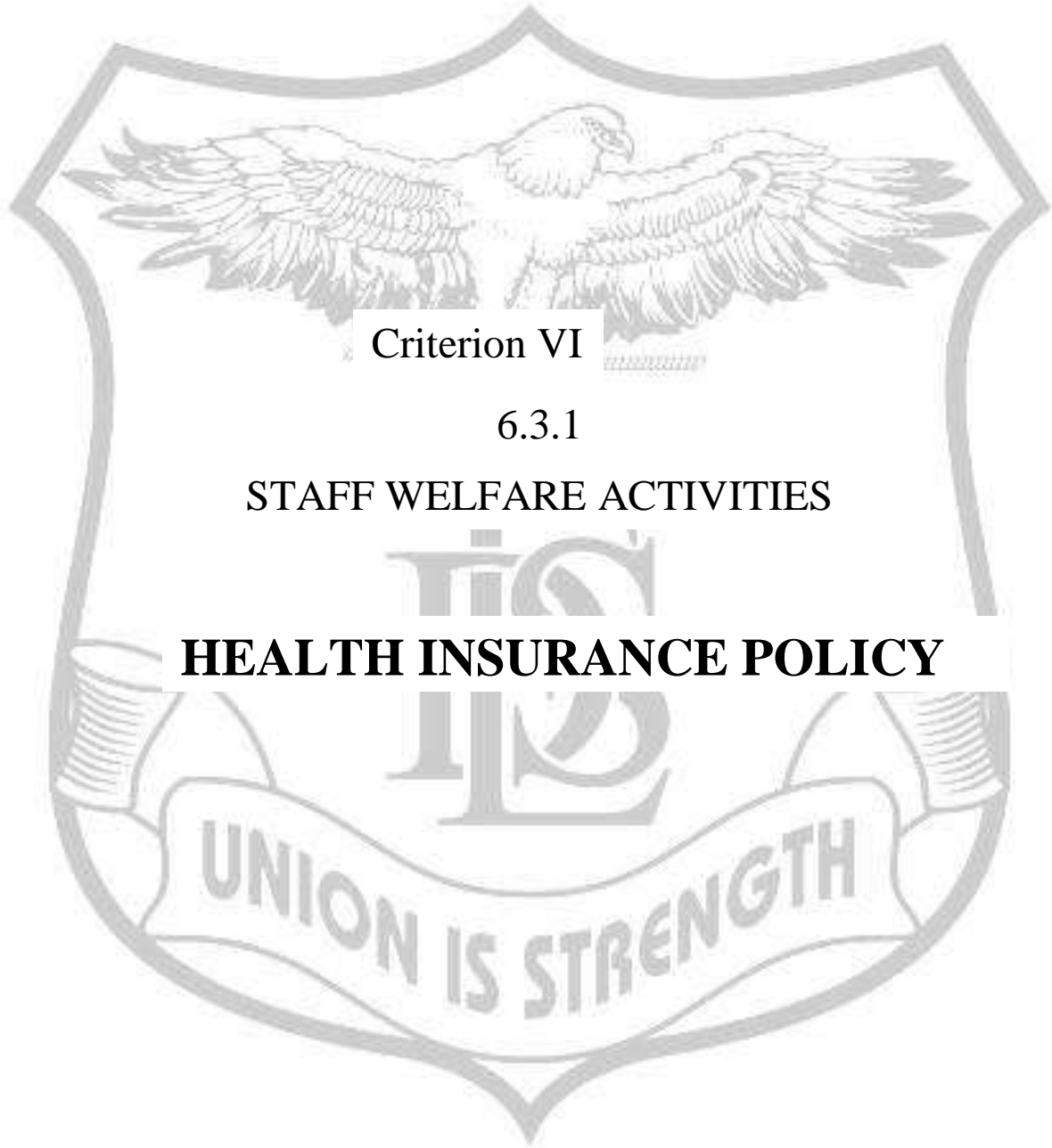


D.E.Society's

Brijlal Jindal College of Physiotherapy, Pune



Criterion VI

6.3.1

STAFF WELFARE ACTIVITIES

HEALTH INSURANCE POLICY

UNION IS STRENGTH

पॉलिसी अनुसूची/Policy Schedule - Group Personal Accident

Policy Number:

271500422110000562

व्यवसाय स्रोत /Business Source: 737786

विक्रय चैनल वविरण/Sales Channel Code:
9000148486

नाम /Name: Mr Nitin S Namjoshi Contact
Number: 9822867470

सह दलाल कोड / Co Broker Code:

कस्टमर केयर टॉल फ्री नंबर/Customer
Care Toll Free Number:
1800 345 0330

ईमेल/

email:customer.support@nic.co.in

जारीकर्ता कार्यालय/Issuing Office

कार्यालय कोड/Office Code: 271500

कार्यालय पता /Office Address: PUNE

DIVISION III Asmani Plaza, 1248-A,
Shivajinagar, Deccan Gymkhana, - 411004.

State Code: 27, Maharashtra

GSTIN: 27AAACN9967E1Z3

Contact Number: 020 25536149

Mobile Number:

ग्राहक का नाम /Customer Name: THE PRINCIPAL D.E.S BRIJLAL
JINDAL COLLEGE OF PHYSIOTHERAPY

पता/ Address: FERGUSSON COLLEGE CAMPUS, City: PUNE,

District: PUNE, State: MAHARASHTRA, PIN: 411004.

Cell: 9000000000

ग्राहक आईडी /Customer ID:
9701304150

पैन /PAN:

फोन /Phone:

ई-मेल /E-Mail: descoppune@gmail.com

पॉलिसी 20/01/2022 के 00:00 से 19/01/2023 की मध्य रात्रि तक प्रभावी /Policy Effective from 00:00 hours, on 20/01/2022 to
midnight of 19/01/2023

प्रीमियम/ Premium	₹ 9,390.00	कवर नोट संख्या और तथि/ Cover Note Number and Date	लागू नहीं/NA
CGST	₹ 845.00		
SGST/UTGST	₹ 845.00		
IGST	₹ 0.00		
केरला बाढ़ उपकर/Kerala Flood Cess	₹ 0.00	प्रस्ताव संख्या और तथि/Proposal Number and Date	8800200106398759 Dt. 20/11/2021
कम:जीएसटी_टीडीएस / Less:GST_TDS	₹ 0.00		
पुनर्प्राप्ति योग्य स्टाम्प ड्यूटी /Recoverable Stamp Duty	₹ 0.00	रसीद संख्या और तथि/Receipt Number and Date	271500812110005103 Dt. 11/01/2022
कुल /Total Amount	₹ 11,080.00	पछिली पॉलिसी संख्या और समाप्ती तथि/ Previous Policy Number and Expiry Date	271500422010000663 and Dt.19/01/2022 271500421910000698 and Dt.19/01/2021 271500421810000733 and Dt.19/01/2020

(Rupees Eleven Thousand Eighty Only.)

General Summary

Total No of Persons Covered	18	Total Sum Insured	₹ 44,00,000.00
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जसिकी गवाही में दनि/ माह /वर्ष को उपरोक्त उल्लेखित कार्यालय पते पर अधोहस्ताक्षरी को वधिवित अधकृत कयि जा रहा है उसके हाथ नरिधारित कएि जाएं। यह अनुसूची, संलग्न पॉलिसी, खण्ड, पृष्ठांकन और पॉलिसी शब्दों, जो कंपनी वेबसाईट <https://nationalinsurance.nic.co.in> पर उपलब्ध है, को एक अनुबंध के रुप में एक साथ पढा जाए तथा कोई भी शब्द या अभिव्यक्ति जिसके लएि यह वशिष्टि अर्थ पॉलिसी या अनुसूची के कसि भी हसिसे में संलग्न कयि गया हो, एक ही अर्थ वहन करेगा चाहे जहाँ भी उल्लेखित हो। यह आश्वासन दयि जाता है कि प्रीमियम चेक के अस्वीकृत के मामले में, यह दस्तावेज स्वतः प्राथमकता नरिस्त हो जाएगी। **IN WITNESS WHEREOF, the undersigned being duly authorized hereunto set his/ her hand at the office address mentioned above, this 11/January/2022. This schedule, the attached policy, the clauses, the endorsements and policy wordings as available in the website <https://nationalinsurance.nic.co.in> shall be read together as one contract and any word or expression to which the specific meaning has been attached in any part of this policy or of the schedule shall bear the same meaning wherever it may appear. It is warranted that IN CASE OF DISHONOUR OF THE PREMIUM CHEQUE, THIS DOCUMENT STANDS AUTOMATICALLY CANCELLED 'AB-INITIO'**

इन्श्योरेंसइंडियालिमिटेड



कृते नेशनल इन्श्योरेंस कंपनी
For and on behalf of National Insurance
Company Limited

अधकृत हस्ताक्षरकर्ता/ Authorized
Signatory

Printed on 11/01/2022 by ID: 60109

नेशनल इन्श्योरेंस कंपनी लिमिटेड
National Insurance Company Limited
CIN : U10200WB1906G01001713
IRDA Registration No. 58

Page no: 1

पंजीकृत एवं प्रधान कार्यालय - 3 मिडिलटन स्ट्रीट, कोलकाता 700 071
Registered & Head Office : 3 Middleton Street, Kolkata 700 071
P. No. 033-22831705-06 Fax : 033-22831712
e-mail : website administrator@nic.co.in

Applicable to Receipts and Policies : In case of dishonour of Cheque / DD for Premium, the Policy / Receipt stands cancelled "ABINITIO".

पॉलिसी अनुसूची / Policy Schedule - Group Personal Accident

Policy Number:
271500422110000562

व्यवसाय स्रोत / Business Source: 737786

नारीकर्ता कार्यालय / Issuing Office
कार्यालय कोड / Office Code: 271500
कार्यालय पता / Office Address: PUNE
DIVISION III Asmani Plaza, 1248-A,
Shivajinagar, Deccan Gymkhana, - 411004.
State Code: 27, Maharashtra
GSTIN: 27AAACN9967E1Z3
Contact Number: 020 25536149
Mobile Number:

विक्रय चैनल / Sales Channel Code:
9000148486

नाम / Name: Mr Nitin S Namjoshi Contact
Number: 9822867470

सह दलाल कोड / Co Broker Code:

कस्टमर केयर टॉल फ्री नंबर / Customer
Care Toll Free Number:
1800 345 0330

ईमेल /

email: customer.support@nic.co.in

Details of the Persons insured

Table I = (a),(g); Table IA = (a) to (d), (g); Table II = (a) to (e), (g); Table III = (a) to (g)

Family ID	SI No	Name of the Insured Person	Date of Birth Age	Gen der	Relation Occupation	Risk Group	Benefits Covered / Cover Duration	Med Exp	Capital Sum Insured (₹)
1	1	MRS NILAM P NIKAM	20/11/1987 34	F	Self Company Employee	M	Table III / 24 Hours Coverage	₹ 10,000.00	₹ 1,00,000.00
2	2	MRS.SNEHAL S JOSHI	09/06/1978 43	F	Self Company Employee	M	Table II Table III / 24 Hours Coverage	₹ 30,000.00	₹ 3,00,000.00
3	3	MRS.DIPTEE S BHOLE	12/05/1980 41	F	Self Company Employee	M	Table II Table III / 24 Hours Coverage	₹ 30,000.00	₹ 3,00,000.00
4	4	MS.ATIYA A SHAIKH	04/03/1983 38	F	Self Company Employee	M	Table II Table III / 24 Hours Coverage	30,000/-	₹ 3,00,000.00
5	5	MS.ABHA C DHUPKAR	18/09/1984 37	F	Self Company Employee	M	Table II Table III / 24 Hours Coverage	30,000/-	₹ 3,00,000.00
6	6	SMT.SHREEYA DHAKE	23/06/1983 38	F	Self Company Employee	M	Table II Table III / 24 Hours Coverage	30,000/-	₹ 3,00,000.00
7	7	SMT.RAJANI PAGARE	08/09/1974 47	F	Self Company Employee	M	Table II Table III / 24 Hours Coverage	30,000/-	₹ 3,00,000.00
8	8	SMT.NAMRATA SIDHAYE	07/09/1986 35	F	Self Company Employee	M	Table II Table III / 24 Hours Coverage	₹ 30,000.00	₹ 3,00,000.00
9	9	SMT RUTUJA KOWALE	27/09/1983 38	F	Self Company Employee	M	Table II Table III / 24 Hours Coverage	₹ 30,000.00	₹ 3,00,000.00
10	10	SMT ADITI L SOMAN	14/10/1986 35	F	Self Company Employee	M	Table II Table III / 24 Hours Coverage	₹ 30,000.00	₹ 3,00,000.00
11	11	SMT HARSHADA SONAWANE	03/04/1982 39	F	Self Company Employee	M	Table II Table III / 24 Hours Coverage	₹ 30,000.00	₹ 3,00,000.00
12	12	SMT.ASHWINI KAMBLE	01/04/1985 36	F	Self Company Employee	M	Table II Table III / 24 Hours Coverage	₹ 30,000.00	₹ 3,00,000.00
13	13	SMT APOORVA LIKHITE	06/12/1991 30	F	Self Company Employee	M	Table II Table III / 24 Hours Coverage	30,000/-	₹ 3,00,000.00
14	14	SMT ADITI BERRY	25/10/1987 34	F	Self Company Employee	M	Table II Table III / 24 Hours Coverage	30,000/-	₹ 3,00,000.00
15	15	SMT.RADHIKA N APTE	29/06/1986 35	F	Self Company Employee	M	Table III / 24 Hours Coverage	10,000/-	₹ 1,00,000.00



