





#### POLICY SCHEDULE FOR STUDENTS SAFETY PACKAGE INSURANCE

#### UIN NUMBER - IRDAN190P0004201314

Insured's Name	:	M/S. AALIM MUHAMMED SALEGH COL	LEGE OF ENGINEERI	NG	
	1	nsured's Details		lss	uing 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	:	1	E-mail/Fax	1	nla.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)

		Pol	icy 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	3	Mr. Y.SHABEER KHAN . (NIAAG00001787) AGENT_SITE_GDM_72292 (SI00003665)
Prev. Policy no.	:	- // hr // ABBBBB	Phone No		9443429786 / 04171226680,
Client Type	:	Non-Corporate	E-mail/Fax	:	irisurance_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	ASSURAMENTAL SPECIAL CONDITIONS	TABLE B OF PA POLICY PER STUDENT & STAFF-1 LAC EACH. PAYMENT OF TUITION FEE FOR THE REMAING 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 Nat

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

Regd. & Head Office: New India Assurance Bidg., 87 M.G. Road, Fort, Mumbel - 400 001, TOLL FREE No. 1 900 209 1415.

Regd. & Head Omce: New India Assurance brigg, or miss mean, this india region of the collowing offices. 1. Policy issuing office 3. Head office in case, you are not sets field with our own FoV retifieds of your grievence, 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 sets field with our own for the collowing office of less report. Or business and office of less report. 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



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

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

Premium and GST Details Amount in INR Rate of Tax ₹ 2,21,215 Premium 19909 SGST 19909 9

CGST 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

number

dt

Duly Constituted Attor

vide

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.

consolidated Stamp Fees Paid by Pay Order Number

Tax Invoice No : 71180623P0003141

IRDA Registration Number: 190

NIA PAN NUMBER: AAACN4165C

பாலிசியை புதீதாக எடுக்கும் போது மற்றும் புதுப்பிக்கும் போது ஆதார் கார்டு (இருபுறம்) நகல் மற்றும் பேன் கார்டு (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.: 71180648232300000004Decument generated by 31904 at 29/12/2023 17:44:51 Hours.

Regd. & Head Office; New India Assurance Bidg., 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 griswance redressal mechanism; you may also approach Insurance Ombudaman. For details of our office addresses and addresses of office of Insurance Ombudaman, please visit our website http://newindia.co.in.





### 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 : nia.711806@newindia.co.in

Collection Number

: 71180681230000002214

Collection Date Business Source Code

: 29/12/2023 : DI00000761

PAN No of Payer

: AAATA0520B

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

The amount received/Adjusted is towards -

The amount recorded rapasses is toward	9 -			
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	// Allies	Stamp Duty	Excess Amount
221215.0	0	39818.00	// ///////////////////////////////////	0.00	0
SI no.	Agency Code	11	Agency Name		Department Code
1	NIAAG00001787		Y.SHABEER KHAN	۷.	48

or The New India Assurance Company Limited Revenue Stamp

Date of Issue: 29/12/2023

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.

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

Digitally signed by **SYED** SYED MOHAMMED MOHAMMED BUHARI SEGU BUHARI SEGU JAMALUDEEN JAMALUDEEN Date: 2024.12.11 JAMALUDEEN 18:00:34 +05'30'

Policy No.: 71180648232300000004Document 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.

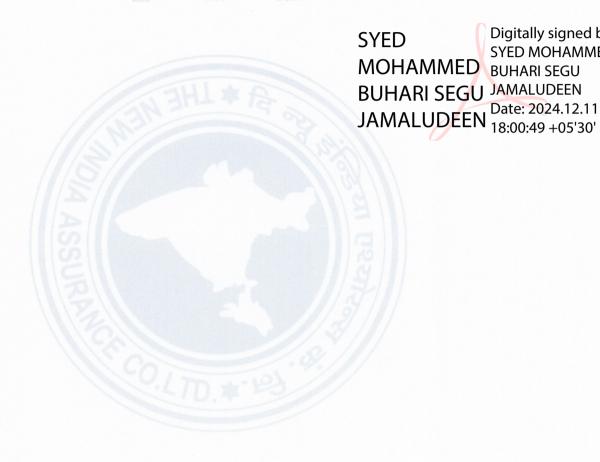
			Par	ameter List for Premium for Staff	Member			
	Addition/Deletion		PA Premium for staff members	Premium for covering Medical Expenses for Staff Members	As % of PA Premium	As Amount	Description of Category	
1	Addition ~	197	27580	As % of PA Premium for staff members >	20	0	197 STAFF	Delete

