



The New India Assurance Company Limited

Regd. & Head Office : New India Assurance Bldg., 87, Mahatma Gandhi Road, Fort,
Mumbai - 400 001.

The issue to this form is not to be taken as an admission of Liability

Personal Accident Insurance Claim Form (Particulars) of Accident)

Policy No. _____

Branch /Unit _____

Claim No. _____

TO BE COMPLETED BY THE INSURED

1. (a) Name of the Insured [in full] SHREE DHANVANTARY PHARMACY COLLEGE,
- (b) Name of the injured Person YAKUB ISMAIL BHORAT KIM, SURAT
- (c) Address in full NANI NARDOLI, SURAT
- (d) Profession or occupation STUDENT (B. PHARMACY)
- (e) Age at last birthday 21 years

2.

Policy No.

Sum Insured

Table of Cover

Period

Policy No.

- (i)
(ii)
(iii)

SUM INSURED

137,700/-

TABLE
OF
COVER

PERIOD

{ 13.02.2023
to
24.02.2023

3	(a) Date of the accident? (b) Time of accident? (c) Where it happened? (d) Name and address of witness	13.02.2023 5.00 PM SDPC, KIM (GROUND) DR. ZEEL NAIK & ADAJAN, SURAT
4	How did the accident occur ?	DURING FOOTBALL MATCH
5.	Nature of injury received (If to limb or eye state whether right or left)	MILD KNEE JOINT EFFUSION LEFT KNEE?
6.	(a) Nature of disablement (b) Extent of disablement Confined to bed Confined to house (c) Present state of incapacity	ABNORMAL PD HYPERINTENSE SIGNAL IS SEEN IN ARTICULATE LIGAMENT [from 22.02.2023 To 24.02.2023] [from 13.02.2023 To 28.03.2023]
7.	Name and address of surgeon in attendance	DR. CHETAN KADHIWALA & JOINT REPLACEMENT CENTRE (KOH) KADHIWALA ORTHOPAEDIC HOSPITAL ATHUGAR STREET, NANPURA, SURAT-1
8.	(a) Where and when can a Medical Officer of the Company visit you, if necessary ? (b) Name of nearest railway station and distance therefrom	→ NANI NIRDU, SURAT (KOSAMBA) KOSAMBA STATION
9.	(a) Are you insured in any other office or offices granting compensation for accident (b) If so state name and address of company or companies and amount of insurance	NO NA

I hereby declare that the foregoing statements are made by myself and are true in all respect and that I have not attempted to conceal from the Company anything which it ought to be made acquainted and also that I have not abstained from any usual occupation longer than absolutely necessary and I agree that if I have made, or in any further declaration the Company may require, shall make any false or fraudulent statement or any suppression, concealment or untrue averment whatever, the Policy shall be void and my right to compensation forfeited and am willing, if required to make a Statutory Declaration before a Justice of the Peace of the truth of the whole of the foregoing statement or any other statement I may make a connection with this claim.

Witness:

Name DR ZEEL NAIK
Signature [Signature]
Date 28/03/2023
Address Adajan, Surat.

Signature of the Insured [Signature]
Date 28.03.2023

CERTIFIED TO BE FILLED UP AND SIGNED BY AN EYE WITNESS TO THE ACCIDENT

I hereby certify that I was present when the Accident occurred to Mr. YAKUB. I. BHDRAI On the SDPC. FOOTBALL GROUND day of PHARMA-FEST (13.02.2023) 20 23 in the manner stated by him over leaf, that it was caused by PLAYING FOOTBALL MATCH which * was / was not his willful act and that he * was/was not under the influence of intoxicating liquor at the time

* Strike out which is not applicable

Signature [Signature]
Address Adajan, Surat
Occupation Assistant Professor
Date 28/03/2023

[Signature]





THE NEW INDIA ASSURANCE COMPANY LIMITED

Regd & Head Office : New India Assurance Building,
87, Mahatma Gandhi Road, Bombay - 400 001.

STUDENT SAFETY INSURANCE CLAIM FORM

The Issue of this form is not to be taken as an admission of liability

Policy No. _____

Claim No. _____

Branch/Unit. _____

(To be completed by the Insured)

1. (a) Name of the Insured (In Full): _____
(b) Address in full: _____
(c) Name of the Insured Student: _____
(d) Age of the Student: _____
2. (a) Date of accident: _____
(b) Time of accident: _____
(c) Where it happened: _____
(d) Name and address of witness: _____
3. How did the accident occur? _____
4. Nature of injury received: _____
(If to limb or eye state whether right or left)
5. (a) Nature of disablement: _____
(b) Extent of disablement: _____
(c) Present state of incapacity: _____
(If admitted in hospital please state the name of hospital and period of treatment)



6. Details of medical expenses incurred supported: _____
By medical bill and reports etc.
7. Name and address of attending physician: _____
8. (a) Where and when can a medical officer of the: _____
company visit you if necessary
- (b) Name of nearest railway station and: _____
distance therefrom

We hereby declare that the foregoing statements are made by ourselves and true in all respect and that we have not attempted to conceal from the company anything with which it ought to be made acquainted.

Signature of Head of the Institute
Date:



20/09/2014

Claim Hub Department

The New India Assurance Co.Ltd.

Regional Office

Surat.

Sub : Policy No :- 230101/48/13/23/00000001

Policy Period :- 03/08/2013 to 02/08/2014

Claim Accidental Death / Injury to our Students

This has the reference to our letter dated 28/07/2014 intimating the accidental death / Injury claims to our students occurred whilst crossing the Railway lines near KIM Railway Station on 18/07/2014.

In context of this we are enclosing herewith the Following documents for your perusal.

Death Claim :- Name of the Students Mr. Urvish Zaverbhai Malaviya

- 1) Original Claim Form Duly filled and signed by us
- 2) Certified copy of Panchnama Conducted by Police Inspector Western Railway Surat.
- 3) Original Notarized Inquest Panchnama
- 4) Original Notarized Post - Mortem Report
- 5) Original Notarized Death Certificate
- 6) Certified Copy of register / statement showing the class wise total Number of Students as on Date of Accident
- 7) Original Newspaper Cutting - Supporting documents
- 8) Xerox Copy of I.D Card of the Student Collage
- 9) Certified statement / FIR from DY. Station Superintendent Kosamba Railway Station.
- 10) Certified Copy of Statement / Receipt of Possession of Dead Body of the Student given to his relative by Police authority
- 11) Notarized Original Death Certificate Issued by Medical Officer / P.M.C Kim.
- 12) Xerox Copy of the Policy Documents



Accidental Injury Claim :- Name of Student Miss, Mansi Ashokbhai Patel

- 1) Original Claim Form Duly filled and signed by us along with Medical Certificate Duly Filled and signed by Ayush I.C.U & Multi Specialty Hospital
- 2) Copy of Certified Panchnama Conducted by Police Inspector Western Railway Surat.
- 3) Certified Copy of register / statement showing the class wise total Number of Students as on Date of Accident .
- 4) Xerox Copy of newspaper cutting - supporting documents.
- 5) Xerox Copy of I.D Card of the Student of the Collage .
- 6) Original medical treatments papers such as prescriptions / Medial Bills / Reports / X – Ray / Discharge Card etc... with details statement of medical expenses amounting to Rs. 23,464.55/-.
- 7) Leave Certificate for Miss Mansi Issued by our Collage.
- 8) Xerox Copy of the Policy Documents .

