



POLICY SCHEDULE FOR STUDENTS SAFETY PACKAGE INSURANCE

UIN NUMBER - IRDAN190P0004201314

Insured's Name	: DR.S.R.CHANDRASHEKAR INSTITUTE OF SPEECH & HEARING		
Insured's Details		Issuing Office Details	
Customer ID	: PO08628733	Office Code	: THE NEW INDIA ASSURANCE CO. LTD., KANAKAPURA ROAD (670202)
Address	: HENNUR RAOD, KRIYANAPALYA, BANGALORE BANGALORE ,KARNATAKA, 560084	Address	: BRANCH (670202) NO.1A, SBI COLONY, (ABOVE BATA SHOW ROOM) 41ST MAIN, J.P.NAGAR 1ST PHASE, SARAKKI GATE, KANAKAPURA ROAD,,560078
Phone No	:	Phone No	: 08022443967 / 08022443967 / 8022443967
E-mail/Fax	: /	E-mail/Fax	: nia.670202@newindia.co.in / 08022443967
PAN No	:	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: NA / NA	GSTIN	: 29AAACN4165C2ZM
		SAC	: 997139 (Other non-life insurance services excl RI)

Policy Details			
Policy Number	: 67020248242300000001	Business Source Code	
Period of Insurance	: From: 29/06/2024 12:00:01 AM To: 28/06/2025 11:59:59 PM	Dev.Off. level/Broker/Corp. Agent/Web Aggregator/CPSC User	: BALAJI C.P - (AO7821743)
Date of Proposal	: 29-Jun-24	Agent/Bancassurance/S pecified Person	: Mr. MANJUNATH R.KANAKAGIRI (NIAAG00021871) SITE_AG00021871_670202 (SI00040107)
Prev. Policy no.	: 67020248232300000001	Phone No	: 9019159658 / 9448212594
Client Type	: Non-Corporate	E-mail/Fax	: kanakagirimr@gmail.com, balaji.cp@newindia.co.in, balaji.cp@newindia.co.in / /

Premium(₹)	GST(₹)	Total (₹)	Total (₹ in words)	Receipt No. & Date
50,072	9,012	59,084	RUPEES FIFTY-NINE THOUSAND EIGHTY-FOUR ONLY	670202812400000104 7 - 25/06/24

No of Students	472	Medical Expenses per student (Inclusive of OPD)	25000
Limit per student	100000	Special conditions	PA DEATH COVER PER STUDENT /STAFF /EARNING PARENT RS.1.00 LAC, ACCIDENTAL MEDICAL EXPENSES AS AN INPATIENT UPTO RS25000/-AS OUT PATIENT RS.2,500/- PER PERSON INCLUDING STAFF.
Limit per accident	2000000		

No of parents	0	Payment of tultion and hostel fee for remaining semesters in the students account with the institute in case the Parent/Guardian dies due to accident	0
Total SI of Parents or Guardian for payment of Tuition and Hostel fees	0		

Details of Teaching and Non-Teaching staff

Signatur

Valid
By: [Signature]
Date: 24.06.25

Policy No. : 67020248242300000001 Document generated by 35089 at 25/06/2024 11:11:43 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>.

K. RAM MURTHY
ACCOUNTS OFFICER
Dr. S.R. Chandrasekhar
Institute of Speech & Hearing
Hennur Road, Bangalore - 560084

Rashmi J. Bhat
Dr. Rashmi J. Bhat
Principal
Dr. S. R. Chandrasekhar Institute
of Speech and Hearing
Hennur Main Road
Bangalore-560 084



SI No.	Name of Member	Age	Name of the Assignee	Risk Group	Medical Extension (Inclusive of OPD)	Table B Sum Insured	Table C Sum Insured	Table D Sum Insured	Total Sum Insured
--------	----------------	-----	----------------------	------------	--------------------------------------	---------------------	---------------------	---------------------	-------------------

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

Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 50,072
SGST	9	4506
CGST	9	4506
IGST	0	0

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 25th day of June, 2024.

For and on behalf of
The New India Assurance Company Limited

Date of Issue: 25/06/2024

Duly Constituted Attorney(s)


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

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 : 67020224E0002791

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C


K. RAMA MURTHY
ACCOUNTS OFFICER
Dr. S.R. Chandrasekhar
Institute of Speech & Hearing
Hennur Road, Bangalore - 560084.


Dr. Rashmi J. Bhat
Principal
Dr. S. R. Chandrasekhar Institute
of Speech and Hearing
Hennur Main Road
Bangalore-560 084