पॉलिसी अनुसूची / Policy Schedule - Group Personal Accident

Policy Number:
271500422110000562

व्यवसाय स्रोत / Business Source: 737786

विक्रय चैनल / Sales Channel Code:
9000148486

जारीकर्ता कार्यालय / Issuing Office
कार्यालय कोड / Office Code: 271500
कार्यालय पता / Office Address: PUNE
DIVISION III Asmani Plaza, 124B-A,
Shivajinagar, Deccan Gymkhana, - 411004.
State Code: 27, Maharashtra
GSTIN: 27AAACN9967E1Z3
Contact Number: 020 25536149
Mobile Number:

नाम / Name: Mr Nitin S Namjoshi Contact
Number: 9822867470

सह दलाल कोड / Co Broker Code:

कस्टमर केयर टॉल फ्री नंबर / Customer
Care Toll Free Number:
1800 345 0330

ईमेल /

email: customer.support@nic.co.in

Family ID	SI No	Name of the Insured Person	Date of Birth Age	Gender	Relation Occupation	Risk Group	Benefits Covered / Cover Duration	Med Exp	Capital Sum Insured (₹)
16 16	16	SHRI SANTOSH C MORE	26/08/1977 44	F	Self Company Employee	M	Table III / 24 Hours Coverage	10000/- ₹ 0.00	₹ 1,00,000.00
17 17	17	SHRI SUNIL K GAJMAL	09/06/1977 44	M	Self Company Employee	M	Table III / 24 Hours Coverage	10000/- ₹ 0.00	₹ 1,00,000.00
18 18	18	SHRI PRANAV YELE	28/07/1990 31	M	Self Company Employee	M	Table III / 24 Hours Coverage	10000/- ₹ 0.00	₹ 1,00,000.00



An

TAX INVOICE

Invoice Serial No: 30741P1P00000562

Invoice Date: 11/01/2022

Details of Supplier:

National Insurance Company Limited.,
PUNE DIVISION III Asmani Plaza,1248-A, Shivajinagar,Deccan Gymkhana, - 411004
State : 27, Maharashtra
GSTIN No : 27AAACN9967E1Z3

Details Of Receiver : THE PRINCIPAL D.E.S BRIJLAL JINDAL COLLEGE OF PHYSIOTHERAPY

Address : FERGUSSON COLLEGE CAMPUS
City : PUNE,
District: PUNE,
State: MAHARASHTRA,
PIN: 411004.

Place Of Supply State : Maharashtra
State Code : 27
GSTIN No : 27AAATD3141P1ZL

सैंक कोड/ SAC Code	सेवा का विवरण/ Description of Service	कुल/Total(₹)	छूट/ Discou nt	टैक्स योग्य/ मूल्य/Taxable Value(₹)	सीजीएसटी की राशि/ CGST		एसजीएसटी/यूटीजीएसटी/ SGST/UTGST		आईजीएसटी/IGST		केरला बाढ़ उपकर/Kerala Flood Cess
					दर/Rate	राशि/ Amount(₹)	दर/Rate	राशि/ Amount(₹)	दर/Rate	राशि/ Amount(₹)	राशि/Amount(₹)
997133	Accident and health insurance services	9,390	0%	9,390	9%	845	9%	845	0%	0	0
TOTAL		9,390		9,390		845		845		0	0
कुल इनवॉयस मूल्य (अंकों में) Total Invoice Value (In figures) : ₹ 11,080											
कुल इनवॉयस मूल्य (शब्दों में) Total Invoice Value (In words) : रसए/Rupees Eleven Thousand Eighty केवल/Only.											
रिवर्स चार्ज के अधीन टैक्स की राशि Amount of Tax Subject to Reverse Charge : No											

E.&.O.E

कृते नेशनल इन्शुरेंस कंपनी लिमिटेड/ For
and on behalf of National Insurance Company Limited

अधिकृत हस्तातकृषरकरता/ Authorized Signatory



वसूली रसीद/Collection Receipt

जारीकर्ता कार्यालय कोड/Issuing Office Code : 271500	
जारीकर्ता कार्यालय का नाम व पता/Name and Address of Issuing Office : PUNE DIVISION III Asmani Plaza,1248-A, Shivajinagar,Deccan Gymkhana, - 411004	
राज्य कोड/State Code : 27 ,राज्य का नाम/State Name : Maharashtra	
जीएसटीआईएन/GSTIN : 27AAACN9967E1Z3	
संपर्क संख्या/Contact Number : 020 25536149	
रसीद सं./Receipt No : 271500812110005103	स्कॉल सं. (यदि कोई हो)/Scroll No(If any) :
रसीद की तिथि व समय/Receipt Date & Time : 11/01/2022. 11:48 hours	स्कॉल तिथि (यदि कोई हो)/Scroll Date(If any) :

श्री THE PRINCIPAL D.E.S BRIJLAL JINDAL COLLEGE OF PHYSIOTHERAPY से चेक द्वारा जमा के रूप में रूपये Rs. 11,540.00 निम्नलिखित लेनदेन के अनुसार धन्यवाद सहित प्राप्त हुआ।

Received with thanks from THE PRINCIPAL D.E.S BRIJLAL JINDAL COLLEGE OF PHYSIOTHERAPY a sum of Rs. 11,540.00 (Rupees Eleven Thousand Five Hundred Forty Only) by way of Cheque towards the following transactions.

भुगतान विवरण/Paymode Details :

भुगतान मोड का नाम/Paymode Name : Cheque	
उपकरण संख्या/Instrument Number : 000751	उपकरण तिथि/Instrument Date : 07/01/2022
बैंक का नाम (यदि कोई हो)/Bank Name(If any) : HDFC Bank Ltd	बैंक शाखा (यदि कोई हो)/Bank Branch(If any) : HDF-Pune Fergusson College Road

क्र. सं./ S. No	विभाग/ Dept	पॉलिसी/ पृष्ठांकन Policy/Endorsement		व्यव. श्रोत कोड/ Biz Source Code	व्यव.का वर्ग/ विवरण / Class of Business/Narration	राशि रू. / Amount Rs.
		लेन-देन कोड/ Tr Cd	वर्ष/ Year			
1	42 16	2022	271500422110000562	737786 9000148486	Group Personal Accident Direct Premium CGST SGST Total	9,390.00 845.00 845.00 11,080.00
2					Deposit Collection. Premium Deposit-9701304150	460.00

रोकड़िया/Cashier :



कृते नेशनल इन्श्योरेंस कं. लि./For National Insurance Co. Ltd,

प्राधिकृत हस्ताक्षरकर्ता/Authorised Signatory



चेक द्वारा भुगतान किए जाने की स्थिति में रसीद चेक द्वारा भुगतान की प्राप्ति के बाद ही जारी किया जाएगा। सभी पत्राचारों में उपरोक्त वर्णित पॉलिसी जारी करनेवाले कार्यालय के पते पर दस्तावेज संख्या व पॉलिसी का वर्ष तथा संख्या उद्धृत किया जाना चाहिए। जब राशि 5000/- रूपए या उससे अधिक होगी तो राजस्व टिकट चिपकाया जाना आवश्यक होगा।



नेशनल इन्श्योरेंस कम्पनी लिमिटेड
National Insurance Company Limited
CIN : U10200WB1906601001713
IRDA Registration No. 58

पंजीकृत एवं प्रधान कार्यालय : 3 मिडिलटन स्ट्रीट, कोलकाता 700 071
Registered & Head Office : 3 Middleton Street, Kolkata 700 071
P. No. 033-22831705-06 Fax : 033-22831712
e-mail : website.administrator@nic.co.in

Applicable to Receipts and Policies : In case of dishonour of Cheque / DD for Premium, the Policy / Receipt stands cancelled "ABINITIO".

Policy Number:
271500422010000663

व्यवसाय स्रोत /Business Source: 037786

विक्रय चैनल वविवरण/Sales Channel Code:
9000148486

नाम /Name: Mr Nitin S Namjoshi Contact
Number: 9822867470

सह दलाल कोड / Co Broker Code:

कस्टमर केयर टॉल फ्री नंबर/Customer
Care Toll Free Number:
1800 345 0330

ईमेल/
email:customer.support@nic.co.in



जारीकर्ता कार्यालय/Issuing Office
कार्यालय कोड /Office Code: 271500
कार्यालय पता /Office Address: PUNE
DIVISION III Asmani Plaza, 1248-A,
Shivajinagar, Deccan Gymkhana, - 411004.
State Code: 27, Maharashtra
GSTIN: 27AAAACN9967E1Z3
Contact Number: 20 25536148
Mobile Number:

ग्राहक का नाम /Customer Name: THE PRINCIPAL D.E.S BRIJLAL
JINDAL COLLEGE OF PHYSIOTHERAPY
पता/ Address: FERGUSSON COLLEGE CAMPUS, City: PUNE,
District: PUNE, State: MAHARASHTRA, PIN: 411004.
Cell: 9000000000

ग्राहक आईडी /Customer ID:
9701304150

पैन /PAN:

फोन /Phone:

ई-मेल /E-Mail: descoppune@gmail.com

पॉलिसी: 20/01/2021 के 00:00 से 19/01/2022 की मध्य रात्रि तक प्रभावी /Policy Effective from 00:00 hours, on 20/01/2021 to midnight of 19/01/2022

प्रीमियम/ Premium	₹ 10,165.00	कवर नोट संख्या और तथि/ Cover Note Number and Date	लागू नहीं/NA
CGST	₹ 915.00	प्रस्ताव संख्या और तथि/Proposal Number and Date	8800200106398759 Dt. 20/11/2020
SGST/UTGST	₹ 915.00		
IGST	₹ 0.00		
केरला बाढ़ उपकर/Kerala Flood Cess	₹ 0.00		
कम:जीएसटी_टीडीएस / Less:GST_TDS	₹ 0.00	रसीद संख्या और तथि/Receipt Number and Date	271500812010005813 Dt. 15/01/2021
पुनर्प्राप्ति योग्य स्टाम्प ड्यूटी /Recoverable Stamp Duty	₹ 0.00		
कुल /Total Amount	₹ 12,000.00	पछिली पॉलिसी संख्या और समाप्ती तथि/ Previous Policy Number and Expiry Date	271500421910000698 and Dt.19/01/2021

(Rupees Twelve Thousand Only.)

General Summary

Total No of Persons Covered	18	Total Sum Insured	₹ 48,00,000.00
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Remarks: PREV POLICY NO 271500421810000733 EXPIRY ON 19/01/2020

जसिकी गवाही में दनि/ माह /वर्ष को उपरोक्त उल्लेखित कार्यालय पते पर अधोहस्ताक्षरी को वधिवित अधकृत कयिा जा रहा है उसके हाथ नर्धारित कएि जाएं। यह अनुसूची, संलग्न पॉलिसी, खण्ड, पृष्ठांकन और पॉलिसी शब्दों, जो कंपनी वेबसाईट <https://nationalinsurance.nic.co.in> पर उपलब्ध हैं, को एक अनुबंध के रुप में एक साथ पढ़ा जाए तथा कोई भी शब्द या अभवियक्तजिसके लएि यह वशिष्टि अर्थ पॉलिसी या अनुसूची के कसिी भी हसिसे में संलग्न कयिा गया हो, एक ही अर्थ वहन करेगा चाहे जहाँ भी उल्लेखित हो। यह आशवासन दयिा जाता है कि प्रीमियम चेक के अस्वीकृतके मामले में, यह दस्तावेज स्वतः प्राथमकित्ता नरिस्त हो जाएगी। //IN WITNESS WHEREOF, the undersigned being duly authorized hereunto set his/ her hand at the office address mentioned above, this 15/January/2021.This schedule, the attached policy, the clauses, the endorsements and policy wordings as available in the website <https://nationalinsurance.nic.co.in> shall be read together as one contract and any word or expression to which the specific meaning has been attached in any part of this policy or of the schedule shall bear the same meaning wherever it may appear. It is warranted that IN CASE OF DISHONOUR OF THE PREMIUM CHEQUE, THIS DOCUMENT STANDS AUTOMATICALLY CANCELLED 'AB-INITIO'

इंश्योरेंसइंडियालिमिटेड



कृते नेशनल इन्श्योरेंस कंपनी
For and on behalf of National Insurance
Company Limited
अधकृत हस्ताक्षरकर्ता/ Authorized
Signatory

Registered on 22/01/2021
National Insurance Company Limited
CIN : U10200WB1906G01001713
IRDA Registration No. 58

पंजीकृत एवं प्रधान कार्यालय : 3 मिडिल्टन स्ट्रीट, कोलकाता 700 071
Registered & Head Office : 3 Middleton Street, Kolkata 700 071
P. No. 033-22831705-06 Fax : 033-22831712
e-mail : website.administrator@nic.co.in

Applicable to Receipts and Policies : In case of dishonour of Cheque / DD for Premium, the Policy / Receipt stands cancelled "ABINITIO".

