

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



POLICY SCHEDULE FOR PROFESSIONAL INDEMNITY INSURANCE (Medical Establishment)

Insured's Name	: SECRETARY, KASTURBA HEALTH SOCIETY, KASTURBA HOSPITAL SEWAGRAM, MGIMS		
Insured's Details		Issuing Office Details	
Customer ID	: PO85095979	Office Code	: NAGPUR DO II (160200)
Address	: AT SEWAGRAM, DIST. WARDHA SEVAGRAM, MAHARASHTRA, 442102	Address	: PLOT NO. 42, PRAGATI COLONY OPPOSITE SAI MANDIR WARDHA ROAD, NAGPUR, 440015
Phone No	:	Phone No	: 07122252333 / 07122252555
E-mail/Fax	: secetaryoffice@mgims.ac.in, /	E-mail/Fax	: nia.160200@newindia.co.in / 07122252444
PAN No	:	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UID	: 27AAATK2046G1ZV / NA	GSTIN	: 27AAACN4165C3ZP
		SAC	: 997139 (Other non-life insurance services excl RI)

Policy Details			
Policy Number	: 16020036200200000024	Business Source Code	
Period of Insurance	: From: 26/11/2020 03:40:00 PM To: 25/11/2021 11:59:59 PM	Dev.Off. level/Broker/Web Aggregator	: S.P. GARDE - (BA10752892)
Date of Proposal	: 26-Nov-20	Agent/Bancassurance/S pecified Person	: Mr. RAJESH R SAWARKAR (NIA2D10748722) AGENT_SITE_42334 (2D10767918)
Prev. Policy no.	:	Phone No	: 9923352909 / NA
Client Type	: Non-Corporate	E-mail/Fax	: / / /

Premium(₹)	GST(₹)	Total (₹)	Total:(₹ in words)	Receipt No. & Date
116645	20996	137641	RUPEES ONE LAC THIRTY-SEVEN THOUSAND SIX HUNDRED FORTY-ONE ONLY	1602008120000000576 6 - 26/11/20

Details of risk covered under current year policy:

Retroactive Date	Jurisdiction	Territory	AOA	AOA:AOY	AOY	Deductible Type (Amount/Percentage/Amount & Percentage)	India	Deductibles Worldwide excluding USA & Canada	Worldwide including USA & Canada
28/11/2018	India	India	10000000	1:4	40000000	AMT	20000	0	0

Retroactive Dates

Retroactive Date Details	Date	Jurisdiction	Territory	AOA	AOA:AOY	AOY	Deductible Type (Amount/Percentage/Amount & Percentage)	India	Deductibles Worldwide excluding USA & Canada	Worldwide including USA & Canada
RETROACTIVE DATE 1	28/11/2018	India	India	10000000	1:4	40000000	Amount	20000	0	0

Digitally signed by Anvishan Vaidya on Date 20.11.26 16:02:14 IST

Policy No. : 16020036200200000024 Document generated by 37552 at 26/11/2020 16:02:13 Hours.

Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.
Divisional Office - II (160200) : Plot No. 42, Pragati Colony, Opp. Sai Mandir, Wardha Road, Nagpur. 440 015





Description of Business	Address of Business Premises	Compulsory Excess	Voluntary Excess
MEDICAL COLLEGE AND HOSPITAL	AT. SEWAGRAM DIST. WARDHA, MAHARASHTRA- 442102	1000	0

Details of Business	Address of Business Premises	No of Qualified Person	No of Administrative Staff	Compulsory Excess	Voluntary Excess
MEDICAL COLLEGE AND HOSPITAL	AT. SEWAGRAM DIST. WARDHA, MAHARASHTRA- 442102	0	0	1000	0

Total Annual Fees/Wages Payable	Compulsory Excess	Details of Business	Address of Business Premises	Voluntary Excess
0	1000	MEDICAL COLLEGE AND HOSPITAL	AT. SEWAGRAM DIST. WARDHA, MAHARASHTRA- 442102	0

Category of Establishment	Unqualified Staff Covered	No of Members	Compulsory Excess	Voluntary Excess
Other	Yes	NA	1000	0

Sl.No.	Type of Service
1	Other Practitioner

Details of Business	Address of Business Premises	Professional Category	Excess	Voluntary Excess
MEDICAL COLLEGE AND HOSPITAL	AT. SEWAGRAM DIST. WARDHA, MAHARASHTRA-442102	NA	0	0

Extensions under the Policy

Name of the Extension	Sub limit of the Extension	Deductibles of the Extension
Unqualified Staff covered	0	As Per Policy Deductible
Radioactive Treatment (Other Than X-Ray) available	0	As Per Policy Deductible

Amount & Percentage of Deductible Type/for Extension	Value

Special Conditions	Special Exclusions
NO. OF OPD PATIENTS - 1000000 NO. OF IN PATIENTS SURGICAL & OTHERS - 55000 WITH RADIOACTIVE TREATMENT. POLICY ALSO COVERS PARA-MEDICAL STAFF/TECHNICAL STAFF/UNQUALIFIED NURSES ALSO. AS PER POLICY	NA

This Policy shall be subject to PROFESSIONAL INDEMNITY INSURANCE policy clauses attached herewith

Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 116645.00
SGST	9	10498
CGST	9	10498
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)

