



M.KUMARASAMY
COLLEGE OF ENGINEERING

NAAC Accredited Autonomous Institution

Approved by AICTE & Affiliated to Anna University
ISO 9001:2015 & ISO 14001:2015 Certified Institution

Thalavapalayam, Karur - 639 113.



NAAC AQAR FOR THE AY 2022-23

6.3 - FACULTY EMPOWERMENT STRATEGIES

6.3.1 - The institution has effective welfare measures for teaching and non-teaching staff and avenues for their career development/ progression.

Encl:

1. Bill Copy of Health Insurance

दिव्य ओरिएण्टल इश्योरेंस कम्पनी लिमिटेड

(भारत सरकार का एक उपक्रम)

पंजीकृत कार्यालय: ओरिएण्टल हाउस पो.बा.नं. 7
ए 25/27, आसफ अली रोड, नई दिल्ली 110 007

GPA - NAMED POLICY SCHEDULE

THE ORIENTAL INSURANCE COMPANY LIMITED

(A Govt. of India Undertaking)

& Regd. Office: Oriental House, P.O. No. 7, Asaf Ali Road, New Delhi - 110 002

CIN No. U66910IN0000100000

Policy No. : 414800/48/2023/368

Cover Note No. : 41000033340

Insured's Code : 167981022

Insured's Name : M/s. M KUMARASAMY COLLEGE OF
ENGINEERING (GSTIN: 0)

Address : Thalavapalayam, KARUR -639 113

KARUR TAMIL NADU 639113

Tel. /Fax /Email : / / 0 / NA

Prev.Policy No. : - Stamp Duty for Insurance Policies to be
Cover Note Date : 29/12/2022 Issued from 01/04/2022 to 31/03/2023 to
Issue Office code : 414800 Government vide E. Stamp Certificate
Issue Office Name : DO KANCHEEPURAM (GSTIN: No.IN-TN290352962392994 dated 1/4/2022
33AAACT0627R3Z4)

Address : Immediate Claim intimation(excluding
Marine Hull and Health claim) be sent to
410011@orientalinsurance.co.in
547 GANDHI ROAD, FIRST FLOOR
KANCHEEPURAM
KANCHEEPURAM TAMIL NADU
631501
Tel. /Fax /Email : 044-27222944, 044-27234660 / 044-
27230708 /
vaniitha.venkatesh@orientalinsurance.co.
in

Agent/Broker Details

Dev.Off.Code :

Agent/Broker : LC0000000179 (1149)UNISON INSURANCE BROKING SERVICES P LTD

Address : 601-602 ,6TH FLOOR AURAM NR VASNA,HP PETROL PUMP MARKAND DESAI RAOD
VADODARA 390015 GUJARAT INDIA,BARODA,GUJARAT,396007

Tel/Fax/Email : 0265-2252274/9890791119/0265-2356033/

Period of Insurance : FROM 00:00 ON 30/12/2022 TO MIDNIGHT OF 29/12/2023

Collection No & Dt : DC_I_IND 8960002787 - 02/01/2023

GST INVOICE NO :3321882444 UIN :0

Gross Premium : 3,42,760

GST : 61696

Stamp Duty : 1000 Total : 4,04,456

Co-insurance Details : NIL

Number of persons covered : 4

Total Sum Insured : 171380000

AOA Limit : 200000

IMPORTANT NOTICE

In case of any Claims Please Contact

THE ORIENTAL INSURANCE CO. LTD (S.V.C.)

"Oriental House" 2nd Floor.No.216/115
Prakasam Salai, Broadway, Chennai - 600 108

PH:+91-44 2345 8231, 2345 8207

E-mail,410011@orientalinsurance.co.in

Per Head

Rs: 180

Details of Insured Persons :

Sr. No.	Emp No./ ID No.	Name	Age	Sex	Section/Cover	Sum Insured	Additional Covers
1	1	PA - 2255 Students	22	M	Table of benefits I	45,10,00,000	NIL
2	1	Hospitalisation	22	M	Table of benefits II	45,10,00,000	NIL
						22,55,00,000	NIL

Place : KANCHEEPURAM
Date : 02/01/2023



IRDA-REGNO-556

For and on behalf of
The Oriental Insurance Company Limited



Authorised Signatory

This is an electronically generated document (Policy Schedule).The
Policy document duly stamped will be sent by post.

