



POLICY SCHEDULE FOR STUDENTS SAFETY PACKAGE INSURANCE

UIN NUMBER - IRDAN190P0004201314

Insured's Name	M/S. AALIM MUHAMMED SALEGH COLLEGE OF ENGINEERING		
Insured's Details		Issuing Office Details	
Customer ID	PO00622939	Office Code	GUDIYATHAM BRANCH 711806 (711806)
Address	NIZARA EDUCATIONAL CAMPUS, MUTHAPUDUPET, AVADI, CHENNAI  CHENNAI, TAMIL NADU, 600055	Address	14 POLICE LINE STREET THALAYATHAM, 632602
Phone No	XXXXXX6526	Phone No	04171226680
E-mail/Fax	/	E-mail/Fax	nia.711806@newindia.co.in /
PAN No	AAATA0520B	S.Tax Regn. No	AAACN4185CST178
GSTIN/UIN	NA / NA	GSTIN	33AAACN4165C4ZV
		SAC	997139 (Other non-life insurance services excl Ri)

Policy Details			
Policy Number	71180648232300000004	Business Source Code	
Period of Insurance	From: 29/12/2023 04:54:21 PM To: 28/12/2024 11:59:59 PM	Dev.Off. level/Broker/Corp. Agent/Web Aggregator/CPSC User	Mr. DIRECT BUSINESS - (DI00000761)
Date of Proposal	29-Dec-23	Agent/Bancassurance/S pecified Person	Mr. Y.SHABEER KHAN . (NIAAG0001787) AGENT_SITE_GDM_72292 (SI00003665)
Prev. Policy no.		Phone No	9443429786 / 04171226680
Client Type	Non-Corporate	E-mail/Fax	insurance_shabeer1@yahoo.in nia.711806@newindia.co.in / /

Premium(₹)	GST(₹)	Total (₹)	Total (₹ In words)	Receipt No. & Date
221,215	39,818	2,61,033	RUPEES TWO LAC SIXTY-ONE THOUSAND THIRTY-THREE ONLY	7118068123000000221 4 - 29/12/23

No of Students	1179	Medical Expenses per student (Inclusive of OPD)	50000
Limit per student	100000	Special conditions	TABLE B OF PA POLICY PER STUDENT&STAFF-1 LAC EACH. PAYMENT OF TUITION FEE FOR THE REMAINING TERM OF ACAD.YEAR DUE TO DEATH OF PAYING PARENT MAX RS.50000/- PER STUDENT. MED.EXPS DUE TO ACCIDENT(HOSPN)MAX RS.50000EACH FOR STUDENTS & STAFF
Limit per accident	117900000		

No of parents	1179		
Total SI of Parents or Guardian for payment of Tuition and Hostel fees	58950000	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	50000

Details of Teaching and Non-Teaching staff

Signature Not Verified  
Digitally signed by DHIRA KUMAR  
Date: 2023.12.29  
For details 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

Policy No. : 71180648232300000004 Document generated by 31904 at 29/12/2023 17:44:51 Hours.  
Regd. & Head Office: New India Assurance Bldg., 67 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.

Digitally signed by SYED MOHAMMED BUHARI SEGU JAMALUDEEN  
Date: 2024.12.11 18:00:02 +05'30'



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
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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		₹ 2,21,215
SGST	9	19909
CGST	9	19909
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 29th day of December, 2023.

For and on behalf of  
The New India Assurance Company Limited

Date of Issue: 29/12/2023

Duly Constituted Attorney

Mudrank \_\_\_\_\_ Dt. \_\_\_\_\_ consolidated Stamp Fees Paid by Pay Order Number \_\_\_\_\_ vide \_\_\_\_\_  
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 : 71180623P0003141

IRDA Registration Number: 190  
NIA PAN NUMBER: AAACN4165C

பாலிசியை பூதிதாக எடுக்கும் போது மற்றும்  
புதுப்பிக்கும் போது ஆதார் காட்டு (இருபுறம்)  
நகல் மற்றும் பேன் காட்டு (இருபுறம்) நகல்  
கட்டாயம் கொண்டு வரவும்.

