दि न्यू इंडिया ए३योरन्स कंपनी लि. THE NEW INDIA ASSURANCE CO. LTD. (Government of India Undertaking)





POLICY SCHEDULE NEW INDIA FLEXI FLOATER GROUP MEDICLAIM POLICY IRDAI/HLT/NIA/P-H/V.II/340/15-16

		Inne	rod's	Dotaile				Issi	uing	Office D	etails
		***	-	Details 3279069			Office (: 1	BANCAS	SSURANCE D.O. (150300)
ddress		;	PEAF		ŋ,MUM		Addres		: ATUR CHAMBERS, 1ST FLOO 2 MOLEDINA ROAD, PUNE ,411001		HAMBERS, 1ST FLOOR, DINA ROAD, PUNE
65 700 H	_		-	IBAI , MANA	MOITI	104, 400020	Phone	No	1	2611104	2 / 26111043
hone No			11				Fax			0202611	1041
ax -mail/Fax			: 1			E-mail	Fax	:	nia.150300@newindia.co.in / 02026111041		
			AAA	TV/21055			S.Tax	Regn. No	1	AAACN4	165CST178
AN No		-	: AAATV2195F			GSTIN				N4165C3ZP	
SSTIN/UIN		:		NA		1	SAC	1	3	997139 service:	Other non-life insurance excl RI)
		-	_			Dalie	y Details			-	
			_			Polic	y Details	But	sines	s Source	e Code
Policy Number			1500	3003419040	000001	3	Dev.O Direct	ff level./Broker / /Corp. Agent	1	BHARA' PRIVAT	T RE-INSURANCE BROKERS E LTD - (DM2551289) BHARAT RE-INSURANCE RS PVT LTD (SI00151437)
Period of Insurance	ce		From	n 01/04/2019 03/2020 11 5	12:00 9:59 PM	01 AM To	Agent	/Bancassurance	*		
Date of Decease			No. 16	04/2019			Phone	No	-	No. in Contract of the Contrac	18700, /NA
Date of Proposal					E-mai	I/Fax	: support@bharatre.in / / /				
Prev. Policy no.				-Corporate			Finan	cier(s) Details	1	NA	
Client Type		-1	11000						7/		Receipt No. & Date:
Premiun ₹825000				GST ₹14850	00	(F	RUPEES N	Total ₹973500 NINE LAC SEVENTY NID FIVE HUNDRED	-TH ON	REE LY)	1503008119000000003
			A.			Deta	ails of TP	A	Ţ		
Name	:	MDI	NDIA TED	HEALTH IN	SURAN	ICE TPA PVT	Veri	Telephone	3		300000
Address	1	FLO	O. 46 OR, P	UNE-NAGA	R ROA	BUILDING, 3 D, VADGAON	RD NSHERI,	Fax			300003
		NA	E-41	1014				Email		custor	nercare@mdindia.com,
		NA						Toll Free No		18002	331166
No. of Employee	es / M	lemb	ers	; 432		100		No. of persons co	vere	d :	432
Maternity Benef	************	No	ormal	Delivery	: 250	200		Zone Opted	:		I (Mumbai)
Opted		Ca	mit ₹ nesari	an Section	: 500	000					
Deletion of 9 m	ontho	mindal in	and the second	period	: YES	5					
Pre-existing cov					: YE						
Deletion of 30 c	lave	waiti	ng pe	riod	; YE						The second second
Deletion of 2/4	vear	excl	usion		: YE				_		
Limit of addition	nal ar	mbul	ance	charges	: 0	Consolid	ated S	tamp fees pa	id	by	Sen Umb
Additional cove	r Opt	ted			; YE	SORAS CI	No!	MH0076889722U	101	/ WI	Overall Bolley Limit
SL.No				Name	of Cov	MARKET A FIRST A	/2011 a	Limit per fam	HIX	(d)	Overalledite
Signature yalid						this policy	is Rs.	-			

GSTIN: 27AAACN4165C3ZP

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.

प्रधान कार्यालय : दि न्यू इंडिया अश्योरन्स बिल्डिंग, 87, महात्मा गांधी मार्ग फोर्ट, मुंबई - 400 001.