In case of any query regarding the Policy please call Toll
Free No. 1800 11 8485 and 011 33208485.

CIN: U66010DL1947GOI007158 All the Amounts mentioned in this policy are in Indian Rupee

IRDA Regn. No. 556 - Now you can buy and renew selected policies online at www.orientalinsurance.org.in

Attached to and forming part of policy number 414800140/2023/368

(भारत सरकार का एक उपक्रम)
पंजीकृत कार्यालय: ओरिएण्टल हाउस, प्लॉ. नं.-7037
ए-25/27, आसफ अली रोड, दिल्ली-110 002.



THE ORIENTAL INSURANCE COMPANY LIMITED
(A Govt. of India Undertaking)
Corporate & Reged. Office : **Oriental House**,
P.B. No. 7037, A-25/27, Asaf Ali Road, New Delhi - 110 002
CIN No. U66010DL1947GOI007158

Signed: WASHMIRAM SINGH
Date: Mon, Jan 02, 2023 11:32:03 IST
Location: NOIDA
Digitally signed by WASHMIRAM SINGH for OICL

3	1	PA for Earning parents - 2255 Students	44 M	Table of benefits I	22,55,00,000	NIL
4	1	Tuition Fee - O/s. - 2255 students	22 M	Table of benefits I	22,55,00,000	81,18,00,000 NIL
					81,18,00,000	



Place : KANCHEEPURAM

Date : 02/01/2023



IRDA-REGNO-556

For and on behalf of
The Oriental Insurance Company Limited

This is an electronically generated document (Policy Schedule). The Policy document duly stamped will be sent by post.

In case of any query regarding the Policy please call Toll Free No. 1800 11 8485 and 011 33208485.

CIN: U66010DL1947GOI007158 All the Amounts mentioned in this policy are in Indian Rupee



Authorised Signatory

Attached to and forming part of policy number 4148004R/2023/368

THE ORIENTAL INSURANCE COMPANY LIMITED
(A Govt. of India Undertaking)
Corporate & Reged. Office : Oriental Group, P.O. for OICL,
P.B. No. 7037, A-25/27, Anaf Ab Road, New Delhi - 110 002

Additional Details of Insured Persons

(भारत सरकार द्वारा अंगीकृत)
पंजीकृत क्र. No. 1
पता: आसफ अली रोड, नई दिल्ली 110 002

Pre-existing
Disabilities

Risk Group: Unassigned With Share %

Total Sum Insured in words : Indian Rupees One Hundred Seventy One Crores Thirty-Eight Lakhs Only
Total Premium in words : Indian Rupees Four Lakhs Four Thousand Four Hundred Fifty-Six Only

Term of Insurance: As per the Clauses written hereunder and/or attached herewith
In case of any single accident, the liability under this policy shall be restricted to the AOA Limit specified in the Schedule.
In the event of a claim under the policy exceeding Rs. 1 lac or a claim for refund of premium exceeding Rs. 1 lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating offices as well as Company's website.
Tuition fees outstanding - Rs. 3,60,000 per students, subject to the maximum of pending tuition fee payable to the college on death of earning parent for 2255 students.
PA - Death cover for Earning parents - Rs. 1 Lakhs each for 2255 students
PA - Death & PTD cover for Rs. 2 Lakhs each for 2255 students.
Hospitalisation expenses due to accident - Maximum Rs. 1 Lakhs each for 2255 students

Excess : NIL

The insurance under this policy is subject to conditions, clauses, warranties, endorsements as per forms attached.

Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

In witness whereof the undersigned being authorised by and on behalf of the Company has/have herein to set his/their hands at DO KANCHEEPURAM (GSTIN: 33AAACT0627R3Z4) on 02ND DAY OF JANUARY 2023

Entered By : C.RAMYADEVI
Examined By : Ms VANITHA VENKATESH

For and on behalf of
The Oriental Insurance Company Limited

Policy Printed By : 650358

IP :

Policy Printed On : 02-JAN-23 14:32:10

MAC :



Authorised Signatory

Place : KANCHEEPURAM
Date : 02/01/2023



IRDA-REGNO-556

For and on behalf of
The Oriental Insurance Company Limited

This is an electronically generated document (Policy Schedule). The Policy document duly stamped will be sent by post.

In case of any query regarding the Policy please call Toll Free No. 1800 11 8485 and 011 33208485.