Policy Number:
27150042201000663

व्यवसाय स्रोत /Business Source: 037786

विक्रय चैनल/वेबसाइट/Sales Channel Code:
9000148486

जारीकर्ता कार्यालय/Issuing Office
कार्यालय कोड /Office Code: 271500

नाम /Name: Mr Nitin S Namjoshi Contact
Number: 9822867470

कार्यालय पता /Office Address: PUNE
DIVISION III Asmani Plaza, 1248-A,
Shivajinagar, Deccan Gymkhana, - 411004.
State Code: 27, Maharashtra
GSTIN: 27AAACN9967E1Z3
Contact Number: 20 25536148
Mobile Number:

सह दलाल कोड / Co Broker Code:

कस्टमर केयर टॉल फ्री नंबर/Customer
Care Toll Free Number:
1800 345 0330

ईमेल/
email:customer.support@nic.co.in

Details of the Persons insured

Table I = (a),(g); Table IA = (a) to (d), (g); Table II = (a) to (e), (g); Table III = (a) to (g)

Family ID	Empl No	Name of the Insured Person	Date of Birth Age	Gen der	Relation Occupation	Risk Group	Benefits Covered / Cover Duration	Med Exp	Capital Sum Insured (₹)
1	1	MRS APARNA SADHALE	07/09/1966 54	F	Self Company Employee	M	Table II Table III / 24 Hours Coverage	₹ 0.00	₹ 5,00,000.00
2	2	MRS.SNEHAL S JOSHI	09/06/1978 42	F	Self Company Employee	M	Table II Table III / 24 Hours Coverage	₹ 0.00	₹ 3,00,000.00
3	3	MRS.DIPTEE S BHOLE	12/05/1980 40	F	Self Company Employee	M	Table II Table III / 24 Hours Coverage	₹ 0.00	₹ 3,00,000.00
4	4	MS.ATIYA A SHAIKH	04/03/1983 37	F	Self Company Employee	M	Table II Table III / 24 Hours Coverage	₹ 0.00	₹ 3,00,000.00
5	5	MS.ABHAC DHUPKAR	18/09/1984 36	F	Self Company Employee	M	Table II Table III / 24 Hours Coverage	₹ 0.00	₹ 3,00,000.00
6	6	SMT.SHREEYA DHAKE	23/06/1983 37	F	Self Company Employee	M	Table II Table III / 24 Hours Coverage	₹ 0.00	₹ 3,00,000.00
7	7	SMT.RAJANI PAGARE	06/09/1974 46	F	Self Company Employee	M	Table II Table III / 24 Hours Coverage	₹ 0.00	₹ 3,00,000.00
8	8	SMT.NAMRATA SIDHAYE	07/09/1986 34	F	Self Company Employee	M	Table II Table III / 24 Hours Coverage	₹ 30,000.00	₹ 3,00,000.00
9	9	SMT RUTUJA KOWALE	27/09/1983 37	F	Self Company Employee	M	Table II Table III / 24 Hours Coverage	₹ 30,000.00	₹ 3,00,000.00
10	10	SMT ADITI L SOMAN	14/10/1986 34	F	Self Company Employee	M	Table II Table III / 24 Hours Coverage	₹ 30,000.00	₹ 3,00,000.00
11	11	SMT HARSHADA SONAWANE	03/04/1982 38	F	Self Company Employee	M	Table II Table III / 24 Hours Coverage	₹ 30,000.00	₹ 3,00,000.00
12	12	SMT.ASHWINI KAMBLE	01/04/1985 35	F	Self Company Employee	M	Table II Table III / 24 Hours Coverage	₹ 30,000.00	₹ 3,00,000.00
13	13	SMT APOORVA LIKHITE	06/12/1991 29	F	Self Company Employee	M	Table II Table III / 24 Hours Coverage	₹ 0.00	₹ 3,00,000.00
14	14	SMT ADITI BERRY	25/10/1987 33	F	Self Company Employee	M	Table II Table III / 24 Hours Coverage	₹ 0.00	₹ 3,00,000.00
15	15	SMT.RADHIKA N APTE	29/06/1986 34	F	Self Company Employee	M	Table II Table III / 24 Hours Coverage	₹ 0.00	₹ 1,00,000.00



पॉलिसी अनुसूची/Policy Schedule - Group Personal Accident

Policy Number:
271500422010000663

व्यवसाय स्रोत /Business Source: 037786

विक्रय चैनल /Sales Channel Code:
9000148486

नाम /Name: Mr Nitin S Namjoshi Contact
Number: 9822867470

सह दलाल कोड / Co Broker Code:

जारीकर्ता कार्यालय/Issuing Office

कार्यालय कोड /Office Code: 271500

कार्यालय पता /Office Address: PUNE
DIVISION III Asmani Plaza, 1248-A,
Shivajinagar, Deccan Gymkhana, - 411004.

State Code: 27, Maharashtra
GSTIN: 27AAACN9967E1Z3
Contact Number: 20 25536148
Mobile Number:

कस्टमर केयर टॉल फ्री नंबर/Customer
Care Toll Free Number:
1800 345 0330

ईमेल/

email:customer.support@nic.co.in



Trusted Since 1906

Family ID	SI No	Name of the Insured Person	Date of Birth Age	Gender	Relation Occupation	Risk Group	Benefits Covered / Cover Duration	Med Exp	Capital Sum Insured (₹)
16 16	16	SHRI SANTOSH C MORE	26/08/1977 43	F	Self Company Employee	M	Table III / 24 Hours Coverage	₹ 0.00	₹ 1,00,000.00
17 17	17	SHRI SUNIL K GAJMAL	09/06/1977 43	M	Self Company Employee	M	Table III / 24 Hours Coverage	₹ 0.00	₹ 1,00,000.00
18 18	18	SHRI PRANAV YELE	28/07/1990 30	M	Self Company Employee	N	Table III / 24 Hours Coverage	₹ 0.00	₹ 1,00,000.00



SL

पंजीकृत कार्यालय/Registered Office: 60052
National Insurance Company Limited
CIN : U10200WB1906GOI001713
IRDA Registration No. 58

पंजीकृत एवं प्रधान कार्यालय : 3 मिडिल्टन स्ट्रीट, कोलकाता 700 071
Registered & Head Office : 3 Middleton Street, Kolkata 700 071
P.No. 033-22831705-06 Fax : 033-22831712
e-mail : website.administrator@nic.co.in

Applicable to Receipts and Policies : In case of dishonour of Cheque / DD for Premium, the Policy / Receipt stands cancelled "ABINITIO".

TAX INVOICE

Invoice Serial No: 30741P0P00000663

Invoice Date: 15/01/2021

Details of Supplier:

National Insurance Company Limited,
PUNE DIVISION III Asmani Plaza, 1248-A, Shivajinagar, Deccan Gymkhana, - 411004
State : 27, Maharashtra
GSTIN No : 27AAACN9967E1Z3

Details Of Receiver : THE PRINCIPAL D.E.S BRIJLAL JINDAL COLLEGE OF PHYSIOTHERAPY

Address : FERGUSSON COLLEGE CAMPUS
City : PUNE,
District: PUNE,
State: MAHARASHTRA,
PIN: 411004.

Place Of Supply State : Maharashtra
State Code : 27
GSTIN No : 27AAATD3141P1ZL

सैक कोड/ SAC Code	सेवा का विवरण/ Description of Service	कुल/Total(₹)	छूट/ Discount	टैक्स योग्य/ मूल्य/Taxable Value(₹)	सीजीएसटी की राशि/ CGST		एसजीएसटी/यूटीजीएसटी/ SGST/UTGST		आईजीएसटी/IGST		केरला बाढ़ उपकर/Kerala Flood Cess
					दर/Rate	राशि Amount(₹)	दर/Rate	राशि Amount(₹)	दर/Rate	राशि Amount(₹)	राशि/Amount(₹)
997133	Accident and health insurance services	10,165	0%	10,165	9%	915	9%	915	0%	0	0
TOTAL		10,165		10,165		915		915		0	0

कुल इनवॉयस मूल्य (अंकों में) Total Invoice Value (In figures) : ₹ 12,000

कुल इनवॉयस मूल्य (शब्दों में) Total Invoice Value (In words) : रुपए/Rupees Twelve Thousand

केवल/Only.

रविर्स चार्ज के अधीन टैक्स की राशि Amount of Tax Subject to Reverse Charge : No

E.&O.E

कृते नेशनल इन्शोरेंस कंपनी लिमिटेड/ For
and on behalf of National Insurance Company Limited



अधिकृत हस्ताक्षरकर्ता/ Authorized Signatory

वसूली रसीद/Collection Receipt

नेशनल इन्श्योरेंस
National Insurance

Trusted Since 1906

जारीकर्ता कार्यालय कोड/Issuing Office Code : 271500
जारीकर्ता कार्यालय का नाम व पता/Name and Address of Issuing Office :
PUNE DIVISION III Asmani Plaza,1248-A, Shivajinagar,Deccan Gymkhana, - 411004
राज्य कोड/State Code : 27 ,राज्य का नाम/State Name : Maharashtra
जीएसटीआईएन/GSTIN : 27AAACN9967E1Z3
संपर्क संख्या/Contact Number : 20 25536148

रसीद सं./Receipt No : 271500812010005813	स्कॉल सं. (यदि कोई हो)/Scroll No(If any) :
रसीद की तिथि व समय/Receipt Date & Time : 15/01/2021. 12:43 hours	स्कॉल तिथि (यदि कोई हो)/Scroll Date(If any) :

श्री THE PRINCIPAL D.E.S BRIJLAL JINDAL COLLEGE OF PHYSIOTHERAPY से चेक द्वारा जमा के रूप में रूपये
Rs. 12,000.00 निम्नलिखित लेनदेन के अनुसार धन्यवाद सहित प्राप्त हुआ।

Received with thanks from THE PRINCIPAL D.E.S BRIJLAL JINDAL COLLEGE OF PHYSIOTHERAPY a sum of Rs.
12,000.00 (Rupees Twelve Thousand Only) by way of Cheque towards the following transactions.

भुगतान विवरण/Paymode Details :

भुगतान मोड का नाम/Paymode Name : Cheque	
उपकरण संख्या/Instrument Number : 000465	उपकरण तिथि/Instrument Date : 13/01/2021
बैंक का नाम (यदि कोई हो)/Bank Name(If any) : HDFC Bank Ltd	बैंक शाखा (यदि कोई हो)/Bank Branch(If any) : HDF-Pune Fergusson College Road

क्र. सं./ S. No	विभाग/ Dept	पॉलिसी/पृष्ठांकन Policy/Endorsement		व्यव.श्रोत कोड/ Biz Source Code	व्यव.का वर्ग/ विवरण / Class of Business/Narration	राशि रू. / Amount Rs.
		लेन-देन कोड/ Tr Cd	वर्ष/ Year			
1	42 16	2021	271500422010000663	037786 9000148486	Group Personal Accident Direct Premium CGST SGST Bank Charges Total	 10,165.00 915.00 915.00 5 12,000.00

रोकड़िया/Cashier :



कृते नेशनल इन्श्योरेंस कं. लि. /For National Insurance Co. Ltd,

प्राधिकृत हस्ताक्षरकर्ता/Authorised Signatory

चेक द्वारा भुगतान किए जाने की स्थिति में रसीद चेक द्वारा भुगतान की प्राप्ति के बाद ही जारी किया जाएगा। सभी पत्राचारों में उपरोक्त वर्णित पॉलिसी जारी करनेवाले कार्यालय के पते पर दस्तावेज संख्या व पॉलिसी का वर्ष तथा संख्या उद्धृत किया जाना चाहिए। जब राशि 5000/- रूपए या उससे अधिक होगी तो राजस्व टिकट चिपकाया जाना आवश्यक होगा।

Receipt is subject to realisation of cheque when payment is made by cheque. Our document number and Date, Policy year and Number should be quoted in all correspondence with us only to the Policy issuing office address mentioned above. Revenue stamp has to be affixed when the amount is or above Rs. 5000.