Sir, you are requested to settle our above Accidental Death And Injury Claims of our students Mr. Urvish Zaverbhai Malaviya and Miss, Mansi Ashokbhai Patel for Rs. 1,00,000/- (Death Claim) and Rs.10,000/- (medical expenses) respectively at the earliest.

Hopping Your Immediate Action in this matter.

Thanking You

Yours Faithfully
(Mr. Dharmesh Maniya)
Managing Director

Encl:- As Above
C.C to the Branch Manager The New India Assurance Co.Ltd., Centre Point, Ring Road Surat. With a request to follow up with the Regional Offices.





20/09/2014

Claim Hub Department

The New India Assurance Co.Ltd.

Regional Office

Surat.

Sub : Policy No :- 230101/42/13/01/00001099

Policy Period :- 29/07/2013 to 28/07/2014

Claim Accidental Death / Injury to our Students

This has the reference to our letter dated 28/07/2014 intimating the accidental death / Injury claims to our students and Professor occurred whilst crossing the Railway lines near KIM Railway Station on 18/07/2014.

In context of this we are enclosing herewith the Following documents for your perusal.

Accidental Injury Claim :- Name of Professor Mr, Sagarbhai Pravinbhai Patel

- 1) Original Claim Form Duly filled and signed by us along with Medical Certificate Duly Filled and signed by Ayush I.C.U & Multi Specialty Hospital
- 2) Copy of Certified Panchnama Conducted by Police Inspector Western Railway Surat.
- 3) Certified Copy of register / statement showing the Cadre wise total Number of Staff on the date of Accident of our collage / institution.
- 4) Xerox Copy of newspaper cutting - supporting documents.
- 5) Xerox Copy of I.D Card of the Professor of the Collage .
- 6) Original medical treatments papers such as prescriptions / Medial Bills / Reports / X – Ray / Discharge Card etc... with details statement of medical expenses amounting to Rs. /-.
- 7) Leave Certificate for Mr Sagarbhai P Patel Issued by our Collage.
- 8) Xerox Copy of the Policy Document

Sir, you are requested to settle our above Accidental Injury Claims of our Professor Mr.Sagarbhai P Patel for eligible T.T.D compensation and Medical Expenses at the earliest.

Hopping Your Immediate Action in this matter.

Thanking You

Yours Faithfully
(Mr. Dharmesh Maniya)
Managing Director

Encl:- As Above

C.C to the Branch Manager The New India Assurance Co.Ltd., Centre Point, Ring Road Surat. With a request to to follow up with the Regional Offices.



01/02/2017

Claim Hub Department

Future Generali India Insurance Co.Ltd

Surat

Sub : Policy No :- 2016 – A0777775 – FGP

Claim No :- A0047651

Policy Period :- 22/08/2016 to 21/08/2017

Date of Accident : 21/11/2016

Claim Accidental Death to our Student Mr, Singh Dipak Rakesh

This has the reference to our Intimation letter dated 01/12/2016 intimating the accidental death claims to our students studying in 9th Std of Our Dhanvantri International School Kim, Surat. Our student Dipak whilst getting in train suddenly he slip down and met with and died at Kosamba Railway Station on 21/11/2016 early in the Morning
In context of this we are enclosing herewith the Following documents for your perusal.

Death Claim :- Name of the Students Mr. Singh Dipak Rakesh

- 1) Original Claim Form Duly filled and signed by us
- 2) Certified Xerox copy of Panchnama Conducted by Police Inspector Western Railway Surat.
- 3) Certified Xerox copy Inquest Panchnama
- 4) Certified Xerox copy Post - Mortem Report
- 5) Certified Xerox copy Death Certificate
- 6) Certified Xerox copy of register / statement showing the class wise total Number of Students as on Date of Accident
- 7) Xerox copy of the News Paper Cutting - Supporting documents
- 8) Certified Xerox copy of I.D Card of the Student
- 9) Certified Xerox copy statement / FIR from police Inspector Railway Authority Surat.



- 10) Certified Copy of Statement / Receipt of Possession of Dead Body of the Student given to his relative by Police authority
- 11) Xerox Copy of the Policy Documents
- 12) Original Canceled Cheque of the nominee Mr, Rakeshkumar Singh – Father of the Singh Dipak Rakesh - the beneficiary
- 13) Xerox Copy of the Addhar Card & PAN Card of of the nominee Mr, Rakeshkumar Singh – Father of the Singh Dipak Rakesh - the beneficiary

Sir, you are requested to settle our above Accidental Death Claim at the earliest.
Hopping Your Immediate Action In this matter.

Thanking You

Yours Faithfully
(Mr. Dharmesh Maniya)
Managing Director

Encl:- As Above





POLICY SCHEDULE FOR MONEY INSURANCE

PROVISIONAL
CONSOLIDATED STAMP
DUTY PAID BY SURAT
REGIONAL OFFICE

Insured's Name	SHREE SAHKAR EDUCATION TRUST		
Customer ID	7F3593049		
Address	AT SET'S CAMPUS, NEAR RAILWAY STATION, VILLAGE : KIM, TALUKA MANGROL KIM, GUJARAT, 394110	Office Code	D O-III (230300)
Phone No		Address	1ST FLOOR, SAIFEE BLDG DUTCH ROAD NANPURA, 395001
E-mail/Fax	dharmeshmaniya@gmail.com, /	Phone No	2472296 / 2475987
PAN No		E-mail/Fax	nia.230300@newindia.co.in / 2471582
GSTIN/UIN	24AADTS9156Q2ZN / NA	S.Tax Regn. No	AAACN4165CST178
		GSTIN	24AAACN4165C2ZW
		SAC	997139 (Other non-life insurance services exd RI)

Policy Number	23030048180300000033		
Period of Insurance	From: 27/08/2018 05:03:22 PM To: 26/08/2019 11:59:59 PM	Business Source Code	
Date of Proposal	27-Aug-18	Dev.Off. level/Broker/Corp. Agent	DIRECT BUSINESS - (1D4023384)
Prev. Policy no.	23030048170300000037	Agent/Bancassurance	MITAL RASESHKUMAR MONAPARA (NIAAG00060624) MITAL RASESHKUMAR MONAPARA (SI00100715)
Client Type	Non-Corporate	Phone No	8866805834 / NA
		E-mail/Fax	raseshmonapara@gmail.com, / / /

Premium(₹)	GST(₹)	Total(₹)	Total (₹ In words)	Receipt No. & Date
3750	676	4426	RUPEES FOUR THOUSAND FOUR HUNDRED TWENTY-SIX ONLY	2303008118000002100 2 - 27/08/18

Location Details	AT SET'S CAMPUS N/R RAILWAY STATION VILLAGE KIM TA L- MANGROL DIST- SURAT
Money in safe (during and after business hours)	1500000
Money in Till	1500000

SECTION - 1

Sl. No.	Sub Sections	Single Carrying Limits for - Cash/Coin/ Travelers Cheques/ Bank drafts	Single Carrying Limits for - Foreign Currency	Single Carrying Limits for - Any other (Specify)
1.	Section 1 A - Money for the payment of wages, salaries and other earning or for petty cash in direct transit from the bank to the Insureds premises from the time the cash is received at the bank by the insured or the authorized employee/s of the Insured until delivered at the premises or other place of disbursement and whilst there until paid out provided that out of business hours such cash shall be secured in locked safe or locked strong room on the premises. Cheques drawn by the insured to provide for such cash are covered in transit from the premises to the Bank.	0	0	0
2.	Section 1 B - Money (other than described in 1A above) in the personal custody of the Insured or the authorized employee/s of the Insured whilst in direct transit between the premises and the bank or post office and vice versa	0	0	0

Validity unknown

Digitally signed by Shree Dhanraj Valid until 2027.08.27

Policy No. : 23030048180300000033 Document generated by 36557 at 27/08/2018 17:41:18 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>.



