



पॉलिसी अनुसूची/ Policy Schedule - Group Mediclaim	
Policy Number: 370106501810001272	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: 08AAACN9967E1Z3 Contact Number: 141 2377177 Mobile Number:	विक्रय चैनल विवरण/ Sales Channel Details कोड/ Code: 9000168568 नाम/ Name: Mr Uma Shanker Sharma Contact Number: 8946903222

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: 01/01/2019 के 00:00 से 31/12/2019 की मध्य रात्रि तक प्रभावी /Policy Effective from 00:00 hours, on 01/01/2019 to midnight of 31/12/2019			
प्रीमियम /Premium	₹ 60,00,000.00	कवर नोट संख्या तथा तथि/Cover Note Number and Date	NA
CGST	₹ 5,40,000.00	प्रस्ताव संख्या और तथि/Proposal Number and Date	8800171228656025 Dt. 02/11/2018
SGST/UTGST	₹ 5,40,000.00		
IGST	₹ 0.00		
कम:जीएसटी_टीडीएस / Less:GST_TDS	₹ 0.00	रसीद संख्या और तथि/ Receipt Number and Date	370106811810009913 Dt. 31/12/2018
पुनर्प्राप्त स्टाम्प शुल्क / Recoverable Stamp Duty	₹ 0.00	पछिली पॉलिसी संख्या तथा समाप्ती तथि/Previous Policy Number and Expiry Date	370106501710001260 and Dt.31/12/2018
कुल / Total	₹ 70,80,000.00	(Rupees Seventy Lakh Eighty Thousand Only.)	

ClassCode:
LocationAddress:BANASTHALI VIDYAPITH,,Tonk - District Others,Tonk,Rajasthan,304022.
Number of Families :1 Number of Lives covered:5404

SL. No	Coverage	Coverage Description	Sum Insured
1	Standard Cover	NATIONAL GROUP MEDICLAIM POLICY	1,09,13,50,000.00
	Excess: Additional Information: AS PER NATIONAL GROUP MEDICLAIM POLICY (NON TPA) NO. OF INSURED - 5404 (SUM INSURED AS PER LIST ATTACHED) 1.) 2 X 10LAC = 20,00,000 2.) 672 X 5LAC = 336000000 3.) 1287 X 2.5LAC = 321750000 4.) 873 X 2LAC = 174600000 5.)2570 x 1LAC=257000000		

TPA Details: null.

Clauses	As per Annexure I
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जसिकी गवाही में दनि/ माह /वर्ष को उपरोक्त उल्लेखित कार्यालय पते पर अधोहस्ताक्षरी को वधिवित अधकृत कया जा रहा है उसके हाथ नरिधारति करि जाएं। यह अनुसूची, संलग्न पॉलिसी, खण्ड, पृष्ठांकन और पॉलिसी शब्दों, जो कंपनी वेबसाईट www.nationalinsuranceindia.nic.co.in पर उपलब्ध है, को एक अनुबंध के रुप में एक साथ पढा जाए तथा कोई भी शब्द या अभवियक्ति जिसके लरि यह वशिष्टि अर्थ पॉलिसी या अनुसूची के कसि भी हसिसे में संलग्न कया गया हो, एक ही अर्थ वहन करेगा चाहे जहाँ भी उल्लेखति हो। यह आशवासन दया जाता है क प्रीमियम चेक के अस्वीकृति के मामले में, यह दस्तावेज स्वतः प्राथमकता नरिसत हो जाएगी। **IN WITNESS WHEREOF, the undersigned being duly authorized hereunto set his/ her hand at the office address mentioned above, this 31/December/2018.** This schedule, the attached policy, the clauses, the endorsements and policy wordings as available in the website www.nationalinsuranceindia.nic.co.in shall be read together as one contract and any word or expression to which the specific meaning has been attached in any part of this policy or of the schedule shall bear the same meaning wherever it may appear. It is warranted that **IN CASE OF DISHONOUR OF THE PREMIUM CHEQUE, THIS DOCUMENT STANDS AUTOMATICALLY CANCELLED 'AB-INITIO'**

नेशनल इन्श्योरेन्स कम्पनी लिमिटेड
National Insurance Company Limited
Printed on 31/12/2018 19:05:01 1713
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

