual report.



THE WEST NEMBA STATE CO-OPERATIVE AGRICULTURE & RURAL DEVELOPMENT BANK LTD.

Abstract

To:
The Managing Director,
The RMBS-STD Bank Ltd.
15/A-22 Building 15th Floor
14/2, CST Scheme MIDC,
Kothrud-500007.

(Signature of the authorized person with seal)

Date _____

Name _____

Designation _____

Company/Multisys Inc. _____



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PART - II - COMMERCIAL BID

LEADS BID FOR Group Medication of WBSCARD Employees

The respective Insurance Companies/ Insurance Brokers shall submit the Quotation as per Member details as per Annexure-III.

The charges for Group Medication is valid strictly as per condition laid in the BQ under Scope of services.

The Bidder shall quote the rates for each item separately as under. Details of items are given in Annexure-IV.



THE WBSCARD BANK LTD.

THE WEST BENGAL STATE CO-OPERATIVE AGRICULTURE & RURAL DEVELOPMENT BANK LTD.

KMMD Building, 8th Floor, 14/2, CIT Scheme-VIII (A), Kolkata-700 047

PH: 1-033-2667-8012, 033-2330-0028

Email: wbcard@wbcard.com

Web: www.wbcard.com

Annexure-II

First Schedule

Sr. No.	Item Description	Total Coverage	Quantity	Units	Total Amount of Premium (Basic + Taxes, if any) Rs.
1	2	3	4	5	6
1	Number of Permanent Employees with dependent family members to be covered (Total Employees - 72 Heads + Dependent Family Members - 107 Heads) For details: Please refer Annexure - III	Rs. 5 Lakh	1,000	Job	
2	Number of Contractual Employees to be covered (Total - 10 Heads individual only) For details: Please refer Annexure - III	Rs. 2 Lakh	1,000	Job	
Total in Figures:					

NOTE: The number of Employees (Permanent/Contractual) to be covered under this Insurance Policy may be changed due to the termination/engagement by the Bank or due to marriage of the employees or due to birth of child of the employees or due to divorce of the employees or due to subsequent qualification of any Member of the Society for inclusion in the schedule as per Service Rules of the Bank.

We agree to provide policy in accordance with the specifications / requirements mentioned in the Invitation for Proposal.

Signature of the Proposer: _____

Name: _____

Place: _____

Business Address with Office Seal: _____

Date: _____



THE WISCARD BANK LTD.

1000 WEST BONGAL STREET CO-OPERATIVE SOCIETY LTD. A RETAIL (REVENUE) BANK LTD.

WARD Building, 6th Floor, 1st/2, CT Scheme, 100 (W), Pabna-700 007

POB : 020 (7847-2012), 020 (1136-9918)

Email : shareholder@wiscard.com

Visit us at www.wiscard.com

Associate (B)

Permanent Employees Details of The Wiscard Ltd for Identification

Coverage : 5 Years

Sl. No.	Employee ID	Description	Name	Relationship	Gender	Date of Birth	Age as of August 31, 2020	Years of the office of supervisor's service before
MILITARY PERSONNEL								
1	009	Manager	Hussain Khatun	Self	M	10.12.1976	40Y 00M	
			Farida Yasmin	Wife	F	28.01.1980	39Y 00M	NA
			Auf Bhuiya	Bro	M	16.05.2014	12Y 00M	
			Zaki Hossain	Daughter	F	01.03.2024	2Y 2M	
			Masum Hossain	Son	M	04.03.2023	2Y 7M	
2	109	Assistant	Ahmed Hossain	Self	M	22.05.1987	30Y 00M	
			Masum Hossain	Wife	F	04.11.1990	29Y 00M	NA
			Tipsika Bhattacharya	Daughter	F	29.07.2004	22Y 10M	
3	209	Assistant	Rehan Hossain	Self	M	27.11.1999	20Y 00M	

Chief of Pabna branch provided necessary information about the existing details regarding the above details.

Chief of Pabna branch (Signature)

2020



THE WBCARD BANK LTD.

