

दि न्यू इंडिया एश्योरन्स 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.11/340/15-16

Insured Name : VIDYALANKAR DNYANAPEETH TRUST	
Insured's Details	
Customer ID : PO68279069	Office Code : BANCASSURANCE D.O. (150300)
Address : PEARL CENTRE, SENAPATI BAPAT MARG, DADAR[W], MUMBAI MUMBAI, MAHARASHTRA, 400028	Address : ATUR CHAMBERS, 1ST FLOOR, 2 MOLEDINA ROAD, PUNE ,411001
Phone No : //	Phone No : 26111042 / 26111043
Fax : /	Fax : 02026111041
E-mail/Fax : /	E-mail/Fax : nia.150300@newindia.co.in / 02026111041
PAN No : AAATV2195F	S.Tax Regn. No : AAACN4165CST178
GSTIN/UIN : NA / NA	GSTIN : 27AAACN4165C3ZP
	SAC : 997139 (Other non-life insurance service excl RI)

Policy Details		Business Source Code	
Policy Number : 15030034190400000013	Dev.Off level./Broker / Direct/Corp. Agent	BHARAT RE-INSURANCE BROKERS PRIVATE LTD - (DM2551289) 150300-BHARAT RE-INSURANCE BROKERS PVT LTD (SI00151437)	
Period of Insurance : From:01/04/2019 12:00:01 AM To 31/03/2020 11:59:59 PM	Agent/Bancassurance		
Date of Proposal : 01/04/2019	Phone No	04443418700. / NA	
Prev. Policy no. : NA	E-mail/Fax	support@bharatre.in / / /	
Client Type : Non-Corporate	Financier(s) Details	NA	

Premium : ₹825000	GST : ₹148500	Total : ₹973500 (RUPEES NINE LAC SEVENTY-THREE THOUSAND FIVE HUNDRED ONLY)	Receipt No. & Date: 15030081190000000037 01/04/2019
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Details of TPA			
Name : MDINDIA HEALTH INSURANCE TPA PVT. LIMITED	Telephone : 02025300000		
Address : S. NO. 46/1, E-SPACE, A-2 BUILDING, 3RD FLOOR, PUNE-NAGAR ROAD, VADGAONSHERI, PUNE-411014	Fax : 02025300003		
NA	Email : customercare@mdindia.com,		
	Toll Free No : 18002331166		

No. of Employees / Members covered : 432	No. of persons covered : 432		
Maternity Benefits Opted	Normal Delivery Limit ₹ : 25000	Zone Opted : I (Mumbai)	
	Caesarian Section Limit ₹ : 50000		
Deletion of 9 months waiting period : YES			
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 valid

Digitally signed by Anvita Vaidyanathan
Date: 2019.04.02
For details of your grievance, if any, you may approach any one of the following offices: 1. Policy issuing office 2. Regional office 3. Head office. In case, you are not satisfied with our own grievance redressal mechanism; you may also approach Insurance Ombudsman. For details of our office addresses and addresses of office of Insurance Ombudsman, please visit our website <http://newindia.co.in>.

Policy No. : 15030034190400000013 Document generated by 37493 at 02/04/2019 15:09:00 Hours.

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

For details of your grievance, if any, you may approach any one of the following offices: 1. Policy issuing office 2. Regional office 3. Head office. In case, you are not satisfied with our own grievance redressal mechanism; you may also approach Insurance Ombudsman. For details of our office addresses and addresses of office of Insurance Ombudsman, please visit our website <http://newindia.co.in>.

Consolidated Stamp fees paid by
GRAS GRN No MH007688972201617M
dtd. 17/01/2019 and the stamp on
this policy is Rs.1/-



GSTIN : 27AAACN4165C3ZP

Page 1 of 3

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	: VIDYALANKAR DNYANAPEETH TRUST
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Insured's Details		Issuing Office Details	
Customer ID	: PO68279069	Office Code	: BANCASSURANCE D.O. (150300)
Address	: PEARL CENTRE, SENAPATI BAPAT MARG, DADAR[W], MUMBAI MUMBAI ,MAHARASHTRA, 400028	Address	: ATUR CHAMBERS, 1ST FLOOR, 2 MOLEDINA ROAD, PUNE ,411001
Phone No	: //	Phone No	: 26111042 / 26111043
Fax	: /	Fax	: 02026111041
E-mail/Fax	: /	E-mail/Fax	: nia.150300@newindia.co.in / 02026111041
PAN No	: AAATV2195F	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: NA / NA	GSTIN	: 27AAACN4165C3ZP
		SAC	: 997139 (Other non-life insurance services excl RI)