CIN: U66010DL1947GOI007158

Authorised Signatory

IRDA Regn. No. 556 - Now you can buy and renew selected policies online at www.orientalinsurance.org.in

दि ओरिएण्टल इन्सुरेंस कंपनी लिमिटेड
 Attached to and forming part of policy number 414800/48/2023/008
 (भारत सरकार का एक उपक्रम)
 पंजीकृत कार्यालय: ओरिएण्टल हाउस पो.बो.नं. 7037
 Relationship
 ए-26/27, आसफ अली रोड, नई दिल्ली-110 002.



This Document is Digitally Signed
THE ORIENTAL INSURANCE COMPANY LIMITED
 (A Govt. of India Undertaking)
 Corporate & Regd. Office : **General Branch** for OICL
 P.B. No. 7037, A-25/27, Asaf Ali Road, New Delhi - 110 002
 CIN No. U66010DL1947GOI007158

1	PA - 2255 Students	OTHERS	NIL	NORMAL RISK
2	Hospitalisation expenses - 2255 Students	OTHERS	NIL	NORMAL RISK
3	PA for Earning parents - 2255 Students	OTHERS	NIL	NORMAL RISK
4	Tuition Fee - O/s. - 2255 students	OTHERS	NIL	NORMAL RISK



Place : KANCHEEPURAM
 Date : 02/01/2023



IRDA-REGNO-556

For and on behalf of
 The Oriental Insurance Company Limited

This is an electronically generated document (Policy Schedule). The
 Policy document duly stamped will be sent by post.

In case of any query regarding the Policy please call Toll
 Free No. 1800 11 8485 and 011 33208485.

CIN: U66010DL1947GOI007158 All the Amounts mentioned in this policy are in Indian Rupee



[Signature]
 Authorised Signatory

The Oriental Insurance Company Ltd.
 DO KANCHEEPURAM Immediate Claim intimation(excluding Marine Hull and Health claim) be sent to
 KANCHEEPURAM , KANCHEEPURAM , 631501
 547 GANDHI ROAD, FIRST FLOOR,
 410011@orientalinsurance.co.in , GST NO : 33AAACT0627R3Z4

RECEIPT

Office Code & Name : 414800 - DO KANCHEEPURAM Bank Code : 9100(C-414800-91)
 Collection No. : 51-01/8960002787 Posted Doc No. : 8960002786
 Collection Date : 02/01/2023 14:31 Posted Doc Dt. : 02/01/2023

Received with thanks From Sh./Smt./ M/s. : M/s. M KUMARASAMY COLLEGE OF ENGINEERING
 The Sum of : Indian Rupees Four Lakhs Four Thousand Four Hundred Fifty-Seven Only

Towards the following : Premium collections

Sl No.	Dept. Code	Policy No.	Policy End/Ren/Dec/ Status	Dev. Off. Code	Source Code	Amount Collected	CID	GL Code	SL Code	Pay Mode	Bank Name	Bank Branch	Instrument No.	Instr. Dt./CC Exp. Dt.
1	48	2023/368	New Policy	LC00000	00179	4,04,456.00	C	5083	AA0000000001	DC_L_IN			AXISP0034 9002412	27/12/2022
2	48	2023/368	New Policy	LC00000	00179	1.00	C	5071	AA0000000001	DC_L_IN			AXISP0034 9002412	27/12/2022
Total						4,04,457.00								

GST : Rs. 61696
 GST NO of Insured : 0
 Policy Type / Zone : GPA -NAMED

FOR THE ORIENTAL INSURANCE COMPANY LTD

 Cashier / Authorised Signatory

Note : For Payment by cheque , receipt will be valid subject to realisation of Cheque



**LIBERTY GROUP PERSONAL ACCIDENT POLICY
- POLICY SCHEDULE**

Policy Issuing Office: 10th Floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Lower Parel, Mumbai - 400013. Phone: +91 22 67001313 Fax: + 91 22 67001606.			
Policy Number: 4112-500405-22-7000002-00-000		Policy Servicing Office : Liberty General Insurance Limited, King Plaza, Aa-18/1, Anna Nagar, Tiruchirappalli, Tamil Nadu - 620017. Phone: +91 11-1111111 Fax: +91 22 67001606	
Insured Name: M Kumarasamy College Of Engineering			
Address: THALAVAPALAYAM, KARUR, DALAVAPALAYAM, KARUR, KARUR, TAMIL NADU - 639113			
Contact Number:			
Client GSTIN			
Period of Insurance:	From 00:01 Hrs of 28/10/2022	To Midnight	23:59 Hrs of 27/10/2023
Policy Type:	Individual	Policy Tenure:	1 Year(s)
Business Type:	New Business	Proposal:	Individual >1 member with separate SI
Industry:	NA	Insured / Insured Person Relationship:	Employee-employer relationship
Geographical Scope:	Worldwide	Per Accident Limit:	NA
		Description:	Staff of M Kumaraswamy College Of Engineering

