

पुष्टीकरण /Endorsement-Group Medclaim	
Policy Number : 37010650221000721	जारीकर्ता कार्यालय/Issuing Office कार्यालय कोड /Office Code : 370106 कार्यालय पता / Office Address : JAIPUR BRANCH / Shanti Sadan, Church Road, Opposite Shalimar, Jaipur, Rajasthan, - 302001. State Code: 8, Rajasthan GSTIN: 08AAACN9967E1Z3 eMail:
व्यवसाय स्रोत/ Business Source : 9000168568	विक्रय चैनल संपर्क नम्बर/ Sales Channel Contact Number : 9461496610 सह दलाल कोड / Co Broker Code:
विक्रय चैनल का नाम/ Sales Channel Name : Mr Uma Shanker Sharma	कस्टमर केयर टोल फ्री नंबर/Customer Care Toll Free Number: 1800 345 0330 ईमेल: email:customer.support@nic.co.in




ग्राहक का नाम/Customer Name: BANASTHALI VIDYAPITH	ग्राहक आईडी/ Customer ID: 9516901855	पैन/ PAN: AAATB8477A
पता/ Address: POST-BANASTHALI, TEH-NEWAI, DIST.-TONK DIST. : TONK, RAJASTHAN, City: TONK - DISTRICT OTHERS, District: TONK, State: RAJASTHAN, PIN: 304021. Mobile: 9024067576	फोन/ Phone:	ई-मेल/ E-Mail:

Policy Effective from 00:00 hours, on 01/01/2023 to midnight of 31/12/2023	
Premium: ₹ 87,51,749.00	Total SI: ₹ 1,36,00,00,000.00
CGST ₹ 7,87,657.00	Proposal Number and Date: 8800171228656025 Dt. 28/12/2022
SGST/UTGST ₹ 7,87,657.00	
IGST ₹ 0.00	
Kerala Flood Cess ₹ 0.00	
Less: GST_TDS ₹ 0.00	
Recoverable Stamp Duty: ₹ 0.00	Receipt Number: 370106812210008326
Total Amount: ₹ 1,03,27,064.00	Receipt Date: 29/12/2022
(Rupees One Crore Three Lakh Twenty Seven Thousand Sixty Four Only.)	Co-Insurance Details: N/A

Endorsement Effective from 10:43 hours on 02/02/2023 to midnight of 31/12/2023	
Additional Premium: ₹ 552.00	Insured's Request Date: 02/02/2023
CGST ₹ 50.00	Endorsement Number: 370106502282100086
SGST/UTGST ₹ 50.00	
IGST ₹ 0.00	
Kerala Flood Cess ₹ 0.00	
Less: GST_TDS ₹ 0.00	
Recoverable Stamp Duty: ₹ 0.00	Endorsement Issue Date: 02/02/2023
Total Amount: ₹ 651.00	Receipt Number: 370106812210009371
(Rupees Six Hundred Fifty One Only.)	Receipt Date: 02/02/2023

**General / Common Information change**  
Subject otherwise to the Terms, Exclusion and Conditions of this Policy. The sum insured value is changed from 1,354,850,000.00 to 1,360,000,000.00.  
Premium is changed from 8,751,749.00 to 8,752,301.00  
the Sum Insured stated in the Policy Schedule is increased from 1,354,850,000.00 to 1,360,000,000.00.  
number of insured persons is changed from 6799 to 6815

IN CASE OF DISHONOUR OF THE PREMIUM CHEQUE, THIS DOCUMENT STANDS AUTOMATICALLY CANCELLED 'AB-INITIO'

For and On Behalf Of National Insurance Company Limited

02/02/23
Authorized Signatory

Printed on 02/02/2023 by ID: 80117

Page no: 1

नेशनल इन्श्योरेंस कम्पनी लिमिटेड  
National Insurance Company Limited  
CIN : U10200WB1906GOI001713  
IRDA Regn. No. -58

शाखा कार्यालय : प्रथम, शान्ति सदन, चर्च रोड, जयपुर-302 001  
फोन : 0141-2377177 फैक्स : 0141-2379679

For any information please contact the Policy Issuing Office or Visit our Website at [www.nationalinsuranceindia.com](http://www.nationalinsuranceindia.com)

पंजीकृत एवं प्रधान कार्यालय : 3, मिडिलटन स्ट्रीट, कोलकाता-700071  
ई-मेल : [website.administrator@nic.co.in](mailto:website.administrator@nic.co.in)  
दूरभाष : 033-22831705-06 फैक्स : 033-22831712