Policy Details			
		Business Source Code	
Policy Number	: 15030034200400000010	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	: From:01/04/2020 12:00:01 AM To: 31/03/2021 11:59:59 PM	Agent/Bancassurance/Specified Person	:
Date of Proposal	: 01/04/2020	Phone No	: 04443418700, / NA
Prev. Policy no.	: NA	E-mail/Fax	: support@bharatre.in / / /
Client Type	: Non-Corporate	Financier(s) Details	: NA

Premium	GST	Total	Receipt No. & Date:
₹734000	₹132120	₹866120 (RUPEES EIGHT LAC SIXTY-SIX THOUSAND ONE HUNDRED TWENTY ONLY)	15030081190000009719 30/03/2020

Details of TPA			
Name	: MDINDIA HEALTH INSURANCE TPA PVT. LIMITED	Telephone	: 02025300000
Address	: S. NO. 46/1, E-SPACE, A-2 BUILDING, 3RD FLOOR, PUNE-NAGAR ROAD, VADGAONSHERI, PUNE-411014,, NA	Fax	: 02025300003
		Email	: customercare@mdindia.com,
		Toll Free No	: 18002331166

No. of Employees / Members covered	: 0	No. of persons covered	: 0
Maternity Benefits Opted	Normal Delivery Limit ₹ : 25000	Zone Opted	: I (Mumbai)
	Caesarian Section Limit ₹ : 50000		
Deletion of 9 months waiting period	: YES		
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 Srinivasan Vaideswaran
Date: 2020.03.30 20:16:49 +05'30'

Policy No. : 15030034200400000010 Document generated by 37493 at 30/03/2020 20:16:49 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	: 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		₹ 734000.00
SGST	9	66060
CGST	9	66060
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

Date of Issue: 30/03/2020	
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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 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 DNYANAPEETH TRUST
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Insured's Details		Issuing Office Details	
Customer ID	: PO68279069	Office Code	: BANCASSURANCE D.O. (150300)
Address	: PEARL CENTRE, SENAPATI BAPAT MARG, DADAR[W], MUMBAI MUMBAI, MAHARASHTRA, 400028	Address	: ATUR CHAMBERS, 1ST FLOOR, 2 MOLEDINA ROAD, PUNE, 411001
Phone No	: //	Phone No	: 26111042 / 26111043
Fax	:	Fax	: 02026111041
E-mail/Fax	: /	E-mail/Fax	: nia.150300@newindia.co.in / 02026111041
PAN No	: AAATV2195F	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: NA / NA	GSTIN	: 27AAACN4165C3ZP
		SAC	: 997133 (Accident and health insurance services)

Policy Details			
		Business Source Code	
Policy Number	: 15030034210400000003	Dev.Off level./Broker / Direct/Corp. Agent/Web Aggregator/CPSC User	: BHARAT RE-INSURANCE BROKERS PRIVATE LTD - (DM2551289) 150300-BHARAT RE-INSURANCE BROKERS PVT LTD (SI00151437)
Period of Insurance	: From:01/04/2021 12:00:01 AM To: 31/03/2022 11:59:59 PM	Agent/Bancassurance/Specialized Person	:
Date of Proposal	: 01/04/2021	Phone No	: 04443418700, / NA
Prev. Policy no.	: NA	E-mail/Fax	: support@bharatre.in / /
Client Type	: Non-Corporate	Financier(s) Details	: NA

Premium	GST	Total	Receipt No. & Date:
₹593220	₹106780	₹700000 (RUPEES SEVEN LAC ONLY)	15030081200000008029 31/03/2021

Details of TPA			
Name	: MDINDIA HEALTH INSURANCE TPA PVT. LIMITED	Telephone	: 18002097777
Address	: S. NO. 46/1, E-SPACE, A-2 BUILDING, 3RD FLOOR, PUNE-NAGAR ROAD, VADGAONSHERI, PUNE-411014,, NA	Fax	: 02025300003
		Email	: customercare@mdindia.com,
		Toll Free No	: 18002097800

No. of Employees / Members covered	: 396	No. of persons covered	: 396
Maternity Benefits Opted	Normal Delivery Limit ₹ : 25000	Zone Opted	: I (Mumbai)
	Caesarian Section Limit ₹ : 50000		
Deletion of 9 months waiting period	: YES		
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 Srinivasan Vaideswaran
Date: 2021.04.06

Policy No. : 15030034210400000003 Document generated by 37493 at 06/04/2021 16:40:31 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	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.

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Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 593220.00
SGST	9	53390
CGST	9	53390
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

Date of Issue: 06/04/2021	
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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.

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

IRDA Registration Number: 190

Mediclaime Reimbursement Details of VSIT Staff (2017 - 2022)

Sr. No.	Employee Name	NEFT / Cheque Date	Remarks
1.	Madhura Patil	16.04.2017	
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	



Dr. R. S. D. D. D.

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