Co-Insurance Details

Sr. No.	Insurer Name	Share	URC	Branch Address (leader)
1.	NA	NA	NA	NA

Intermediary Name	Intermediary Code	Intermediary Contact No
JAYANTHA INSURANCE BROKING PRIVATE LIMITED MS	IMD1252204	7373768400

Coverage Details

Sr. No.	Accidental Benefits	Capital Sum Insured per Insured Person
1	As per Annexure A (Coverage description forming part of policy schedule)	As per Annexure A
Total	Total Sum Insured for Accidental Benefits	
Sr. No.	Extensions	Sum Insured per Insured Person
1	As per Annexure A (Coverage description forming part of policy schedule)	As per Annexure A
Member data as per Annexure B forming part of policy schedule		

Schedule of Premium

Basic Premium	Rs.244769.52
Loading/Discounts (if any)	
Net Premium (Taxable Value)	Rs.244769.52
State Cess	Rs. 0.00
CGST 9.00 %	Rs. 22029.26
SGST / UTGST 9.00 %	Rs. 22029.26
Total Premium	Rs.288828.00

Special Conditions



Digitally signed by
SACHIN JOSHI
Date: 2022.11.18
10:26:43 IST

Registered and Corporate Office: 10th Floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Lower Parel, Mumbai - 400013

www.libertyinsurance.in

- 1. Eligibility: Staff of M Kumaraswamy College Of Engineering
- 2. Age Limit: 18 Years to 75 Years
- 3. Sum Insured: Rs.5 Lacs, Subject to maximum of 144 times of monthly salary.

Covers:

- 1. Accidental Death: 100% of CSI
- 2. Permanent Total Disability – Table of Benefits as defined under Policy Wordings
- 3. Permanent Partial Disability – Table of Benefits as defined under Policy Wordings
- 4. Temporary Total Disability: If an Insured Person suffers an accidental injury during the Policy Period which is the sole and direct cause of a Temporary Total Disability which completely prevents him/her from performing each and every duty pertaining to his/her employment or occupation of any description whatsoever, then We will pay a weekly benefit of 1% of CSI per week or up to Rs.5,000/ week or actual wages whichever is lower for a maximum of 104 weeks
- 5. Accidental Medical Expenses (In-Patient): If any Insured Person suffers an Accident during the Policy Period that requires the Insured Person's Hospitalization as an Inpatient, then we will reimburse the Reasonable and Customary Charges for Medical Expenses that are incurred for the treatment of such Insured Person provided that the Hospitalization commences within the Policy Period. Our liability to meet Medical Expenses caused by such Accident will be limited to 5 Lacs or actuals whichever is lower

Exclusion :-

- 1. Nuclear, Chemical and Biological Terrorism Excluded
- 2. Persons working in underground mines, explosives, magazines, workers involved in electrical installation with high tension supply, demolition workers, Jockeys, Circus personnel, Persons engaged in activities like racing on wheels or horseback, big game hunting, mountaineering, winter sports, skiing, ice hockey, ballooning, hand gliding, river rafting, polo, persons working as Air Crew and Ship Crew, and such other persons engaged in occupation of similar hazard listed above are excluded from the scope of cover (not covered under this policy).
- 3. Please refer Policy wordings for complete list of exclusions.

