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NEW INDIA ASSURANCE CO. LTD. दि न्यू इन्डिया एश्योरन्स कंपनी लि.
 Government of India Undertaking / सरकार का उपक्रम / Government of India Undertaking



Personal Accident Insurance ()
 UIN Number -

Insured Name	TULJARAM CHATURCHAND MAHAVIDHYALLAY BARAMATI		Issuing Office Details	
Insured's Details			Office Code	
Customer ID	PO20426317	Office Code	BARAMATI (152902)	
Address	BARAMATI BARAMATI	Address	WING III, NAGAR PARISHAD BLDG., BHIGWAN CHOWK, 413102	
	BARAMATI, MAHARASHTRA, 413102		Phone No	02112224247 / 02112225947
Phone No	02112222405	E-mail/Fax	nia.152902@newindia.co.in / 02112225947	
E-mail/Fax	principal.tccollege@gmail.com, principal@tccollege.org / 02112222728	S.Tax Regn. No	AAACN4165CST178	
PAN No		GSTIN	27AAACN4165C3ZP	
GSTIN/UIN	NA / NA	SAC	997139 (Other non-life insurance services excl RI)	

Policy Details		Business Source Code	
Policy Number	15290242200100000063	Dev.Off level./Broker/Corp. Agent/ MF/POS/Web Aggregator	DIRECT BUSINESS - (DI00000285)
Period of Insurance	From: 28/03/2021 12:00:01 AM To: 27/03/2022 11:59:59 PM	Agent/Bancassurance/Specialized Person	Mr. KISHOR SIDHALING BIRBALE (NIAAG00027278) KISHOR SIDHALING BIRBALE (SI00045812)
Date of Proposal	28-Mar-21	Phone No	///
Prev. Policy no.	15290242190100000188	E-mail/Fax	///
Client Type	Non-Corporate	Type of Cover	24 hours Cover required
Staff Discount	No		

Premium:	GST:	Total (₹)	Stamp Duty	Rupees (in words)	Receipt No. & Date:
₹ 2400	₹ 432	₹ 2832	₹ 5	RUPEES TWO THOUSAND EIGHT HUNDRED THIRTY-TWO ONLY	1529028120000000 6359 - 25/03/21
2160	389	2549			

Benefits under the Policy: GROUP NAMED

Sl. No	Emp ID	Name Of Insured	Age	Cadre	Relation	Rlsk Group	Excess	Sum Insured	Medical Extension	War & Allied Cover opted		
										Sum Insured	Country	Type of Period
2	4	Prof. Kavthekar Manoj Baburao	48	NM	Self	Risk Group II	0	100000	Yes	0	NA	NA
3	6	Prof. Sapkal Ramchandra Tukaram	45	NM	Self	Risk Group II	0	100000	Yes	0	NA	NA
4	10	Prof. Dhalpe Ramkrushna Marutira	45	NM	Self	Risk Group II	0	100000	Yes	0	NA	NA
5	11	Prof. Salunkhe Ashok Shamrao	47	NM	Self	Risk Group II	0	100000	Yes	0	NA	NA

ए.च. कॉलेज, बारामती
 आवक नंबर: Cell 281
 दिनांक: 12.6 MAR 2021

0-30633

Signature valid

Digitally signed by [Name] on [Date] at [Time] UTC

Policy No.: 15290242200100000063 Document No.: 15290242200100000063
 Regd. & Head Office: New India Assurance Co. Ltd., 152902, Baramati, Maharashtra

Consolidated stamp paid by
 challan No. MH010496241201920M
 Cash Dt. 08/01/2020 and the stamp duty
 under this policy in Rs. _____