फोन: 022-22708100 / 22708400





POLICY SCHEDULE NEW INDIA FLEXI FLOATER GROUP MEDICLAIM POLICY IRDAI/HLT/NIA/P-H/V.II/340/15-16

Insured Name			:	VID	YALANKAR	D	NYANAPE	ETH TRUS	ST T					
		l pe		rodi	s Details					lee	iin	g Office D	etails	
Customer ID		- 111		1	68279069				Office	Code	, in	Ŧ	SSURANCE D.O. (150300)	
Address			-	PEA MAI	ARL CENTR	[W	E,SENAPATI BAPAT W],MUMBAI		Address		:	ATUR CH	HAMBERS, 1ST FLOOR, DINA ROAD, PUNE	
Phone No			:	//	IVIDAI, IVIAI I	AN	ASITINA,	400020	Phone	No.	١.	26111043	2 / 26111043	
Fax			Ė	//					Fax	- 140	Ħ	02026111		
E-mail/Fax			:	/					E-mai	l/Fax	:	nia.150300@newindia.co.in / 02026111041		
PAN No			:	AAA	ATV2195F				S.Tax	Regn. No	:	AAACN4	165CST178	
GSTIN/UIN			:	NA .	/ NA				GSTIN	I	:	27AAACN	N4165C3ZP	
			:						SAC		:	997139 (0 services 6	Other non-life insurance excl RI)	
								Policy	Details					
											ine	ss Source	Code	
Policy Number	licy Number : 150300342004		000	000010			Dev.Off level./Broker / Direct/Corp. Agent/Web Aggregator		BHARAT RE-INSURANCE BROKERS PRIVATE LTD - (DM2551289) 150300-BHARAT RE-INSURANCE BROKERS PVT LTD (SI00151437)					
Period of Insurance			:		m:01/04/202 03/2021 11:			М То:	Agent	/Bancassurance/Sp d Person	:			
Date of Proposal			:	01/0	04/2020				Phone	e No	:	04443418	3700, / NA	
Prev. Policy no.			:	NA					E-mai	l/Fax	<u> </u> :	support@	bharatre.in / / /	
Client Type			:	Non	-Corporate				Finan	cier(s) Details	:	NA		
Premium					GST					Total			Receipt No. & Date:	
₹734000					₹1321	20				₹866120 IT LAC SIXTY-SIX TH NDRED TWENTY ON			15030081190000009719 30/03/2020	
								Details	of TPA	Δ				
Name	:	MD	INI	DIA I	HEALTH IN	SL	JRANCE TE		01 117	Telephone	Ι:	0202530	00000	
		LIM												
Address	:	FLC	001	R, Pl	/1, E-SPACI UNE-NAGA .014,,	E, R I	A-2 BUILD ROAD, VAI	ING, 3RD DGAONSH	IERI,	Fax	:	0202530	00003	
		NA								Email	:	custome	ercare@mdindia.com,	
										Toll Free No	:	1800233	31166	
No. of Employees /	M	emb	oer	s	: 0				ı	No. of persons cove	re	d : 0		
Maternity Benefits Opted		No Li	orn mit	nal [t₹	Delivery	:	25000		7	Zone Opted :		1 1	I (Mumbai)	
			aes mit		n Section	:	50000							
Deletion of 9 mont	hs	wai	tin	g pe	eriod	:	YES							
Pre-existing cover	_					:	YES							
Deletion of 30 days					iod	:	YES							
Deletion of 2/4 year						:	YES							
Limit of additional per person			an	се с	harges	:	0							
Additional cover O	pte	ed				<u>:</u>	YES					1		
SL.No					Name o	f C	cover			Limit per family			Overall Policy Limit	

Signature Not Verified

Digitally signed by Srinivasin Policy No.: 15030034200400000010 Document generated by 37493 at 30/03/2020 20:16:49 Hours.

Vaideswaran Pate: 2020.03.30 Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.

For 20dia: 49 - Soft 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.

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

Stamp Duty under the Policy is ₹1/-.