General Conditions

1. The Insured's authorized representative shall authenticate the updated final list of Insured Person/s at inception of Policy and all subsequent Additions & deletions during the Policy period should be duly intimated as per the periodicity agreed upon by the Company.
2. Adequate Cash Deposit (CD) Balance is required to be maintained at all times to ensure that adequate premium is available for inclusion of member/s as applicable.
3. Commencement Date of Cover: It is hereby declared and agreed that the Insured Persons are covered under this Policy only till such time they are on rolls of the Insured (Policy Holder). It is further agreed that any addition/deletion of members shall be communicated to the Insurer in writing within a reasonable time from the date of joining/ leaving but not later than the last day of the succeeding month of joining / leaving the employment. The cover will commence from the joining date for such Insured Person/s (as requested by the Insured and agreed to by the Insurance Company) subject to adequate premium balance maintained with the insurer for such additions. In case of inadequate premium balance with the Insurer on the day of inclusion of the additional members, the balance premium available as on that date would be reckoned for such members as per the serial number of the list received from the Insured. Where no such premium balance is maintained, the cover for such additions will commence from the date of receipt of premium by the Insurer. Dependents of Primary members shall be Refund on deletion of members will be effected only for such members who have not preferred any claims under the Policy. Dependents of Primary members shall be declared at the inception of the Policy. Any mid-term inclusion of dependents will not be allowed except for spouse by marriage, child by birth and for employees joining the employment during the Policy Period. In case of intimation received beyond the stipulated time period, the risk commencement date for additional members would be from the date of intimation to the Insurer or as otherwise specifically agreed to by the Insurer subject to adequate premium balance.
4. In case of premium payment by cheque, in the event of dishonor of cheque for any reason whatsoever cover provided under this document automatically stands cancelled from the inception irrespective of whether a separate communication is sent or not
5. The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact
6. The Insured Person(s) shall not transfer, assign, alienate or in any way pass the benefits and /or liabilities to any other person, Institution, Hospital, Company or Body Corporate without specific approval in writing by a duly authorised officer of the Company . However, if the Insured Person(s) is permanently incapacitated or deceased, the legal heirs of the Insured Person(s) may represent him in respect of a Claim under the Policy
7. The Insured's authorized representative shall authenticate the updated list of the Insured Person/s to be covered as at the inception of Policy. The risk start date for each of the Certificate of Insurance provided to Individual Insured Person would be from the date of receipt of premium at our end
8. All terms, conditions and exclusions as per standard Policy wordings.
9. Claim Procedure: In case of death, written notice of the death must, unless reasonable cause is shown, be so given before interment / cremation. In the event of disability, written notice of disability must be given to the Company immediately on a likely demand or claim being made on the Company but not later than 15 days from the date of incident Settlement of Claim: In the event of death of the Insured Person, any settlement of admissible claim will be made to nominee (family member of the Insured Person) appointed by the Insured Person.
10. For any further assistance please feel free to write to us on care@libertyinsurance.in or call us on our Toll Free number 1800 266 5844 (between 8:00am to 8:00pm, 7 days of the week) our representatives will be glad to help you.
- 11.

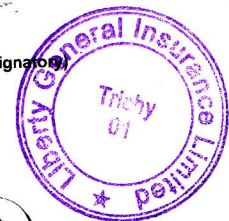
Important Note: Insurance is a contract of Utmost Good Faith requiring the Insured not only to disclose all material information and which has a bearing on the acceptance or rejection of the Proposal by the Insurer. In the event of any discrepancy, contact us immediately, it being noted that this Policy shall be otherwise considered as being entirely in order.

All terms, conditions and exclusions as per standard Policy wordings attached with this schedule."

Place of supply : TAMIL NADU 33
Invoice No. : 3322020000246640
Receipt No : 1202270111729
Date of Issue : 16112022
Place of Issue : TRICHY
GST Identification Number : 33AABCL9950A1ZS
SAC Code : 997133 General Insurance Service
IRDA Registration Number: 150
CIN: U66000MH2010PLC209656
UIN: LVGPAGP18098V011718

For and on behalf of Liberty General Insurance Limited

(Authorized Signatory)



Digitally signed by
SACHIN JOSHI
Date: 2022.11.18
10:26:43 IST

Registered and Corporate Office: 10th Floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Lower Parel, Mumbai - 400013

www.libertyinsurance.in

Tax is not payable under reverse charge by the recipient.

I/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 duty has been paid as per letter of Authorization no. LOA/CSD/506/2022/4487/22 Dated 18/10/2022 issued by Main Stamp Office, Mumbai. ** Not Applicable for the State of Jammu & Kashmir.