MYB
 26/3/21



6	13	Prof. Wanave Raychand Pandurang	40	NM	Self	Risk Group II	0	100000	Yes	0	NA	NA
7	14	Prof. Mangale Shobha Sunil	49	NM	Self	Risk Group II	0	100000	Yes	0	NA	NA
8	16	MISS. BIRBALE SMITA SIDDHALING	47	NM	Self	Risk Group II	0	100000	Yes	0	NA	NA
9	27	Shri Puri Babasah eb Keshav	42	NM	Self	Risk Group II	0	100000	Yes	0	NA	NA
10	33	MRS. SEEMA ARVIND NAIK	45	NM	Self	Risk Group II	0	100000	Yes	0	NA	NA
11	35	MRS. SANGAI SUSHMA MANOJ	45	NM	Self	Risk Group II	0	100000	Yes	0	NA	NA

Table Details:

Sl.No	Table A		Table B		Table C		Table D	
	Table A	Sum Insured	Table B	Sum Insured	Table C	Sum Insured	Table D	Sum Insured
1	Yes	100000	No	0	No	0	No	0
2	Yes	100000	No	0	No	0	No	0
3	Yes	100000	No	0	No	0	No	0
4	Yes	100000	No	0	No	0	No	0
5	Yes	100000	No	0	No	0	No	0
6	Yes	100000	No	0	No	0	No	0
7	Yes	100000	No	0	No	0	No	0
8	Yes	100000	No	0	No	0	No	0
9	Yes	100000	No	0	No	0	No	0
10	Yes	100000	No	0	No	0	No	0
11	Yes	100000	No	0	No	0	No	0

Sl.No	Special Conditions
1	
2	NM
3	NM
4	NM
5	NM
6	NM
7	NM
8	NM
9	NM
10	NM
11	NM
12	

Premium and GST Details

Rate of Tax

Amount in INR

Policy No. : 15290242200100000083 Document generated by 28870 at 25/03/2021 10:59:15 Hours.

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

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.





Premium		₹ 2400.00
SGST	9	216
CGST	9	216
IGST	0	0

The Policy Shall be subject to PERSONAL ACCIDENT INSURANCE () policy clauses attached herewith IN WITNESS WHEREOF the undersigned duly authorized hereinto set his hand

Place:-
Date:-

For and on behalf of
The New India Assurance Company Limited

Duly Constituted Attorney(s)

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

Stamp Duty under the Policy is ₹ _____

Tax Invoice No : 15290220E0007660

IRDA Registration Number: 190



Policy No. : 15290242209100000093 Document generated by 28870 at 25/03/2021 10:59:15 Hours.

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

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>.



COLLECTION RECEIPT CUM ADJUSTMENT VOUCHER

Issuing Office : BARAMATI (152902)
Address : WING III, NAGAR PARISHAD BLDG.,
BHIGWAN CHOWK,
413102
BARAMATI
Phone : 02112224247
Email : nia.152902@newindia.co.in
Fax : 02112225947
Collection Number : 15290281200000006359
Collection Date : 25/03/2021
Business Source Code : DI00000285
PAN No of Payer :

Received with thanks from TULJARAM CHATURCHAND MAHAVIDHYALLAY BARAMATI.

The amount received/Adjusted is towards -

Policy No.	A/C Description	Amount ₹	A/C Code	Sub A/C Code
15290242200100000063	Bank-152902	2832.00	9100.152902	BA00007537-152902-9100

Total = ₹ 2832.00

Your Payment/Adjustment Details are as under -

Mode	Amount ₹	Cheque No.	Cheque Date	Drawee Bank	Drawee Branch	Reference No.	Scroll/BG/A PD Balance
Cheque	2832.00	416761	23-MAR-21	AXIS BANK	BARAMATI	1529022010012704	N.A.

Total = ₹ 2832.00

Utilization details of the Collected Amount :

Premium	GST	Stamp Duty	Excess Amount
2400.00	432.00	0.00	0
Sl no.	Agency Code	Agency Name	Department Code
1	NIAAG00027278	KISHOR BIRSALE	42

For The New India Assurance Company Limited



Date of Issue: 25/03/2021

Note -

- Please note the Policy Number, Collection Number and date in all future correspondence. This Receipt is subject to Realisation of Cheque..
- NIA shall not be liable for any claim arising out of sales made during the period between the due date and date of payment of the installment if the premium paid has been exhausted by turnover declarations if there is insufficient premium balance.

