



POLICY SCHEDULE FOR STUDENTS SAFETY PACKAGE INSURANCE

Insured's Name	: DIRECTOR, M.N.N.I.T. ALLAHABAD		
Insured's Details		Issuing Office Details	
Customer ID	: PO22762835	Office Code	: ALLAHABAD (420801) (420801)
Address	: MOTILAL NEHRU NATIONAL INSTITUTE OF TECHNOLOGY, UTTAR PRADESH, 211004	Address	: 15, M. G. MARG. CIVIL LINES, ALLAHABAD, 211001
Phone No	:	Phone No	: 05322427215 / 05322427213
E-mail/Fax	: /	E-mail/Fax	: nia.420801@newindia.co.in /
PAN No	:	S.Tax Regn. No	: AAACN4165CST178

Policy Details			
Policy Number	: 42080148162300000001	Business Source Code	
Period of Insurance	: From: 19/09/2016 02:41:48 PM To: 18/09/2017 11:59:59 PM	Dev. Off. level/Broker/Corp. Agent	: ANAND MALVIYA (1D9771241)
Date of Proposal	: 19-Sep-16	Agent/Bancassurance	: Mr. KRISHNA CHANDRA SHARMA (NIA1D9768245) AGENT SITE 07525 (1D9774550)
Prev. Policy no.	: PU0	Phone No	: 9415638022 / NA
Client Type	: Non-Corporate	E-mail/Fax	:

<<HIDDEN START Financier Details>>Financier(s) Details	
Sl. No.	Name of the Financiers

<<HIDDEN END Financier Details>>Premium (₹)	Service Tax (₹)	Total (₹)	Total (₹ in words)	Receipt No. & Date
1004698	150705	1155403	RUPEES ELEVEN LAC FIFTY FIVE THOUSAND FOUR HUNDRED THREE ONLY	4208018116000000614 9 - 19/09/16

<<HIDDEN START COINSURANCE>>Co-Insurance Details				
Sl.No	Company	Office Code	% Share	Premium Share (₹)
1	NEW INDIA ASSURANCE CO. LTD.	N/A	100	1004698

<<HIDDEN END COINSURANCE>>No of Students	: 5050	Limit Per any one student	: 250000
Limit per any one accident	: 50500000	Medical expenses per student	: 10000
Total SI for Medical expenses	: 50500000	Special conditions	: 1. P A COVER PER STUDENT IS RS. 2.5 LAC IN CASE OF DEATH 2. MEDICAL BENEFIT PER STUDENT MAX RS. 50000/3 LOSS/THEFT OF PADDLE CYCLE FOR MAX. RS.3500/

Limit per student	: NOT OPTED	Total Sum Insured	: NOT OPTED
Excess per student	: NOT OPTED	No of parents	: 5050
Total SI of Parents or Guardian for payment of Tuition and Hostel fees	: 176750000	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	: 35000

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

Policy No. : 42080148162300000001 Document generated by 15243 at 19/09/2016 15:16:04 Hour

Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 8

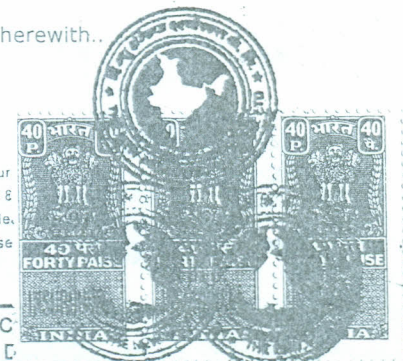
For redressal of your grievance, if any, you may approach any one of the following offices- 1. Policy issuing office 2. Regional office 3. Helpline. We have our own grievance redressal mechanism; you may also approach Insurance Ombudsman. For details of our office addresses and addresses visit our website <http://newindia.co.in>.