N/A	NEW INDIA ASSU	RANCE CO. LTD.	N	I/A	100
		Special Co	anditions		
Special Condition	1	: Self only policy;WAI	VERS OF-i)PRE- exclusion:Mater	nity Benefit:25 I	SS ii)30 DAYS WAITING PERIOD K FOR NORMAL & 50 K FOR C-
Special Condition	2	: NO CAPPING;Room Buffer:YES :RS.5000	Rent:2% FOR N 100/- SUBJECT T	ORMAL &4 % FC O RS.100000/-P	OR ICU;NO COPAY;Corporate ER MEMBER.
In the event of de insurance, shall b Nominee declared	ubject to NEW INDIA FLE ath of the insured perso ecome payable to the N d in the proposal (incorp Company in respect of a	n(s) due to an insured ominee declared in the orated herein as the sc	peril all benefits proposal (incophedule) and the	s payable, in res porated herein a	ched spect thereof under this is the Schedule) and the e construed as full and final
Premium and GST	Details		Rate of Tax	Amount in INR	
Premium		'	tate of Tax	₹ 734000.00	
SGST		g)	66060	
CGST		g)	66060	
IGST		C)	0	
set his (their) han	d(s) on this d	duly authorised by the	_20	Foi	Insurers has (have) hereunder r and on behalf of Assurance Company Limited
Date of Issue: 30	/03/2020				
				Duly	y Constituted Attorney(s)
Mudranknumber		lidated Stamp Fees Pai	d by Pay Order	Number	vide receipt

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



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). <u>If not attached, please ask for the same.</u>

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

Tax Invoice No: 15030019P0016907

IRDA Registration Number: 190





POLICY SCHEDULE NEW INDIA FLEXI FLOATER GROUP MEDICLAIM POLICY UIN:NIAHLGP21281V022021

Insured Name			:	VIDYALANKAR	D	NYANAPEETH TRU	ST						
		le.		ıred's Details			1		lee	iin	g Office D	otoile	
Customer ID		- 1	:	PO68279069			Office				ĭ	SSURANCE D.O. (150300)	
Address			:	PEARL CENTR MARG,DADAR	[W	SENAPATI BAPAT],MUMBAI ASHTRA, 400028	BAPAT Address			:	ATUR CH	HAMBERS, 1ST FLOOR, DINA ROAD, PUNE	
Phone No			:	//	AN	ASITINA, 400020	Phone	۸ ۵	No.	-	2611104	2 / 26111043	
Fax			:	<i>II</i>			Fax	<u> </u>	10	÷	0202611		
E-mail/Fax			:	1			E-mail/Fax				00@newindia.co.in /		
PAN No : AAATV2195F					· R	tegn. No	:		165CST178				
GSTIN/UIN			:	NA / NA			GSTI			:	27AAACI	N4165C3ZP	
			:				SAC			:	997133 (<i>i</i> services)	Accident and health insurance	
						Policy	Details	s					
					1 0110)	Joiane		Busi	ne	ss Source	Code		
Policy Number			:	150300342104	000	000003	Direct	t/C	level./Broker / Corp. Agent/Web ator/CPSC User	:	BHARAT RE-INSURANCE BROKERS PRIVATE LTD - (DM2551289) 150300-BHARAT RE-INSURANCE BROKERS PVT LTD (SI00151437)		
Period of Insurance			:	From:01/04/202 31/03/2022 11:		12:00:01 AM To: 59 PM	Agent cified		ancassurance/Spe erson	:			
Date of Proposal			:	01/04/2021			Phone	e l	No	:	04443418	3700, / NA	
Prev. Policy no.			:	NA			E-mai	il/F	Fax	:	support@	bharatre.in / /	
Client Type			:	Non-Corporate			Finan	cie	er(s) Details	:	NA		
Premium			T	GST	•				Total			Receipt No. & Date:	
₹593220				₹1067	80			ES	₹700000 S SEVEN LAC ONL	Y)		15030081200000008029 31/03/2021	
						Dotail	s of TP	۰.					
Name	:	MDI LIMI			SL	JRANCE TPA PVT.	5 OI II.	Telephone			: 18002097777		
Address	:	FLO	OI			A-2 BUILDING, 3RD ROAD, VADGAONSHE		ERI,			0202530	00003	
	\vdash	NA	4 Ľ-	411014,,				Email		-	customo	ercare@mdindia.com,	
		111/						Toll Free No		Ė	18002097800		
	ļ								10111100 110	_	11000203	77000	
No. of Employees a covered	/ M							N	o. of persons cove	red	d : 39	96	
Maternity Benefits Opted		Lir	nit		:	25000		Z	one Opted :			I (Mumbai)	
		Lir	nit		:	50000							
Deletion of 9 mont			tin	g period	:	YES							
Pre-existing cover					:	YES							
Deletion of 30 day				•	:	YES							
Deletion of 2/4 yea					:_	YES							
Limit of additional per person			an	ce charges	:-	0							
Additional cover O	pte	ea			:	YES			Markey 6 "		1	Occasional Park 11 11	
SL.No				Name o	t C	over			Limit per family			Overall Policy Limit	

