



POLICY SCHEDULE FOR STUDENTS SAFETY PACKAGE INSURANCE **अमोल ना.मेनकुदले**
UIN NUMBER - IRDAN190P0004201314 **मो.9922255513**

Insured's Name	: PU.AHILYADEVI ADHYAPAK MAHAVIDYALAY SANGVI		
Insured's Details		Issuing Office Details	
Customer ID	: POA2989700	Office Code	: Ahmedpur (161202)
Address	: A/P SANGVI (SUNEGAON), TQ AHMEDPUR DIST LATUR Ahmedpur, MAHARASHTRA, 413515	Address	: 1ST Floor Reddy Complex M G Road Ahmedpur ,413515
Phone No	:	Phone No	: 02381264777
E-mail/Fax	: /	E-mail/Fax	: sudhakar.n@newindia.co.in /
PAN No	:	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: NA / NA	GSTIN	: 27AAACN4165C3ZP
		SAC	: 997139 (Other non-life insurance services excl.RI)

Policy Details			
Policy Number	: 1612024822300000011	Business Source Code	
Period of Insurance	: From: 01/02/2023 05:57:41 PM To: 31/01/2024 11:59:59 PM	Dev.Off. level/Broker/Corp. Agent/Web Aggregator/CPSC User	: Mr. MR S S KULKARNI - (DE00002466)
Date of Proposal	: 01-Feb-23	Agent/Bancassurance/S pecified Person	: AMOL NAGNATH MENKUDALE (NIAAG00004033) AGENT_SITE_150277 (SI00008979)
Prev. Policy no.	:	Phone No	: 9922255513 / 9422468206
Client Type	: Non-Corporate	E-mail/Fax	: amolmenkudle@gmail.com, suryakant.kulkarni@newindia.co.in / /

Premium(₹)	GST(₹)	Total (₹)	Total (₹ in words)	Receipt No. & Date
1,815	326	2,141	RUPEES TWO THOUSAND ONE HUNDRED FORTY-ONE ONLY	1000008922020001413 6 - 01/02/23

No of Students	110	Medical Expenses per student (Inclusive of OPD)	500
Limit per student	10000	Special conditions	NO
Limit per accident	1000000		

No of parents	0		
Total SI of Parents or Guardian for payment of Tuition and Hostel fees	0	Payment of tuition and hostel fee for remaining semesters in the students account with the Institute In case the Parent/Guardian dies due to accident	0

This policy shall be subject to STUDENTS SAFETY PACKAGE INSURANCE policy clauses attached herewith..

Premium and GST Details

	Rate of Tax	Amount In INR
Premium		₹ 1,815
SGST	9	163
CGST	9	163
IGST	0	0

Signature Not Verified
Digitally signed by JAGAT KAYEE PANIGRAHI
Date: 2023.02.01

Policy No. : 1612024822300000011 Document generated by AG_AMOL033 at 01/02/2023 17:57:43 Hours.
Regd. & Hoed Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001, TOLL FREE No. 1 800 209 1415.

Give your valuable feedback on <https://www.newindia.co.in/portal/policyFeedbackGan>.

For redressal of your grievance, if any, you may approach any one of the following offices- 1. Policy Issuing office 2. Regional office 3. Head office. In case, you are not satisfied with our own grievance redressal mechanism; you may also approach Insurance Ombudsman. For details of our office addresses and addresses of office of Insurance Ombudsman, please visit our website <http://newindia.co.in>.

THE NEW INDIA ASSURANCE CO. LTD.
(Government of India Undertaking)



In witness whereof the undersigned being duly authorised by the Insurers and on behalf of the Insurers has (have) hereunder set his (their) hand(s) on this 01st day of February, 2023.

For and on behalf of
The New India Assurance Company Limited

Date of Issue: 01/02/2023

(Mr. Ravindra Kale)
[Divisional Manager]

The New India Assu. Co. Ltd.
Statutory Floor, Ready Complex,
College Road, Ahmedpur-161202
Dist. Latur Ph. 02381-264777

Mudrank _____ Dt. _____ consolidated Stamp Fees Paid by Pay Order Number _____
number _____ dt. _____ vide receipt

We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

Tax Invoice No : 16120222P0001789

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C

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