Digitally signed by

SYED MOHAMMED

**BUHARI SEGU** 

Date: 2024.12.11









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#### UIN NUMBER - IRDAN190P0004201314

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Phone No	:	XXXXXX6526	Phone No	:	04171226680
E-mail/Fax	:	1	E-mail/Fax	:	nla.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)

		Pol	icy 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	3	Mr. Y.SHABEER KHAN . (NIAAG00001787) AGENT_SITE_GDM_72292 (SI00003665)
Prev. Policy no.	:	- // hr // ABBBBB	Phone No		9443429786 / 04171226680,
Client Type	:	Non-Corporate	E-mail/Fax	:	irisurance_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

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Regd. & Head Omce: New India Assurance brigg, or miss mean, this india region of the collowing offices. 1. Policy issuing office 3. Head office in case, you are not sets field with our own FoV retifieds of your grievence, 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 sets field with our own for the collowing office of less report. Or business and office of less report. 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.



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

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

Premium and GST Details

Rate of Tax Premium SGST 9 CGST

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.

Date of Issue: 29/12/2023

For and on behalf of The New India Assurance Company Limited

Amount in INR

19909

19909

0

2,21,215

Duly Constituted Attor

consolidated Stamp Fees Paid by Pay Order Number Mudrank

vide

dt number

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 புதீதாக எடுக்கும் போது மற்றும் புதுப்பிக்கும் போது ஆதார் கார்டு (இருபுறம்) நகல் மற்றும் பேன் கார்டு (இருபுறம்) நகல் கட்டாயம் கொண்டு வரவும்.

**SYFD 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

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

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

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### 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 : nia.711806@newindia.co.in

Fax

: 71180681230000002214

Collection Number Collection Date

: 29/12/2023

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 -

The amount received and assess is toward.	9 -			
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	// Allinear	Stamp Duty	Excess Amount
221215.0	0	39818.00	7. AHHHHP	0.00	[ ]
SI no.	Agency Code	11	Agency Name	488	Department Code
1	NIAAG00001787		Y.SHABEER KHAN	. (854:000)	48

For The New India Assurance Company Limited Revenue Stamp

Date of Issue: 29/12/2023

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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Tax Invoice No : 71180623P0003141

IRDA Registration Number: 190

NIA PAN NUMBER: AAACN4165C

**SYED** MOHAMMED BUHARI SEGU BUHARI SEGU JAMALUDEEN

Digitally signed by SYED MOHAMMED JAMALUDEEN Date: 2024.03.23

Policy No.: 71180648232300000004Document 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.

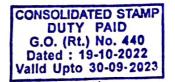
al No.	Serial No. Addition/Deletion No. of persons	No. of persons	PA Premium for staff members	Premium for covering Medical Expenses for Staff Members	As % of PA Premium	As Amount	Description of Category	
							197 STAFF	
		107	27580	27580 As % of PA Premium for staff members >	20	0		Delete
7	Addition >	121	20013		- International Property and Pr			



