

Proof of Accidental Medical Insurance



Group Personal Accident Insurance Policy
[UIN: CHOPAGP21420V022021]

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED ADDRESS: CANNAUGHT PLACE NO. 39, SECOND FLOOR, SAMYAK TOWER, OPP. METRO PILLAR NO. 120, PUSA ROAD, NEW DELHI - 110 005 KAROL BAGH S.O CITY: CENTRAL DELHI STATE: DELHI GSTIN: 07AABCC6633K5ZH	GST Invoice No.: 2823502857905 DATE: 14/03/2024 PAN: AABCC6633K SAC Code: 997133 SAC Description: Accident and health insurance services
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Business Location: CANNAUGHT PLACE

Policy Number : 2823/00107268/000/12

Customer Code: 100118687073

A. Insured Details

1	Name of Insured	DURGA CHARITABLE SOCIETY UNIT ITS GROUP OF INSTITUTIONS
2	Business / Profession	EDUCATIONAL INSTITUTIONS
3	Address of Insured	MOHAN NAGAR,GT ROAD,,MOHAN NAGAR S.O
	City	GHAZIABAD
	State	UTTAR PRADESH
	Pin Code	201007
		GST No.: 09AAATD0730C1ZD
4	Period of Insurance / Insured Period	From (time) 00:00 09/03/2024 (effective date) To (time) Midnight of 08/03/2025 (expiration date)
5	Loan account no.	Nil
6	Premium Receipt	1066459948 Date : 04/03/2024

B. Benefits Covered :

Benefits	Covered
Accident Death Benefit	Covered
Permanent Total Disability Benefit	Covered
Permanent Partial Disability Benefit	Covered
Accident Weekly Indemnity	Covered

935 Members are covered under this policy (list enclosed)

Conditions / Other Clause

1. The Insurer's liability in any one incident / accident shall be cumulatively limited to Rs. 40000000/- . 2. As per Annexure Attached.

C. Premium Component

Total Sum Insured	: Rs.	111,700,000.00
Premium	: Rs.	37,976.00
CGST (0%)	: Rs.	.00
SGST (0%)	: Rs.	.00
Kerala Flood Cess	Rs.	0.00
IGST (18%)	: Rs.	6,836.00
Total Premium	: Rs.	44,812.00

PREMIUM: RUPEES Forty Four Thousand Eight Hundred Twelve Only

D.Co- Insurance Details :	100%
Cholamandalam MS General Insurance Co Ltd	
It is warranted that in case of dishonour of premium cheque(s), the Insurance Company shall not be liable under the policy and the policy shall be void abinitio (from inception).	
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 and also as per Notification No. 13/2020-CT dated 21-03-2020. This policy schedule shall be in lieu of Tax Invoice and hence no separate GST invoice required In compliance with Rule 54(2) of CGST Rules, 2017.	
Consolidated Stamp Duty Paid Vide G.O. Rt No.505,Commercial Taxes and Registration (j1) Department, Tamil Nadu dated 20/12/2023.	

Intermediary Name:KULDIP NARAIN MATHUR

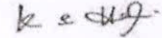
Code:201036407708 Contact No:9953582760

POSP Aadhaar No.:

Note: The Certificate of Insurance / Policy Schedule is an important document issued based on your declaration. We request you to verify the details and ensure that everything is in order. In case of any discrepancies, please contact us within 15 days from the date of issuance of policy.

Place : CHENNAI

For and Behalf of
CHOLAMANDALAM MS GENERAL INSURANCE CO. LTD
@CholaSign1



Authorised Signatory

Date : 14/03/2024

Member List

Whether tax is payable under reverse charge basis - No.