**CONSOLIDATED STAMP  
DUTY PAID  
G.O. (Rt.) No. 293  
Dated : 10-07-2023  
Valid Upto 31-03-2024**

Policy No. : 7119064823230000004 Document generated by 31904 at 29/12/2023 17:44:51 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>.

SYED  
MOHAMMED  
BUHARI SEGU  
JAMALUDEEN

Digitally signed by  
SYED MOHAMMED  
BUHARI SEGU  
JAMALUDEEN  
Date: 2024.12.11  
18:00:21 +05'30'



### COLLECTION RECEIPT CUM ADJUSTMENT VOUCHER

Issuing Office : GUDIYATHAM BRANCH 711808 (711808)  
Address : 14  
POLICE LINE STREET  
THALAYATHAM, 632602  
GUDIYATTAM  
Insured Pan Number : AAATA0520B  
Phone : 04171226680  
Email : nia.711808@newindia.co.in  
Fax :  
Collection Number : 71180681230000002214  
Collection Date : 29/12/2023  
Business Source Code : D100000761  
PAN No of Payer : AAATA0520B

Received with thanks from M/S. AALIM MUHAMMED SALEGH COLLEGE OF ENGINEERING.

The amount received/Adjusted is towards -

Policy No.	A/C Description	Amount ₹	A/C Code	Sub A/C Code
71180648232300000004	Bank-711806	261033.00	9100.711806	BA00016826-711806-9100

Total = ₹ 261033.00

Your Payment/Adjustment Details are as under -

Mode	Amount ₹	Cheque No.	Cheque Date	Drawee Bank	Drawee Branch	Reference No.	Scroll/BG/A PD Balance
ECS	261033.00	7530424	29-DEC-23	CENTRAL BANK OF INDIA	GUDIYATTAM	7118062310017819	N.A.

Total = ₹ 261033.00

Utilization details of the Collected Amount :

Premium	GST	Stamp Duty	Excess Amount
221215.00	39818.00	0.00	0
Sl no.	Agency Code	Agency Name	Department Code
1	NIAAG00001787	Y.SHABEER KHAN .	48

For The New India Assurance Company Limited  
Revenue Stamp


Date of Issue: 29/12/2023

Cashier's Initial

Authorized Signatory

Note -

- Please note the Policy Number, Collection Number and date in all future correspondence .
- 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.

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 : 71180623P0003141

IRDA Registration Number: 190  
NIA PAN NUMBER: AAACN4165C

SYED  
MOHAMMED  
BUHARI SEGU  
JAMALUDEEN  
Digitally signed by  
SYED MOHAMMED  
BUHARI SEGU  
JAMALUDEEN  
Date: 2023.12.29  
17:44:58 +05'30'

Signature Not  
Verified  
Digitally signed  
by DHIRA  
KUMAR  
Date: 2023.12.29  
17:44:58 +05'30'

Policy No. : 71180648232300000004 Document generated by 31904 at 29/12/2023 17:44:51 Hours.

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

Parameter List for Premium for Staff Member

Serial No.	Addition/Deletion	No. of persons	PA Premium for staff members	Premium for covering Medical Expenses for Staff Members	As % of PA Premium	As Amount	Description of Category	
1	Addition	197	27580	As % of PA Premium for staff members	20	0	197 STAFF	Delete

Add Save Close



SYED  
 MOHAMMED  
 BUHARI SEGU  
 JAMALUDEEN

Digitally signed by  
 SYED MOHAMMED  
 BUHARI SEGU  
 JAMALUDEEN  
 Date: 2024.12.11  
 18:00:49 +05'30'