**BUHARI SEGU JAMALUDEEN** 

SYED MOHAMMED 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			ALIM MUHAMMED	SALEGH COL	LEGE OF ENG	INEERING		. 0/5 5	- taila	
		Insured'	s Details				Iss	uing Office De		
Customer ID	:	PO006	522939		Office Code		:	GUDIYATHA (711806)	AM BRANCH 711806	
Address	:	MUTH	A EDUCATIONAL C APUDUPET, AVADI, NAI ,TAMIL NADU, 6	CHENNAI	Address		:	14 POLICE LINI THALAYATH		
Dhana N.		+	(X6526	.00033	Phone No		:	04171226680	0	
Phone No	<u>:</u>		10020		E-mail/Fax		:		newindia co.in /	
E-mail/Fax PAN No		200	N0520B		S.Tax Regn. I	No.	:	AAACN4165		
GSTIN/UIN		NA / N			GSTIN	10	Ė	33AAACN41		
GSTIN/OIN	;	IN/S/ IV			SAC		:		er non-life insurance services	
				Police	Details	He .				
Policy Number	T:	71180	648222300000005	FUIC)	Business Sou	rce Code				
Period of Insurance	;	From:	24/12/2022 12:00:01 2023 11 59:59 PM	AM To:	Dev.Off. level/Broker/C Agent/Web Aggregator/C	Corp.	:	Mr. DIRECT	BUSINESS - (DI00000761)	
Date of Proposal	:	24-Dec	:-22		Agent/Bancas pecified Perso	surance/S	:	Mr. Y.SHABE (NIAAG0000 AGENT_SIT (SI00003665	1787) E_GDM_72292	
Prev. Policy no.	:		11 :- 1	1 1	Phone No			9443429786	/ 04171226680,	
Client Type	:	Non-Co	orporate	Â	E-mail/Fax		:	insurance_sh nia.711806@	nabeer1@yahoo.in, newindia.co.in / /	
Premium(₹)			CCT(#)	T-4	-1 (3)	7-1-1				
					al (₹)					
121500			21870 143		FORTY-TH FORTY-TH THOUSAND HUNDRED SE ONLY		-THREE ND THREE SEVENTY	7118068122000000326 6 - 21/12/22		
			11/	As .						
No of Students			1111	144	Medical Expenses per studer (Inclusive of OPD)			ident 500	50000	
t per student			100000		Special conditions			RS.5 RS.1 THE	EDICAL EXPENSES OF 5.50000/ AND NOT 5.10000 AS STATED IN EPOLICY FROM THE DATE INCEPTION.	
Limit per accident			100000							
No of parents			2222	14						
	C	rdic =	1111				_			
Total SI of Parents or Guardian for payment of Tuition and Hostel fees		ardian id	11110000		Payment of the fee for remainstitute in contraction of the feet and th	ining seme account wase the	est vit	ers in h the	00	

# Details of Teaching and Non-Teaching staff

of OPD)	SI	lo. Name of Member	Age	Name of the Assignee	Risk Group	Medical Extension (Inclusive	Table B Sum Insured	Table C Sum insured	Table D Sum Insured	Total Sum Insured	
		The state of the s		Assignee		of OPD)		msured	insured		

Policy No. 71180648222300000005Document generated by 27526 at 21/12/2022 16.35:45 Hours.



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

e of Issue: 21/12/2022



Dt. \_\_\_\_\_consolidated Stamp Fees Paid by Pay Order Number 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 : 71180622P0003792

IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C

http://newindia.co.in.





## ADJUSTMENT VOUCHER

Issuing Office

GUDIYATHAM BRANCH 711806 (711806)

Address

14

POLICE LINE STREET THALAYATHAM,632602

GUDIYATTAM

Insured Pan Number

AAATA0520B 04171226680

Phone 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 -

	make the company of t				
Policy No	A/C Description	Amount	A/C Code	Sub A/C Code	
71180648222300000005	Cash Deposit Account-711806	143370.00	5076.711806	CD0000354936	-
	The same of the sa				- 1

Total = ₹ 143370.00

Your Payment/Adjustment Details are as under -

Mode	Amount ₹	Cheque No.	Cheque Date	Drawee Bank	Drawee Branch	Reference No.	Scroll/8G/A
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

		GST	1	Stamp Duty 0.00	Excess Amount	
		21870.00			O CACESS AMOUNT	
SI 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

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