3.	Section 1 C - Money (other than described in 1A and 1B above) collected by and in the personal custody of the insured or the authorized employee/s of the insured whilst in transit to the premises or bank within a period not exceeding 48 hours from the time of collection and vice versa	500000	0	0
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Limit over the Policy period
(Estimated Annual Turnover) : 1500000

SECTION - II

Total money in safe (during and after business hours) held per annum : 1500000
Total money in Till : 1500000
Total Sum Insured for Sec.II : 3000000

Optional Covers	Sum Insured (₹)
SRCC Cover	NOT OPTED
Terrorism	NOT OPTED

Risk Details

1.	Maximum distance over which money will be conveyed	60
2.	Details of employees handling Money	
3.	How is money carried	IN BAGS
4.	Mode of Transport	M/C, CAR, BUS
5.	Details of armed guards or any other protection	NO
6.	Details of money kept outside business hours	IN SAFE
7.	Is the safe where money is kept, fixed to the walls or floor	Yes
8.	By whom are the keys held	WITH ACCOUNTANT
9.	Are all the keys removed outside business hours	Yes

Special Conditions :
Excess : 5000

This Policy shall subject to MONEY INSURANCE policy clauses attached herewith.

Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 3750.00
SGST	9	338
CGST	9	338
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 27th day of August, 2018.

Date of Issue: 27/08/2018



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/-

Policy No. : 23030048180300000033 Document generated by 36557 at 27/08/2018 17:41:18 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>.



Tax Invoice No : 23030048030000033

IRDA Registration Number: 190



Policy No. : 23030048180300000033 Document generated by 36557 at 27/08/2016 17:41:18 Hours.

Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 203 1415.

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PAN No of Fyter

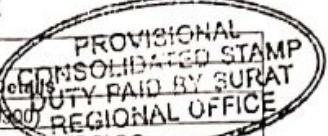
1. 姓名: 王小明
 2. 性别: 男
 3. 年龄: 25
 4. 职业: 程序员
 5. 地址: 北京市朝阳区
 6. 电话: 13800138000
 7. 邮箱: wangxm@163.com
 8. 身份证号: 110101199801010001

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POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

Insured's Name	SHREE SAHKAR EDUCATION TRUST		
Customer ID	7F3593949	Office Code	D.O-III (230300)
Address	AT SET'S CAMPUS, NEAR RAILWAY STATION, VILLAGE : KIM, TALUKA : MANGROL KIM, GUJARAT, 394110	Address	1ST FLOOR, SAHREE BLDG. DUTCH ROAD NANPURA, 395001
Phone No		Phone No	2472296 / 2475987
E-mail/Fax	dharmeshmariya@gmail.com	E-mail/Fax	nia.230300@newindia.co.in / 2471582
PAN No		S.Tax Regn. No	AAACN4165CST178
GSTIN/UITN	24AADTS9156Q2ZN / NA	GSTIN	24AAACN4165C2ZW
		SAC	997139 (Other non-life insurance services excl RI)



Policy Details			
Policy Number	23030046180100000236	Business Source Code	
Period of Insurance	From: 27/08/2018 04:59:08 PM To: 26/08/2019 11:59:59 PM	Dev.Off. level/Broker/Corp. Agent	DIRECT BUSINESS - (1D4023384)
Date of Proposal	27-Aug-18	Agent/Bancassurance	MITAL RASESHKUMAR MONAPARA (NIAAG00060624) MITAL RASESHKUMAR MONAPARA (SI00100715)
Prev. Policy no.	23030046170100000248	Phone No	8866805834 / NA
Client Type	Non-Corporate	E-mail/Fax	raseshmonapara@gmail.com, / / /

Premium(₹)	GST(₹)	Total(₹)	Total (₹ in words)	Receipt No. & Date
5270	948	6218	RUPEES SIX THOUSAND TWO HUNDRED EIGHTEEN ONLY	2303008118000002100 2 - 27/08/18
Location Details		AT SET'S Campus,Vill:Kim,Nr. Rly Station,Dist:Surat.		

First Loss Percentage	25%
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Details of assets covered under the Policy

Sl. No.	STOCK DETAILS	Sum Insured
1	NA	0

Sl. No.	GOODS HELD DETAILS	Sum Insured
1	NA	0

Sl. No.	FURNITURE/FIXTURE/FITTINGS DETAILS	Sum Insured
1	Electrical Installations BLDG.NO.1 TO5+ NEW BLDG	6300000
2	Business NO.1 TO 5 + NEW BUILD Furniture,Fixtures,Fittings.	15750000
3	Laboratory Equipments BLDG NO.1 TO 5,+ NEW BLDG.	2500000
4	Office Automation & Communication equip BLDG NO.1 TO 5+ NEW BL	1800000

Sl. No.	OFFICE EQUIPMENT DETAILS	Sum Insured
1	NA	0

Coins / Currency notes	
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Valid until known



Policy No. : 23030046180100000236 Document generated by 36557 at 27/08/2018 17:41:33 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>.



Sl. No.	COINS/CURRENCY/CURIOS DETAILS	Sum Insured
1	NA	0
Description of other item		
Sl. No.	OTHER ITEM DETAILS	Sum Insured
1	NA	0
Add on Covers		Sum Insured (₹)
Other Extension		NOT OPTED
Theft Extension		NOT OPTED
Terrorism		NOT OPTED
Special Conditions	: Not available	
Excess	: 0	

This Policy shall subject to BURGLARY policy clauses attached herewith.

Premium and GST Details

Premium	Rate of Tax	Amount in INR
SGST	9	₹ 5270.00
CGST	9	474
IGST	0	474
		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 27th day of August, 2018.

For and on behalf of
The New India Assurance Company Limited

Date of Issue: 27/08/2018

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/-.

Tax Invoice No : 2303004601000236

IRDA Registration Number: 190



Policy No. : 2303004618010000236 Document generated by 36557 at 27/08/2018 17:41:33 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>.