Printed on 15/01/2021 by 60109 Page No : 1



नेशनल इन्श्योरेंस कम्पनी लिमिटेड
National Insurance Company Limited
CIN : U10200WB1906G01001713
IRDA Registration No. 58

पंजीकृत एवं प्रधान कार्यालय : 3 मिडिल्टन स्ट्रीट, कोलकाता 700 071
Registered & Head Office : 3 Middleton Street, Kolkata 700 071
P. No. 033-22831705-06 Fax : 033-22831712
e-mail : website.administrator@nic.co.in

Applicable to Receipts and Policies : In case of dishonour of Cheque / DD for Premium, the Policy / Receipt stands cancelled "ABINITIO".

पॉलिसी अनुसूची/ Policy Schedule - Group Personal Accident

Policy Number:
271500421910000698

व्यवसाय स्रोत /Business Source: 037786

जारीकर्ता कार्यालय/Issuing Office
कार्यालय कोड /Office Code: 271500
कार्यालय पता /Office Address: PUNE
DIVISION III Asmani Plaza, 1248-A,
Shivajinagar, Deccan Gymkhana, - 411004.
State Code: 27, Maharashtra
GSTIN: 27AAACN9967E1Z3
Contact Number: 20 25536148
Mobile Number:

विक्रय चैनल वितरण/Sales Channel Code:
9000148486
नाम /Name: Mr Nitin S Namjoshi Contact
Number: 9822867470
सह दलाल कोड / Co Broker Code:

Customer Care Toll Free Number:
1800 345 0330
email:customer.support@nic.co.in



ग्राहक का नाम /Customer Name: THE PRINCIPAL D.E.S BRIJLAL
JINDAL COLLEGE OF PHYSIOTHERAPY
पता/ Address: FERGUSSON COLLEGE CAMPUS, City: PUNE,
District: PUNE, State: MAHARASHTRA, PIN: 411004.
Cell: 9000000000

ग्राहक आईडी /Customer ID:
9701304150

पैन /PAN:

फोन /Phone:

ई-मेल /E-Mail: descoppune@gmail.com

पॉलिसी: 20/01/2020 के 00:00 से 19/01/2021 की मध्य रात्रि तक प्रभावी /Policy Effective from 00:00 hours, on 20/01/2020 to midnight of 19/01/2021

प्रीमियम/ Premium	₹ 10,170.00	कवर नोट संख्या और तथि/ Cover Note Number and Date	NA
CGST	₹ 915.00	प्रस्ताव संख्या और तथि/ Proposal Number and Date	8800200106398759 Dt. 06/01/2020
SGST/UTGST	₹ 915.00		
IGST	₹ 0.00		
केरला बाढ़ उपकर/Kerala Flood Cess	₹ 0.00		
कम:जीएसटी टीडीएस / Less:GST_TDS	₹ 0.00	रसीद संख्या और तथि/ Receipt Number and Date	271500811910005853 Dt. 06/01/2020
पुनर्प्राप्ति योग्य स्टाम्प ड्यूटी /Recoverable Stamp Duty	₹ 0.00		
कुल /Total Amount	₹ 12,000.00	पछिली पॉलिसी संख्या और समाप्ती तथि/ Previous Policy Number and Expiry Date	NA

(Rupees Twelve Thousand Only.)

General Summary

Total No of Persons Covered	18	Total Sum Insured	₹ 48,00,000.00
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Remarks: PREV POLICY NO 271500421810000733 EXPIRY ON 19/01/2020

जसिकी गवाही में दनि/ माह /वर्ष को उपरोक्त उल्लेखित कार्यालय पते पर अधोहस्ताक्षरी को वधिवित अधकृत किया जा रहा है उसके हाथ नर्धारित किए जाएं। यह अनुसूची, संलग्न पॉलिसी, खण्ड, पृष्ठानकन और पॉलिसी शर्तों, जो कंपनी वेबसाईट <https://nationalinsurance.nic.co.in> पर उपलब्ध है, को एक अनुबंध के रुप में एक साथ पढा जाए तथा कोई भी शब्द या अभिव्यक्ति जिसके लिए यह विशिष्ट अर्थ पॉलिसी या अनुसूची के किसी भी हिस्से में संलग्न किया गया हो, एक ही अर्थ वहन करेगा चाहे जहाँ भी उल्लेखित हो। यह आश्वासन दिया जाता है कि प्रीमियम चेक के अस्वीकृत के मामले में, यह दस्तावेज स्वतः प्रथमकिता नरिस्त हो जाएगा। /IN WITNESS WHEREOF, the undersigned being duly authorized hereunto set his/ her hand at the office address mentioned above, this 06/January/2020. This schedule, the attached policy, the clauses, the endorsements and policy wordings as available in the website <https://nationalinsurance.nic.co.in> shall be read together as one contract and any word or expression to which the specific meaning has been attached in any part of this policy or of the schedule shall bear the same meaning wherever it may appear. It is warranted that IN CASE OF DISHONOUR OF THE PREMIUM CHEQUE, THIS DOCUMENT STANDS AUTOMATICALLY CANCELLED 'AB-INITIO'

इंश्योरेंसइंडियामिडिड



कृते नेशनल इन्श्योरेंस कंपनी
For and on behalf of National Insurance
Company Limited

अधकृत हस्ताक्षरकर्ता/ Authorized Signatory

नेशनल इन्श्योरेंस कंपनी लिमिटेड
National Insurance Company Limited
CIN : U10200WB1906G01001713
IRDA Registration No. 58

पंजीकृत एवं प्रधान कार्यालय : 3 मिडिलटन स्ट्रीट, कोलकाता 700 071
Registered & Head Office : 3 Middleton Street, Kolkata 700 071
P.No. 033-22831705-06 Fax: 033-22831712
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Applicable to Receipts and Policies : In case of dishonour of Cheque / DD for Premium, the Policy / Receipt stands cancelled "ABINITIO".

पॉलिसी अनुसूची/ Policy Schedule - Group Personal Accident

Policy Number:

271500421910000698

व्यवसाय स्रोत /Business Source: 037786

जारीकर्ता कार्यालय/Issuing Office

कार्यालय कोड /Office Code: 271500

कार्यालय पता /Office Address: PUNE

DIVISION III Asmani Plaza, 1248-A,

Shivajinagar, Deccan Gymkhana, - 411004.

State Code: 27, Maharashtra

GSTIN: 27AAACN9967E1Z3

Contact Number: 20 25536148

Mobile Number:

विक्रय चैनल वविरण/Sales Channel Code:
9000148486

नाम /Name: Mr Nitin S Namjoshi Contact
Number: 9822867470

सह दलाल कोड / Co Broker Code:

Customer Care Toll Free Number:

1800 345 0330

email:customer.support@nic.co.in

Details of the Persons insured

Table I = (a),(g); Table IA = (a) to (d), (g); Table II = (a) to (e), (g); Table III = (a) to (g)

Family ID	Emplo yee ID	SI No	Name of the Insured Person	Date of Birth Age	Gen der	Relation Occupation	Risk Group	Benefits Covered / Cover Duration	Med Exp	Capital Sum Insured (₹)
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2	2	2	MRS.SNEHAL S JOSHI	09/06/1978 41	F	Self Company Employee	M	Table II Table III / 24 Hours Coverage	₹ 0.00	₹ 3,00,000.00
3	3	3	MRS.DIPTEE S BHOLE	12/05/1980 39	F	Self Company Employee	M	Table II Table III / 24 Hours Coverage	₹ 0.00	₹ 3,00,000.00
4	4	4	MS.ATIYA A SHAIKH	04/03/1983 36	F	Self Company Employee	M	Table II Table III / 24 Hours Coverage	₹ 0.00	₹ 3,00,000.00
5	5	5	MS.ABHA C DHUPKAR	18/09/1984 35	F	Self Company Employee	M	Table II Table III / 24 Hours Coverage	₹ 0.00	₹ 3,00,000.00
6	6	6	SMT.SHREEYA DHAKE	23/06/1983 36	F	Self Company Employee	M	Table II Table III / 24 Hours Coverage	₹ 0.00	₹ 3,00,000.00
7	7	7	SMT.RAJANI PAGARE	08/09/1974 45	F	Self Company Employee	M	Table II Table III / 24 Hours Coverage	₹ 0.00	₹ 3,00,000.00
8	8	8	SMT.NAMRATA SIDHAYE	07/09/1986 33	F	Self Company Employee	M	Table II Table III / 24 Hours Coverage	₹ 0.00	₹ 3,00,000.00
9	9	9	SMT RUTUJA KOWALE	27/09/1983 36	F	Self Company Employee	M	Table II Table III / 24 Hours Coverage	₹ 0.00	₹ 3,00,000.00
10	10	10	SMT ADITI L SOMAN	14/10/1986 33	F	Self Company Employee	M	Table II Table III / 24 Hours Coverage	₹ 0.00	₹ 3,00,000.00
11	11	11	SMT HARSHADA SONAWANE	03/04/1982 37	F	Self Company Employee	M	Table II Table III / 24 Hours Coverage	₹ 0.00	₹ 3,00,000.00
12	12	12	SMT.ASHWINI KAMBLE	01/04/1985 34	F	Self Company Employee	M	Table II Table III / 24 Hours Coverage	₹ 0.00	₹ 3,00,000.00
13	13	13	SMT APOORVA LIKHITE	06/12/1991 28	F	Self Company Employee	M	Table II Table III / 24 Hours Coverage	₹ 0.00	₹ 3,00,000.00
14	14	14	SMT ADITI BERRY	25/10/1987 32	F	Self Company Employee	M	Table II Table III / 24 Hours Coverage	₹ 0.00	₹ 3,00,000.00
15	15	15	SMT.RADHIKA N APTE	29/06/1986 33	F	Self Company Employee	M	Table III / 24 Hours Coverage	₹ 0.00	₹ 1,00,000.00
16	16	16	SHRI SANTOSH C MORE	26/08/1977 42	F	Self Company Employee	M	Table III / 24 Hours Coverage	₹ 0.00	₹ 1,00,000.00

TAX INVOICE

Invoice Serial No: 30741P9P00000698

Invoice Date: 06/01/2020

Details of Supplier:

National Insurance Company Limited.,
PUNE DIVISION III Asmani Plaza,1248-A, Shivajinagar,Deccan Gymkhana, - 411004
State : 27, Maharashtra
GSTIN No : 27AAACN9967E1Z3

Details Of Receiver : THE PRINCIPAL D.E.S BRIJLAL JINDAL COLLEGE OF PHYSIOTHERAPY

Address : FERGUSSON COLLEGE CAMPUS
City : PUNE,
District: PUNE,
State: MAHARASHTRA,
PIN: 411004.

Place Of Supply State : Maharashtra
State Code : 27
GSTIN No : 27AAATD3141P1ZL

सैक कोड/ SAC Code	सेवा का विवरण/ Description of Service	कुल/Total(₹)	छूट/ Discou nt	टैक्स योग्य/ मूल्य/Taxable Value(₹)	सीजीएसटी की राशि/ CGST		एसजीएसटी/यूटीजीएसटी/ SGST/UTGST		आईजीएसटी/IGST		केरला बाढ़ उपकर/Kerala Flood Cess
					दर/Rate	राशि/ Amount(₹)	दर/Rate	राशि/ Amount(₹)	दर/Rate	राशि/ Amount(₹)	राशि/Amount(₹)
997133	Accident and health insurance services	10,170	0%	10,170	9%	915	9%	915	0%	0	0
TOTAL		10,170		10,170		915		915		0	0
कुल इनवॉयस मूल्य (अंकों में) Total Invoice Value (In figures) : ₹ 12,000											
कुल इनवॉयस मूल्य (शब्दों में) Total Invoice Value (In words) : <input type="text"/> Rupees Twelve Thousand केवल/Only.											
रविस चार्ज के अधीन टैक्स की राशि Amount of Tax Subject to Reverse Charge : No											

E.&O.E

कृते नेशनल इन्शोरेंस कंपनी लिमिटेड/ For
and on behalf of National Insurance Company Limited

अधिकृत हस्ताक्षरकर्ता/ Authorized Signatory



वसूली रसीद/Collection Receipt



जारीकर्ता कार्यालय कोड/Issuing Office Code : 271500
 जारीकर्ता कार्यालय का नाम व पता/Name and Address of Issuing Office :
 PUNE DIVISION III Asmani Plaza,1248-A, Shivajinagar,Deccan Gymkhana, - 411004
 राज्य कोड/State Code : 27 ,राज्य का नाम/State Name : Maharashtra
 जीएसटीआईएन/GSTIN : 27AAACN9967E1Z3
 संपर्क संख्या/Contact Number : 20 25536148

रसीद सं./Receipt No : 271500811910005853	स्कॉल सं. (यदि कोई हो)/Scroll No(If any) :
रसीद की तिथि व समय/Receipt Date & Time : 06/01/2020. 14:19 hours	स्कॉल तिथि (यदि कोई हो)/Scroll Date(If any) :

श्री THE PRINCIPAL D.E.S BRIJLAL JINDAL COLLEGE OF PHYSIOTHERAPY से चेक द्वारा जमा के रूप में रूपये Rs. 12,000.00 निम्नलिखित लेनदेन के अनुसार धन्यवाद सहित प्राप्त हुआ।

Received with thanks from THE PRINCIPAL D.E.S BRIJLAL JINDAL COLLEGE OF PHYSIOTHERAPY a sum of Rs. 12,000.00 (Rupees Twelve Thousand Only) by way of Cheque towards the following transactions.