Signature Not Verified
Digitally signed by Srinivas In Policy No.: 15030034210400000003Document generated by 37493 at 06/04/2021 16:40:31 Hours.
Vaides war Regd. & Head Office: New India Assurance Bidg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.
Date: 2021.04.06
F66:#40182-ksi 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.

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



SL.No	Name of Cover	Limit per family	Overall Policy Limit
N/A	NEW INDIA ASSURANCE CO. LTD.	N/A	100

Special Conditions

Special Condition 1		Self only policy;WAIVERS OF-i)PRE-EXISTING ILLNESS ii)30 DAYS WAITING PERIOD iii)1st 2nd & 4th yr exclusion;Maternity Benefit:25 K FOR NORMAL & 50 K FOR C-SECTION;NEW BORN BABY COVER FROM DAY 1.				
Special Condition 2		NO CAPPING;Room Rent:2% FOR NORMAL &4 % FOR ICU;NO COPAY;Corporate Buffer:YES :RS.500000/- SUBJECT TO RS.100000/-PER MEMBER.				

* This Policy is subject to NEW INDIA FLEXI FLOATER 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 Nominee declared in the proposal (incorporated herein as the Schedule) and the Nominee 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		₹ 593220.00
SGST	9	53390
CGST	9	53390
IGST	0	0

In witness whe set his (their) I	reof the undersigne nand(s) on this	ed being duly authorised by the Insurersday of20	and on beh	nalf of the Insurers has (have) hereunder	•
			The	For and on behalf of New India Assurance Company Limited	
Date of Issue:	06/04/2021				
				Duly Constituted Attorney(s)	
Mudrank number	Dt dt	_consolidated Stamp Fees Paid by Pay (Order Numb	pervide receipt	
number		_	Order Numb	oervide receipt	

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



IMPORTANT

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

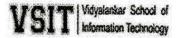
This policy is governed by Health Insurance Regulations 2016 issued by Insurance Regulatory Development Authority of India on 12.07.2016.

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

IRDA Registration Number: 190



Mediclaim Reimbursement Details of VSIT Staff (2017 - 2022)

r. No.	Employee Name	NETT/Cheque Date	Remarks
1.	Madhura Patil	16.04.2017	Control of the American
2.	Mithila Satam	05.04.2017	
3.	Pooja Ghag	25.09.2017	
4.	Maitreyi Joglekar	28.06.2018	
5.	Vaishali Tetgure	20.09.2018	
6.	Seema Bhatkar	05.10.2018	
7.	Shreya Gole	11.10.2018	
8.	Snehal Patil	16.10.2018	
9.	Swapna Kadam	15.10.2019	
10.	Payal Shah	29.01.2021	
11.	Aasha Chavan	28.05.2021	
12.	Kavitha Chandramohan	23.06.2021	
13.	Janhavi Vadke	23.06.2022	
14.	Laxmi Kavitha	12.05.2022	
15.	Komal Lad	18.07.2022	



Principal
Vidyalankar School of
Information Technology
Antop Hill, Wadala (E),
Mumbai-400 037.