पॉलिसी अनुसूची/ Policy Schedule - Group Medclaim	
<b>Policy Number: 370106502210000721</b>	व्यवसाय स्रोत / Business Source: 080117
जारीकर्ता कार्यालय/Issuing Office कार्यालय कोड/ Office Code: 370106 कार्यालय पता/ Office Address: JAIPUR BRANCH I Shanti Sadan, Church Road, Opposite Shalimar, Jaipur, Rajasthan, - 302001 State Code: 8, Rajasthan GSTIN: 08AAACN9967E123 Contact Number: 141 2377177 Mobile Number: 0	विक्रय चैनल विवरण/ Sales Channel Details कोड/ Code: 9000168568 नाम/ Name: Mr Uma Shanker Sharma Contact Number: 9461496610 सह दलाल कोड / Co Broker Code:  UIN: NICHLGP21171V042021  कस्टमर केयर टॉल फ्री नंबर/ Customer Care Toll Free Number: 1800 345 0330  ईमेल/ email: customer.support@nic.co.in



ग्राहक का नाम /Customer Name: BANASTHALI VIDYAPITH	ग्राहक आईडी /Customer ID: 9516901855	पैन /PAN: AAATB8477A
पता/ Address: POST-BANASTHALI, TEH-NEWAI, DIST.-TONK DIST. : TONK, RAJASTHAN, City: TONK - DISTRICT OTHERS, District: TONK, State: RAJASTHAN, PIN: 304021. Cell: 9024067576	फोन /Phone:	
	ई-मेल /E-Mail:	

पॉलिसी: 01/01/2023 के 00:00 से 31/12/2023 को मध्य रात्रि तक प्रभावी /Policy Effective from 00:00 hours, on 01/01/2023 to midnight of 31/12/2023

प्रीमियम/ Premium	₹ 87,51,749.00	क्वर नोट संख्या और तिथि/ Cover Note Number and Date	लागू नहीं/NA
CGST	₹ 7,87,657.00		
SGST/UTGST	₹ 7,87,657.00		
IGST	₹ 0.00		
कम: जीएसटी टीडीएस / Less GST_TDS	₹ 0.00	प्रस्ताव संख्या और तिथि/ Proposal Number and Date	8800171228656025 Dt. 28/12/2022
पुनर्प्राप्त योग्य स्टाम्प ड्यूटी /Recoverable Stamp Duty	₹ 0.00	रसीद संख्या और तिथि/ Receipt Number and Date	370106812210008326 Dt. 29/12/2022
<b>कुल /Total Amount</b>	<b>₹ 1,03,27,064.00</b>	पछिली पॉलिसी संख्या और समाप्ति तिथि/ Previous Policy Number and Expiry Date	370106501710001260 and Dt.31/12/2018 370106501810001272 and Dt.31/12/2019 370106501910001025 and Dt.31/12/2020 370106502010000942 and Dt.31/12/2021 370106502110000773 and Dt.31/12/2022

(Rupees One Crore Three Lakh Twenty Seven Thousand Sixty Four Only.)

Total Location Sum Insured	₹ 1,35,48,50,000.00
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LocationAddress:  
1)BANASTHALI VIDYAPITH,,Tonk - District Others,Tonk,Rajasthan,304022.

Number of families:1 Number of Lives covered: 6546

SL. No	Coverage	Coverage Description	Sum Insured
1	Standard Cover	NATIONAL GROUP MEDICLAIM POLICY BANASTHALI VIDYAPITH EMPLOYEES AND DEPENDENTS SUM INSURED AS PER LIST ATTACHED.	1,35,48,50,000.00
अधिकांश/Excess: AS PER POLICY TERMS AND CONDITION			
Additional Information: AS PER STANDARD NATIONAL GROUP MEDICLAIM POLICY (NON TPA) NO. OF INSURED - 6799 (SUM INSURED AS PER LIST ATTACHED)			

TPA Details: null.

Clauses	As per Annexure I
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नेशनल इन्शुरेंस कंपनी लिमिटेड  
National Insurance Company Limited  
CIN : U10200WB1906GOI001713  
IRDA Regn. No. -58

शाखा कार्यालय : प्रथम, शान्ति सदन, चर्च रोड, जयपुर-302 001  
फोन : 0141-2377177 फैक्स : 0141-2379679

For any information please contact the Policy Issuing Office or Visit our Website at [www.nationalinsuranceindia.com](http://www.nationalinsuranceindia.com)

पंजीकृत एवं प्रधान कार्यालय : 3, मिडिलटन स्ट्रीट, कोलकाता-700071  
ई-मेल : [website.administrator@nic.co.in](mailto:website.administrator@nic.co.in)  
दूरभाष : 033-22831705-06 फैक्स : 033-22831712