भुगतान विवरण/Paymode Details :

भुगतान मोड का नाम/Paymode Name : Cheque	
उपकरण संख्या/Instrument Number : 000082	उपकरण तिथि/Instrument Date : 01/01/2020
बैंक का नाम (यदि कोई हो)/Bank Name(If any) : HDFC Bank Ltd	बैंक शाखा (यदि कोई हो)/Bank Branch(If any) : HDF-Pune Fergusson College Road

क्र. सं./ S. No	विभाग/ Dept	पॉलिसी/ पृष्ठांकन Policy/Endorsement		व्यव. श्रोत कोड/ Biz Source Code	व्यव.का वर्ग/ विवरण / Class of Business/Narration	राशि रू./ Amount Rs.
		लेन-देन कोड/ Tr Cd	वर्ष/ Year			
1	42 11	2020	271500421910000698	037786 9000148486	Group Personal Accident Direct Premium CGST SGST Total	10,170.00 915.00 915.00 12,000.00

रोकड़िया/Cashier :



कृते नेशनल इन्श्योरेंस कं. लि./For National Insurance Co. Ltd,

प्राधिकृत हस्ताक्षरकर्ता/Authorised Signatory



चेक द्वारा भुगतान किए जाने की स्थिति में रसीद चेक द्वारा भुगतान की प्राप्ति के बाद ही जारी किया जाएगा। सभी पत्राचारों में उपरोक्त वर्णित पॉलिसी जारी करनेवाले कार्यालय के पते पर दस्तावेज संख्या व पॉलिसी का वर्ष तथा संख्या उद्धृत किया जाना चाहिए। जब राशि 5000/- रूपए या उससे अधिक होगी तो राजस्व टिकट चिपकाया जाना आवश्यक होगा।

Receipt is subject to realisation of cheque when payment is made by cheque. Our document number and Date, Policy year and Number should be quoted in all correspondence with us only to the Policy issuing office address mentioned above. Revenue stamp has to be affixed when the amount is or above Rs. 5000.

नेशनल इन्श्योरेंस कंपनी लिमिटेड
 National Insurance Company Limited
 CIN : U10200WB1906GOI001713
 IRDA Registration No. 58

पंजीकृत एवं प्रधान कार्यालय : 3 मिडिलटन स्ट्रीट, कोलकाता 700 071
 Registered & Head Office : 3 Middleton Street, Kolkata 700 071
 P.No. 033-22831705-06 Fax : 033-22831712
 e-mail : website.administrator@nic.co.in

Applicable to Receipts and Policies : In case of dishonour of Cheque / DD for Premium, the Policy / Receipt stands cancelled "ABINITIO".

पॉलिसी अनुसूची/ Policy Schedule - Group Personal Accident

Policy Number:

27150042181000733

व्यवसाय स्रोत/ Business Source: 037786

जारीकर्ता कार्यालय/ Issuing Office

कार्यालय कोड/ Office Code: 271500

कार्यालय पता/ Office Address: PUNE

DIVISION III Asmani Plaza, 1248-A,
Shivajinagar, Deccan Gymkhana, - 411004.

State Code: 27, Maharashtra

GSTIN: 27AAACN9967E1Z3

Contact Number: 20 25536148

Mobile Number:

विक्रय चैनल/ Sales Channel Code:
9000148486नाम/ Name: Mr Nitin S Namjoshi
Contact Number: 9822867470

Trusted Since 1906

ग्राहक का नाम/ Customer Name: THE PRINCIPAL D.E.S BRIJLAL
JINDAL COLLEGE OF PHYSIOTHERAPYपता/ Address: FERGUSSON COLLEGE CAMPUS, City: PUNE,
District: PUNE, State: MAHARASHTRA, PIN: 411004.
Cell: 9000000000ग्राहक आईडी/ Customer ID:
9701304150

पैन/ PAN:

फोन/ Phone:

ई-मेल/ E-Mail: descoppune@gmail.com

पॉलिसी: 20/01/2019 के 00:00 से 19/01/2020 की मध्य रात्रि तक प्रभावी / Policy Effective from 00:00 hours, on 20/01/2019 to
midnight of 19/01/2020

प्रीमियम/ Premium	₹ 10,170.00	कवर नोट संख्या और तिथि/ Cover Note Number and Date	NA
CGST	₹ 915.00		
SGST/UTGST	₹ 915.00		
IGST	₹ 0.00	प्रस्ताव संख्या और तिथि/ Proposal Number and Date	8800180116997720 Dt. 22/11/2018
कम: जीएसटी टीडीएस / Less: GST_TDS	₹ 0.00		
पुनर्प्राप्त योग्य स्टाम्प ड्यूटी /Recoverable Stamp Duty	₹ 0.00	रसीद संख्या और तिथि/ Receipt Number and Date	271500811810006163 Dt. 03/01/2019
कुल/ Total Amount	₹ 12,000.00	पछिली पॉलिसी संख्या और समाप्ती तिथि/ Previous Policy Number and Expiry Date	27150042168200001913 and Dt. 19/01/2018 271500421710000806 and Dt. 19/01/2019

(Rupees Twelve Thousand Only.)

General Summary

Total No of Persons Covered	18	Total Sum Insured	₹ 48,00,000.00
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जसकी गवाही में दनि/ माह /वर्ष को उपरोक्त उल्लेखित कार्यालय पते पर अधोहस्ताक्षरी को वधिवित अधिकृत किया जा रहा है उसके हाथ नर्धारित करि जाए। यह अनुसूची, संलग्न पॉलिसी, खण्ड, पृष्ठकन और पॉलिसी शब्दों, जो कंपनी वेबसाईट www.nationalinsuranceindia.nic.co.in पर उपलब्ध है, को एक अनुबंध के रुप में एक साथ पढा जाए तथा कोई भी शब्द या अभिव्यक्ति जिसके लिये यह विशिष्ट अर्थ पॉलिसी या अनुसूची के किसी भी हिस्से में संलग्न किया गया हो, एक ही अर्थ वहन करेगा चाहे जहाँ भी उल्लेखित हो। यह आश्वासन दिया जाता है कि प्रीमियम चेक के अस्वीकृति के मामले में, यह दस्तावेज स्वतः प्राथमिकता नरिस्त हो जाएगी। /IN WITNESS WHEREOF, the undersigned being duly authorized hereunto set his/ her hand at the office address mentioned above, this 03/January/2019. This schedule, the attached policy, the clauses, the endorsements and policy wordings as available in the website www.nationalinsuranceindia.nic.co.in shall be read together as one contract and any word or expression to which the specific meaning has been attached in any part of this policy or of the schedule shall have the same meaning wherever it may appear. It is warranted that IN CASE OF DISHONOUR OF THE PREMIUM CHEQUE, THE POLICY SHALL BE AUTOMATICALLY CANCELLED 'AB-INITIO'

इंश्योरेन्स इंडिया लिमिटेड



कृते नेशनल इंश्योरेन्स कंपनी

For and on behalf of National Insurance
Company Limitedअधिकृत हस्ताक्षरकर्ता/ Authorized
Signatory

नेशनल इंश्योरेन्स कंपनी लिमिटेड 60109
National Insurance Company Limited
CIN : U10200WB1906GOI001713
IRDA Registration No. 58

पंजीकृत एवं प्रधान कार्यालय : 3 मिडिलटन स्ट्रीट, कोलकाता 700 071
Registered & Head Office : 3 Middleton Street, Kolkata 700 071
P.No. 033-22831705-06 Fax : 033-22831712
e-mail : website.administrator@nic.co.in

Applicable to Receipts and Policies : In case of dishonour of Cheque / DD for Premium, the Policy / Receipt stands cancelled "ABINITIO".

पॉलिसी अनुसूची/Policy Schedule - Group Personal Accident

Policy Number:
27150042181000733

व्यवसाय स्रोत /Business Source: 037786

जारीकर्ता कार्यालय/Issuing Office

विक्रय चैनल वितरण/Sales Channel Code:
9000148486

कार्यालय कोड /Office Code: 271500

नाम /Name: Mr Nitin S Namjoshi
Contact Number: 9822867470

कार्यालय पता /Office Address: PUNE
DIVISION III Asmani Plaza, 1248-A,
Shivajinagar, Deccan Gymkhana, - 411004.
State Code: 27 . Maharashtra
GSTIN: 27AAACN9967E1Z3
Contact Number: 20 25536148
Mobile Number:



Trusted Since 1906

Details of the Persons insured

Table I = (a),(g); Table IA = (a) to (d), (g); Table II = (a) to (e), (g); Table III = (a) to (g)

Family ID	SI No	Name of the Insured Person	Date of Birth Age	Gender	Relation Occupation	Risk Group	Benefits Covered / Cover Duration	Med Exp	Capital Sum Insured (₹)
1	1	SMT RADHIKA N APTÉ	29/06/1986 32	F	Self Other Employees	M	Table III / 24 Hours Coverage	₹ 10,000.00	₹ 1,00,000.00
2	2	SHRI SANTOSH C MORE	26/08/1977 41	M	Self Other Employees	M	Table III / 24 Hours Coverage	₹ 10,000.00	₹ 1,00,000.00
21	3	SHRI SUNIL K GAJMAL	09/06/1977 41	M	Self Other Employees	M	Table III / 24 Hours Coverage	₹ 10,000.00	₹ 1,00,000.00
4	4	MRS APARNA SADHALE	07/09/1966 52	F	Self Other Employees	M	Table II - 2 Lacs Table III - 3 Lacs / 24 Hours Coverage	₹ 50,000.00	₹ 5,00,000.00
5	5	MRS SNEHAL S JOSHI	09/06/1978 40	F	Self Other Employees	M	Table II - 1 Lac Table III - 2 Lacs / 24 Hours Coverage	₹ 30,000.00	₹ 3,00,000.00
6	6	MRS DIPTEE S BHOLE	12/05/1980 38	F	Self Other Employees	M	Table II - 1 Lac Table III - 2 Lacs / 24 Hours Coverage	₹ 30,000.00	₹ 3,00,000.00
7	7	MS ATIYA A SHAIKH	04/03/1983 35	F	Self Other Employees	M	Table II - 1 Lac Table III - 2 Lacs / 24 Hours Coverage	₹ 30,000.00	₹ 3,00,000.00
8	8	MRS ABHA C DHUPKAR	18/09/1984 34	F	Self Other Employees	M	Table II - 1 Lac Table III - 2 Lacs / 24 Hours Coverage	₹ 30,000.00	₹ 3,00,000.00
9	9	SMT SHREEYA DHAKE	23/06/1983 35	F	Self Other Employees	M	Table II - 1 Lac Table III - 2 Lacs / 24 Hours Coverage	₹ 30,000.00	₹ 3,00,000.00
10	10	SMT ADITI L SOMAN	14/10/1986 32	F	Self Other Employees	M	Table II - 1 Lac Table III - 2 Lacs / 24 Hours Coverage	₹ 30,000.00	₹ 3,00,000.00
11	11	SMT RAJANI PAGARE	08/09/1974 44	F	Self Other Employees	M	Table II - 1 Lac Table III - 2 Lacs / 24 Hours Coverage	₹ 30,000.00	₹ 3,00,000.00
13	12	SMT NAMRATA SIDHAYE	07/09/1986 32	F	Self Other Employees	M	Table II - 1 Lac Table III - 2 Lacs / 24 Hours Coverage	₹ 30,000.00	₹ 3,00,000.00
14	13	SMT RUTUJA KOWALE	27/09/1983 35	F	Self Other Employees	M	Table II - 1 Lac Table III - 2 Lacs / 24 Hours Coverage	₹ 30,000.00	₹ 3,00,000.00
15	14	SMT HARSHADA SONAWANE	03/04/1982 36	F	Self Other Employees	M	Table II - 1 Lac Table III - 2 Lacs / 24 Hours Coverage	₹ 30,000.00	₹ 3,00,000.00
17	15	SMT ASHWINI KAMBLE	01/04/1985 33	F	Self Other Employees	M	Table II - 1 Lac Table III - 2 Lacs / 24 Hours Coverage	₹ 30,000.00	₹ 3,00,000.00
18	16	SMT APOORVA LIKHITE	06/12/1991 27	F	Self Other Employees	M	Table II - 1 Lac Table III - 2 Lacs / 24 Hours Coverage	₹ 30,000.00	₹ 3,00,000.00
19	17	SMT ADITI BERRY	25/10/1987 31	F	Self Other Employees	M	Table II - 1 Lac Table III - 2 Lacs / 24 Hours Coverage	₹ 30,000.00	₹ 3,00,000.00