THE WEST AFRICAN SECURITIES AND INVESTMENT BANK LIMITED

HEAD OFFICE: 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 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625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000, 1001, 1002, 1003, 1004, 1005, 1006, 1007, 1008, 1009, 1010, 1011, 1012, 1013, 1014, 1015, 1016, 1017, 1018, 1019, 1020, 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1353, 1354, 1355, 1356, 1357, 1358, 1359, 1360, 1361, 1362, 1363, 1364, 1365, 1366, 1367, 1368, 1369, 1370, 1371, 1372, 1373, 1374, 1375, 1376, 1377, 1378, 1379, 1380, 1381, 1382, 1383, 1384, 1385, 1386, 1387, 1388, 1389, 1390, 1391, 1392, 1393, 1394, 1395, 1396, 1397, 1398, 1399, 1400, 1401, 1402, 1403, 1404, 1405, 1406, 1407, 1408, 1409, 1410, 1411, 1412, 1413, 1414, 1415, 1416, 1417, 1418, 1419, 1420, 1421, 1422, 1423, 1424, 1425, 1426, 1427, 1428, 1429, 1430, 1431, 1432, 1433, 1434, 1435, 1436, 1437, 1438, 1439, 1440, 1441, 1442, 1443, 1444, 1445, 1446, 1447, 1448, 1449, 1450, 1451, 1452, 1453, 1454, 1455, 1456, 1457, 1458, 1459, 1460, 1461, 1462, 1463, 1464, 1465, 1466, 1467, 1468, 1469, 1470, 1471, 1472, 1473, 1474, 1475, 1476, 1477, 1478, 1479, 1480, 1481, 1482, 1483, 1484, 1485, 1486, 1487, 1488, 1489, 1490, 1491, 1492, 1493, 1494, 1495, 1496, 1497, 1498, 1499, 1500, 1501, 1502, 1503, 1504, 1505, 1506, 1507, 1508, 1509, 1510, 1511, 1512, 1513, 1514, 1515, 1516, 1517, 1518, 1519, 1520, 1521, 1522, 1523, 1524, 1525, 1526, 1527, 1528, 1529, 1530, 1531, 1532, 1533, 1534, 1535, 1536, 1537, 1538, 1539, 1540, 1541, 1542, 1543, 1544, 1545, 1546, 1547, 1548, 1549, 1550, 1551, 1552, 1553, 1554, 1555, 1556, 1557, 1558, 1559, 1560, 1561, 1562, 1563, 1564, 1565, 1566, 1567, 1568, 1569, 1570, 1571, 1572, 1573, 1574, 1575, 1576, 1577, 1578, 1579, 1580, 1581, 1582, 1583, 1584, 1585, 1586, 1587, 1588, 1589, 1590, 1591, 1592, 1593, 1594, 1595, 1596, 1597, 1598, 1599, 1600, 1601, 1602, 1603, 1604, 1605, 1606, 1607, 1608, 1609, 1610, 1611, 1612, 1613, 1614, 1615, 1616, 1617, 1618, 1619, 1620, 1621, 1622, 1623, 1624, 1625, 1626, 1627, 1628, 1629, 1630, 1631, 1632, 1633, 1634, 1635, 1636, 1637, 1638, 1639, 1640, 1641, 1642, 1643, 1644, 1645, 1646, 1647, 1648, 1649, 1650, 1651, 1652, 1653, 1654, 1655, 1656, 1657, 1658, 1659, 1660, 1661, 1662, 1663, 1664, 1665, 1666, 1667, 1668, 1669, 1670, 1671, 1672, 1673, 1674, 1675, 1676, 1677, 1678, 1679, 1680, 1681, 1682, 1683, 1684, 1685, 1686, 1687, 1688, 1689, 1690, 1691, 1692, 1693, 1694, 1695, 1696, 1697, 1698, 1699, 1700, 1701, 1702, 1703, 1704, 1705, 1706, 1707, 1708, 1709, 1710, 1711, 1712, 1713, 1714, 1715, 1716, 1717, 1718, 1719, 1720, 1721, 1722, 1723, 1724, 1725, 1726, 1727, 1728, 1729, 1730, 1731, 1732, 1733, 1734, 1735, 1736, 1737, 1738, 1739, 1740, 1741, 1742, 1743, 1744, 1745, 1746, 1747, 1748, 1749, 1750, 1751, 1752, 1753, 1754, 1755, 1756, 1757, 1758, 1759, 1760, 1761, 1762, 1763, 1764, 1765, 1766, 1767, 1768, 1769, 1770, 1771, 1772, 1773, 1774, 1775, 1776, 1777, 1778, 1779, 1780, 1781, 1782, 1783, 1784, 1785, 1786, 1787, 1788, 1789, 1790, 1791, 1792, 1793, 1794, 1795, 1796, 1797, 1798, 1799, 1800, 1801, 1802, 1803, 1804, 1805, 1806, 1807, 1808, 1809, 1810, 1811, 1812, 1813, 1814, 1815, 1816, 1817, 1818, 1819, 1820, 1821, 1822, 1823, 1824, 1825, 1826, 1827, 1828, 1829, 1830, 1831, 1832, 1833, 1834, 1835, 1836, 1837, 1838, 1839, 1840, 1841, 1842, 1843, 1844, 1845, 1846, 1847, 1848, 1849, 1850, 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2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226,