पृष्ठोत्कर्ष / Endorsement-Group Mediclaim	
Policy Number : 370106502210000721	जारीकर्ता कार्यालय/Issuing Office कार्यालय कोड /Office Code : 370106 कार्यालय पता / Office Address : JAIPUR BRANCH / Shanti Sadan, Church Road, Opposite Shalimar, Jaipur, Rajasthan, - 302001 State Code- 8, Rajasthan GSTIN: 08AAACN9967E123 eMail:
व्यवसाय स्रोत/ Business Source : 9000168568	विक्रय चैनल संपर्क नम्बर/ Sales Channel Contact Number : 9461496610 सह दलाल कोड / Co Broker Code:
विक्रय चैनल का नाम/ Sales Channel Name : Mr Uma Shanker Sharma	कस्टमर केयर टॉल फ्री नंबर/ Customer Care Toll Free Number: 1800 345 0330 ईमेल/ email:customer.support@nic.co.in



Trusted Since 1906



ग्राहक का नाम/ Customer Name: BANASTHALI VIDYAPITH	ग्राहक आईडी/ Customer ID: 9516901855	पैन/ PAN: AAATB8477A
पता/ Address: POST-BANASTHALI, TEH-NEWAI, DIST.-TONK DIST. TONK, RAJASTHAN, City: TONK - DISTRICT OTHERS, District: TONK, State: RAJASTHAN, PIN: 304021. Mobile: 9024067576	फोन/ Phone:	ई-मेल/ E-Mail:

Policy Effective from 00:00 hours, on 01/01/2023 to midnight of 31/12/2023	
Premium: ₹ 87,51,749.00	Total SI: ₹ 1,35,48,50,000.00
CGST: ₹ 7,87,657.00	Proposal Number and Date: 8800171228656025 Dt. 28/12/2022
SGST/UTGST: ₹ 7,87,657.00	
IGST: ₹ 0.00	Receipt Number: 370106812210008326
Kerala Flood Cess: ₹ 0.00	
Less: GST_TDS: ₹ 0.00	Receipt Date: 29/12/2022
Recoverable Stamp Duty: ₹ 0.00	Co-Insurance Details: N/A
Total Amount: ₹ 1,03,27,064.00	
(Rupees One Crore Three Lakh Twenty Seven Thousand Sixty Four Only.)	

Endorsement Effective from 11:02 hours, on 02/01/2023 to midnight of 31/12/2023	
Additional Premium: ₹ 0.00	Insured's Request Date: 02/01/2023
CGST: ₹ 0.00	Endorsement Number: 370106502282100074
SGST/UTGST: ₹ 0.00	
IGST: ₹ 0.00	Endorsement Issue Date: 03/01/2023
Kerala Flood Cess: ₹ 0.00	
Less: GST_TDS: ₹ 0.00	Receipt Number: N/A
Recoverable Stamp Duty: ₹ 0.00	Receipt Date: N/A
Total Amount: ₹ 0.00	
(Rupees Zero Only.)	

**General / Common Information change**

Subject otherwise to the Terms, Exclusion and Conditions of this Policy.  
Correct details of Remarks read as below

- 1.) 1 X 15 LAC = 15,00,000
- 2.) 3X 10 LAC = 30,00,000
- 3.) 787 X 5LAC = 39,35,00,000
- 4.) 1441 X 2.5 LAC = 36,02,50,000
- 5.) 1399 X 2 LAC = 27,98,00,000
- 6.) 3168 X 1 LAC = 31,68,00,000

TOTAL SUM INSURED IS 13,54,85,0000/-

AS PER NATIONAL GROUP MEDICLAIM POLICY (NON TPA)

NO. OF INSURED - 6799 (SUM INSURED AS PER LIST ATTACHED)



Printed on 03/01/2023 by ID: 80117

Page no. 1

नेशनल इन्श्योरेंस कम्पनी लिमिटेड  
National Insurance Company Limited  
CIN : U10200WB1906GOI001713  
IRDA Regn. No. -58

शाखा कार्यालय : प्रथम, शान्ति सदन, चर्च रोड, जयपुर-302 001  
फोन : 0141-2377177 फैक्स : 0141-2379679

For any information please contact the Policy Issuing Office or Visit our Website at [www.nationalinsuranceindia.com](http://www.nationalinsuranceindia.com)

पंजीकृत एवं प्रधान कार्यालय : 3, मिडिलटन स्ट्रीट, कोलकाता-700071  
ई-मेल : [website.administrator@nic.co.in](mailto:website.administrator@nic.co.in)  
दूरभाष : 033-22831705-06 फैक्स : 033-22831712