नेशनल इन्श्योरेंस कंपनी लिमिटेड
National Insurance Company Limited
CIN : U10200WB1906GOI001713
IRDA Registration No. 58

पंजीकृत एवं प्रधान कार्यालय : 3 मिडिलटन स्ट्रीट, कोलकाता 700 071
Registered & Head Office : 3 Middleton Street, Kolkata 700 071
P.No. 033-22831705-06 Fax : 033-22831712
e-mail : website.administrator@nic.co.in

Applicable to Receipts and Policies : In case of dishonour of Cheque / DD for Premium, the Policy / Receipt stands cancelled "ABINITIO".
NIC / PRO / DHANRAJ PRINTERS - 15 Lakhs / 10/2018

For any information please contact the Policy Issuing Office or visit our website at www.nationalinsuranceindia.com

पॉलिसी अनुसूची/ Policy Schedule - Group Personal Accident

Policy Number:
271500421810000733

जारीकर्ता कार्यालय/Issuing Office

कार्यालय कोड /Office Code: 271500

कार्यालय पता /Office Address: PUNE

DIVISION III Asmani Plaza, 1248-A,
Shivajinagar, Deccan Gymkhana, - 411004.

State Code: 27, Maharashtra

GSTIN: 27AAACN9967E1Z3

Contact Number: 20 25536148

Mobile Number:

व्यवसाय स्रोत /Business Source: 037786

विक्रय चैनल/विक्रय/ Sales Channel Code:
9000148486

नाम /Name: Mr Nitin S Namjoshi

Contact Number: 9822867470



Trusted Since 1906

Family ID	Empl yee ID	SI No	Name of the Insured Person	Date of Birth Age	Gen der	Relation Occupation	Risk Group	Benefits Covered / Cover Duration	Med Exp	Capital Sum Insured (₹)
2018		18	SMT PRANAV YELE	28/07/1990 28	F	Self Other Employees	M	Table III / 24 Hours Coverage	₹ 10,000.00	₹ 1,00,000.00



नेशनल इन्शोरेंस कंपनी लिमिटेड 60109
National Insurance Company Limited
CIN : U10200WB1906G01001713
IRDA Registration No. 58

पंजीकृत एवं प्रधान कार्यालय : 3 मिडिल्टन स्ट्रीट, कोलकाता 700 071
Registered & Head Office : 3 Middleton Street, Kolkata 700 071
P. No. 033-22831705-06 Fax : 033-22831712
e-mail : website.administrator@nic.co.in

Applicable to Receipts and Policies : In case of dishonour of Cheque / DD for Premium, the Policy / Receipt stands cancelled "ABINITIO".

TAX INVOICE

Invoice Serial No: 30741P9P00000733



Trusted Since 1906

Details of Supplier:

National Insurance Company Limited.,
PUNE DIVISION III Asmani Plaza,1248-A, Shivajinagar,Deccan Gymkhana, - 411004
State : 27, Maharashtra
GSTIN No : 27AACN9967E1Z3

Details Of Receiver : THE PRINCIPAL D.E.S BRJLAL JINDAL COLLEGE OF PHYSIOTHERAPY

Address : FERGUSSON COLLEGE CAMPUS
City : PUNE,
District: PUNE,
State: MAHARASHTRA,
PIN: 411004.

Place Of Supply State : Maharashtra
State Code : 27
GSTIN No : NA

SAC Code	Description of Service	Total(₹)	Discount	Taxable Value(₹)	Rate	CGST Amount(₹)	Rate	SGST/UTGST Amount(₹)	Rate	IGST Amount(₹)
997133	Accident and health insurance services	10,170	0%	10,170	9%	915	9%	915	0%	0
TOTAL		10,170		10,170		915		915		0

Total Invoice Value (In figures) : ₹ 12,000

Total Invoice Value (In words) : Rupees Twelve Thousand Only.

Amount of Tax Subject to Reverse Charge : No

E.&O.E

For and on behalf of

National Insurance Company Limited.,



नेशनल इन्श्योरेंस कंपनी लिमिटेड 60109
National Insurance Company Limited
CIN : U10200WB1906GOI001713
IRDA Registration No. 58

पंजीकृत एवं प्रधान कार्यालय : 3 मिडिल्टन स्ट्रीट, कोलकाता 700 071
Registered & Head Office : 3 Middleton Street, Kolkata 700 071
P. No. 033-22831705-06 Fax : 033-22831712
e-mail : website.administrator@nic.co.in

Applicable to Receipts and Policies : In case of dishonour of Cheque / DD for Premium, the Policy / Receipt stands cancelled "ABINITIO".

Collection Receipt

Issuing Office Code : 271500

Name and Address of Issuing Office : PUNE DIVISION III Asmani Plaza,1248-A, Shivajinagar,Deccan Gymkhana, - 411004

State Code : 27 & State Name :Maharashtra

GSTIN : 27AAACN9967E1Z3

Contact Number : 20 25536148

Receipt No : 271500811810006163

Scroll No(If any) :

Receipt Date & Time : 03/01/2019, 15:37 hours

Scroll Date(If any) :

Received with thanks from THE PRINCIPAL D.E.S BRIJLAL JINDAL COLLEGE OF PHYSIOTHERAPY a sum of Rs. 12,000.00 (Rupees Twelve Thousand Only) by way of Cheque towards the following transactions.

Paymode Details :

Paymode Name : Cheque

Instrument Number : 689249

Instrument Date : 01/01/2019

Bank Name(If any) : State Bank of India

Bank Branch(If any) : SBI-Fergusson College Pune

S. No	Dept Tr Cd	Policy/Endorsement Year	Policy/Endorsement Number	Biz Source Code Sales Channel	Class of Business/Narration Account Description	Amount Rs.
1	42 16	2019	271500421810000733	037786 9000148486	Group Personal Accident Direct Premium CGST SGST Total	 10,170.00 915.00 915.00 12,000.00

For National Insurance Co. Ltd,

Cashier :



Authorised Signatory

Receipt is subject to realisation of cheque when payment is made by cheque. Our document number and Date, Policy year and Number should be quoted in all correspondence with us only to the Policy issuing office address mentioned above. Revenue stamp has to be affixed when the amount is or above Rs. 5000.

Printed on 03/01/2019 by 60109 Page No : 1



नेशनल इन्शुरेन्स कम्पनी लिमिटेड
National Insurance Company Limited
CIN : U10200WB1906GOI001713
IRDA Registration No. 58

पंजीकृत एवं प्रधान कार्यालय : 3 मिडिलटन स्ट्रीट, कोलकाता 700 071
Registered & Head Office : 3 Middleton Street, Kolkata 700 071
P.No. 033-22831705-06 Fax : 033-22831712
e-mail : website.administrator@nic.co.in

पॉलिसी अनुसूची/ Policy Schedule - Group Personal Accident

Policy Number: 271500421710000806	व्यवसाय स्रोत /Business Source: 037786
जारीकर्ता कार्यालय/Issuing Office कार्यालय कोड /Office Code: 271500	विक्रय चैनल वक्रिण/Sales Channel Code: 9000148486
कार्यालय पता /Office Address: PUNE DIVISION III Asmani Plaza, 1248-A, Shivajinagar, Deccan Gymkhana, - 411004. State Code: 27, Maharashtra GSTIN: 27AAACN9967E123 Contact Number: 20 25536148 Mobile Number:	नाम /Name: Mr Nitin S Namjoshi Contact Number: 9822867470

ग्राहक का नाम /Customer Name: THE PRINCIPAL D.E.S BRIJLAL JINDAL COLLEGE OF PHYSIOTHERAPY	ग्राहक आईडी /Customer ID: 9701304150	पैन /PAN:
पता/ Address: FERGUSSON COLLEGE CAMPUS, City: PUNE, District: PUNE, State: MAHARASHTRA, PIN: 411004. Cell: 9000000000	फोन /Phone:	
	ई-मेल /E-Mail: descoppune@gmail.com	

पॉलिसी: 20/01/2018 के 00:00 से 19/01/2019 की मध्य रात्रि तक प्रभावी /Policy Effective from 00:00 hours, on 20/01/2018 to midnight of 19/01/2019

प्रीमियम/ Premium	₹ 8,040.00	कवर नोट संख्या और तथि / Cover Note Number and Date	NA
CGST	₹ 724.00	प्रस्ताव संख्या और तथि/Proposal Number and Date	8800180116997720 Dt. 16/01/2018
SGST/UTGST	₹ 724.00		
IGST	₹ 0.00		
पुनर्प्राप्त योग्य स्टाम्प ड्यूटी /Recoverable Stamp Duty	₹ 0.00	रसीद संख्या और तथि/Receipt Number and Date	271500811710006860 Dt. 12/01/2018
कुल /Total Amount	₹ 9,487.00	पछिली पॉलिसी संख्या और समाप्ती तथि / Previous Policy Number and Expiry Date	27150042168200001913 and Dt.19/01/2018

(Rupees Nine Thousand Four Hundred Eighty Seven Only.)

General Summary

Total No of Persons Covered	14	Total Sum Insured	₹ 38,00,000.00
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जसिकी गवाही में दनि/ माह /वर्ष को उपरोक्त उल्लेखित कार्यालय पते पर अधोहस्ताक्षरी को वधिवित अधकृत कयि जा रहा है उसके हाथ नरिधारति करि जाएं। यह अनुसूची, संलग्न पॉलिसी, खण्ड, पृष्ठांकन और पॉलिसी शब्दों, जो कंपनी वेबसाईट www.nationalinsuranceindia.nic.co.in पर उपलब्ध है, को एक अनुबंध के रुप में एक साथ पढा जाए तथा कोई भी शब्द या अभिव्यक्ति जिसिके लरि यह वशिष्ट अर्थ पॉलिसी या अनुसूची के कसि भी हसिसे में संलग्न कयि गया हो, एक ही अर्थ वहन करेगा चाहे जहाँ भी उल्लेखति हो। यह आशवासन दयि जाता है कि प्रीमियम चेक के अस्वीकृतिके मामले में, यह दस्तावेज स्वतः प्राथमकिता नरिसुत हो जाएगी। **IN WITNESS WHEREOF, the undersigned being duly authorized hereunto set his/ her hand at the office address mentioned above, this 16/January/2018. This schedule, the attached policy, the clauses, the endorsements and policy wordings as available in the website www.nationalinsuranceindia.nic.co.in shall be read together as one contract and any word or expression to which the specific meaning has been attached in any part of this policy or of the schedule shall bear the same meaning wherever it may appear. It is warranted that IN CASE OF DISHONOUR OF THE PREMIUM CHEQUE, THIS DOCUMENT STANDS AUTOMATICALLY CANCELLED 'AB-INITIO'**

इंश्योरेंसइंडियालिमिटेड



कृते नेशनल इन्श्योरेंस कंपनी
For and on behalf of National Insurance
Company Limited

अधकृत हस्ताक्षरकरता/ Authorized
Signatory

अनुसूची/ Policy Schedule - Group Personal Accident

Policy Number:

271500421710000806

व्यवसाय स्रोत /Business Source: 037786

जारीकर्ता कार्यालय/Issuing Office

कार्यालय कोड /Office Code: 271500

कार्यालय पता /Office Address: PUNE
DIVISION III Asmani Plaza, 1248-A,
Shivajinagar, Deccan Gymkhana, - 411004.