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

पॉलिसी अनुसूची/ Policy Schedule - Group Mediclaim	
Policy Number: 370106501810001272	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: 08AAACN9967E1Z3 Contact Number: 141 2377177 Mobile Number:	विक्रय चैनल विवरण/ Sales Channel Details कोड/ Code: 9000168568 नाम/ Name: Mr Uma Shanker Sharma Contact Number: 8946903222

इन्श्योरेन्स इंडिया लिमिटेड

स्टाम्प ड्यूटी
Stamp
Duty:
(₹ 1.00)

कृते नेशनल इन्श्योरेन्स कंपनी
लिमिटेड/ For and on behalf of National Insurance
Company Limited

अधिकृत हस्ताक्षरकर्ता/ Authorized
Signatory

"Consolidated Stamp Duty Paid vide Inspector
General Registration and Stamp Ajmer,
Order No. F7(84)Gen/2015/12405 dated 20.10.2015"

नेशनल इन्श्योरेन्स कंपनी लिमिटेड
National Insurance Company Limited
CIN: U19202WB1906G01991713
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

पंजीकृत एवं प्रधान कार्यालय : 3, मिडिलटन स्ट्रीट, कोलकाता-700 071
ई-मेल : website.administrator@nic.co.in
दूरभाष : 033-22831705-06 फैक्स : 033-22831712

पृष्ठानकन /Endorsement-Group Mediclaim	
Policy Number : 370106501810001272	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: 08AAACN9967E1Z3 eMail:
व्यवसाय स्रोत/ Business Source : 9000168568	
विक्रय चैनल का नाम/ Sales Channel Name : Mr Uma Shanker Sharma	विक्रय चैनल संपर्क नम्बर/ Sales Channel Contact Number : 8946903222



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 01/01/2019 to midnight of 31/12/2019			
Premium:	₹ 60,00,000.00	Total SI:	₹ 1,09,13,50,000.00
CGST	₹ 5,40,000.00	Proposal Number and Date:	8800171228656025 Dt. 02/11/2018
SGST/UTGST	₹ 5,40,000.00		
IGST	₹ 0.00		
Less:GST TDS	₹ 0.00		
Recoverable Stamp Duty:	₹ 0.00	Receipt Number:	370106811810009913
Total Amount:	₹ 70,80,000.00	Receipt Date:	31/12/2018
(Rupees Seventy Lakh Eighty Thousand Only.)		Co-Insurance Details:	N/A

Endorsement Effective from 00:00 hours, on 01/01/2019 to midnight of 31/12/2019			
Additional Premium:	₹ 3,37,003.00	Insured's Request Date:	31/01/2019
CGST	₹ 30,330.00	Endorsement Number:	370106501882100102
SGST/UTGST	₹ 30,330.00		
IGST	₹ 0.00		
Less:GST TDS	₹ 0.00		
Recoverable Stamp Duty:	₹ 0.00	Endorsement Issue Date:	31/01/2019
Total Amount :	₹ 3,97,664.00	Receipt Number:	370106811810011022
(Rupees Three Lakh Ninety Seven Thousand Six Hundred Sixty Four Only.)		Receipt Date:	31/01/2019

General / Common Information change

Subject otherwise to the Terms, Exclusion and Conditions of this Policy. The sum insured value is changed from 1,091,350,000.00 to 1,119,350,000.00. the Sum Insured stated in the Policy Schedule is increased from 1,091,350,000.00 to 1,119,350,000.00.

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

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

पंजीकृत एवं प्रधान कार्यालय : 3, मिडिलटन स्ट्रीट, कोलकाता-700071

ई-मेल : website.administrator@nic.co.in

दूरभाष : 033-22831705-06 फैक्स : 033-22831712

Debit Note

Details of Supplier:

National Insurance Company Limited.,
JAIPUR BRANCH | Shanti Sadan, Church Road, Opposite Shalimar, Jaipur, Rajasthan - 302001
State : 8 , Rajasthan
GSTIN No : 08AAACN9967E1Z3

Details Of Receiver : BANASTHALI VIDYAPITH

Address:
POST-BANASTHALI, TEH-NEWAI, DIST.-TONK DIST. : TONK, RAJASTHAN,
RAJASTHAN,
304021.