पूरांकन /Endorsement-Group Mediclaim	
<b>Policy Number : 370106502210000721</b>	<b>जारीकर्ता कार्यालय/Issuing Office</b>
व्यवसाय स्रोत/ Business Source : 9000168568	कार्यालय कोड /Office Code : 370106 कार्यालय पता / Office Address : JAIPUR BRANCH I Shanti Sadan, Church Road, Opposite Shalimar, Jaipur, Rajasthan, - 302001. State Code: 8, Rajasthan GSTIN: 08AAACN9967E1Z3 eMail:
विक्रय चैनल का नाम/ Sales Channel Name : Mr Uma Shanker Sharma	विक्रय चैनल संपर्क नम्बर/ Sales Channel Contact Number : 9461496610 सह दलाल कोड / Co Broker Code:
	कस्टमर केयर टॉल फ्री नंबर/ Customer Care Toll Free Number: 1800 345 0330 ईमेल/ email:customer.support@nic.co.in



IN CASE OF DISHONOUR OF THE PREMIUM CHEQUE, THIS DOCUMENT STANDS AUTOMATICALLY CANCELLED 'AB-INITIO'

For and On Behalf Of National Insurance Company Limited

Authorized Signatory

Printed on 03/01/2023 by ID: 80117

Page no. 2

नेशनल इन्श्योरेन्स कम्पनी लिमिटेड  
National Insurance Company Limited  
CIN : U10200WB1906GOI001713  
IRDA Regn. No. -58

शाखा कार्यालय : प्रथम, शान्ति सदन, चर्च रोड, जयपुर-302 001  
फोन : 0141-2377177 फैक्स : 0141-2379679

For any information please contact the Policy Issuing Office or Visit our Website at [www.nationalinsuranceindia.com](http://www.nationalinsuranceindia.com)

पंजीकृत एवं प्रधान कार्यालय : 3, गिडिसटन स्ट्रीट, कोलकाता-700071  
ई-मेल : [website.administrator@nic.co.in](mailto:website.administrator@nic.co.in)  
दूरभाष : 033-22831705-06 फैक्स : 033-22831712

## TAX INVOICE

Invoice Serial No: 30253H2P00000721



## Details of Supplier:

National Insurance Company Limited,  
JAIPUR BRANCH | Shanti Sadan, Church Road, Opposite Shalimar, Jaipur, Rajasthan, - 302001  
State : 8, Rajasthan  
GSTIN No : 08AAACN9987E1Z3

## Details Of Receiver : BANASTHALI VIDYAPITH

Address : POST-BANASTHALI, TEH-NEWAI, DIST.-TONK DIST. : TONK, RAJASTHAN  
City : TONK - DISTRICT OTHERS.  
District : TONK,  
State : RAJASTHAN,  
PIN : 304021

Place Of Supply State : Rajasthan  
State Code : 8  
GSTIN No : NA

सैक कोड/ SAC Code	सेवा का विवरण/ Description of Service	कुल/Total (₹)	छूट/ Discount	टैक्स योग्य/ मूल्य/Taxable Value(₹)	सीजीएसटी की राशि CGST		एसजीएसटी/यूटीजीएसटी/ SGST/UTGST		आईजीएसटी/GST		केरला बाढ़ उपकर/Kerala Flood Cess
					दर/Rate	राशि Amount(₹)	दर/Rate	राशि Amount(₹)	दर/Rate	राशि Amount(₹)	राशि/Amount(₹)
997139	Other non-life insurance services (excluding reinsurance services)	87,51,749	0%	87,51,749	9%	7,87,657	9%	7,87,657	0%	0	0
<b>TOTAL</b>		87,51,749		87,51,749		7,87,657		7,87,657		0	0

कुल इनवॉयस मूल्य (अंकों में) Total Invoice Value (In figures) :  
₹ 1,03,27,064

कुल इनवॉयस मूल्य (शब्दों में) Total Invoice Value (In words) : रुपए/Rupees  
One Crore Three Lakh Twenty Seven Thousand Sixty Four  
केवल/Only.