State Code: 27, Maharashtra
GSTIN: 27AAACN9967E1Z3
Contact Number: 20 25536148
Mobile Number:

विक्रय चैनल विक्रय/Sales Channel Code:
9000148486

नाम /Name: Mr Nitin S Namjoshi
Contact Number: 9822867470

Details of the Persons insured

Table I = (a),(g); Table IA = (a) to (d), (g); Table II = (a) to (e), (g); Table III = (a) to (g)

Family ID	Empl ye ID	SI No	Name of the Insured Person	Date of Birth Age	Gen der	Relation Occupation	Risk Group	Benefits Covered / Cover Duration	Med Exp	Capital Sum Insured (₹)
1	1	1	MRS APARNA SADHALE	07/09/1966 51	F	Self Other Employees	M	Table II Table III / 24 Hours Coverage	₹ 50,000.00	₹ 5,00,000.00
2	2	2	MRS SNEHAL S. JOSHI	09/06/1978 39	F	Self Other Employees	M	Table II Table III / 24 Hours Coverage	₹ 30,000.00	₹ 3,00,000.00
3	3	3	MRS DIPTÉE S BHOLE	12/05/1980 37	F	Self Other Employees	M	Table II Table III / 24 Hours Coverage	₹ 30,000.00	₹ 3,00,000.00
4	4	4	MS ATIYA A SHAIKH	04/03/1983 34	F	Self Other Employees	M	Table II Table III / 24 Hours Coverage	₹ 30,000.00	₹ 3,00,000.00
5	5	5	MRS ABHA C DHUPKAR	18/09/1984 33	F	Self Other Employees	M	Table II Table III / 24 Hours Coverage	₹ 30,000.00	₹ 3,00,000.00
6	6	6	SMT SHREEYA DHAKE	23/06/1983 34	F	Self Other Employees	M	Table II Table III / 24 Hours Coverage	₹ 30,000.00	₹ 3,00,000.00
7	7	7	SMT RAJANI PAGARE	08/09/1974 43	F	Self Other Employees	M	Table II Table III / 24 Hours Coverage	₹ 30,000.00	₹ 3,00,000.00
8	8	8	SMT NAMRATA SIDHAYE	07/09/1986 31	F	Self Other Employees	M	Table II Table III / 24 Hours Coverage	₹ 30,000.00	₹ 3,00,000.00
9	9	9	SMT RUTUJA KOWALE	27/09/1983 34	F	Self Other Employees	M	Table II Table III / 24 Hours Coverage	₹ 30,000.00	₹ 3,00,000.00
10	10	10	SMT ADITI L SOMAN	14/10/1986 31	F	Self Other Employees	M	Table II Table III / 24 Hours Coverage	₹ 30,000.00	₹ 3,00,000.00
11	11	11	SMT HARSHADA SONAWANE	03/04/1982 35	F	Self Other Employees	M	Table II Table III / 24 Hours Coverage	₹ 30,000.00	₹ 3,00,000.00
12	12	12	SMT RADHIKA N APTE	29/06/1986 31	F	Self Other Employees	M	Table III / 24 Hours Coverage	₹ 10,000.00	₹ 1,00,000.00
13	13	13	SHRI SANTOSH C MORE	26/08/1977 40	M	Self Other Employees	M	Table III / 24 Hours Coverage	₹ 10,000.00	₹ 1,00,000.00
14	14	14	SHRI SUNIL K GAJMAL	09/06/1977 40	M	Self Other Employees	M	Table III / 24 Hours Coverage	₹ 10,000.00	₹ 1,00,000.00



TAX INVOICE

Invoice Serial No: 30741P8P0000806

Invoice Date: 16/01/2018

Details of Supplier:

National Insurance Company Limited.,
PUNE DIVISION III Asmani Plaza,1248-A, Shivajinagar,Deccan Gymkhana, - 411004
State : 27 , Maharashtra
GSTIN No : 27AAACN9967E1Z3

Details Of Receiver : THE PRINCIPAL D.E.S BRIJLAL JINDAL COLLEGE OF PHYSIOTHERAPY

Address : FERGUSSON COLLEGE CAMPUS
City : PUNE,
District: PUNE,
State: MAHARASHTRA,
PIN: 411004.

Place Of Supply State : Maharashtra
State Code : 27
GSTIN No : NA

SAC Code	Description of Service	Total(₹)	Discount	Taxable Value(₹)	CGST		SGST/UTGST		IGST	
					Rate	Amount(₹)	Rate	Amount(₹)	Rate	Amount(₹)
997133	Accident and health insurance services	8,040	0%	8,040	9%	724	9%	724	0%	0
TOTAL		8,040		8,040		724		724		0

Total Invoice Value (In figures) : ₹ 9,487

Total Invoice Value (In words) : Rupees Nine Thousand Four Hundred Eighty Seven Only.

Amount of Tax Subject to Reverse Charge : No

E.&.O.E

For and on behalf of

National Insurance Company Limited.,

Authorized Signatory



Collection Receipt

Issuing Office Code : 271500	
Name and Address of Issuing Office : PUNE DIVISION III Asmani Plaza,1248-A, Shivajinagar,Deccan Gymkhana, - 411004	
State Code : 27 & State Name :Maharashtra	
GSTIN : 27AAACN9967E1Z3	
Contact Number : 20 25536148	
Receipt No : 271500811710006931	Scroll No(If any) :
Receipt Date & Time : 16/01/2018, 13:30 hours	Scroll Date(If any) :

Received with thanks from THE PRINCIPAL D.E.S BRIJLAL JINDAL COLLEGE OF PHYSIOTHERAPY a sum of Rs. 9,487.00 (Rupees Nine Thousand Four Hundred Eighty Seven Only) by way of PD-Premium Deposit towards the following transactions.

Paymode Details :

Paymode Name : PD-Premium Deposit	Deposit Account Holder Name : THE PRINCIPAL D.E.S BRIJLAL JINDAL COLLEGE OF PHYSIOTHERAPY
Ref No : 9701304150	Ref Date :
Bank Name(If any) :	Bank Branch(If any) :

The available Balance of your Premium Deposit A/C. after adjustment is Rs. 0
Adjusted from Receipt No. 271500811710006860. Balance Available - Rs. 0

S. No	Dept	Policy/Endorsement		Biz Source Code	Class of Business/Narration	Amount Rs.
	Tr Cd	Year	Number	Sales Channel	Account Description	
1	42 11	2018	271500421710000806	037786 9000148486	Group Personal Accident	
					Direct Premium	8,040.00
					CGST	724.00
					SGST	724.00
					Bank Charges	-1
					Total	9,487.00

For National Insurance Co. Ltd,

Cashier :


Authorised Signatory

Receipt is subject to realisation of cheque when payment is made by cheque. Our document number and Date, Policy year and Number should be quoted in all correspondence with us only to the Policy issuing office address mentioned above. Revenue stamp has to be affixed when the amount is or above Rs. 5000.

Collection Receipt

Issuing Office Code : 271500	
Name and Address of Issuing Office : PUNE DIVISION III Asmani Plaza,1248-A, Shivajinagar,Deccan Gymkhana, - 411004	
State Code : 27 & State Name :Maharashtra	
GSTIN : 27AAACN9967E1Z3	
Contact Number : 20 25536148	
Receipt No : 271500811710006931	Scroll No(If any) :
Receipt Date & Time : 16/01/2018, 13:30 hours	Scroll Date(If any) :

Received with thanks from THE PRINCIPAL D.E.S BRIJLAL JINDAL COLLEGE OF PHYSIOTHERAPY a sum of Rs. 9,487.00 (Rupees Nine Thousand Four Hundred Eighty Seven Only) by way of PD-Premium Deposit towards the following transactions.

Paymode Details :

Paymode Name : PD-Premium Deposit	Deposit Account Holder Name : THE PRINCIPAL D.E.S BRIJLAL JINDAL COLLEGE OF PHYSIOTHERAPY
Ref No : 9701304150	Ref Date :
Bank Name(If any) :	Bank Branch(If any) :

The available Balance of your Premium Deposit A/C. after adjustment is Rs. 0
Adjusted from Receipt No. 271500811710006860. Balance Available - Rs. 0

S. No	Dept	Policy/Endorsement		Biz Source Code	Class of Business/Narration	Amount Rs.
	Tr Cd	Year	Number	Sales Channel	Account Description	
1	42 11	2018	271500421710000806	037786 9000148486	Group Personal Accident	
					Direct Premium	8,040.00
					CGST	724.00
					SGST	724.00
					Bank Charges	-1
					Total	9,487.00

For National Insurance Co. Ltd,

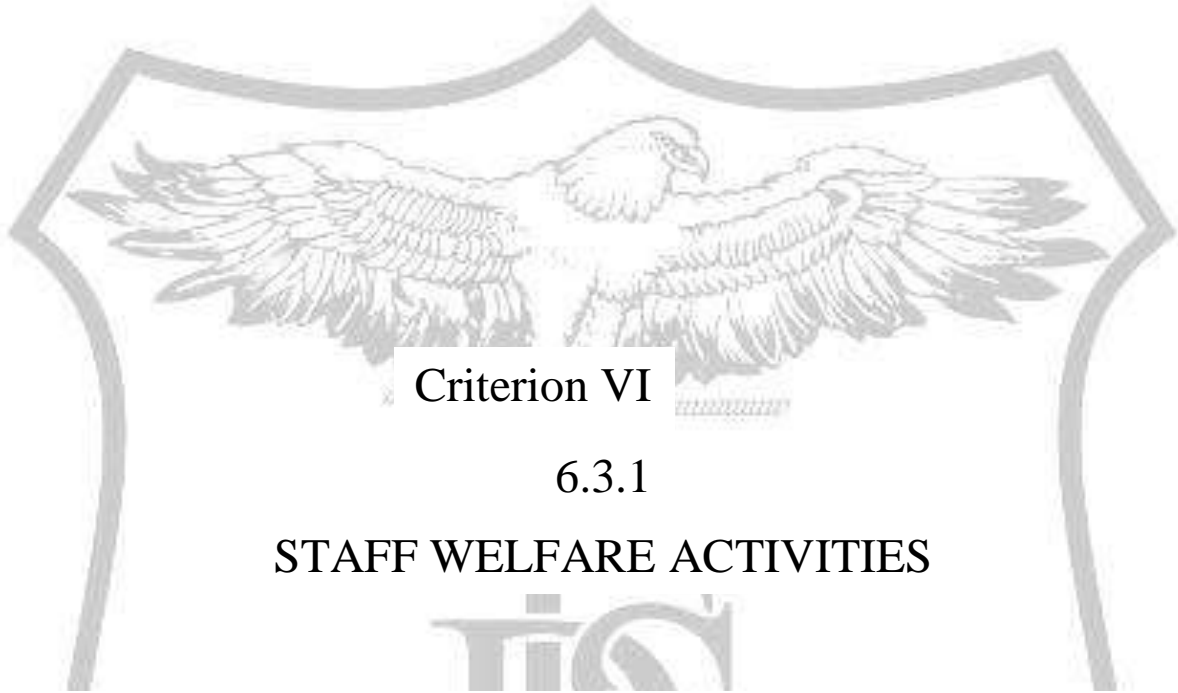
Cashier :


Authorised Signatory

Receipt is subject to realisation of cheque when payment is made by cheque. Our document number and Date, Policy year and Number should be quoted in all correspondence with us only to the Policy issuing office address mentioned above. Revenue stamp has to be affixed when the amount is or above Rs. 5000.

D.E.Society's

Brijlal Jindal College of Physiotherapy, Pune



Criterion VI

6.3.1

STAFF WELFARE ACTIVITIES

**FREE COVID 19 VACCINATION DRIVE
FOR
STAFF AND FAMILY MEMBERS**



Name of Activity: FREE COVISHILD VACCINATION DRIVE FOR STUDENTS

Vaccination by: Dr. Zodge, Balasaheb Deoras Polyclinic, Pune

Name of co-ordinator: Dr. Snehal Joshi(PT)

Date/Time: 21ST June, 2022; 2.30-5pm , 29 June, 2022

Place: Physiology Lab

Online/offline: Offline

Outline of activity:

Objectives:

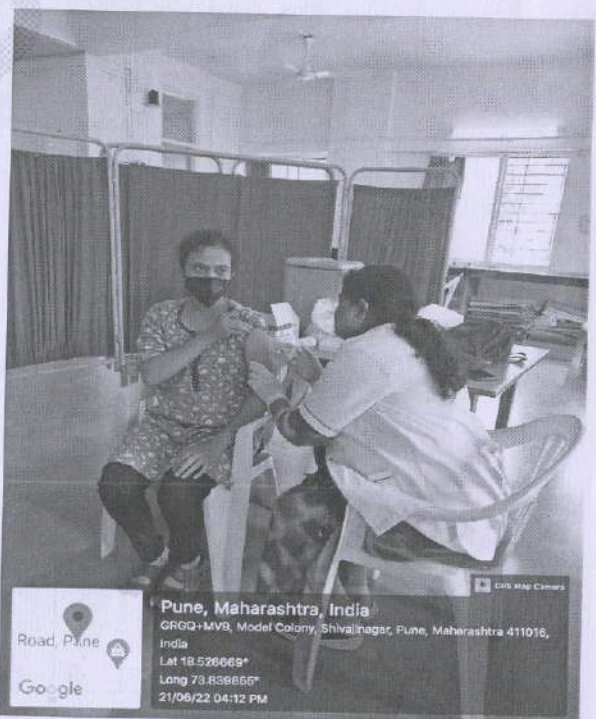
1. To avail COVID vaccination precaution/booster dose to all PG, UG students, teaching & non teaching staff of DESBJCOP ^{& various DES units} for free of cost in the college premises.
2. To protect the students against covid infection as the students work in clinical postings (OPD/IPD/ICU).

