



**Personal Accident Insurance ((Group(Unnamed)))  
UIN NUMBER - IRDAN190P0003201314**

|                          |   |                               |  |
|--------------------------|---|-------------------------------|--|
| <b>Insured Name</b>      | : GANDHI MEMORIAL NATIONAL COLLEGE        |                               |  |
| <b>Insured's Details</b> |   | <b>Issuing Office Details</b> |  |
| <b>Customer ID</b>       | : PO71651930                              | <b>Office Code</b>            | : BO(CANTT) (353501)   |
| <b>Address</b>           | : AMBALA CANTT<br>AMBALA ,HARYANA, 133001 | <b>Address</b>                | : 5406, SHREE COMPLEX, 2ND FLOOR. CROSS ROAD NO.3, PUNJABI MOHALLA ,133001 |
| <b>Phone No</b>          | :   | <b>Phone No</b>               | : 01712634358  |
| <b>E-mail/Fax</b>        | : /                                       | <b>E-mail/Fax</b>             | : nia.353501@newindia.co.in /  |
| <b>PAN No</b>            | :   | <b>S.Tax Regn. No</b>         | : AAACN4165CST178  |
| <b>GSTIN/UIN</b>         | : NA / NA                                 | <b>GSTIN</b>                  | : 06AAACN4165C2ZU  |
|                          |   | <b>SAC</b>                    | : 997133 (Accident and health insurance services)                          |

**Policy Details**

|                            |  |   |  |
|----------------------------|--|---|--|
| <b>Policy Number</b>       | : 35350142220100000080                                   | <b>Business Source Code</b>                                     |  |
| <b>Period of Insurance</b> | : From:12/10/2022 03:06:39 PM To: 11/10/2023 11:59:59 PM | <b>Dev.Off level./Broker/Corp. Agent/IMF/POS/Web Aggregator</b> | : KAPIL VIJ - (1D7835780)  |
| <b>Date of Proposal</b>    | : 12-Oct-22  | <b>Agent/Bancassurance/Specialized Person/CPSC User</b>         | : Mr. SACHIN BUDHIRAJA (NIAAG00097411) SACHIN BUDHIRAJA (SI00159393) |
| <b>Prev. Policy no.</b>    | :  | <b>Phone No</b>   | : 9896799899 / 9416020801 /  |
| <b>Client Type</b>         | : Corporate  | <b>E-mail/Fax</b>   | : insuranceambala@gmail.com, / / /                                   |
| <b>Staff Discount</b>      | : No   | <b>Type of Cover</b>  | : NA   |

|                 |             |                  |                   |  |                                  |
|-----------------|-------------|------------------|-------------------|--|----------------------------------|
| <b>Premium:</b> | <b>GST:</b> | <b>Total (₹)</b> | <b>Stamp Duty</b> | <b>Rupees (in words)</b>                     | <b>Receipt No. &amp; Date:</b>   |
| ₹ 78850         | ₹ 14194     | ₹ 93044          | ₹13               | RUPEES NINETY-THREE THOUSAND FORTY-FOUR ONLY | 3535018122000000 2562 - 12/10/22 |

**Benefits under the Policy: GROUP UNNAMED**

| Number of Persons |              |               |                        |                   |               |        |                   |                          | 1001-10000  |         |                |
|-------------------|--------------|---------------|------------------------|-------------------|---------------|--------|-------------------|--------------------------|-------------|---------|----------------|
| Sl. No            | No of Person | Cadre         | Sum Insured per person | Total Sum Insured | Risk Group    | Excess | Medical Extension | War & Allied Cover opted | Sum Insured | Country | Type of Period |
| 1                 | 1577         | 1500 students | 250000                 | 394250000         | Risk Group II | 0      | No                |                          | 0           | NA      | NA             |

**Table Details: (Group(Unnamed))**

| 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     | No      | 0           | Yes     | 250000      | No      | 0           | No      | 0           |

| Sl.No | Special Conditions |
|-------|--------------------|
| 1     | AS PER POLICY      |

**Premium and GST Details**

|         | Rate of Tax | Amount in INR |
|---------|-------------|---------------|
| Premium |             | ₹ 78850.00    |
| SGST    | 9           | 7097          |
| CGST    | 9           | 7097          |

Policy No. : 35350142220100000080 Document generated by 16576 at 12/10/2022 15:16:46 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>.



IGST 0 0

The Policy Shall be subject to PERSONAL ACCIDENT INSURANCE ((Group(Unnamed))) 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 ₹

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

Tax Invoice No : 35350122P0003572

**IRDA Registration Number: 190**  
**NIA PAN NUMBER: AAACN4165C**