



POLICY SCHEDULE FOR STUDENTS SAFETY PACKAGE INSURANCE

UIN NUMBER - IRDAN190P0004201314

Insured's Name	:	: ADICHUNCHANAGIRI UNIVERSITY					
Insured's Details			Issuing Office Details				
Customer ID : POAS		POA5057919	Office Code		CHANNAPATNA BRANCH 670104 (670104)		
Address	:	BGS INSTITUTE OF TECHNOLOGY BR NAGAR NAGAMANGALA MANDYA KARNATAKA MANDYA ,KARNATAKA, 571448	Address	:	NO.2241/4, GIRIAMMA SHAMBUGOWDA COMPLEX, CHURCH ROAD CHANNAPATNA,571501		
Phone No	:	XXXXXXX7285,	Phone No	:	08027251596 / 08027251596 / 8027251596		
E-mail/Fax	:	info@acu.edu.in, /	E-mail/Fax	:	nia.670104@newindia.co.in / 08027251596		
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178		
GSTIN/UIN	:	29AAAJA2708B1ZU / NA	GSTIN	:	29AAACN4165C2ZM		
	:	y	SAC	:	997139 (Other non-life insurance services excl RI)		

		Po	licy Details				
Policy Number	:	67010448232300000001	Business Source Code				
Period of Insurance	:	From: 12/05/2023 06:00:00 PM To: 11/05/2024 11:59:59 PM	Dev.Off. level/Broker/Corp. Agent/Web Aggregator/CPSC User	:	DIRECT BUSINESS - (1D7821740)		
Date of Proposal	:	12-May-23	Agent/Bancassurance/S pecified Person		Mr. RAJENDRA G (NIAAG00038865) AG00038865_G RAJENDRA (SI00071798)		
Prev. Policy no.	:		Phone No	;	7411698720 / NA		
Client Type		Non-Corporate	E-mail/Fax	:	rajendragiriyaiah78@gmail.com, //		

Premium(₹)	GST(₹)	Total (₹)	Total (₹ in words)	Receipt No. & Date
137,000	24,660	1,61,660	RUPEES ONE LAC SIXTY- ONE THOUSAND SIX HUNDRED SIXTY ONLY	6701048123000000280 5 - 19/05/23

No of Students	1964	Medical Expenses per student (Inclusive of OPD)	10000
Limit per student	200000	Special conditions	PAYMENT OF TUITION&HOSTEL FEES FOR REMAINING SEMESTERS UPTO A LIMIT OF ₹1LACS IN CASE EARNING PARENT OF THE STUDENT DIES DUE TO ACCIDENT.TABLE B COVER FOR STUDENTS&STAFF RS.200,000/- & MEDICAL EXTENSION RS.10K FOR INPATIENT TREATMENT ONL
Limit per accident	200000		

No of parents	1964		
Total SI of Parents or Guardian for payment of Tuition and Hostel fees	196400000	Payment of tuition and hostel fee for remaining semesters in the students account with the institute in case the Parent/Guardian dies due to accident	100000

Details of Teaching and Non-Teaching staff

Digitally signed by JACAT FYEE PANIGEMENT Regd. & Head Office: New India Assurance Bidg., 87 M.G. Road, Fort, Mumbai - 400 001, TOLL FREE No. 1 800 209 1415.

Date: 2023-05.19 Regd. & Head Office: New India Assurance Bidg., 87 M.G. Road, Fort, Mumbai - 400 001, TOLL FREE No. 1 800 209 1415.

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



SI No.	Name of Member	Age	Name of the Assignee	Risk Group	Medical Extension (Inclusive of OPD)	Table B Sum Insured	Table C Sum insured	Table D Sum Insured	Total Sum Insured
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This policy shall be subject to STUDENTS SAFETY PACKAGE INSURANCE policy clauses attached herewith...

Premium and GST Details

	Rate of Tax	Amount in INR		
Premium		₹	1,37,000	
SGST	9	12330		
CGST	9	123	30	
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 19th day of May,2023.

For and on behalf of The New India Assurance Company Limited

Date of Issue: 19/05/2023

Duly Constituted Attorney(s)

Mudrank______Dt._____consolidated Stamp Fees Paid by Pay Order Number______vide receipt

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 : 67010423P0002544

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C