COLLECTION RECEIPT CUM ADJUSTMENT VOUCHER

Issuing Office
Address

Phone

Email

Fax

Collection Number

Collection Date

Business Source Code

PAN No of Payer

: D.O.-III (230300)
: 1ST FLOOR, SAIFEE BLDG
: DUTCH ROAD
: NANPURA, 395001
: SURAT
: 2472296
: nia.230300@newindia.co.in
: 2471582
: 23030081180000021002
: 27/08/2018
: 1D4023384
:

Received with thanks from SHREE SAHKAR EDUCATION TRUST.
The amount received/Adjusted is towards -

Policy No.	A/C Description	Amount ₹	A/C Code	Sub A/C Code
23030046180100000236	Bank-230300	6218.00	9100.230300	8A00006507-230300-9100
Total = ₹ 92489.00				

Your Payment/Adjustment Details are as under -

Mode	Amount ₹	Cheque No.	Cheque Date	Drawee Bank	Drawee Branch	Reference No.	Scroll/BG/A PD Balance
Cheque	6218.00	000823	21-AUG-18	ICICI BANK LTD	VARACHHA	2303001810051024	N.A.
Total = ₹ 92489.00							

Utilization details of the Collected Amount :

Premium	GST	Stamp Duty	Excess Amount
5270.00	948.00	0.00	0
Sl no.	Agency Code	Agency Name	Department Code
1	NIAAG00060624	MITAL RASESHKUMAR MONAPARA	46

For The New India Assurance Company Limited

Revenue Stamp

Date of Issue: 27/08/2018

Cashier's Initial

Authorized Signatory

Note -

1. Please note the Policy Number, Collection Number and date in all future correspondence. This Receipt is subject to Realisation of Cheque..
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.

Tax Invoice No : 2303004601000236

IRDA Registration Number: 190



Validity unknown

Digitally signed by Smitkumar Vaidya
Date: 2018.08.27 17:41:33 IST

Policy No. : 23030046180100000236 Document generated by 36557 at 27/08/2018 17:41:33 Hours.
Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.



STANDARD FIRE & SPECIAL PERILS POLICY

1. Insured's Details :

Insured Name	: SHREE SAHKAR EDUCATION TRUST
Customer ID	: 7F3593949
Address	: AT SET ' S CAMPUS, NEAR RAILWAY STATION, VILLAGE : KIM, TALUKA : MANGROL
Phone No.	: KIM, GUJARAT, 394110
E-mail Id/Fax	:
PAN No.	: dharmeshmaniya@gmail.com, /
GSTIN/UIN.	: 24AADTS9156Q2ZN / NA

PROVISIONAL
CONSOLIDATED STAMP
DUTY PAID BY SURAT
REGIONAL OFFICE

2. Issuing Office Details :

Office Name	: D.O-III (230300)
Office Code	: 230300
Address	: 1ST FLOOR, SAIFEE BLDG. DUTCH ROAD NANPURA, 395001 GUJARAT, 395001.
Phone No.	: 2472296 / 2475987
E-mail Id/Fax	: nia.230300@newindia.co.in / 2471582
S.Tax Regn. No.	: AAACN4165CST178
GSTIN	: 24AAACN4165C2ZW
SAC	: 997139 (Other non-life insurance services excl RI)

3. Policy Details :

Policy Number	: 23030011180100001671
Period of Insurance	: From: 27/08/2018 05:55:40 PM To: 26/08/2019 11:59:59 PM
Date of Proposal	: 27-Aug-18
Prev. Policy no.	: 23030011170100001661
Client Type	: Non-Corporate
Business Source Code	:
Dev. Off level./Broker	: DIRECT BUSINESS - (1D4023384)
Agent/Bancassurance/SPECIFIED PERSON	: MITAL RASESHKUMAR MONAPARA (NIAAG00060624) MITAL RASESHKUMAR MONAPARA (SI00100715)
Phone No.	: 8866805834 / NA
E-mail Id/Fax	: raseshmonapara@gmail.com, / / /

4. Collection Particulars :

Premium	: 57676
GST	: 10382
Total (₹)	: 68058
Receipt No. & Date	: 23030081180000021017 - 27/08/18

5. Policy Level Covers :

Description of Property	: As per Block Details
Location Address with Pin Code	: As per Block Details
Risk Description	: As per Block Details
Risk Code	: As per Block Details
STFI Deletion	: NO

Valid till 27/08/2018



Policy No. : 23030011180100001671 Document generated by 36557 at 27/08/2018 16:08:12 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>.



RMSD Deletion	:	NO
Sum Insured	:	₹ 255200000

6. Block Details :

Risk Code	:	2
Location Address with Pin Code	:	AS ABOVE,NA,GJ1758,KIM, GJ,GUJARAT, INDIA, 394110.
Description of Property	:	BUILDING NO.1TO 5 AND NEW BUILDING INCLUDING PLINTH AND FOUNDATION TOTAL SUM INSURED 228850000/- BUSINESS F.F.F BLDG 1TO6 RS.15750000/- ELE.INSTATLL BLD NO.1 TO 5 RS.6300000/- LABORATORY EQUIP: RS.25.00,000/ OFFICE AUTOMAT RS1800000/-

(a) Block 1:

Name of Block:BUILDING NO.1[B]PHARMACY COLLEGE [INCL PLINTH AND FOUNDATION]			
Sl. No.	Asset Description		Sum Insured (₹)
1.	On Building - Superstructure	:	36750000
2.	On Building - Plinth & Foundations	:	0
3.	On Plant, Machinery and accessories	:	0
4.	On Furniture, Fittings, Fixtures and other Contents	:	0
5.	On Stocks and stocks in process	:	0
6.	On Stock held in trust	:	0
7.	Others (To Specify)	:	0
	Total Sum Insured	:	NA
		:	36750000

(b) Block 2:

Name of Block:SDPC GROUND + THREE FLOOR ENG DIPLOMA BLDG + PLINTH AND FOUNDATION			
Sl. No.	Asset Description		Sum Insured (₹)
1.	On Building - Superstructure	:	64000000
2.	On Building - Plinth & Foundations	:	0
3.	On Plant, Machinery and accessories	:	0
4.	On Furniture, Fittings, Fixtures and other Contents	:	0
5.	On Stocks and stocks in process	:	0
6.	On Stock held in trust	:	0
7.	Others (To Specify)	:	0
	Total Sum Insured	:	NA
		:	64000000

(c) Block 3:

Name of Block:CANTEEN+OFFICE BLDG GROUND PLINTH AND FOUNDATIONS +CANTEEN +OFFICE GROUND +ONE FLOOR			
Sl. No.	Asset Description		Sum Insured (₹)
1.	On Building - Superstructure	:	12600000
2.	On Building - Plinth & Foundations	:	0
3.	On Plant, Machinery and accessories	:	0
4.	On Furniture, Fittings, Fixtures and other Contents	:	0
5.	On Stocks and stocks in process	:	0
6.	On Stock held in trust	:	0
7.	Others (To Specify)	:	0
	Total Sum Insured	:	NA
		:	12600000



(d) Block 4:

Name of Block: LIBRARY BLDG-GROUND+ TWO FLOOR LIBRARY BLDG PLINTH AND FOUNDATION		
Sl. No.	Asset Description	Sum Insured (₹)
1.	On Building - Superstructure	26250000
2.	On Building - Plinth & Foundations	0
3.	On Plant, Machinery and accessories	0
4.	On Furniture, Fittings, Fixtures and other Contents	0
5.	On Stocks and stocks in process	0
6.	On Stock held in trust	0
7.	Others (To Specify)	NA
	Total Sum Insured	26250000

(e) Block 5:

Name of Block: HOSTEL BUILDING GROUND +THREE FLOOR HOSTEL BUILDING PLINTH AND FOUNDATION		
Sl. No.	Asset Description	Sum Insured (₹)
1.	On Building - Superstructure	26250000
2.	On Building - Plinth & Foundations	0
3.	On Plant, Machinery and accessories	0
4.	On Furniture, Fittings, Fixtures and other Contents	0
5.	On Stocks and stocks in process	0
6.	On Stock held in trust	0
7.	Others (To Specify)	NA
	Total Sum Insured	26250000

(f) Block 6:

Name of Block: NEW BUILDING NO.6[D] BUILDING SUPER STRUCTURE ENG.DIPLOMA BLDG PLINTH AND FOUNDATION		
Sl. No.	Asset Description	Sum Insured (₹)
1.	On Building - Superstructure	63000000
2.	On Building - Plinth & Foundations	0
3.	On Plant, Machinery and accessories	0
4.	On Furniture, Fittings, Fixtures and other Contents	0
5.	On Stocks and stocks in process	0
6.	On Stock held in trust	0
7.	Others (To Specify)	NA
	Total Sum Insured	63000000

(g) Block 7:

Name of Block: BUILDING 01 TO 06 + NEW BUILDING [A,B,C,D,E,&1]		
Sl. No.	Asset Description	Sum Insured (₹)
1.	On Building - Superstructure	0
2.	On Building - Plinth & Foundations	0
3.	On Plant, Machinery and accessories	0
4.	On Furniture, Fittings, Fixtures and other Contents	15750000
5.	On Stocks and stocks in process	0
6.	On Stock held in trust	0
7.	Others (To Specify)	NA

Policy No. : 2303001118010001671 Document generated by 36557 at 27/08/2018 18:08:12 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>.



15/500000

Total Sum Insured

(h) Block 8:

Name of Block BUILDING NO. 01 TO 5 - NEW BUILDING [ELECTRICAL INSTALLATIONS(A,B,C,D,E & F)]			Sum Insured (₹)
Sl. No.	Asset Description		
1.	On Building - Superstructure	:	0
2.	On Building - Plinth & Foundations	:	0
3.	On Plant, Machinery and accessories	:	6300000
4.	On Furniture, Fittings, Fixtures and other Contents	:	0
5.	On Stocks and stocks in process	:	0
6.	On Stock held in trust	:	NA
7.	Others (To Specify)	:	6300000
Total Sum Insured			

(i) Block 9:

Name of Block LABORATORY EQUIP & M.C IN ENG FACULTY IN BLDG NO.1 TO 6-NEW BLDG(A,B,C,D,E & F)			Sum Insured (₹)
Sl. No.	Asset Description		
1.	On Building - Superstructure	:	0
2.	On Building - Plinth & Foundations	:	0
3.	On Plant, Machinery and accessories	:	2500000
4.	On Furniture, Fittings, Fixtures and other Contents	:	0
5.	On Stocks and stocks in process	:	0
6.	On Stock held in trust	:	NA
7.	Others (To Specify)	:	2500000
Total Sum Insured			

(j) Block 10:

Name of Block OFFICE AUTOMATION & COMMUNICATION EQUIP IN BLDG NO. 1 TO 5 + NEW BUILDING A,B,C,D,E & F]			Sum Insured (₹)
Sl. No.	Asset Description		
1.	On Building - Superstructure	:	0
2.	On Building - Plinth & Foundations	:	0
3.	On Plant, Machinery and accessories	:	1800000
4.	On Furniture, Fittings, Fixtures and other Contents	:	0
5.	On Stocks and stocks in process	:	0
6.	On Stock held in trust	:	NA
7.	Others (To Specify)	:	1800000
Total Sum Insured			

7. Sum Insured Summary :

Sl. No.	Asset Description	Sum Insured (₹)
1.	Building - Superstructure	228850000
2.	Building- Plinth & Foundations	0
3.	Plant, Machinery and accessories	0
4.	Furniture, Fittings, Fixtures and other Contents	26350000
5.	Stocks and stocks in process	0
6.	Stock held in trust	0

Policy No. : 23030011160100051571 Document generated by 36557 at 27/08/2018 16:09:12 Hours.

Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 200 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>.



7.	Compound Wall	:	0
8.	Other property specifically required to be covered	:	
	Total Sum Insured	:	255200000

8. Add on Covers Opted :

Sl. No.	Add on Cover	Sum Insured (₹)
1	Earthquake (Fire and Shock) (Add On 1009)	255200000
2	Impact damage due to insureds own rail/road vehicles, fork lifts, Cranes, stackers, and the like and articles dropped there from (Add On 1006)	

9. Terrorism :

Terrorism Covered	:	N (No)
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10. Hypothecation Details :

Sl.No.	Name of the Financiers
1	THE SARVODAY SAHAKARI BANK LTD

11. Coinsurance Details :

Sl.No.	Coinsurance Type	Company	Office Code	% Share	Premium Share
1	NOT OPTED				

12. Subjectivities :

The insurance under this policy is subject to

Warranties	:	N/A
Endorsements	:	Endorsement6 - Impact Damage due to Insureds own Rail/Road Vehicles, Fork lifts, Cranes, Stackers and the like and articles dropped therefrom , Endorsement9 - Earthquake (Fire and Shock).
Clauses	:	Clause3 - Designation of property clause, Agreed Bank Clause
Special Conditions	:	STFI RELATED PERILS WILL BE COVERED 15 DAYS AFTER COMMENCEMENT OF THE POLICY.
Risk Covered	:	As per Risk covered attached
Fire Products-Exclusions	:	As per Exclusions attached

13. Deductibles :

(a) Compulsory:-

- Sum Insured upto ₹10 Cr per location:
5% of the claim amount subject to a minimum of ₹ 10,000/- each and every loss.
- Sum Insured above ₹10 Cr per upto ₹ 100Cr per location:
5% of the claim amount subject to a minimum of ₹ 25,000/- each and every loss.
- Sum Insured above ₹100 Cr per upto ₹ 1500Cr per location:
5% of the claim amount subject to a minimum of ₹ 5,00,000/- each and every loss.
- Sum Insured above ₹1500 Cr per upto ₹ 2500Cr per location:
5% of the claim amount subject to a minimum of ₹ 25,00,000/- each and every loss.
- Sum Insured above ₹2500 Cr per location:
5% of the claim amount subject to a minimum of ₹ 50,00,000/- each and every loss.

(b) Voluntary / Imposed:-

Not Applicable

(c) Terrorism Deductibles:-



Policy No. : 23039011180100001671 Document generated by 36557 at 27/08/2018 18:08:12 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>.



Nature of Risk	Deductibles (as a % of claim/loss amount)	Minimum Limit	Maximum Limit
Shops and Residential	1 % of claim amount	₹ 10,000/-	₹ 5,00,000/- (Rupees 5 Lacs)
Non Industrial	1 % of claim amount	₹ 25,000/-	₹ 10,00,000/- (Rupees 10 Lacs)
Industrial	5 % of claim amount	₹ 1,00,000/-	₹ 25,00,000/- (Rupees 25 Lacs)

14. Premium Details :

Premium Head
Premium for Terrorism Cover
Net Premium under the policy
GST
Total premium including GST
Total premium including GST(In words)

Premium Amount (₹)

:
:
57676
10382
68058
: RUPEES SIXTY-EIGHT THOUSAND FIFTY-EIGHT ONLY

Premium and GST Details

Premium	Rate of Tax	Amount in INR
SGST		₹ 57676.00
CGST	9	5191
IGST	9	5191
	0	0

In witness whereof the undersigned being duly authorized by the Insurers and on behalf of the Insurers has (have) hereunder set his (their) hand(s) on this 27th day of August, 2018.