Outcome:

The vaccination drive was well appreciated by all beneficiary.

Participants: 87 (UG ,PG students and non teaching staff), attendance copy attached + 113 DES staff photographs attached

Signature of Co-ordinator: Dr. Snehal Joshi(PT)



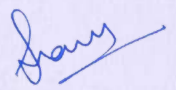
Snehal Joshi
PRINCIPAL
D E Society's Brijlal Jindal
College of Physiotherapy
Pune - 4



Balasaheb Deoras Polyclinic

DES College of Physiotherapy COVISHIELD Booster dose

Dose 21 /06/2022



PRINCIPAL
D. E. Society's Brijlal Jindal
College of Physiotherapy
Pune - 4

Sr. No.	Name	Mobile No.	Adhar Card No	Reference ID Last 4 Digits	Birth Date
1	Devashree Kulkarni	9822546030	4410 49138005	7970	09/06/2002
2	Nilam Nikam	8600622299	924975087648	6128	20/11/1987
3	Anirudha Brahamanathkar	7588359895	765898195618	5590	02/01/2003
4	Radhika N. Apte	7030527670	903854100672	7970	29/06/1986
5	Deepa D. Bagde	9825148112	939394382026	2156	09/11/1972
6	Ashutkhi Gaikwad	8446463241	729992341524	6410	20/03/2003
7	Pranav Yele	8888556122	462816010490	9960	28/07/1990
8	Santosh C. more	9823337366	743894243022	5610	29/03/1990
9	Tannagee Bhuvad	9420952455	575432746962	0400	26/01/2003
10	Sai Neeragonkar	9850555840	623920328700	9860	19/03/2003



Balasaheb Deoras Polyclinic

DES College of Physiotherapy COVISHIELD Booster dose

Dose 29 /06/2022

Sr. No	Name	Mobile No.	Adhar Card No	Reference ID Last 4 Digits	Birth Date
1	Hrishita Sandeep Yelwande	9881356527	981696986105	6140	06/03/76
2	Chitra Kakade	9665048880	744122605853	1870	3/8/65
3	Vamila Jadhav	8888984231	60712360029	<	29/9/1966
4	Sonket Jadhav	8862021531		4758	08/05/1994
5	Nikhil Kulkarni	9322385075	946183502905		22/03/1995
6	Dada Jantax	9657832704	263409537077	4890	20/10/88
7	Aniket Gaikwad	J762743198		0000	25/02/87
8	Arun Uttkar	9604344893		7630	3/6/68
9	Geeta Uttkar	9604341893		6290	1/9/75
10	Anil Dilip Argeide	9922954596	279127570740	9038	23/8/88
11	Tejaswi vijay zujam	8766821835	51	03520	22/10/96
12	Mosomi Rusbikesh Karade	9505870277	718144604987	6690	01/03/93
13	Reshma S. Salunke.	9552003185	63108183426639	6639	01.06.82
14	Preemila R. Shinde	9922376206		0575	13-3-1977
15	Balpathak Sampada	9689576894		3120	07-07-1974

Balasaheb Deoras Polyclinic

DES College of Physiotherapy COVISHIELD Booster dose

Dose 29 /06/2022

Sr. No	Name	Mobile No.	Adhar Card No	Reference ID Last 4 Digits	Birth Date
1	KULKARNI DHANANJAY ANANT	9561071139	884353516472		19/10/1968
2	Kulkarni Vaishali Rajendra	9822747148	6299		19/04/1972
3	Swati Chandatta Joglekar	9822874551	1943	4297929	24/5/1966
4	Dr. Savita Kelkar	9322529335	72455498976	683729	13/4/62
5	Vinayak Kelkar	9922909021	35277335309	5375	
6	Ashwini P. Desai	9890975957	377989168294	5439	14/8/1957
7	Shobha Bavisikar	9403310442			28/10/1975
8	Pavshankar Potl	9420103701		4420	24/6/1959
9	Ravindra A. Udegh	7350203201			13/11/1974
10	Rutuja R. Udegh	7350203201			18/06/1973
11	Nitesh J Patil	9421611161			17/04/1983
12	Abhinav S Shirde	9552500585	542264440264	1990	6/11/1984
13	Nitin. L. Sodankar	8087700281		5870	30/11/1986
14	Jyotsna J. Bhandar	9970058258		5310	30/11/1984
15	Vidhya zujam	9112714253	9112714253	9709	26/10/1987

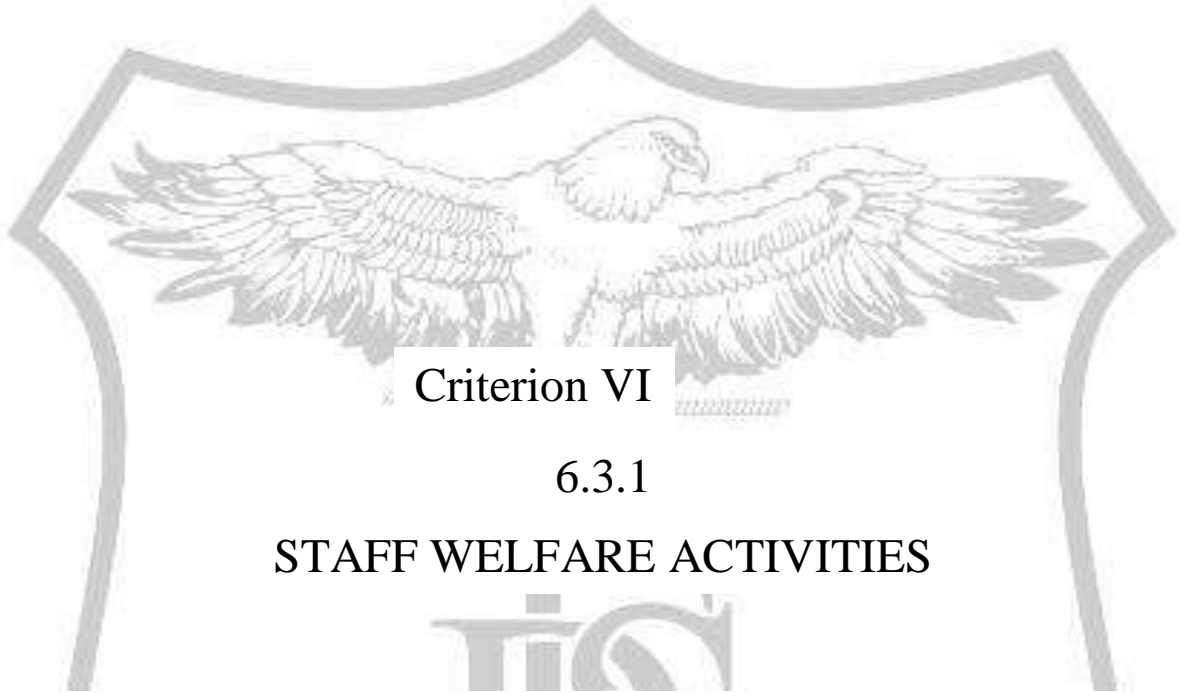


PRINCIPAL
Society's Brijlal Jindal
College of Physiotherapy
Pune - 4

[Signature]

D.E.Society's

Brijlal Jindal College of Physiotherapy, Pune



Criterion VI

6.3.1

STAFF WELFARE ACTIVITIES

**WORKSHOP FOR
TRAINING SELF DEFENCE SKILLS
FOR STAFF OF DESBJCOP**





D.E.S.'s Brijlal Jindal College of Physiotherapy, Pune

Name of Activity: Live session on Self Defence Day 2

Guest Speaker: Mr. Kundalik Kachale

Name of Coordinator: Dr. Harshada Sonawane (PT)

Department: IQAC & ICC

Date & Time: 14th December 2022, 3.30pm

Online/Offline: Offline (Physiology Lab)

Outline of Activity:

Objectives: To learn Self Defence Techniques.

Outcome: Demonstration of Self Defence techniques by National Silambam Player Mr. Kundalik Kachale and his team was done. Students were demonstrated about how to play Laathi-Kathi, Gofan, Sword and Wheel/Chakra.

They also demonstrated ways to deal with the attacks without using above weapons instead using things like pen, bags, notebooks etc.

Participants: Undergraduate, Post Graduate students and **Staff.**





GRGR+P28, Chaturshringi Rd, Shivajinagar, Pune, Maharashtra 411004, India

Pune
Maharashtra
India



29°C
84°F

2022-12-14(Wed) 04:01(pm)



GRGR+P28, Chaturshringi Rd, Shivajinagar, Pune, Maharashtra 411004, India

Pune
Maharashtra
India



29°C
84°F

2022-12-14(Wed) 04:05(pm)



[Signature]
PRINCIPAL
D. E. Society's Brijlal Jindal
College of Physiotherapy
Pune . 4

D.E. Society's Brijlal Jindal College of Physiotherapy

Organizes

Talk on

Self Defence (Practical Demonstration)

By

Mr. Kondalik Kachale

On 14/12/22

MPT

Attendance

IV BPTH.

Sr. No	Student's Name	Signature	Sr. No	Student's Name	Signature
1)	Anuja Bhaleero	Bhaleero	1)	Kareena Kundnani	Kundnani
2)	Alfaz Tamboli	Afaz	2)	Krutika Wavade	Wavade
3)	Rani Rodge	Rodge	3)	Shalmali Patil	Patil
4)	Pravin Chavan	Chavan	4)	Vaishnavi Karde	Karde
5)	Riya Patil	Patil	5)	Prisha Talikoti	Talikoti
6)	Palak Darda	Darda	6)	Sakshi Kaulgud	Kaulgud
7)	Anjali Baig	Baig	7)	Shraddha Jagade	Jagade
8)	Nayan Kothian	Kothian	8)	Jusujal Dupan	Dupan
9)	Poojyam Sonani	Sonani	9)	Arko Shikalgan	Shikalgan
10)	Divya Agrawal	Agrawal	10)	Sheetal R. Bobade	Bobade
11)	Vaishnavi Daptare	Daptare	11)	Sejal N. Doshi	Doshi
12)	Lynn Fernandes	Fernandes	12)	Vaishnavi Kottar	Kottar
13)	Nikita Kolhe	Kolhe	13)	Maheya Korde	Korde
			14)	Shreya Mane	Mane
			15)	Sambhi Takrande	Takrande
			16)	Kalyani Rauti	Rauti
			17)	Kanchan Pethad	Pethad
			18)	Pritya Parelhi	Parelhi
			19)	Riddhi Chaur	Chaur
			20)	Sarvika Phule	Phule
			21)	Sakshi Dharpure	Dharpure
			22)	Yash Chaudhari	Chaudhari
			23)	Isha Galgali	Galgali
			24)	Saee Siddheshwar	Siddheshwar
			25)	Saisha Patil	Patil
			26)	Ishani Kulkarni	Kulkarni
			27)	Shreya Mane	Mane
			28)	Yogita Dhoot	Dhoot
			29)	Yujia Patnankar	Patnankar
			30)	Kshitiya Deshpande	Deshpande
			31)	Muktoi Deshpande	Deshpande
			32)	Kashish Jaiswal	Jaiswal

Staff

1. Snehal Joshi

2. Harshada S.

3. Aditi Saman

4. Ashwini Kamble

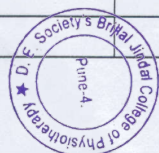
5. Renuka Naik

6. Anis Shaikh

7. Shreya Dhare

8. Luliy'a Kewale

9. Diptee Bhole



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D.E.S.'s Brijlal Jindal College of Physiotherapy, Pune

Name of Activity: Live session on Self Defence Day 1

Guest Speaker: Retired Police Officer Mr. Pradeep Ashtaputre & Mr. Harshe

Name of Coordinator: Dr. Shreya Dhake (PT)

Department: IQAC & ICC

Date & Time: 7th December 2022, 3.30pm

Online/Offline: Offline (Physiology Lab)

Outline of Activity:

Objectives: To learn Self Defence Techniques.

Outcome: Active Interactive session by Retired Police Officer Mr. Pradeep Ashtaputre and Demonstration of Self Defence techniques by Mr. Harshe was done.

Participants: Undergraduate, Post Graduate students and Staff.





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Maharashtra
India

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84°F

2022-12-07(Wed) 04:07(pm)



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2022-12-07(Wed) 04:05(pm)




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