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

Invoice Serial No: 3025309E00100102

Invoice Date: 31/01/2019

*Reference to Serial No. of Corresponding
Tax Invoice / Bill of Supply
Reference to Date of the corresponding
tax invoice / bill of supply*

SAC Code	Description of Service	Total(₹)	Discount	Taxable Value(₹)	Rate	CGST Amount(₹)	Rate	SGST/UTGST Amount(₹)	Rate	IGST Amount(₹)
997139	Other non-life insurance services (excluding reinsurance services)	3,37,003.00	0%	3,37,003.00	9%	30,330	9%	30,330	0%	0
TOTAL		3,37,003.00		3,37,003.00		30,330		30,330		0

Total Value (In figures) : ₹ 3,97,664

Total Value (In words) : Rupees Three Lakh Ninety Seven Thousand Six Hundred Sixty Four Only.

Amount of Tax Subject to Reverse Charge : No

E.&.O.E

For and on behalf of
National Insurance Company Limited.,

Authorized Signatory

Collection Receipt

Issuing Office Code : 370106

Name and Address of Issuing Office : JAIPUR BRANCH I Shanti Sadan, Church Road, Opposite Shalimar, Jaipur, Rajasthan - 302001

State Code : 8 & State Name :Rajasthan

GSTIN : 08AAACN9967E1Z3

Contact Number : 141 2377177

Receipt No : 370106811810009913

Scroll No(If any) :

Receipt Date & Time : 31/12/2018, 15:45 hours

Scroll Date(If any) :

Received with thanks from MS BANASTHALI VIDYAPITH a sum of Rs. 70,80,000.00 (Rupees Seventy Lakh Eighty Thousand Only) by way of Cheque towards the following transactions.

Paymode Details :

Paymode Name : Cheque	
Instrument Number : 001458	Instrument Date : 31/12/2018
Bank Name(If any) : ICICI Banking Corporation Ltd	Bank Branch(If any) : ICI-Jaipur - Krishi Bhawan

S. No	Dept	Policy/Endorsement		Biz Source Code	Class of Business/Narration	Amount Rs.
	Tr Cd	Year	Number	Sales Channel	Account Description	
1	59	2019	370106501810001272	080117	Group Mediclaim	
	16			9000168568	Direct Premium	60,00,000.00
					CGST	5,40,000.00
					SGST	5,40,000.00
					Total	70,80,000.00

Cashier :

For National Insurance Co. Ltd,

Authorised Signatory

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.

वसूली रसीद/Collection Receipt



Trusted Since 1906

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 : 370106811810011022	स्कॉल सं. (यदि कोई हो)/Scroll No(If any) :
रसीद की तिथि व समय/Receipt Date & Time : 31/01/2019. 14:47 hours	स्कॉल तिथि (यदि कोई हो)/Scroll Date(If any) :

श्री MS BANASTHALI VIDYAPITH से चेक द्वारा जमा के रूप में रूपये

Rs. 3,97,664.00 निम्नलिखित लेनदेन के अनुसार धन्यवाद सहित प्राप्त हुआ।

Received with thanks from MS BANASTHALI VIDYAPITH a sum of Rs. 3,97,664.00 (Rupees Three Lakh Ninety Seven Thousand Six Hundred Sixty Four Only) by way of Cheque towards the following transactions.

भुगतान विवरण/Paymode Details :

भुगतान मोड का नाम/Paymode Name : Cheque	
उपकरण संख्या/Instrument Number : 001484	उपकरण तिथि/Instrument Date : 27/01/2019
बैंक का नाम (यदि कोई हो)/Bank Name(If any) : ICICI Banking Corporation Ltd	बैंक शाखा (यदि कोई हो)/Bank Branch(If any) : ICI-Jaipur - Krishi Bhawan

क्र. सं./ S. No	विभाग/ Dept	पॉलिसी/ पृष्ठांकन Policy/Endorsement		व्यव. श्रोत कोड/ Biz Source Code	व्यव.का वर्ग/ विवरण / Class of Business/Narration	राशि रू. / Amount Rs.
		लेन-देन कोड/ Tr Cd	वर्ष/ Year			
1	59 21	2019	370106501810001272	080117	Group Mediclaim	
			370106501882100102	9000168568	Direct Premium	3,37,003.00
					CGST	30,330.00
					SGST	30,330.00
					Bank Charges	1
				Total	3,97,664.00	

कृते नेशनल इन्श्योरेंस कं. लि./For National Insurance Co. Ltd,

शेकड्रिया/Cashier :



प्राधिकृत हस्ताक्षरकर्ता/Authorised Signatory

चेक द्वारा भुगतान किए जाने की स्थिति में रसीद चेक द्वारा भुगतान की प्राप्ति के बाद ही जारी किया जाएगा। सभी पत्राचारों में उपरोक्त वर्णित पॉलिसी जारी करनेवाले कार्यालय के पते पर दस्तावेज संख्या व पॉलिसी का वर्ष तथा संख्या उद्धृत किया जाना चाहिए। जब राशि 5000/- रूपए या उससे अधिक होगी तो राजस्व टिकट चिपकाया जाना 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.