Annexure A - forming part of policy No. 4112-500405-22-7000002-00-000

Group	No of Insured persons	Accident Benefit Details	Total Sum Insured(Rs)	Extension Details	Sum Insured
Group 1	426	Accidental Death (AD)	213000000	Accidental Medical Expenses (In-Patient)	500000
		Permanent Total Disability (PTD)	213000000		
		Permanent Partial Disability (PPD)	213000000		
		Temporary Total Disability (TTD)	213000000		
	Total 426		Total 213000000		

For any further assistance please feel free to write to us on care@libertyinsurance.in or call us on our Toll Free number 1800 266 5844 (between 8:00am to 8:00pm, 7 days of the week) our representatives will be glad to help you.

In the unlikely event of any grievance please write to care@libertyinsurance.in.

You may also refer to the link for our detailed grievance redressal procedure: <https://www.libertyinsurance.in/customer-support/grievance-redressal.html>

Senior Citizens can email us at: seniorcitizen@libertyinsurance.in



Digitally signed by
SACHIN JOSHI
Date: 2022.11.18
10:26:43 IST

Registered and Corporate Office: 10th Floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Lower Parel, Mumbai - 400013

www.libertyinsurance.in



POLICY SCHEDULE
NEW INDIA FLEXI GROUP MEDICLAIM POLICY
UIN:NIAHLGP21282V022021

Insured Name	: M.KUMARASAMY COLLEGE OF ENGINEERING
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Insured's Details		Issuing Office Details	
Customer ID	: PO44031985	Office Code	: DIRECT AGENTS BRANCH 712301 (712301)
Address	: THALAVAPALAYAM,KARUR PUGALUR SUGAR FACTORY ,TAMIL NADU, 639113	Address	: RANI SEETHAI HALL 3RD FLOOR ,603 ANNA SALAI, ,600006
Phone No	: XXXXXXXX0755/XXXXXXX2155/XXXX XX9377	Phone No	: 23456809 / 23456810
Fax	: 04324272457	Fax	: 42698154
E-mail/Fax	: director@mkce.ac.in, / 04324272457	E-mail/Fax	: nia.712301@newindia.co.in / 42698154
PAN No	: AAATM9584D	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: NA / NA	GSTIN	: 33AAACN4165C4ZV
		SAC	: 997133 (Accident and health insurance services)

Policy Details			
Policy Number	: 71230134230500000001	Business Source Code	: Unison Insurance Broking Services Pvt. Ltd. - (DM2819560) Unison Insurance Site Do 712500 - (SI00159439),
Period of Insurance	: From:02/04/2023 12:00:01 AM To: 01/04/2024 11:59:59 PM	Agent/Bancassurance/Specialized Person	:
Date of Proposal	: 02/04/2023	Phone No	: 9687639851, 7574844415 / NA
Prev. Policy no.	: NA	E-mail/Fax	: placement@unisoninsurance.net, / /
Client Type	: Non-Corporate	Financier(s) Details	: NA

Premium	GST	Total	Receipt No. & Date:
₹457340	₹ 82,322	₹ 5,39,662 (RUPEES FIVE LAC THIRTY-NINE THOUSAND SIX HUNDRED SIXTY-TWO ONLY)	71230181230000000076 06/04/2023

Details of TPA			
Name	: MEDI ASSIST INSURANCE TPA PVT. LTD.	Telephone	: 18002089449
Address	: MEDI ASSIST INDIA TPA PVT. LTD., TOWER D, FOURTH FLOOR,,IBC KNOWLEDGE PARK, 4/1, BANNERGHATTA ROAD,,BANGALORE	Fax	: 18004259559
	: IBC KNOWLEDGE PARK, 4/1, BANNERGHATTA ROAD, BANGALORE	Email	: info@mediassistindia.com,
		Toll Free No	: 18004259449
No. of persons covered	: 400	Zone Opted	: I (Mumbai)
Maternity Benefits Opted	Normal Delivery Limit ₹ : NA		
	Caesarian Section Limit ₹ : NA		
Deletion of 9 months waiting period	: NO		
Pre-existing cover Opted	: YES		
Deletion of 30 days waiting period	: YES		
Deletion of 2/4 year exclusion	: YES		
Limit of additional ambulance charges per person	: 0		
Additional cover Opted	: YES		
SL.No	Name of Cover	Limit per family	Overall Policy Limit

Signature Not Verified
Digitally signed by JAGAT KAYEE PANIGRAHI
Date: 2023.04.06

Policy No. : 71230134230500000001 Document generated by 21842 at 06/04/2023 16:46:50 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>.