Regd.&Head Office:Dare House, 2nd Floor, No.2, N.S.C Bose Road, Chennai-600 001, India
CIN: U66030TN2001PLC047977 | IRDAI Reg. No. 123

Proof of Medical Insurance of Faculty and Staff



Schedule - Group Health Insurance
[UIN: CHOHLGP21307V022021]

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED ADDRESS: CANNAUGHT PLACE NO. 39, SECOND FLOOR, SAMYAK TOWER, OPP. METRO PILLAR NO. 120, PUSA ROAD, NEW DELHI - 110 005 KAROL BAGH S.O CITY: CENTRAL DELHI STATE: DELHI GSTIN: 07AABCC6633K5ZH	GST Invoice No.:2825504101943 DATE: 19/03/2024 PAN: AABCC6633K SAC Code: 997133 SAC Description: Accident and health insurance services
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Business Location : CANNAUGHT PLACE	
Policy Number : 2825/00100130/000/14	Customer Code : 100118687073

A. Insured Details	
1	Name of Insured DURGA CHARITABLE SOCIETY UNIT ITS GROUP OF INSTITUTIONS
2	Business / Profession EDUCATIONAL INSTITUTIONS LIKE SCHOOLS AND UNIVERSITIES
3	Address of Insured MOHAN NAGAR,GT ROAD,,MOHAN NAGAR S.O
	City GHAZIABAD
	State UTTAR PRADESH
	Pin Code 201007 GST No.: 09AAATD0730C1ZD
4	Period of Insurance From (time) 00:00 16/03/2024 (effective date)
5	Insured Period To (time) midnight of 15/03/2025 (expiration date)
6	Loan account no. Nil
7	Premium Receipt 1066611468,1066611572,1066810701

B. Benefits Covered:	
Coverage	Subject to Group Mediciam clause with following add on covers
Persons Covered	Employee Only (Maximum age of Employees & Dependents shall be restricted to 75 years)
No of persons covered	594Employees and0 Dependents
Waiver of Pre-Existing Condition	Covered
Waiver of 30day waiting period	Covered
Waiver of 1st year Exclusion	Covered

Room rent Entailment	Room Class	Non-Netwörk Co-payment	Pre-Hospitalisation	Post-Hospitalisation	Ambulance Expenses
Normal: 1% ICU: 1.5%	NIL	10%	30 Days	60 Days	Refer terms & condition

C. Premium:	
Total Sum Insured	Rs. 72,300,000.00
Total Premium (net)	Rs. 985,000.00
CGST (0%)	Rs. 0.00
SGST (0%)	Rs. 0.00
Kerala Flood Cess	Rs. 0.00
IGST (18%)	Rs. 177,300.00
Total amount payable	Rs. 1,162,300.00
(in rupees)	Rupees. Eleven Lakh Sixty Two Thousand Three Hundred Only

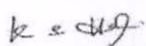
D. Co- Insurance Details :	
Cholamandalam MS General Insurance Co Ltd	100%
It is warranted that in case of dishonour of premium cheque(s), the Insurance Company shall not be liable under the policy and the policy shall be void abinitio (from inception).	

Conditions / Other Clause:
 1) No refund of premium will be made if the gross loss ratio exceeds 100% on the date on which the notice of cancellation is served by either parties. 2) Reimbursement claims to be filed within 30 Days of Discharge. 3) Co payment of 10% on all self claims.

E. Administrator
 CHOLA MS HELP
 DARE HOUSE, 2 ND FLOOR,
 NO 2, N.S.C. BOSE ROAD,
 CHENNAI G.P.O.
 CHENNAI

TAMIL NADU
600001

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 and also as per Notification No. 13/2020-CT dated 21-03-2020. This policy schedule shall be in lieu of Tax Invoice and hence no separate GST invoice required in compliance with Rule 54(2) of CGST Rules, 2017.

Whether tax is payable under reverse charge basis - No.	
Consolidated Stamp Duty Paid Vide G.O. Rt No.505,Commercial Taxes and Registration (j1) Department, Tamil Nadu dated 20/12/2023 .	
Intermediary Name: KULDIP NARAIN MATHUR	
Code: 201036407708	Contact No. 9953582760
POSP Aadhaar No.:	
Note: The Certificate of Insurance / Policy Schedule is an important document issued based on your declaration. We request you to verify the details and ensure that everything is in order. In case of any discrepancies, please contact us within 15 days from the date of issuance of policy.	
Place : CHENNAI	For and Behalf of CHOLAMANDALAM MS GENERAL INSURANCE CO. LTD @CholaSign1 
Date : 19/03/2024	Authorised Signatory
Regd.&Head Office:Dare House, 2nd Floor, No.2, N.S.C Bose Road, Chennai-600 001, India CIN: U66030TN2001PLC047977 IRDAI Reg. No. 123	

Employee List