Date of Issue: 27/08/2018

For and on behalf of
The New India Assurance Company Limited

Duly Constituted Attorney(s)

Tax Invoice No : 2303001101001671

IRDA Registration Number: 190



Policy No. : 23030011180100001671 Document generated by 36557 at 27/08/2018 18:08:12 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>.



COLLECTION RECEIPT CUM ADJUSTMENT VOUCHER

Issuing Office
Address : D.O. (230300)
1ST FLOOR, SAIFEE BLDG.
DUTCH ROAD
NANPURA, 385001
SURAT
Phone : 2472296
Email : nia.230300@newindia.co.in
Fax : 2471582
Collection Number : 2303001180000021017
Collection Date : 27/08/2018
Business Source Code : 1D4023384
PAN No of Payer :

Received with thanks from SHREE SAHAR EDUCATION TRUST.

The amount received/Adjusted is towards -

Policy No.	A/C Description	Amount	A/C Code	Sub A/C Code
2303001180100001671	Bank-230300	68058.00	9100.230300	BA00006507-230300-9100
Total = ₹ 116076.00				

Your Payment/Adjustment Details are as under -

Mode	Amount ₹	Cheque No.	Cheque Date	Drawee Bank	Drawee Branch	Reference No.	Scroll/BG/A PD Balance
Cheque	68058.00	000806	21-AUG-18	ICICI BANK LTD	VARACHHA	2303001810051047	N.A.
Total = ₹ 116076.00							

Utilization details of the Collected Amount :

Premium	GST	Stamp Duty	Excess Amount
57676.00	10362.00	0.00	0
Sl no.	Agency Code	Agency Name	Department Code
1	NIAAG00060624	MITAL RASESHKUMAR MONAPARA	11

For The New India Assurance Company Limited
Revenue Stamp

Date of Issue: 27/08/2018

Cashier's Initial

Authorized Signatory

Note -

1. Please note the Policy Number, Collection Number and date in all future correspondence. This Receipt is subject to Realisation of Cheque..
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.

Tax Invoice No : 2303001101001671

IRDA Registration Number: 190

Validly unknown
Digitally signed by Sriniwasa
Vaidyanathan
Date: 2018.08.27
15:05:14 +05'

Policy No. : 2303001180100001671 Document generated by 36557 at 27/08/2018 18:08:12 Hours.

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



POLICY SCHEDULE FOR EMPLOYEES COMPENSATION INSURANCE

Insured's Name	SHREE SANKAR EDUCATION TRUST		
Customer ID	7230036180100000257		
Address	AT SETS CAMPUS NEAR RAILWAY STATION VILLAGE KIM TALUKA MANGROL	Office Code	00000000
Phone No	KIM GUJARAT 394110	Address	1ST FLOOR, SHREE PUSP, SATYAM ROAD, SURAT - 394001
E-mail/Fax	shameshmonpara@gmail.com	Phone No	242226 / 242287
PAN No	24AAADT9156Q2Z / NA	E-mail/Fax	na.24.200@shreeamul.co.in / 242287
GSTIN/UTIN	24AAADT9156Q2Z / NA	S Tax Regn. No	AAACN418CST17B
		GSTIN	24AAACN418C2Z
		SAC	997100 (Other non life insurance services and R)



Policy Number	23030036180100000257		
Period of Insurance	From: 27/08/2018 05:09:54 PM To: 25/08/2019 11:59:59 PM	Business Source Code	
Date of Proposal	27-Aug-18	Dev Off level/Broker/Corp. Agent	DIRECT BUSINESS (14023384)
Prev. Policy no.	23030036170100000259	Agent/Bancassurance	MITAL RASESHKUMAR MONAPARA (MIAAQ00060624) MITAL RASESHKUMAR MONAPARA (S400100715)
Client Type	Non Corporate	Phone No	8866805834 / NA
		E-mail/Fax	raseshmonpara@gmail.com / / /

Premium(₹)	GST(₹)	Total (₹)	Total (₹ in words)	Receipt No. & Date
5716	1028	6744	RUPEES SIX THOUSAND SEVEN HUNDRED FORTY-FOUR ONLY	2303003618000002100 2 - 27/08/18

Details of Employees with monthly wages upto ₹ 8000:

Categories	Sub Categories	No of Employee	Cash Total Wages
Educational Training Institutions, Schools and Staff (Excl. Veterinary Colleges)College	All other employees-PEONS, DOING INDOOR DUTIES	16	960000
Commercial Travellers	employees using Motor Cycles/ Scooters-PEONS DOING INDOOR AS WELL AS OUTDOOR DUTIES	5	300000
Educational Training Institutions, Schools and Staff (Excl. Veterinary Colleges)College	All other employees-GARDENERS/MALI DOING INDOOR DUTIES	3	180000
Educational Training Institutions, Schools and Staff (Excl. Veterinary Colleges)College	All other employees-ELECTRICIAN & MAINTENANCE STAFF DOING INDOOR DUTIES	3	180000

Details of Employees with monthly wages above ₹ 8000:

Categories	Sub Categories	No of Employee	Cash Total Wages
Trade Description	Particular of Works	Location Details	Included All Sub-Contractors
EDUCATIONAL INSTITUTE	PEONS, MAINTENANCE STAFF	AT SETS CAMPUS, NEAR RAILWAY STATION, VILLAGE KIM EAST TALUKA MANGROL, SURAT	

Contractor/Sub-Contractor Details:

Serial No	Name of Contractor	Description	Category	No. of Workers	Amount Wages
				Skilled Unskilled Others	

Extensions under the Policy Cover

Validity unknown
Digitally signed by Srinivasan Vaidyanathan
Date: 2018.08.27 17:41:00 IST

Policy No. : 23030036180100000257 Document generated by 36557 at 27/08/2018 17:40:58 Hours.

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



Name of the Extension	Sub Limit of the Extension	Deductibles of the Extension
Special Conditions	NA	
Special Exclusions	NA	
Special Excess/Deductible	NA	
The Policy shall be subject to EMPLOYEES COMPENSATION INSURANCE Policy clauses attached herewith.		
Clauses	Description	

Premium and GST Details	Rate of Tax	Amount in INR
Premium		₹ 5716.00
SGST	9	514
CGST	9	514
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 27th day of August, 2018.

For and on behalf of

The New India Assurance Company Limited

Date of Issue: 27/08/2018

Duly Constituted Attorney(s)

Stamp Duty under the Policy is ₹1

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

Tax Invoice No : 2303003601000257

IRDA Registration Number: 190





COLLECTION RECEIPT CUM ADJUSTMENT VOUCHER

Issuing Office
Address

Phone

Email

Fax

Collection Number

Collection Date

Business Source Code

PAN No of Payer

: D.O-III (230300)
: 1ST FLOOR, SAIFEE BLDG
: DUTCH ROAD
: NANPURA, 395001
: SURAT
: 2472296
: na 230300@newindia.co.in
: 2471582
: 23030081180000021002
: 27/08/2018
: 1D4023324

Received with thanks from SHREE SAHKAR EDUCATION TRUST.