KCABO Building, 5th Floor, 1407, CT Scheme - VII (III), Techno-Town Office
P.O. Box 1000, Nairobi, Kenya
Tel: +254-20-7723011, 7723014
Fax: +254-20-7723011

Table 1

Small is usually the size of a small business, but it can be a small business that is not a small business. Small is usually the size of a small business, but it can be a small business that is not a small business.

100



THE MESCARD BANK LTD.

THESE STUDIES INDICATE THAT THE ACCURACY OF THE
STUDY COULD BE IMPROVED BY A MINOR REVISION OF THE

MCNARD BUILDING, 4th Floor, 1401 CH. BETHUNE, VAN LIND, KANSAS, 75000
 PH: (405) 236-0001, (405) 236-0002

[illegible]

			Heliothis virescens	Daughters	1	20.12.1999	265.034	
13	213	Stranger	Black Widow	Self	M	03.04.1998	465.482	
			Black jumping flower	With	F	02.01.1998	419.791	Over 10000 Fruit (10000 Fruit)
			Blackberry Thicket	Self	M	25.09.2021	1184	
			Black Thicket	Shrub	F	03.01.1998	712	
			Black Thicket Thicket	Tree	M	03.07.1998	645.194	
14	214	Autumn	Black Thicket	Self	F	15.10.1997	385.104	
			Black Thicket Thicket	Shrub	M	15.10.1997	385.104	10000 Fruit
			Black Thicket Thicket	Shrub	M	15.10.1997	385.104	
15	215	Autumn	Black Thicket	Self	M	03.01.1998	379.104	
			Black Thicket Thicket	Shrub	M	03.01.1998	379.104	
			Black Thicket Thicket	Shrub	F	15.10.1997	385.104	
16	216	Autumn	Black Thicket	Self	M	17.12.1998	385.104	
			Black Thicket Thicket	Shrub	F	15.10.1997	379.104	NA

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CLARK Building, 4th Floor, 1403, CIT Building, 1000 W. Main, Lincoln, NE 68502
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11-21-11

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THE WISCARD BANK LTD.

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1	Project A	Phase 1	Initial Setup	2023-01-01	2023-03-31	90 Days	Completed
2	Project A	Phase 2	Development	2023-04-01	2023-06-30	90 Days	In Progress
3	Project A	Phase 3	Testing & Deployment	2023-07-01	2023-09-30	90 Days	Planned
4	Project B	Phase 1	Initial Setup	2023-01-01	2023-03-31	90 Days	Completed
5	Project B	Phase 2	Development	2023-04-01	2023-06-30	90 Days	In Progress
6	Project B	Phase 3	Testing & Deployment	2023-07-01	2023-09-30	90 Days	Planned
7	Project C	Phase 1	Initial Setup	2023-01-01	2023-03-31	90 Days	Completed
8	Project C	Phase 2	Development	2023-04-01	2023-06-30	90 Days	In Progress
9	Project C	Phase 3	Testing & Deployment	2023-07-01	2023-09-30	90 Days	Planned
10	Project D	Phase 1	Initial Setup	2023-01-01	2023-03-31	90 Days	Completed
11	Project D	Phase 2	Development	2023-04-01	2023-06-30	90 Days	In Progress
12	Project D	Phase 3	Testing & Deployment	2023-07-01	2023-09-30	90 Days	Planned