रिविदास वापस के अधीन टैक्स की राशि Amount of Tax Subject to Reverse Charge : No

E. &amp; O.E

कृते नेशनल इन्शुरेन्स कंपनी लिमिटेड। For  
and on behalf of National Insurance Company Limited

अधिकृत हस्ताक्षरकर्ता/ Authorized Signatory



Printed on 29/12/2022 by ID: 80117

Page no: 3

नेशनल इन्शुरेन्स कम्पनी लिमिटेड  
National Insurance Company Limited  
CIN : U10200WB1906GOI001713  
IRDA Regn. No. -58

शाखा कार्यालय : प्रथम, शान्ति सदन, चर्च रोड, जयपुर-302 001  
फोन : 0141-2377177 फैक्स : 0141-2379679

For any information please contact the Policy Issuing Office or Visit our Website at [www.nationalinsuranceindia.com](http://www.nationalinsuranceindia.com)

पंजीकृत एवं प्रधान कार्यालय : 3, मिडिलटन स्ट्रीट, कोलकाता-700071  
ई-मेल : [website.administrator@nic.co.in](mailto:website.administrator@nic.co.in)  
दूरभाष : 033-22831705-06 फैक्स : 033-22831712



## वसूली रसीद/Collection Receipt

जारीकर्ता कार्यालय कोड/Issuing Office Code : 370106
जारीकर्ता कार्यालय का नाम व पता/Name and Address of Issuing Office : JAIPUR BRANCH I Shanti Sadan, Church Road, Opposite Shalimar,Jaipur, Rajasthan, - 302001
राज्य कोड/State Code : 8 ,राज्य का नाम/State Name : Rajasthan
जीएसटीआईएन/GSTIN : 08AAACN9967E1Z3
संपर्क संख्या/Contact Number : 141 2377177



रसीद सं./Receipt No : 370106812210008326	स्कॉल सं. (यदि कोई हो)/Scroll No(if any) :
रसीद की तिथि व समय/Receipt Date & Time : 29/12/2022. 17:26 hours	स्कॉल तिथि (यदि कोई हो)/Scroll Date(if any) :

श्री MS BANASTHALI VIDYAPITH से के रूप में रुपये  
Rs. 1,03,27,064.00 निम्नलिखित लेनदेन के अनुसार धन्यवाद सहित प्राप्त हुआ।

Received with thanks from MS BANASTHALI VIDYAPITH a sum of Rs. 1,03,27,064.00 (Rupees One Crore Three Lakh Twenty Seven Thousand Sixty Four Only ) by way of EFT/UPI/Bharat QR Code towards the following transactions.  
भुगतान विवरण/Paymode Details :

भुगतान मोड का नाम/Paymode Name : EFT/UPI/Bharat QR Code	
संदर्भ सं./Ref-NO : INSIL221228003ZN	संदर्भ तिथि/Ref-Date : 28/12/2022
बैंक का नाम (यदि कोई हो)/Bank Name(if any) : State Bank of India	बैंक शाखा (यदि कोई हो)/Bank Branch(if any) : SBI-Banasthali - Tonk

क्र. सं./ S. No	विभाग/ Dept	पॉलिसी/ पृष्ठांकन Policy/Endorsement		व्यव. स्रोत कोड/ Biz Source Code	व्यव. का वर्ग/ विवरण / Class of Business/Narration	राशि रू. / Amount Rs.
		लेन-देन कोड/ Tr Cd	वर्ष/ Year	संख्या/ Number	विक्रय चैनल/ Sales Channel	
1	59-16	2023	370106502210000721	080117 9000168568	Group Mediclaim Direct Premium CGST SGST Bank Charges Total	87,51,749.00 7,87,657.00 7,87,657.00 1 1,03,27,064.00

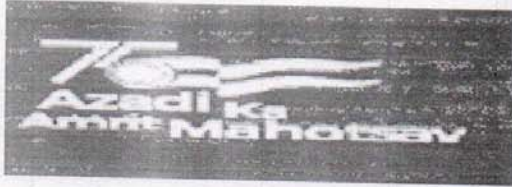
रोकाईया/Cashier :



कृते नेशनल इन्श्योरन्स कं. लि. For National Insurance Co. Ltd.



प्राधिकृत हस्ताक्षरकर्ता/Authorised Signatory



चेक द्वारा भुगतान किए जाने की तिथि में रसीद बैंक द्वारा भुगतान की प्राप्ति के बाद ही जारी किया जाएगा। सभी पत्राचारों में उपरोक्त प्रींटेड पॉलिसी जारी करनेवाले कार्यालय के पते पर दस्तावेज संख्या व पॉलिसी का वर्ष तथा संख्या उल्लेख किया जाना चाहिए। (अब राशि 5000 - रूपए या उससे अधिक होगी तो राकस टिकट निपटारा जमा आवश्यक होगा)

Receipt is subject to realisation of cheque when payment is made by cheque. Our document number and Date, Policy year and Number should be quoted in all correspondence with us only to the Policy issuing office address mentioned above. Revenue stamp has to be affixed when the amount is or above Rs. 5000.

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

Printed on 17/01/2023 by 80010 Page No : 2