The amount received/Adjusted is towards -

Policy No.	A/C Description	Amount ₹	A/C Code	Sub A/C Code
23030036180100000257	Bank-230300	6744.00	9100.230300	BA00006507-230300-9100
Total = ₹ 92489.00				

Your Payment/Adjustment Details are as under -

Mode	Amount ₹	Cheque No.	Cheque Date	Drawee Bank	Drawee Branch	Reference No.	Scroll/BG/A PD Balance
Cheque	6744.00	000823	21-AUG-18	ICICI BANK LTD	VARACHHA	2303001810051029	N.A.
Total = ₹ 92489.00							

Utilization details of the Collected Amount :

Premium	GST	Stamp Duty	Excess Amount
5716.00	1028.00	0.00	0
Sl no.	Agency Code	Agency Name	Department Code
1	NIAAG00060624	MITAL RASESHKUMAR MONAPARA	36

For The New India Assurance Company Limited

Revenue Stamp

Date of Issue: 27/08/2018

Cashier's Initial

Authorized Signatory

Note -

1. Please note the Policy Number, Collection Number and date in all future correspondence. This Receipt is subject to Realisation of Cheque..
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.

Tax Invoice No : 2303003601000257

IRDA Registration Number: 190

Validity unknown

Digitally signed by Shri. S. S. Vaidya
Date: 2018.08.27 17:40:58 IST

Policy No. : 23030036180100000257 Document generated by 36557 at 27/08/2018 17:40:58 Hours.

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



POLICY SCHEDULE FOR FIDELITY GUARANTEE (Unnamed(Cadre wise sum insured))

Insured's Name	SHREE SAKHAR EDUCATION TRUST		
Customer ID:	7F3593949		
Insured's Address:	AT SET'S CAMPUS, NEAR RAILWAY STATION VILLAGE KIM, TALUKA MANGROL KIM, GUJARAT, 394110		
Phone No	2472796 / 2475987		
E-mail/Fax	dhameshmaniya@gmail.com		
PAN No	24AADTS9156Q2ZN / NA		
GSTIN/UTIN	24AAACN4165C2ZW		
Office Code	D.O. 10 (230300)		
Office Address:	151 FLOOR, SAHJEE BLDG DUTCH ROAD NAMPURA, 395001		
Phone No	2472796 / 2475987		
E-mail/Fax	na 230300@newindia.co.in		
S Tax Regn. No	AAACN4165C217B		
GSTIN	24AAACN4165C2ZW		
SAC	997139 (Other non-life insurance services excl RI)		

PROVISIONAL
CONSOLIDATED STAMP
DUTY PAID
REGIONAL OFFICE

Policy Number	23030046180900000009		
Period of Insurance	From: 27/08/2018 05:31:07 PM To: 26/08/2019 11:59:59 PM		
Date of Proposal	27-Aug-18		
Prev. Policy no.	23030046170900000008		
Client Type	Non-Corporate		
Business Source Code	DIRECT BUSINESS - (1D4023384)		
Dev.Off. level/Broker/Corp. Agent	Agent/Bancassurance		
	MITAL RASESHKUMAR MONAPARA (NIAAG00060624) MITAL RASESHKUMAR MONAPARA (SI00100715)		
Phone No	8866805834 / NA		
E-mail/Fax	raseshmonapara@gmail.com, /		
Premium(₹)	GST(₹)	Total(₹)	Total:(₹ in words)
3001	540	3541	RUPEES THREE THOUSAND FIVE HUNDRED FORTY-ONE ONLY
Receipt No. & Date			23030081180000021002 - 27/08/18

Details of the Insured covered under the policy:

Sl. No.	No of Persons	Cadre	Guarantee Amount per person
1	1	ACCOUNTANT	200000
2	1	CASHIER	200000
3	1	MESSANGER	200000

Excess	0
Special Conditions	.

Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 3001.00
SGST	9	270
CGST	9	270
IGST	0	0

The policy shall be subject to FIDELITY GUARANTEE INSURANCE policy clauses attached herewith.

In witness whereof the undersigned being duly authorized by the Insurers and on behalf of the Insurers has (have) hereunder set his (their) hand(s) on this



For and on behalf of
The New India Assurance Company
Limited

Validity unknown

Digitally signed
by Sriniwasan
Valid until
Date 2019.08.27

Policy No. : 23030046180900000009 Document generated by 36557 at 27/08/2018 17:40:21 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>.



Date of Issue: 27/08/2018


Duly Constituted Attorney(s)

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

Tax Invoice No : 2303004609000009

IRDA Registration Number: 190



Policy No. : 23030046189903000009 Document generated by 36557 at 27/08/2018 17:40:21 Hours.

Regd. & Head Office: New India Assurance Bldg., 97 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>.



COLLECTION RECEIPT CUM ADJUSTMENT VOUCHER

Issuing Office : D O-III (230300)
Address : 1ST FLOOR, SAIFEE BLDG.
DUTCH ROAD
NANPURA, 395001
SURAT
Phone : 24 72296
Email : nia.230300@newindia.co.in
Fax : 2471582
Collection Number : 23030081180000021002
Collection Date : 27/08/2018
Business Source Code : 1D4023384
PAN No of Payer :

Received with thanks from SHREE SAHKAR EDUCATION TRUST.

The amount received/Adjusted is towards -

Policy No.	A/C Description	Amount ₹	A/C Code	Sub A/C Code
23030046180900000009	Bank-230300	3541.00	9100.230300	BA00006507-230300-9100

Total = ₹ 92489.00

Your Payment/Adjustment Details are as under -

Mode	Amount ₹	Cheque No.	Cheque Date	Drawee Bank	Drawee Branch	Reference No.	Scroll/BG/A PD Balance
Cheque	3541.00	000823	21-AUG-18	ICICI BANK LTD	VARACHHA	2303001810051040	N.A.

Total = ₹ 92489.00

Utilization details of the Collected Amount :

Premium	GST	Stamp Duty	Excess Amount
3001.00	540.00	0.00	0
SI no.	Agency Code	Agency Name	Department Code
1	NIAAG00060624	MITAL RASESHKUMAR MONAPARA	46

For The New India Assurance Company Limited
Revenue Stamp

Date of Issue: 27/08/2018

Cashier's Initial

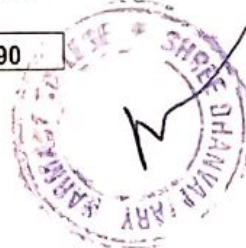
Authorized Signatory

Note -

1. Please note the Policy Number, Collection Number and date in all future correspondence. This Receipt is subject to Realisation of Cheque..
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.

Tax Invoice No : 23030046090000009

IRDA Registration Number: 190



Valid till
Digitally signed
by Shri...
Valid till
Date: 27/08/2018
17:40:21 IST

Policy No. : 23030046180900000009 Document generated by 36557 at 27/08/2018 17:40:21 Hours.
Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.