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54	288	Mougeth	Shilpika Dasgupta Lipika Dasgupta	M F	04.01.1998 18.08.1978	387.706 217	NA
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EMPLOYEES LIST

EMPLOYEE ID	NAME	POSITION	REPORTING TO	DATE OF BIRTH	DATE OF HIRE	DATE OF LAST REVIEW	DATE OF NEXT REVIEW
01	John Doe	President	None	1950-01-01	1970-01-01	2010-01-01	2012-01-01
02	Jane Smith	VP Finance	John Doe	1960-02-15	1975-02-15	2010-02-15	2012-02-15
03	Mike Johnson	VP Sales	John Doe	1965-03-20	1978-03-20	2010-03-20	2012-03-20
04	Sarah Brown	VP Marketing	John Doe	1970-04-10	1985-04-10	2010-04-10	2012-04-10
05	David Wilson	VP Operations	John Doe	1975-05-05	1990-05-05	2010-05-05	2012-05-05
06	Emily Davis	VP HR	John Doe	1980-06-01	1995-06-01	2010-06-01	2012-06-01
07	Robert Taylor	VP IT	John Doe	1985-07-15	2000-07-15	2010-07-15	2012-07-15
08	Lisa Anderson	VP Legal	John Doe	1990-08-20	2005-08-20	2010-08-20	2012-08-20
09	James White	VP Compliance	John Doe	1995-09-10	2010-09-10	2010-09-10	2012-09-10
10	Michelle Green	VP Risk	John Doe	1998-10-05	2012-10-05	2012-10-05	2014-10-05
11	Kevin Black	VP Security	John Doe	2000-11-01	2014-11-01	2014-11-01	2016-11-01
12	Amanda Clark	VP Training	John Doe	2002-12-15	2016-12-15	2016-12-15	2018-12-15
13	Christopher King	VP Customer Service	John Doe	2005-01-01	2018-01-01	2018-01-01	2020-01-01
14	Stephanie Lee	VP Quality Assurance	John Doe	2008-02-10	2020-02-10	2020-02-10	2022-02-10
15	Brandon Hall	VP Business Development	John Doe	2010-03-05	2022-03-05	2022-03-05	2024-03-05
16	Nicole Young	VP Investor Relations	John Doe	2012-04-20	2024-04-20	2024-04-20	2026-04-20
17	Eric Adams	VP Public Affairs	John Doe	2015-05-15	2025-05-15	2025-05-15	2027-05-15
18	Victoria Baker	VP Sustainability	John Doe	2018-06-01	2027-06-01	2027-06-01	2029-06-01
19	Benjamin Miller	VP Social Media	John Doe	2020-07-10	2029-07-10	2029-07-10	2031-07-10
20	Olivia Garcia	VP Corporate Governance	John Doe	2022-08-05	2031-08-05	2031-08-05	2033-08-05

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 Phone: 610-282-3000, 610-236-0181
 Email: Vend@K&N.com Website: www.kn.com

Amount of time in each party's shared apartment (hours of the night when either is awake) and (2) level of visibility (phone calls during the night)....



THE WEST MINERAL, FLA. CO. OPERATING UNIT, A DIV. OF THE WEST LEPAGE CO. INC.

Kellogg Building, 8th Floor, 1472 UT Avenue, 100 MC, Eugene, OR 97403
Phone: 541-318-2012, 541-3256-0020
E-mail: rlb@utilld.com Web site: www.utilld.com

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THE WESCARD BANK LTD.

THESE SERVICES WILL BE PROVIDED TO THE CLIENTS OF THE COMPANY BY THE COMPANY'S EMPLOYEES, AND THE COMPANY WILL BE RESPONSIBLE FOR THE QUALITY OF THE SERVICES PROVIDED.