N/A	NEW INDIA ASSURANCE CO. LTD.	N/A	100
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Special Conditions

Special Condition 1	: ROOM RENT: 2% OF S.I FOR NORMAL;4% OF S.I FOR ICU
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This Policy is subject to NEW INDIA FLEXI GROUP MEDICLAIM POLICY Clause as attached
In the event of death of the insured person(s) due to an insured peril all benefits payable, in respect thereof under this insurance, shall become payable to the assignee declared in the proposal (incorporated herein as the Schedule) and the assignee declared in the proposal (incorporated herein as the schedule) and the receipt shall be construed as full and final discharge to the Company in respect of all liability under this policy.

Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 4,57,340
SGST	9	41161
CGST	9	41161
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 _____ day of _____ 20__.

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 ₹1/-.



IMPORTANT

This policy is subject to the terms and conditions contained in the policy document (Clauses).

This policy is governed by Health Insurance Regulations 2016 issued by Insurance Regulatory Development Authority of India on 12.07.2016.

This policy is also governed by IRDAI (Protection of Policyholders' Interest) Regulations, 2017.

This Schedule comes attached with the policy document (Clauses). If not attached, please ask for the same.

Health Insurance Regulation 2016 and IRDAI (Protection of Policyholders' Interest) Regulations, 2017 are available on the website of IRDAI.

Beware of spurious calls offering alluring benefits. Never share any policy details with unknown callers. Call 1800-209-1415 for any enquiry or contact the nearest operating office of New India Assurance Co Ltd.

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 : 71230123P0000176

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C



**NIL ENDORSEMENT DOCUMENT
STUDENTS SAFETY PACKAGE POLICY**

Insured Name	: M KUMARASAMY COLLEGE OF ENGINEERING	Insurer Office Code	: DAB BRANCH (710701)
Address	: THALAVAPALAYAM, KARUR(DT) PUGALUR SUGAR FACTORY, TAMIL NADU, 639113	Address	: NEW NO.185, OLD NO.137, SPS BUILDING, 1ST FLOOR, ANNA SALAI ,600002
Telephone	: //	Telephone	: 23456792 / 23456793
Fax	:	Fax	: 23456792
Email	:	Email	: nia.710701@newindia.co.in
Insured Pan Number	:		
GSTIN	: NA	GSTIN	: 33AAACN4165C4ZV
UIN	: NA	SAC	: 997139 (Other non-life insurance services excl RI)

Endorsement attached to forming part of Policy Number	:	71070148222300000006	
Department	: Misc - Non Traditional Business	Cover	: Standard CoverPolicy
Period of Insurance	: From 22/09/2022 11:53:17 AM To 21/09/2023 11:59:59 PM	Endorsement No	: 71070148222382000006
		Effective Date	: 04 January 2023
Date Signed	: 04/01/2023	Sum Insured ₹	: 512,100,000.00
Additional Premium ₹	: N/A	Additional GST ₹	: N/A
Refund Premium ₹	: N/A	Refund ST/GST. ₹	: N/A

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Change in Policy Risk Attributes

Risk Number	Parameter Name	Changed Value	Old Value
1	Special Conditions	COVERAGE DETAILS AS PER SCHEDULE ATTACHED. COVERAGE WITH RESPECT TO IVth YEAR STUDENTS - 833 STUDENTS AND IIIrd YEAR STUDENTS - 874 STUDENTS	COVERAGE DETAILS AS PER SCHEDULE ATTACHED. COVERAGE WITH RESPECT TO IIIrd YEAR STUDENTS - 833 STUDENTS AND IIrd YEAR STUDENTS - 874 STUDENTS

It is hereby understood and agreed that the endorsement on policy 71070148222300000006 will be in effect from 04 January 2023.

Reason	NOTWITHSTANDING ANYTHING CONTAINED HEREIN TO THE CONTRARY IT IS HEREBY DECLARED AND AGREED THAT THE COVERAGE IS WITH RESPECT TO IVth YEAR STUDENTS (833 STUDENTS) AND IIIrd YEAR STUDENTS (874 STUDENTS) AND NOT AS OTHERWISE MENTIONED IN THE POLICY. ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNALTERED.
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Premium and GST Details

	Rate of Tax	Amount
Premium		0
SGST	0	0
CGST	0	0
IGST	0	0
TOTAL PREMIUM	:	0

Signature Not Verified
Digitally signed by JAGAT KAYEE PANIGRAHI
Date: 2023.01.04 17:59:36 IST



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 :

IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C