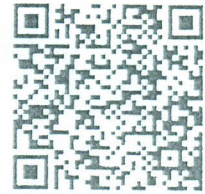
STR No. AAACN4165CST178

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शाखा कार्यालय - 420801
15, महात्मा गाँधी मार्ग, दरबारी बिल्डिंग, सिविल लाइन्स, इलाहाबाद-211001
दूरभाष : 2427213, 2427215

BRANCH OFFICE
15, M.G. Marg, Allahabad
Tel. : 2427213, 2427215





COLLECTION RECEIPT CUM ADJUSTMENT VOUCHER

Issuing Office : ALLAHABAD (420801) (420801)
Address : 15, M. G. MARG, CIVIL LINES,
ALLAHABAD
211001
ALLAHABAD
Phone : 05322427215
Email : nia.420801@newindia.co.in
Fax :
Collection Number : 42080181160000006149
Collection Date : 19/09/2016
Business Source Code : 1D9771241

Received with thanks from DIRECTOR, M.N.N.I.T. ALLAHABAD.

The amount received/Adjusted is towards -

Policy No.	A/C Description	Amount ₹	A/C Code	Sub A/C Code
42080148162300000001	Bank-420801	1155403.00	9100-420801	BA00013409-420801-9100

Total = ₹ 1155403.00

Your Payment/Adjustment Details are as under -

Mode	Amount ₹	Cheque No.	Cheque Date	Drawee Bank	Drawee Branch	Reference No.	Scroll/BG/ APD Balance
Cheque	1155403.00	216361	14-SEP-16	VIJAYA BANK	ALLAHABAD	4208011610011889	N.A.

Total = ₹ 1155403.00

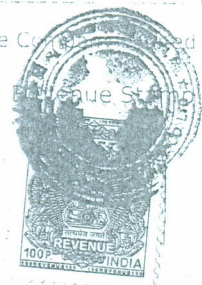
Utilization details of the Collected Amount :

Premium	Service Tax	Stamp Duty	Excess Amount
1004698.00	150705.00	0.00	0
Sl no.	Agency Code	Agency Name	Department Code
1	NIA1D9768245	MR. K. C. SHARMA	48

For The New India Assurance Co. Ltd.

Date of Issue: 19/09/2016


Cashier's Initial



NIA S.T.REGN No: AAACN4165CST178.

Note -

1. Please quote the Policy Number, Collection Number and date in all future correspondence. This Receipt is subject to Realisation of Cheque.

Policy No. : 42080148162300000001 Document generated by 15243 at 19/09/2016 15:16:04 Hours.

Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No: 1 800 209 1415.

STR No. AAACN4165CST178

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शाखा कार्यालय - 420801
15, महात्मा गाँधी मार्ग, दरबारी बिल्डिंग, सिविल लाइन्स, इलाहाबाद-211001
दूरभाष : 2427213, 2427215

BRANCH OFFICE-420801
15, M.G. Marg, Darbari Building, Civil Lines, Allahabad-211001
Tel. : 2427213, 2427215



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 19th day of September, 2016.

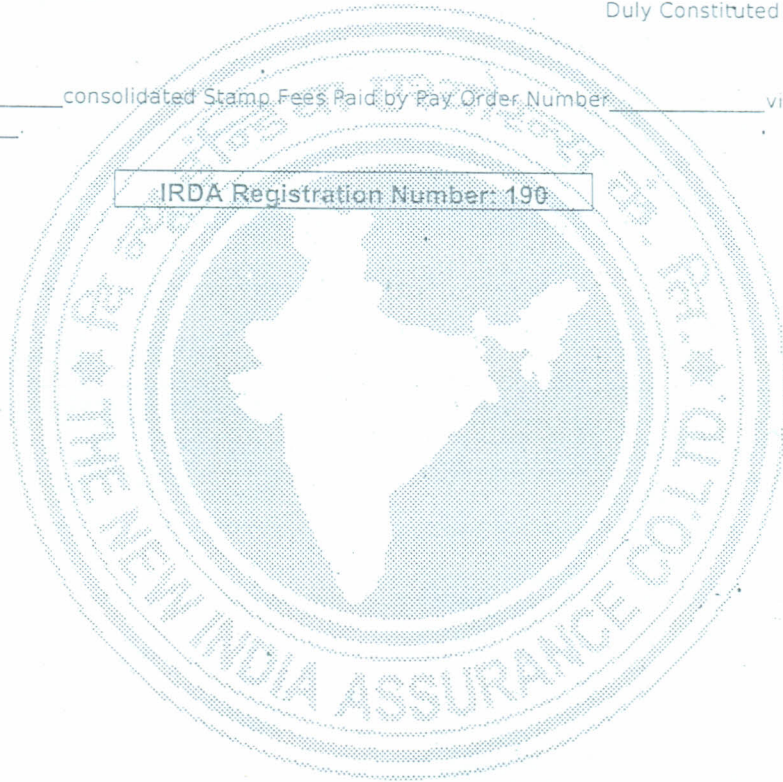
For and on behalf of
The New India Assurance Company Limited