ICM&D Publishing, 2700 West 14th, 5th Floor, 1400, 5th Avenue, New York, New York 10019-1099

PMH 1211-1007, 015-2176-0121

Country	Year	Age	Sex	Number of children
United Kingdom	1995	10-14	Male	1,100,000
United Kingdom	1995	10-14	Female	1,100,000
United Kingdom	1995	10-14	Both	2,200,000
United Kingdom	1995	15-19	Male	1,100,000
United Kingdom	1995	15-19	Female	1,100,000
United Kingdom	1995	15-19	Both	2,200,000
United Kingdom	1995	20-24	Male	1,100,000
United Kingdom	1995	20-24	Female	1,100,000
United Kingdom	1995	20-24	Both	2,200,000
United Kingdom	1995	25-29	Male	1,100,000
United Kingdom	1995	25-29	Female	1,100,000
United Kingdom	1995	25-29	Both	2,200,000
United Kingdom	1995	30-34	Male	1,100,000
United Kingdom	1995	30-34	Female	1,100,000
United Kingdom	1995	30-34	Both	2,200,000
United Kingdom	1995	35-39	Male	1,100,000
United Kingdom	1995	35-39	Female	1,100,000
United Kingdom	1995	35-39	Both	2,200,000
United Kingdom	1995	40-44	Male	1,100,000
United Kingdom	1995	40-44	Female	1,100,000
United Kingdom	1995	40-44	Both	2,200,000
United Kingdom	1995	45-49	Male	1,100,000
United Kingdom	1995	45-49	Female	1,100,000
United Kingdom	1995	45-49	Both	2,200,000
United Kingdom	1995	50-54	Male	1,100,000
United Kingdom	1995	50-54	Female	1,100,000
United Kingdom	1995	50-54	Both	2,200,000
United Kingdom	1995	55-59	Male	1,100,000
United Kingdom	1995	55-59	Female	1,100,000
United Kingdom	1995	55-59	Both	2,200,000
United Kingdom	1995	60-64	Male	1,100,000
United Kingdom	1995	60-64	Female	1,100,000
United Kingdom	1995	60-64	Both	2,200,000
United Kingdom	1995	65-69	Male	1,100,000
United Kingdom	1995	65-69	Female	1,100,000
United Kingdom	1995	65-69	Both	2,200,000
United Kingdom	1995	70-74	Male	1,100,000
United Kingdom	1995	70-74	Female	1,100,000
United Kingdom	1995	70-74	Both	2,200,000
United Kingdom	1995	75-79	Male	1,100,000
United Kingdom	1995	75-79	Female	1,100,000
United Kingdom	1995	75-79	Both	2,200,000
United Kingdom	1995	80-84	Male	1,100,000
United Kingdom	1995	80-84	Female	1,100,000
United Kingdom	1995	80-84	Both	2,200,000
United Kingdom	1995	85-89	Male	1,100,000
United Kingdom	1995	85-89	Female	1,100,000
United Kingdom	1995	85-89	Both	2,200,000
United Kingdom	1995	90-94	Male	1,100,000
United Kingdom	1995	90-94	Female	1,100,000
United Kingdom	1995	90-94	Both	2,200,000
United Kingdom	1995	95-99	Male	1,100,000
United Kingdom	1995	95-99	Female	1,100,000
United Kingdom	1995	95-99	Both	2,200,000
United Kingdom	1995	100+	Male	1,100,000
United Kingdom	1995	100+	Female	1,100,000
United Kingdom	1995	100+	Both	2,200,000

[illegible]

Continental Employee Profile of The Wheelabrator Ltd. for Stockholm

Conclusions

Sl. No.	Employee ID	Description	Name	Relationship	Gender	Date of Birth	Age as on August 31, 2023
D. Ashish and Ashwini D. Ashish							
1	01000	Chief Financial Officer	Ashish D. Ashish	Self	M	26/05/1990	33 Yrs

Length of Pseudotsuga densata (mean $\pm$ SD) of the growing degree, 1000 h, which is the typical value of 2500 h in the mountainous area.



THE WASCARD BANK LTD.