नेशनल इन्श्योरेंस कंपनी लिमिटेड
National Insurance Company Limited. 5000.

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

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



पॉलिसी अनुसूची/ Policy Schedule - Group Mediclaim	
Policy Number: 370106501710001260	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: 08AAACN9967E1Z3 Contact Number: 141 2377177 Mobile Number:	विक्रय चैनल विवरण/ Sales Channel Details कोड/ Code: 9000168568 नाम/ Name: Mr Uma Shanker Sharma Contact Number: 8946903222

ग्राहक का नाम/Customer Name: MS BANASTHALI VIDYAPITH	ग्राहक आईडी/ Customer ID: 9516901855	पैन/ PAN: AAATB8477A
पता/ Address: POST-BANASTHALI, TEH-NEWAI, DIST.-TONK DIST. : TONK, RAJASTHAN, City: MALPURA, District: TONK, State: RAJASTHAN, PIN: 304502.	फोन/ Phone:	ई-मेल/ E-Mail:

पॉलिसी: 01/01/2018 के 00:00 से 31/12/2018 की मध्य रात्रि तक प्रभावी /Policy Effective from 00:00 hours, on 01/01/2018 to midnight of 31/12/2018

प्रीमियम /Premium	₹ 36,53,824.00	कवर नोट संख्या तथा तिथि/Cover Note Number and Date	NA
CGST	₹ 3,28,844.00	प्रस्ताव संख्या और तिथि/Proposal Number and Date	8800171228656025 Dt. 28/12/2017
SGST/UTGST	₹ 3,28,844.00		
IGST	₹ 0.00		
पुनर्प्राप्त स्टाम्प शुल्क / Recoverable Stamp Duty	₹ 0.00	रसीद संख्या और तिथि/ Receipt Number and Date	370106811710010872 Dt. 29/12/2017
कुल / Total	₹ 43,11,513.00	पछिली पॉलिसी संख्या तथा समाप्ती तिथि/Previous Policy Number and Expiry Date	NA

(Rupees Forty Three Lakh Eleven Thousand Five Hundred Thirteen Only.)

Location Address: BANASTHALI VIDYAPITH,, Tonk - District Others, Tonk, Rajasthan, 304022.

SL. No	Coverage	Coverage Description	Sum Insured
1	Standard Cover	NATIONAL GROUP MEDICLAIM POLICY	₹ 45,50,50,000.00
	Excess:		
	Additional Information: AS PER NATIONAL GROUP MEDICLAIM POLICY (NON TPA) NO. OF INSURED - 5211 (SUM INSURED AS PER LIST ATTACHED) 1.) 2 X 5LAC = 10,00,000 2.) 596 X 2LAC = 11,92,00,000 3.) 2084 X 1LAC = 20,84,00,000 4.) 2529 X 50,000 = 12,64,50,000		

TPA Details: null.

Cluses	As per Annexure I
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FINANCIER DETAILS			
Sr.No	Type of Finance	Name of Financier	Address

जसिकी गवाही में दनि/ माह /वर्ष को उपरोक्त उल्लेखित कार्यालय पते पर अधोहस्ताक्षरी को वधिवित अधकृत कयिा जा रहा है उसके हाथ नरिधारति कएि जाए। यह अनुसूची, संलग्न पॉलिसी, खण्ड, पृष्ठांकन और पॉलिसी शब्दों, जो कंपनी वेबसाईट www.nationalinsuranceindia.nic.co.in पर उपलब्ध है, को एक अनुबंध के रुप में एक साथ पढ़ा जाए तथा कोई भी शब्द या अभिवियक्ति जिसके लिए यह वशिष्टि अर्थ पॉलिसी या अनुसूची के कसिी भी हसिसे में संलग्न कयिा गया हो, एक ही अर्थ वहन करेगा चाहे जहाँ भी उल्लेखति हो। यह आशवासन दयिा जाता है कि प्रीमियम चेक के अस्वीकृति के मामले में, यह दस्तावेज स्वतः प्राथमकतिा नरिसुत हो जाएगी। /IN WITNESS WHEREOF, the undersigned being duly authorized hereunto set his/ her hand at the office address mentioned above, this 29/December/2017. This schedule, the attached policy, the clauses, the endorsements and policy wordings as available in the website www.nationalinsuranceindia.nic.co.in shall be read together as one contract and any word or expression to which the specific meaning has been attached in any part of this policy or of the schedule shall bear the same meaning wherever it may appear. It is warranted that IN CASE OF DISHONOUR OF THE PREMIUM CHEQUE, THIS DOCUMENT STANDS AUTOMATICALLY CANCELLED 'AB-INITIO'