Date of Issue: 19/09/2016

Duly Constituted Attorney(s)

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

IRDA Registration Number: 190



Detailed specification for Group Insurance of Students Coverage
Session 2016-17

Section	Coverage	Minimum amount desired by the Institute (Rs.)	Amount quoted by the Firm (Rs.)
Sec.1	Personal Accident Coverage to the students		
a.	Death	1,50,000=00	
b.	Loss of 02 Limb or 02 eyes or 01 Limb & 01 eye	2,00,000=00	
c.	Loss of 01 Limb or 01 Eye	1,00,000=00	
d.	Permanent total disability, apart from above	2,00,000=00	
Sec. 2	Medical benefit (Cashless Facility) to the Student		
a.	Hospitalization (Accidental Expenses)	50,000=00	
b.	Hospitalization (Illness/Diseases)	50,000=00	
c.	Domiciliary Hospitalization with excess of 20% of admissible claim amount up to 40 days.	20,000=00	
d.	Pre and post Hospitalization (10 Days)	10,000=00	
Sec. 3	Tuition/Exam Fee to the students		
a.	If student could not appear in his/her final exam due to accident and has to pay tuition/Exam Fee subject to proof	35,000=00	
Sec. 4	Loss/Theft of paddle cycle from the Institute of the Student		
a.	Loss/Theft of paddle cycle (Once in a year)	3,500=00	
Sec. 5	Personal Accident cover to named earning parent		
a.	Death	2,00,000=00	
b.	Loss of 02 Limbs or 02 Eyes or 01 Limb & 01 Eye	2,00,000=00	
c.	Loss of 01 Limb or 01 Eye	1,00,000=00	
d.	Permanent total disability, apart from above	2,00,000=00	



27.6.16
Dy. Dean (Student Welfare)

JAW
25/6

S. No.	Allahabad	Phone NO.
1.	Vatsalya Maternity & Surgical Centre Pvt. Ltd.	9936448401
2.	Srijan Vatsalya Hospital Private Limited	0532-2605050/2602020
3.	Priti Hospital	461339,460226,461273
4.	Heartline Cardiac care centre	0532-2614444,2601903
5.	Jyoti Institutue of Medical & Rehabilitation Sc. (JIMARS)	05322465766
6.	Kalra Nursing Home	0532-2451528
7.	Guru Kripa Jagriti Hospital & Research Centre	0532-2601945
8.	Saket Maternity & Nursing Home (Pvt.) Ltd.	0530-2505920/2505252
9.	Sapna Hospital	0532-2697130/3415237811
10.	Saraswati Heart Care & Research Centre	2461096/2461882
11.	Shakuntala Hospital	0532-2603964
12.	Chiranjiv Nursing Home	0532-2605060,2604200
13.	Asha Hospital	0532-2421425, 9305607594
14.	Vineeta Hospital Pvt. Ltd.	0532-3955790/3955791

Jha
9/2/17