



ODISHA LIVESTOCK RESOURCES DEVELOPMENT SOCIETY (OLRDS),
OBPI Campus, Bhubaneswar-751003
Email: olrdsahd@gmail.com, Website: www.olrds.odisha.gov.in

Letter No. 330 /OLRDS, Dt. 10.02.2026

To

The DD PR
DAH&VS, Cuttack

Sub: Regarding uploading of revised check list for "Expression of Interest" for LIVESTOCK INSURANCE UNDER ODISHA LIVESTOCK RESOURCES DEVELOPMENT SOCIETY (OLRDS) for the year 2026-27 in website of DAH&VS.

Ref: Letter No -224/OLRDS, Dt 01.02.2026
OLRDS-08/26

Sir,

Enclosed please find herewith the Corrigendum for the revised checklist for the EOI for implementation of LIVESTOCK INSURANCE UNDER ODISHA LIVESTOCK RESOURCES DEVELOPMENT SOCIETY (OLRDS) for the year 2026-27. The revised check list may be made available in the directorate portal from 10.02.2026 to 16.02.2026.

The soft copy containing the "revised check list as corrigendum" is enclosed for uploading in the district portal of DAH&VS at your end for wide circulation.

Encl: As above

Yours faithfully


Chief Executive Officer

Memo No. 331 /OLRDS, Dt. 10.02.2026

Copy submitted to Mrs Mamata Das, Sr Assistant, OLRDS for kind information and necessary action with a request to upload the EOI for selection of Insurance Intermediaries in OLRDS website.


Chief Executive Officer

Memo No. 332 /OLRDS, Dt. 10.02.2026

Copy submitted to the Director, AH & VS Odisha, Cuttack & Vice President, OLRDS for favour of kind information.


Chief Executive Officer

Memo No. 333 /OLRDS, Dt. 10.02.2026

Copy submitted to the Principal Secretary to Govt., Department of F&ARD, Odisha and President, OLRDS for favour of kind information.


Chief Executive Officer

CORRIGENDUM

APPLICATION FORMAT FOR SUBMISSION OF EOI

Interested Agencies are requested to submit the EOI as per the format described below:

General Details of the agency/Company (As check list)

Sl. No.	Particulars	Documents attached (Yes/No)	Details of Documents Attached	Mention Page No.
1	Name of Agency/Company			
2	Address of Head Office: Name of the contact person: Mobile no: E-mail ID:			
3	Corresponding Office Address (if other than above): Name of the contact person: Mobile: E-mail ID:			
5	Business Premium Turnover of the insurance Company Revenue for FY 22-23, 23-24 & 24-25			
6	No. of Central Govt/State Govt/Any Govt undertaking/Semi Govt Institute/PSU clients handled in last 3 years			
7	Should have implemented mass insurance/experience in Livestock/poultry scheme in Odisha. Details			
8	No. of Livestock insured over the years. Details			
9	No. of Livestock claim settled over the years. Details			
10	Having office in Bhubaneswar (Odisha) or willing to open office in Bhubaneswar (Odisha) if contract is awarded			
11	No. of full-time employees of the bidder pan India as approved by IRDAI			
12	Bidder should have its own digital platform to upload photos, proposal form, Health Certificate & required documents including claim intimation, carcass photo etc. Software should be able to generate various reports/MIS and give access to concerned officials of the Animal Husbandry Department.			
13	Affidavit regarding non-blacklisting			
14	GST registration Number			
15	Audited account statement of last 3 years (2022-23 2023-24 & 2024-25)			
16	EMD (Details of DD)			

Mr