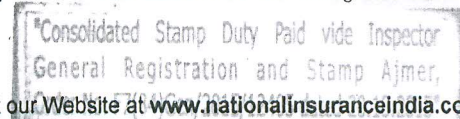
नेशनल इन्शुरेन्स कम्पनी लिमिटेड
National Insurance Company Limited

Printed on 29/12/2017 by 001713
CIN: U10200WB1906GO1001713
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

पंजीकृत एवं प्रधान कार्यालय : 3, मिडिलटन स्ट्रीट, कोलकाता-700 071
ई-मेल : website.administrator@nic.co.in
दूरभाष : 033-22831705-06 फैक्स : 033-22831712





पॉलिसी अनुसूची/ Policy Schedule - Group Mediclaim	
Policy Number: 370106501710001260	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: 08AAACN9967E1Z3 Contact Number: 141 2377177 Mobile Number:	विक्रय चैनल विवरण/ Sales Channel Details कोड/ Code: 9000168568 नाम/ Name: Mr Uma Shanker Sharma Contact Number: 8946903222

इंश्योरेंस इंडिया लिमिटेड

स्टॉप इयूटी
Stamp
Duty:
(₹ 1.00)

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

अधिकृत हस्ताक्षरकर्ता/ Authorized
Signatory

नेशनल इन्शुरेन्स कंपनी लिमिटेड
National Insurance Company Limited
Printed On: 27/02/2019 19:06:00 1713
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

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

TAX INVOICE



Invoice Serial No: 30253O7P00001260

Details of Supplier:

National Insurance Company Limited,
JAIPUR BRANCH | Shanti Sadan, Church Road, Opposite, Shalimar, Jaipur, Rajasthan - 302001
State : 8, Rajasthan
GSTIN No : 08AAACN9967E1Z3

Details Of Receiver : MS BANASTHALI VIDYAPITH

Address : POST-BANASTHALI, TEH-NEWAI, DIST.-TONK DIST. : TONK, RAJASTHAN
City : MALPURA,
District: TONK,
State: RAJASTHAN,
PIN: 304502.

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

SAC Code	Description of Service	Total(₹)	Discount	Taxable Value(₹)	CGST		SGST/UTGST		IGST	
					Rate	Amount(₹)	Rate	Amount(₹)	Rate	Amount(₹)
997139	Other non-life insurance services (excluding reinsurance services)	36,53,824	0%	36,53,824	9%	3,28,844	9%	3,28,844	0%	0
TOTAL		36,53,824		36,53,824		3,28,844		3,28,844		0

Total Invoice Value (In figures) : ₹ 43,11,513

Total Invoice Value (In words) : Rupees Fourty Three Lakh Eleven Thousand Five Hundred Thirteen Only.

Amount of Tax Subject to Reverse Charge : No

E.&.O.E

For and on behalf of
National Insurance Company Limited.,
[Signature]
Authorized Signatory

नेशनल इन्शुरेन्स कम्पनी लिमिटेड
National Insurance Company Limited
Printed on 29/12/2017 19:06:01
IRDA Regn. No. -58

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

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

पृष्ठांकन /Endorsement - Group Mediclaim	
Policy Number : 370106501710001260	जारीकर्ता कार्यालय/Issuing Office
व्यवसाय स्रोत/ Business Source : 9000168568	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:
विक्रय चैनल का नाम/ Sales Channel Name : Mr Uma Shanker Sharma	विक्रय चैनल संपर्क नम्बर/ Sales Channel Contact Number : 8946903222

Debit Note

Details of Supplier:

National Insurance Company Limited.,
JAIPUR BRANCH | Shanti Sadan, Church Road, Opposite Shalimar, Jaipur, Rajasthan - 302001
State : 8 , Rajasthan
GSTIN No : 08AAACN9967E1Z3

Details Of Receiver : MS BANASTHALI VIDYAPITH

Address:
POST-BANASTHALI, TEH-NEWAI, DIST.-TONK DIST. : TONK, RAJASTHAN,
RAJASTHAN,
304502.