POLICY SCHEDULE FOR STUDENTS SAFETY PACKAGE INSURANCE

UIN NUMBER - IRDAN190P0004201314

Insured's Name	M/S. AALIM MUHAMMED SALEGH COLLEGE OF ENGINEERING		
Insured's Details		Issuing Office Details	
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Address	NIZARA EDUCATIONAL CAMPUS, MUTHAPUDUPET, AVADI, CHENNAI  CHENNAI, TAMIL NADU, 600055	Address	14 POLICE LINE STREET THALAYATHAM, 632602
Phone No	XXXXXX6526	Phone No	04171226680
E-mail/Fax	/	E-mail/Fax	nia.711806@newindia.co.in /
PAN No	AAATA0520B	S.Tax Regn. No	AAACN4185CST178
GSTIN/UIN	NA / NA	GSTIN	33AAACN4165C4ZV
		SAC	997139 (Other non-life insurance services excl Ri)

Policy Details			
Policy Number	71180648232300000004	Business Source Code	
Period of Insurance	From: 29/12/2023 04:54:21 PM To: 28/12/2024 11:59:59 PM	Dev.Off. level/Broker/Corp. Agent/Web Aggregator/CPSC User	Mr. DIRECT BUSINESS - (DI00000761)
Date of Proposal	29-Dec-23	Agent/Bancassurance/S pecified Person	Mr. Y.SHABEER KHAN . (NIAAG0001787) AGENT_SITE_GDM_72292 (SI00003665)
Prev. Policy no.		Phone No	9443429786 / 04171226680
Client Type	Non-Corporate	E-mail/Fax	insurance_shabeer1@yahoo.in nia.711806@newindia.co.in / /

Premium(₹)	GST(₹)	Total (₹)	Total (₹ In words)	Receipt No. & Date
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Limit per student	100000	Special conditions	TABLE B OF PA POLICY PER STUDENT&STAFF-1 LAC EACH. PAYMENT OF TUITION FEE FOR THE REMAINING TERM OF ACAD.YEAR DUE TO DEATH OF PAYING PARENT MAX RS.50000/- PER STUDENT. MED.EXPS DUE TO ACCIDENT(HOSPN)MAX RS.50000EACH FOR STUDENTS & STAFF
Limit per accident	117900000		

No of parents	1179		
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Details of Teaching and Non-Teaching staff

Signature Not Verified  
Digitally signed by DHIRA KUMAR  
Date: 2023.12.29  
For details 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

Policy No. : 71180648232300000004 Document generated by 31904 at 29/12/2023 17:44:51 Hours.  
Regd. & Head Office: New India Assurance Bldg., 67 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.

http://newindia.co.in.

SYED MOHAMMED MOHAMMED BUHARI SEGU JAMALUDEEN  
Digitally signed by SYED MOHAMMED BUHARI SEGU JAMALUDEEN  
Date: 2024.03.23 17:54:33 +05'30'



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..

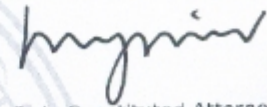
Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 2,21,215
SGST	9	19909
CGST	9	19909
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 29th day of December, 2023.

For and on behalf of  
The New India Assurance Company Limited

Date of Issue: 29/12/2023



Duly Constituted Attorney

Mudrank \_\_\_\_\_ Dt. \_\_\_\_\_ consolidated Stamp Fees Paid by Pay Order Number \_\_\_\_\_ vide \_\_\_\_\_  
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 : 71180623P0003141

IRDA Registration Number: 190  
NIA PAN NUMBER: AAACN4165C

பாலிசியை பூதிதாக எடுக்கும் போது மற்றும்  
புதுப்பிக்கும் போது ஆதார் காட்டு (இருபுறம்)  
நகல் மற்றும் பேன் காட்டு (இருபுறம்) நகல்  
கட்டாயம் கொண்டு வரவும்.

