



POLICY SCHEDULE FOR PROFESSIONAL INDEMNITY INSURANCE (Medical Establishment)

UIN NUMBER - IRDAN190P0083100001

Insured's Name	: SECRETARY, KASTURBA HEALTH SOCIETY, KASTURBA HOSPITAL ,MGIMS,SEWAGRAM		
Insured's Details		Issuing Office Details	
Customer ID	: PO85095979	Office Code	: WARDHA BRANCH (160601)
Address	: AT SEWAGRAM, DIST. WARDHA SEWAGRAM ,MAHARASHTRA, 442102	Address	: MAIN ROAD ABOVE ALLAHABAD BANK ,442001
Phone No	:	Phone No	: 07152243624 / 07152242312
E-mail/Fax	: secretaryoffice@mgims.ac.in, /	E-mail/Fax	: nia.160601@newindia.co.in /
PAN No	:	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: 27AAATK2046G1ZV / NA	GSTIN	: 27AAACN4165C3ZP
		SAC	: 997139 (Other non-life insurance services excl RI)

Policy Details			
Policy Number	: 16060136220200000015	Business Source Code	
Period of Insurance	: From: 26/11/2022 12:00:01 AM To: 25/11/2023 11:59:59 PM	Dev.Off. level/Broker/Web Aggregator/CPSC User	: Mr. ASHOK PANPALIYA - (BA10753011)
Date of Proposal	: 26-Nov-22	Agent/Bancassurance/S pecified Person	: Mrs. SAMIKSHA SACHIN JOSHI (NIAG00098681) SAMIKSHA JOSHI (SI00161340)
Prev. Policy no.	: 16060136210200000017	Phone No	: 8275294080 / 07158282200, 9422141100
Client Type	: Non-Corporate	E-mail/Fax	: sachinejoshi02@gmail.com, / /

Premium(₹)	GST(₹)	Total (₹)	Total:(₹ in words)	Receipt No. & Date
103845	18692	122537	RUPEES ONE LAC TWENTY-TWO THOUSAND FIVE HUNDRED THIRTY-SEVEN ONLY	1606018122000000462 2 - 18/11/22

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	40000000	1:1	40000000	AMT	2000	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

Validity unknown  
Digitally signed by JAGATJAMEE PANICHAHI Date: 2022.11.18 12:51:42 IST

*Secretary*



*1848*

Policy No. : 16060136220200000015 Document generated by 1618070 at 18/11/2022 12:51:39 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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Retroactive Date Details	Date	Jurisdiction	Territory	AOA	AOA:AOY	AOY	Deductible Type (Amount/Percentage/Amount & Percentage)	India	Worldwide excluding USA & Canada	Worldwide including USA & Canada
RETROACTIVE DATE 1	28/11/2018	India	India	40000000	1:1	40000000	Amount	2000	0	0

RETRO-DATE IS SUBJECT TO LESSER OF LIMITS - NARROWER OF COVER.

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

<b>Special Conditions</b>	NO. OF OPD PATIENTS - 800000 NO. OF IN PATIENTS SURGICAL & OTHERS - 55000 WITH RADIOACTIVE TREATMENT. POLICY ALSO COVERS PARA-MEDICAL STAFF/TECHNICAL STAFF/UNQUALIFIED NURSES ALSO.  DEDUCTIBLE 1% OF ANY ONE ACCIDENT SUBJECT TO MINIMUM OF RS.ONE LAC.R.O. APPROVAL NO.NRO/MISC.UW/2022-23/67.
<b>Special Exclusions</b>	NA

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



Premium and GST Details

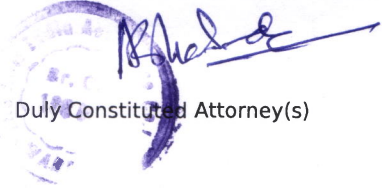
	Rate of Tax	Amount in INR
Premium		₹ 103845.00
SGST	9	9346
CGST	9	9346
IGST	0	0

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 18th day of November, 2022.

Date of Issue: 18/11/2022

For and on behalf of  
The New India Assurance Company Limited

  
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. \_\_\_\_\_.

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 : 16060122E0005582

IRDA Registration Number: 190  
NIA PAN NUMBER: AAACN4165C



### COLLECTION RECEIPT CUM ADJUSTMENT VOUCHER

Issuing Office : WARDHA BRANCH (160601)  
Address : MAIN ROAD  
ABOVE ALLAHABAD BANK  
.442001  
WARDHA  
Insured Pan Number :  
Phone : 07152243624  
Email : nia.160601@newindia.co.in  
Fax :  
Collection Number : 16060181220000004622  
Collection Date : 18/11/2022  
Business Source Code : 2D10753011  
PAN No of Payer :

Received with thanks from SECRETARY, KASTURBA HEALTH SOCIETY, KASTURBA HOSPITAL ,MGIMS,SEWAGRAM.

The amount received/Adjusted is towards -

Policy No.	A/C Description	Amount₹	A/C Code	Sub A/C Code
16060136220200000015	Bank-160601	122537.00	9100.160601	BA00007836-160601-9100
16060136220200000015	Bank-160601	1.00	9100.160601	BA00007836-160601-9100

Total = ₹ 122538.00

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	122537.00	1861548 7	14-NOV-22	CENTRAL BANK OF INDIA	WARDHA	1606012210018673	N.A.
Excess-Cheque	1.00	1861548 7	14-NOV-22	CENTRAL BANK OF INDIA	WARDHA	1606012210018673	N.A.

Total = ₹ 122538.00

Utilization details of the Collected Amount :

Premium	GST	Stamp Duty	Excess Amount
103845.00	18692.00	0.00	1
Sl no.	Agency Code	Agency Name	Department Code
1	NIAAG00098681	SAMIKSHA JOSHI	36

For The New India Assurance Company Limited  
Revenue Stamp



Date of Issue: 18/11/2022

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.

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 : 16060122E0005582

Validity unknown

Digitally signed  
by JAGAN JAYEE  
PANISHAHI  
Date: 2022.11.18  
12:51:43 IST

Policy No. : 16060136220200000015 Document generated by 1618070 at 18/11/2022 12:51:39 Hours.

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