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

Invoice Serial No:

30253O8E00100086

Invoice Date:

29/12/2017

*Reference to Serial No. of Corresponding
Tax Invoice / Bill of Supply*

*Reference to Date of the corresponding
tax invoice / bill of supply*

SAC Code	Description of Service	Total(₹)	Discount	Taxable Value(₹)	CGST		SGST/UTGST		IGST	
					Rate	Amount(₹)	Rate	Amount(₹)	Rate	Amount(₹)
997139	Other non-life insurance services (excluding reinsurance services)	84,128.00	0%	84,128.00	9%	7,572	9%	7,572	0%	0
TOTAL		84,128.00		84,128.00		7,572		7,572		0
Total Value (In figures) : ₹ 99,271										
Total Value (In words) : Rupees Ninety Nine Thousand Two Hundred Seventy One Only.										
Amount of Tax Subject to Reverse Charge : No										

E.&O.E

For and on behalf of

National Insurance Company Limited.,

Authorized Signatory

Collection Receipt

Issuing Office Code : 370106	
Name and Address of Issuing Office : JAIPUR BRANCH I Shanti Sadan, Church Road, Opposite Shalimar, Jaipur, Rajasthan - 302001	
State Code : 8 & State Name :Rajasthan	
GSTIN : 08AAACN9967E1Z3	
Contact Number : 141 2377177	
Receipt No : 370106811710010872	Scroll No(If any) :
Receipt Date & Time : 29/12/2017, 17:54 hours	Scroll Date(If any) :

Received with thanks from MS BANASTHALI VIDYAPITH a sum of Rs. 43,11,513.00 (Rupees Forty Three Lakh Eleven Thousand Five Hundred Thirteen Only) by way of Cheque towards the following transactions.

Paymode Details :

Paymode Name : Cheque	
Instrument Number : 001391	Instrument Date : 29/12/2017
Bank Name(If any) : HDFC Bank Ltd	Bank Branch(If any) : HDF-Jaipur - Ashok Marg

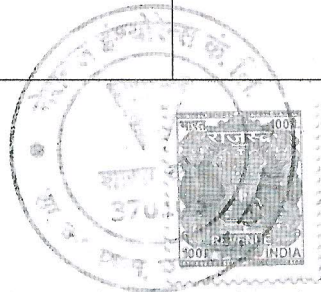
S. No	Dept Tr Cd	Policy/Endorsement Year	Policy/Endorsement Number	Biz Source Code Sales Channel	Class of Business/Narration Account Description	Amount Rs.
1	59 11	2018	370106501710001260	080117 9000168568	Group Mediciclaim Direct Premium CGST SGST Bank Charges Total	 36,53,824.00 3,28,844.00 3,28,844.00 1 43,11,513.00

For National Insurance Co. Ltd,



Authorised Signatory

Cashier :



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.

Printed on 30/12/2017 by 80117 Page No : 1

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

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

Collection Receipt

Issuing Office Code : 370106

Name and Address of Issuing Office : JAIPUR BRANCH I Shanti Sadan, Church Road, Opposite Shalimar, Jaipur, Rajasthan - 302001

State Code : 8 & State Name :Rajasthan

GSTIN : 08AAACN9967E1Z3

Contact Number : 141 2377177

Receipt No : 370106811710012444

Scroll No(If any) :

Receipt Date & Time : 05/02/2018, 13:30 hours

Scroll Date(If any) :

Received with thanks from MS BANASTHALI VIDYAPITH a sum of Rs. 99,271.00 (Rupees Ninety Nine Thousand Two Hundred Seventy One Only) by way of Cheque towards the following transactions.

Paymode Details :

Paymode Name : Cheque	
Instrument Number : 048185	Instrument Date : 24/01/2018
Bank Name(If any) : State Bank of India	Bank Branch(If any) : SBI-I E Newai

S. No	Dept	Policy/Endorsement		Biz Source Code	Class of Business/Narration	Amount Rs.	
	Tr Cd	Year	Number	Sales Channel	Account Description		
1	59	2018	370106501710001260	080117	Group Mediciclaim		
	21		370106501782100086	9000168568	Direct Premium	84,128.00	
						CGST	7,572.00
						SGST	7,572.00
						Bank Charges	-1
				Total	99,271.00		

For National Insurance Co. Ltd,

Cashier :

Authorised Signatory

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.