Tax Invoice No : 15290220E0007660

IRDA Registration Number: 190

Signature valid

Digitally signed by [Signature] on 25/03/2021 at 10:59:15 IST

Policy No. : 15290242200100000063 Document generated by 28870 at 25/03/2021 10:59:15 Hours.

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

As it is



INDIA ASSURANCE CO. LTD. दि न्यू इन्डिया एश्योरन्स कंपनी लि.
 ent of India Undertaking / सरकार का उपक्रम / Government of India Undertaking

Personal Accident Insurance ()
 UIN Number -

Insured Name		TULJARAM CHATURCHAND MAHAVIDHYALLAY BARAMATI	
Insured's Details		Issuing Office Details	
Customer ID	: PO20426317	Office Code	: BARAMATI (152902)
Address	: BARAMATI BARAMATI BARAMATI, MAHARASHTRA, 413102	Address	: WING III, NAGAR PARISHAD BLDG., BHIGWAN CHOWK, 413102
Phone No	: 02112222405,	Phone No	: 02112224247 / 02112225947
E-mail/Fax	: principal.tccollege@gmail.com, principal@tccollege.org / 02112222728	E-mail/Fax	: nia.152902@newindia.co.in / 02112225947
PAN No	:	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: NA / NA	GSTIN	: 27AAACN4165C3ZP
		SAC	: 997139 (Other non-life insurance services excl RI)

Policy Details		Business Source Code	
Policy Number	: 15290242200100000062	Dev.Off level./Broker/Corp. Agent/MF/POS/Web Aggregator	: DIRECT BUSINESS - (DI00000285)
Period of Insurance	: From:28/03/2021 12:00:01 AM To: 27/03/2022 11:59:59 PM	Agent/Bancassurance/Spe cified Person	: Mr. KISHOR SIDHALING BIRBALE (NIAAG00027278) KISHOR SIDHALING BIRBALE (SI00045812)
Date of Proposal	: 28-Mar-21	Phone No	:
Prev. Policy no.	: 15290242190100000187	E-mail/Fax	: / / /
Client Type	: Non-Corporate	Type of Cover	: 24 hours Cover required
Staff Discount	: No		

Premium:	GST:	Total (₹)	Stamp Duty	Rupees (in words)	Receipt No. & Date:
₹ 1920	₹ 346	₹ 2266	₹ 10	RUPEES TWO THOUSAND TWO HUNDRED SIXTY-SIX ONLY	1529028120000000 6358 - 25/03/21

Benefits under the Policy: GROUP NAMED

Sl. No	Emp ID	Name Of Insured	Age	Cadre	Relation	Risk Group	Excess	Sum Insured	Medical Extension	War & Allied Cover opted		
										Sum Insured	Country	Type of Period
2	10	Prof. Lokhande Sunildatta Sukhad	41	NM	Self	Risk Group II	0	200000	Yes	0	NA	NA
3	13	Dr. Tapkir Sandip Rangnath	39	NM	Self	Risk Group II	0	200000	Yes	0	NA	NA
5	15	DR. MURUMKAR CHANDR ASHEKHAR V.	56	NM	Self	Risk Group II	0	200000	Yes	0	NA	NA
7	11	KARE RAJENDRA GOVIND	52	NM	Self	Risk Group I	0	200000	Yes	0	NA	NA

Signature valid

Digitally signed by
 V. K. Patil
 Date: 2021.03.25
 For more details of your grievance, if any, you may approach any one of the following offices: 1. Policy Issuing Office 2. Branch Office, Head office. In case, you want to approach Insurance Ombudsman, please visit our website for details of our ombudsman offices and addresses of office of Insurance Ombudsman at: <http://newindia.com>.