SYED  
MOHAMMED  
BUHARI SEGU  
JAMALUDEEN

Digitally signed by SYED  
MOHAMMED BUHARI  
SEGU JAMALUDEEN  
Date: 2024.03.23  
17:55:05 +05'30'

CONSOLIDATED STAMP  
DUTY PAID  
G.O. (Rt.) No. 293  
Dated : 10-07-2023  
Valid Upto 31-03-2024



### COLLECTION RECEIPT CUM ADJUSTMENT VOUCHER

Issuing Office : GUDIYATHAM BRANCH 711808 (711808)  
Address : 14  
POLICE LINE STREET  
THALAYATHAM, 632602  
GUDIYATTAM  
Insured Pan Number : AAATA0520B  
Phone : 04171226680  
Email : nia.711808@newindia.co.in  
Fax :  
Collection Number : 71180681230000002214  
Collection Date : 29/12/2023  
Business Source Code : D100000761  
PAN No of Payer : AAATA0520B

Received with thanks from M/S. AALIM MUHAMMED SALEGH COLLEGE OF ENGINEERING.

The amount received/Adjusted is towards -

Policy No.	A/C Description	Amount ₹	A/C Code	Sub A/C Code
71180648232300000004	Bank-711806	261033.00	9100.711806	BA00016826-711806-9100

Total = ₹ 261033.00

Your Payment/Adjustment Details are as under -

Mode	Amount ₹	Cheque No.	Cheque Date	Drawee Bank	Drawee Branch	Reference No.	Scroll/BG/A PD Balance
ECS	261033.00	7530424	29-DEC-23	CENTRAL BANK OF INDIA	GUDIYATTAM	7118062310017819	N.A.

Total = ₹ 261033.00

Utilization details of the Collected Amount :

Premium	GST	Stamp Duty	Excess Amount
221215.00	39818.00	0.00	0
Sl no.	Agency Code	Agency Name	Department Code
1	NIAAG00001787	Y.SHABEER KHAN .	48

For The New India Assurance Company Limited  
Revenue Stamp


Date of Issue: 29/12/2023

Cashier's Initial

Authorized Signatory

Note -

- Please note the Policy Number, Collection Number and date in all future correspondence.
- 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.

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 : 71180623P0003141

IRDA Registration Number: 190  
NIA PAN NUMBER: AAACN4165C

SYED  
MOHAMMED  
BUHARI SEGU  
JAMALUDEEN  
Digitally signed by SYED MOHAMMED BUHARI SEGU JAMALUDEEN  
Date: 2024.03.23 17:55:26 +05'30'

Signature Not Verified  
Digitally signed by DHIRA KUMAR  
Date: 2023.12.29 17:44:51 IST

Policy No. : 71180648232300000004 Document generated by 31904 at 29/12/2023 17:44:51 Hours.

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

Parameter List for Premium for Staff Member

Serial No.	Addition/Deletion	No. of persons	PA Premium for staff members	Premium for covering Medical Expenses for Staff Members	As % of PA Premium	As Amount	Description of Category
1	Addition	197	27580	As % of PA Premium for staff members	20	0	197 STAFF

Add Save Close



Digitally signed by SYED MOHAMMED BUHARI SEGU JAMALUDEEN  
 Date: 2024.03.23 17:55:46 +05'30'





**POLICY SCHEDULE FOR STUDENTS SAFETY PACKAGE INSURANCE**

UIN NUMBER - IRDAN190P0004201314

Insured's Name	: M/S AALIM MUHAMMED SALEGH COLLEGE OF ENGINEERING		
Insured's Details		Issuing Office Details	
Customer ID	: PO00622939	Office Code	: GUDIYATHAM BRANCH 711806 (711806)
Address	: NIZARA EDUCATIONAL CAMPUS, MUTHAPUDUPET, AVADI, CHENNAI CHENNAI, TAMIL NADU, 600055	Address	: 14 POLICE LINE STREET THALAYATHAM, 632602
Phone No	: XXXXXX6526	Phone No	: 04171226680
E-mail/Fax	: /	E-mail/Fax	: nia 711806@newindia.co.in /
PAN No	: AAATA0520B	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: NA / NA	GSTIN	: 33AAACN4165C4ZV
		SAC	: 997139 (Other non-life insurance services excl RI)

