



POLICY SCHEDULE FOR STUDENTS SAFETY PACKAGE INSURANCE

UIN NUMBER - IRDAN190P0004201314

Insured's Name	: THE PRINCIPAL, RAJEEV POLYTECHNIC
Insured's Details	
Customer ID	: POB1616154
Address	: PLOT NO 1-D(P-1), GROWTH CENTRE, INDUSTRIAL AREA, B-M BYPASS ROAD, HASSAN HASSAN, KARNATAKA, 573201
Phone No	:
E-mail/Fax	: /
PAN No	:
GSTIN/UIN	: NA / NA
Issuing Office Details	
Office Code	: HASSAN BO (672401)
Address	: CHANDANA COMPLEX, HARSHA MAHAL MARG, HASSAN, 573201
Phone No	: 08172268986
E-mail/Fax	: nia.672401@newindia.co.in /
S.Tax Regn. No	: AAACN4165CST178
GSTIN	: 29AAACN4165C2ZM
SAC	: 997139 (Other non-life insurance services excl RI)

Policy Details			
Policy Number	: 67240148242300000003	Business Source Code	
Period of Insurance	: From: 31/01/2025 12:00:01 AM To: 30/01/2026 11:59:59 PM	Dev.Off. level/Broker/Corp. Agent/Web Aggregator/CPSC User	: DIRECT BUSINESS - (1D7821988)
Date of Proposal	: 31-Jan-25	Agent/Bancassurance/S pecified Person	: Ms. HAMSALATHA B V (NIA1D7821891) AGENT_SITE_38043 (1D7828422)
Prev. Policy no.	:	Phone No	: 9449428727 / NA
Client Type	: Non-Corporate	E-mail/Fax	: hamsa.devika@gmail.com, / /

Premium(₹)	GST(₹)	Total (₹)	Total (₹ in words)	Receipt No. & Date
133,504	24,030	1,57,534	RUPEES ONE LAC FIFTY-SEVEN THOUSAND FIVE HUNDRED THIRTY-FOUR ONLY	6724018124000001264 2 - 11/02/25

No of Students	690	Medical Expenses per student (Inclusive of OPD)	25000
Limit per student	500000	Special conditions	RAJEEV POLYTECHNIC, STUDENTS NO 643. & STAFF NO.47 .PA-TABLE B COVER-RS.5 LAKHS PER PERSON.MEDICAL EXPENSES FOR IN PATIENT HOSPITALIZATION MORE THAN 24 HOURS DUE TO ACCIDENT-RS.25,000/- PER PERSON.
Limit per accident	500000		

No of parents	0		
Total SI of Parents or Guardian for payment of Tuition and Hostel fees	0	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	0

Details of Teaching and Non-Teaching staff

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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Policy No. : 67240148242300000003 Document generated by 40729 at 11/02/2025 17:58:25 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>.



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		₹ 1,33,504
SGST	9	12015
CGST	9	12015
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 11th day of February,2025.

For and on behalf of
The New India Assurance Company Limited

Date of Issue: 11/02/2025

Duly Constituted Attorney(s)

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 : 67240124P0017729

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C