Policy No. : 15290242200100000062
 Regd. & Head Office: New India Assurance Bldg, M.G. Road, Fort, Mumbai - 400 001. Toll FREE No. : 1 800 209 1415.

For more details of your grievance, if any, you may approach any one of the following offices: 1. Policy Issuing Office 2. Branch Office, Head office. In case, you want to approach Insurance Ombudsman, please visit our website for details of our ombudsman offices and addresses of office of Insurance Ombudsman at: <http://newindia.com>.

Consolidated stamp fees paid by
 challan No. MH010496241201920
 Cash DL08/01/2020 and the stamp duty
 under this policy in Rs. _____

CO-30680
 2266
 MVB
 26/3/21



Table Details:

Sl.No	Table A		Table B		Table C		Table D	
	Table A	Sum Insured	Table B	Sum Insured	Table C	Sum Insured	Table D	Sum Insured
1	Yes	200000	No	0	No	0	No	0
2	Yes	200000	No	0	No	0	No	0
3								
4	Yes	200000	No	0	No	0	No	0
5	Yes	200000	No	0	No	0	No	0

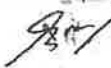
Sl.No	Special Conditions
1	
2	NM
3	NM
4	
5	AS OER PROPOSAL
6	
7	NM

Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 1920.00
SGST	9	173
CGST	9	173
IGST	0	0

The Policy Shall be subject to PERSONAL ACCIDENT INSURANCE () policy clauses attached herewith IN WITNESS WHEREOF the undersigned duly authorized hereinto set his hand

Place:-
Date:-

For and on behalf of
 The New India Assurance Company Limited

 Duly Constituted Attorney(s)

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

Stamp Duty under the Policy is ₹ _____



Tax Invoice No: 15290220E0007659

IRDA Registration Number: 190



COLLECTION RECEIPT CUM ADJUSTMENT VOUCHER

Issuing Office : BARAMATI (152902)
 Address : WING III, NAGAR PARISHAD BLDG.,
 BHIGWAN CHOWK,
 413102
 BARAMATI
 Phone : 02112224247
 Email : nia.152902@newIndia.co.in
 Fax : 02112225947
 Collection Number : 15290281200000006358
 Collection Date : 25/03/2021
 Business Source Code : DI00000285
 PAN No of Payer :

Received with thanks from TULJARAM CHATURCHAND MAHAVIDHYALLAY BARAMATI.

The amount received/Adjusted is towards -

Policy No.	A/C Description	Amount ₹	A/C Code	Sub A/C Code
15290242200100000062	Bank-152902	2266.00	9100.152902	BA00007537-152902-9100

Total = ₹ 2266.00

Your Payment/Adjustment Details are as under -

Mode	Amount ₹	Cheque No.	Cheque Date	Drawee Bank	Drawee Branch	Reference No.	Scroll/BG/A PD Balance
Cheque	2266.00	416760	23-MAR-21	AXIS BANK	BARAMATI	1529022010012710	N.A.

Total = ₹ 2266.00

Utilization details of the Collected Amount :

Premium	GST	Stamp Duty	Excess Amount
1920.00	346.00	0.00	0
Sl no.	Agency Code	Agency Name	Department Code
1	NIAAG00027278	KISHOR BIRBALE	42

For The New India Assurance Company Limited

Revenue Stamp



Date of Issue: 25/03/2021

Carrier's Initial

Note -

- Please note the Policy Number, Collection Number and date in all future correspondence. This Receipt is subject to Realisation of Cheque..
- NIA shall not be liable for any claim arising out of sales made during the period between the due date and date of payment of the installment if the premium paid has been exhausted by turnover declarations/ if there is insufficient premium balance.

Tax Invoice No : 15290220E0007659

IRDA Registration Number: 190

Signature valid

Digitally signed by
 New India Assurance
 VA. 152902
 Date: 2021.03.25
 10:55:48 IST

Policy No. : 15290242200100000062 Document generated by 28870 at 25/03/2021 10:55:48 Hours.

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