Policy Details			
Policy Number	: 71180648222300000005	Business Source Code	
Period of Insurance	: From: 24/12/2022 12:00:01 AM To: 23/12/2023 11:59:59 PM	Dev.Off. level/Broker/Corp. Agent/Web Aggregator/CPSC User	: Mr. DIRECT BUSINESS - (DI00000761)
Date of Proposal	: 24-Dec-22	Agent/Bancassurance/Specified Person	: Mr. Y SHABEER KHAN (NIAAG00001787) AGENT_SITE_GDM_72292 (SI00003665)
Prev. Policy no.	:	Phone No	: 9443429786 / 04171226680,
Client Type	: Non-Corporate	E-mail/Fax	: insurance_shabeer1@yahoo.in, nia.711806@newindia.co.in / /

Premium(₹)	GST(₹)	Total (₹)	Total (₹ in words)	Receipt No. & Date
121500	21870	143370	RUPEES ONE LAC FORTY-THREE THOUSAND THREE HUNDRED SEVENTY ONLY	7118068122000000326 6 - 21/12/22

No of Students	1111	Medical Expenses per student (Inclusive of OPD)	50000
Limit per student	100000	Special conditions	MEDICAL EXPENSES OF RS.50000/ AND NOT RS.10000 AS STATED IN THEPOLICY FROM THE DATE OF INCEPTION.
Limit per accident	100000		

No of parents	1111		
Total SI of Parents or Guardian for payment of Tuition and Hostel fees	11110000	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	10000

**Details of Teaching and Non-Teaching staff**

Sl 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
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Signature Not Verified

Digitally signed by JAGAT SIVEL PANIGRAHI Date: 2022.12.21

Policy No. 71180648222300000005 Document generated by 27526 at 21/12/2022 16:35:45 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>



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		₹ 121500.00
SGST	9	10935
CGST	9	10935
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 21st day of December, 2022.

For and on behalf of  
The New India Assurance Company Limited

Date of Issue: 21/12/2022

Duly Constituted Attorney



Mudrank \_\_\_\_\_ Dt. \_\_\_\_\_ consolidated Stamp Fees Paid by Pay Order Number \_\_\_\_\_  
number \_\_\_\_\_ dt. \_\_\_\_\_ vide re

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 : 71180622P0003792

IRDA Registration Number: 190  
NIA PAN NUMBER: AAACN4165C



## ADJUSTMENT VOUCHER

Issuing Office : GUDIYATHAM BRANCH 711806 (711806)  
Address : 14  
POLICE LINE STREET  
THALAYATHAM, 632602  
GUDIYATHAM  
Insured Pan Number : AAATA0520B  
Phone : 04171226680  
Email : nia.711806@newindia.co.in  
Fax :  
Collection Number : 71180681220000003266  
Collection Date : 21/12/2022  
Business Source Code : DI00000761  
PAN No of Payer : AAATA0520B

Received with thanks from M/S AALIM MUHAMMED SALEGH COLLEGE OF ENGINEERING

The amount received/Adjusted is towards -

Policy No	A/C Description	Amount ₹	A/C Code	Sub A/C Code
71180648222300000005	Cash Deposit Account-711806	143370.00	5076.711806	CD0000354936

Total = ₹ 143370.00

Your Payment/Adjustment Details are as under -

Mode	Amount ₹	Cheque No.	Cheque Date	Drawee Bank	Drawee Branch	Reference No.	Scroll/BG/A PD Balance
Advance Premium Deposit	143370.00	N.A.	N.A.	N.A.	N.A.	7118062210026393	0.00

Total = ₹ 143370.00

Utilization details of the Collected Amount :

Premium	GST	Stamp Duty	Excess Amount
121500.00	21870.00	0.00	0

Sl no.	Agency Code	Agency Name	Department Code
1	NIAAG00001787	Y.SHABEER KHAN	48

For The New India Assurance Company Limited

Date of Issue: 21/12/2022

Cashier's Initial



- Note -
- 1 Please note the Policy Number, Collection Number and date in all future correspondence.
  - 2 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.

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NIA PAN NUMBER: AAACN4165C

Signature Not  
Verified  
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by JAGAT KUMAR  
PANIGRAHI  
Date: 2022.12.21  
16:35:45 IST