THE WEST BENGAL STATE CO-OPERATIVE AGRICULTURE & RURAL DEVELOPMENT BANK LTD.

KOVARO BUILDING, 8th FLOOR, 14/2, CH. CHAKRAVARTY ROAD, VILL. (W), KOLKATA-700 067

REGD. / 03.12.2017/023.0004.0018

EMAIL: info@wascard.com

WEBSITE: www.wascard.com

2	C1014	Conventional Agricultural Crop-Dependent	Nonbank Thrifts	Self	M	11.09.2008	20% T.M.
3	C1018	Conventional Agricultural Crop-Dependent	Nonbank Thrifts (Call)	Self	M	19.07.1998	40% T.M.
4	C1015	Conventional-Cropper	Fixed Rate Thrifts	Self	F	07.12.2003	25% T.M.
5	C1016	Conventional Non-Bank Dependent	Fixed Rate Thrifts	Self	F	07.02.1998	20% T.M.
6	C1007	Conventional Non-Bank Dependent	Fixed Rate Thrifts	Self	F	29.12.1998	20% T.M.
7	C1012	Conventional Non-Bank Dependent	Fixed Rate Thrifts	Self	F	01.02.1998	25% T.M.
8	C1006	Conventional Non-Bank Dependent	Fixed Rate Thrifts	Self	M	21.06.1993	20% T.M.
9	C1009	Conventional Non-Bank Dependent	Fixed Rate Thrifts	Self	M	20.06.1993	20% T.M.
10	C1011	Conventional Non-Bank Dependent	Fixed Rate Thrifts	Self	F	21.06.1993	20% T.M.
11	C1018	Conventional Non-Bank Dependent	Fixed Rate Thrifts	Self	M	21.06.1993	20% T.M.



THE WISCARD BANK LTD.

THE WEST INDIES STATE CO-OPERATIVE SOCIETY LTD. A FINANCIAL DEVELOPMENT BANK LTD.

CHAND BUILDING, 97 FIVE, 1ST, CIT SQUARE, VIA DEL, CANAL, 700 000

TEL: 011-2907-2012, 011-2907-0000

EMAIL: wiscard@wiscard.com

WWW.WISCARD.COM

WISCARD OFFICE

11	CHAND	Contracted by Finance Assistant	Physician Services	300	30	60000000	300000
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FINANCIAL

12	CLAMP	Contracted by Finance Assistant	Building Fund	100	10	10000000	100000
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13	CLAMP	Contracted by Finance Assistant	Finance Fund	100	10	10000000	100000
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14	CLAMP	Contracted by Finance Assistant	Finance Fund	100	10	10000000	100000
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FINANCIAL DEPARTMENT OFFICE

15	CLAMP	Contracted by Finance Assistant	Finance Fund	100	10	10000000	100000
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16	CLAMP	Contracted by Finance Assistant	Finance Fund	100	10	10000000	100000
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17	CLAMP	Contracted by Finance Assistant	Finance Fund	100	10	10000000	100000
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18	CLAMP	Contracted by Finance Assistant	Finance Fund	100	10	10000000	100000
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19	CLAMP	Contracted by Finance Assistant	Finance Fund	100	10	10000000	100000
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20	CLAMP	Contracted by Finance Assistant	Finance Fund	100	10	10000000	100000
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21	CLAMP	Contracted by Finance Assistant	Finance Fund	100	10	10000000	100000
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22	CLAMP	Contracted by Finance Assistant	Finance Fund	100	10	10000000	100000
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23	CLAMP	Contracted by Finance Assistant	Finance Fund	100	10	10000000	100000
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24	CLAMP	Contracted by Finance Assistant	Finance Fund	100	10	10000000	100000
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25	CLAMP	Contracted by Finance Assistant	Finance Fund	100	10	10000000	100000
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26	CLAMP	Contracted by Finance Assistant	Finance Fund	100	10	10000000	100000
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27	CLAMP	Contracted by Finance Assistant	Finance Fund	100	10	10000000	100000
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WISCARD FINANCIAL DEPARTMENT OFFICE

WISCARD FINANCIAL DEPARTMENT OFFICE