Personal Accident Insurance ((Group(Unnamed)))
UIN Number -

PROVISIONAL
CONSOLIDATED STAMP
DUTY PAID BY SURAT
REGIONAL OFFICE

Insured Name	: SHREE SAKHAR EDUCATION TRUST	Issuing Office Details	: D O-III (230300)
Customer ID	: 7F3593949	Office Code	: D O-III (230300)
Address	: AT SET 'S CAMPUS, NEAR RAILWAY STATION, VILLAGE : KIM, TALUKA - MANGROL	Address	: 1ST FLOOR, SAIFEE BLDG DUTCH ROAD NANPURA, 395001
Phone No	: KIM, GUJARAT, 394110	Phone No	: 2472296 / 2475987
E-mail/Fax	: dharmeshmaniva@gmail.com /	E-mail/Fax	: nia 230300@newindia.co.in 2471582
PAN No	:	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: 24AADTS9156Q2ZN / NA	GSTIN	: 24AAACN4165C2ZW
		SAC	: 997139 (Other non-life insurance services excl RI)

Policy Details

Policy Number	: 23030042180100002897	Business Source Code	: DIRECT BUSINESS - (1D4023384)
Period of Insurance	: From:27/08/2018 06:00:41 PM To: 26/08/2019 11:59:59 PM	Dev.Off level/Broker/Corp. Agent/IMF/POS	
Date of Proposal	: 27-Aug-18	Agent/Bancassurance	: MITAL RASESHKUMAR MONAPARA (NIAAG00060624) MITAL RASESHKUMAR MONAPARA (SI00100715)
Prev. Policy no.	: 23030042170100002995	Phone No	: 8866805834 / NA
Client Type	: Non-Corporate	E-mail/Fax	: raseshmonapara@gmail.com, / / /
Staff Discount	: No	Type of Cover	: NA

Premium:	GST:	Total (₹)	Stamp Duty	Rupees (in words)	Receipt No. & Date:
₹ 40694	₹ 7324	₹ 48018	₹ 50	RUPEES FORTY- EIGHT THOUSAND EIGHTEEN ONLY	2303008118000002 1017 - 27/08/18

Benefits under the Policy: GROUP UNNAMED

Number of Persons										
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	3	PRINCIPAL	500000	1500000	Risk Group I	0	Yes	0	NA	NA
2	1	CAMPUS DIRECTOR	1000000	1000000	Risk Group I	0	Yes	0	NA	NA
3	1	CHIEF SCIENTIFIC DIRECTOR	1000000	1000000	Risk Group I	0	Yes	0	NA	NA
4	1	MANGER	1000000	1000000	Risk Group I	0	Yes	0	NA	NA
5	4	ASSOCIATES PROFESSORS/LECTORS	500000	2000000	Risk Group I	0	Yes	0	NA	NA
6	5	ASSOCIATES PROFESSORS/LECTORS	500000	2500000	Risk Group I	0	Yes	0	NA	NA

Validity unknown

Digitally signed by Shree Sakhar Education Trust
Date: 2018.08.27

Policy No. : 23030042180100002897 Document generated by 36557 at 27/08/2018 18:07:53 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>.



7	15	ASSOCIATES PROFESSORS/LECTURERS	400000	6000000	Risk Group I	0	Yes	0	NA	NA
8	65	LECTURERS	300000	19500000	Risk Group I	0	Yes	0	NA	NA
9	15	TECHNICIAN	200000	3000000	Risk Group I	0	Yes	0	NA	NA
10	25	NON-TECHNICAL STAFF	200000	5000000	Risk Group I	0	Yes	0	NA	NA
11	21	PEONS/OFFICE BOYS/LADIES ETC	200000	4200000	Risk Group I	0	Yes	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	Yes	500000	Yes	500000	No	0	No	0
2	Yes	500000	Yes	500000	No	0	No	0
3	Yes	500000	Yes	500000	No	0	No	0
4	Yes	500000	Yes	500000	No	0	No	0
5	Yes	200000	Yes	300000	No	0	No	0
6	Yes	200000	Yes	300000	No	0	No	0
7	Yes	200000	Yes	200000	No	0	No	0
8	Yes	200000	Yes	100000	No	0	No	0
9	Yes	100000	Yes	100000	No	0	No	0
10	Yes	100000	Yes	100000	No	0	No	0
11	Yes	100000	Yes	100000	No	0	No	0

Sl.No	Special Conditions
1	
2	NO
3	
4	
5	
6	NO
7	
8	NO
9	
10	
11	

Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 40694.00
SGST	9	3662
CGST	9	3662
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:-

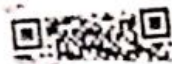
Date:-

For and on behalf of
The New India Assurance Company Limited

Policy No.: 23030042180100002897 Document generated by 36557 at 27/08/2018 18:07:53 Hours.

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

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THE NEW INDIA ASSURANCE CO. LTD.
(Government of India Undertaking)



Duly Constituted Attorney(s)

Mailing _____ or _____ consolidated Stamp Fees Paid by Pay Order Number _____ vide receipt
 number _____ or _____
 Stamp Duty under the Policy is ₹ _____

Tax Invoice No. 2303004201002897

IRDA Registration Number: 190

[illegible]



COLLECTION RECEIPT CUM ADJUSTMENT VOUCHER

Issuing Office
Address

Phone

Email

Fax

Collection Number

Collection Date

Business Source Code

PAN No of Payer

: D O-III (230300)
: 1ST FLOOR, SAIFEE BLDG
DUTCH ROAD
NANPURA, 395001
SURAT
: 2472296
: na.230300@newindia.co.in
: 2471582
: 23030081180000021017
: 27/08/2018
: 1D4023384

Received with thanks from SHREE SAHKAR EDUCATION TRUST.
The amount received/Adjusted is towards -

Policy No.	A/C Description	Amount ₹	A/C Code	Sub A/C Code
23030042180100002897	Bank-230300	48018.00	9100.230300	BA00006507-230300-9100
Total = ₹ 116076.00				

Your Payment/Adjustment Details are as under -

Mode	Amount ₹	Cheque No.	Cheque Date	Drawee Bank	Drawee Branch	Reference No.	Scroll/BG/A PD Balance
Cheque	48018.00	000806	21-AUG-18	ICICI BANK LTD	VARACHHA	2303001810051049	N.A.
Total = ₹ 116076.00							

Utilization details of the Collected Amount :

Premium	GST	Stamp Duty	Excess Amount
40694.00	7324.00	0.00	0
Sl no.	Agency Code	Agency Name	Department Code
1	NIAAG00060624	MITAL RASESHKUMAR MONAPARA	42

For The New India Assurance Company Limited

Revenue Stamp

Date of Issue: 27/08/2018

Cashier's Initial

Authorized Signatory

Note -

1. Please note the Policy Number, Collection Number and date in all future correspondence. This Receipt is subject to Realisation of Cheque..
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.

Tax Invoice No : 2303004201002897

IRDA Registration Number: 190



Validity unknown
Original copy held by Srinivasan
Valid until
Date: 27/08/27
18:07:53

Policy No. : 23030042180100002897 Document generated by 36557 at 27/08/2018 18:07:53 Hours.

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