



APPLICATION FOR THE OPERATION AND MANAGEMENT OF STUDENT HEALTH INSURANCE

Applications are hereby invited from suitably qualified vendors for the operation and management of health insurance for students of the University of Ibadan.

Interested vendors should forward their detailed applications stating the following:

1. Company Location and Profile
2. Evidence of Registration with the relevant regulatory bodies
3. Evidence of Previous Managerial Experience
4. Operational ability and capability (management and provision of primary health care services)
5. Financial base and proven credit worthiness
6. Three Referees, at least one from a senior member of staff of the University of Ibadan
7. Photocopies of relevant documents to support their applications and
8. Payment of non-refundable fee of ₦10,000.00 (Ten Thousand Naira) to the University of Ibadan.

Applications, which should be submitted in a sealed envelope and accompanied by photostat copy of the official receipt of the fee paid should be addressed to the

**The Secretary, Committee on Student Health Insurance
c/o Room 15
Student Affairs Division
University of Ibadan
Ibadan.**

To reach him not later than three weeks from the date of this advertisement.

Signed
Omotayo O. Ikotun (Mrs.)
Registrar