नेशनल इन्श्योरेंस कम्पनी लिमिटेड
(भारत सरकार का एक उपक्रम)
'National Insurance Company Limited'
(A Govt. Of India undertaking)



POLICY SCHEDULE

National Insurance Company Limited
3, Middleton Street, Post Box No. 9229, Kolkata - 700 071

3855370

Dept : Misc - Traditional Business

Group Mediclaim

Policy Number : 370106/46/16/8500000761

Agent code: 9147

Agent name: UMA SHANKAR SHARMA

Agent Contact No: 8946903222

Insured's Name: M/S BANASTHALI VIDYAPITH

Issuing Office Code : 370106

Address : POST-BANASTHALI, TEH-NEWAI, DIST.-TONK
Dist. : TONK, Rajasthan
Pin Code: 304502

Address: Shanti Sadan, Church Road,
Opposite Shalimar, Jaipur,
Rajasthan, Pin : 302001

Tel: 0141 2377177 (G)

Fax : 0141237967

Dev Officer : 80117

Special Client Code : 20001313

Dt Of Prop & Decl: 29/12/2016 Client Type: Corporate

Pol Period: 00:00 Hrs On 01/01/2017 To: Midnight of 31/12/2017

Rept Dt & No. 29/12/2016 370106/81/16/0000012438 PaidUp Cap: Above Rs. 25 Crores

Net Premium : ₹ 3367849

RUPEES THIRTY THREE LAKH SIXTY SEVEN THOUSAND EIGHT HUNDRED FORTY NINE ONLY

NIC 370106 : 1003

Srl.No	Description	Sum Insured (₹)
1	TWO (2) EMPLOYEES (EACH SUM INSURED IS RS. 5 LAC)	10,00,000
2	FIVE TWO FOUR (524) EMPLOYEES AND DEPENDENTS (EACH	10,48,00,000
3	ONE NINE SEVEN NINE (1979) EMPLOYEES AND DEPENDENT	19,79,00,000
4	TWO FOUR EIGHT ONE (2481) DEPENDENTS (EACH SUM IN	12,40,50,000

Total Sum Insured : (₹)

42,77,50,000

Total Sum Insured (In Words): RUPEES FORTY TWO CRORE SEVENTY SEVEN LAKH FIFTY THOUSAND ONLY

Risks Covered : AS PER GROUP MEDICLAIM POLICY (4986 EMPLOYEES AND DEPENDENTS ARE COVERED AS PER PROVISIONAL LIST ENCLOSED)

Location : BANASTHALI VIDYAPITH, TEH-NIWAI, DISTT.- TONK

Special Peril : AS PER GROUP MEDICLAIM POLICY

Special Exclusion : AS PER GROUP MEDICLAIM POLICY

Subject To Clause : AS PER GROUP MEDICLAIM POLICY

Special Excess : AS PER GROUP MEDICLAIM POLICY

Special Conditions: AS PER GROUP MEDICLAIM POLICY (NON TPA)

Premium Computation :

Net Premium : ₹ 33,67,849

Stamp Duty : ₹ 0

Chargeable : No

Service Tax (14.00%): ₹ 4,71,499

Swachh Bharat Cess (0.5%): ₹ 16,839

Krishi Kalyan Cess (0.5%): ₹ 16,839

Total : ₹ 38,73,026

In witness whereof this policy has been signed at JAIPUR
on this 30th day of December , 2016.

For And On Behalf of
National Insurance Company Limited

CIN No: U10200WB1906GOI001713, IRDA Regn. No: 58

Authorised Signatory

JYT-ADITYA-30/12/2016 15:12:17-3-1 37010610000072 - 6.9.0.0

Customer Care Toll Free Number : 18002007710; Grievance Cell Toll Free Number : 18003454033

"Consolidated Stamp Duty Paid vide Inspector
General Registration and Stamp Ajmer,
Order No. F7(84)Gen/2015/12405 dated 20.10.2015"



नेशनल इन्श्योरेन्स कम्पनी लिमिटेड
(भारत सरकार का एक उपक्रम)
'National Insurance Company Limited'
(A Govt. Of India undertaking)

POLICY SCHEDULE

National Insurance Company Limited
3, Middleton Street, Post Box No. 9229, Kolkata - 700 071

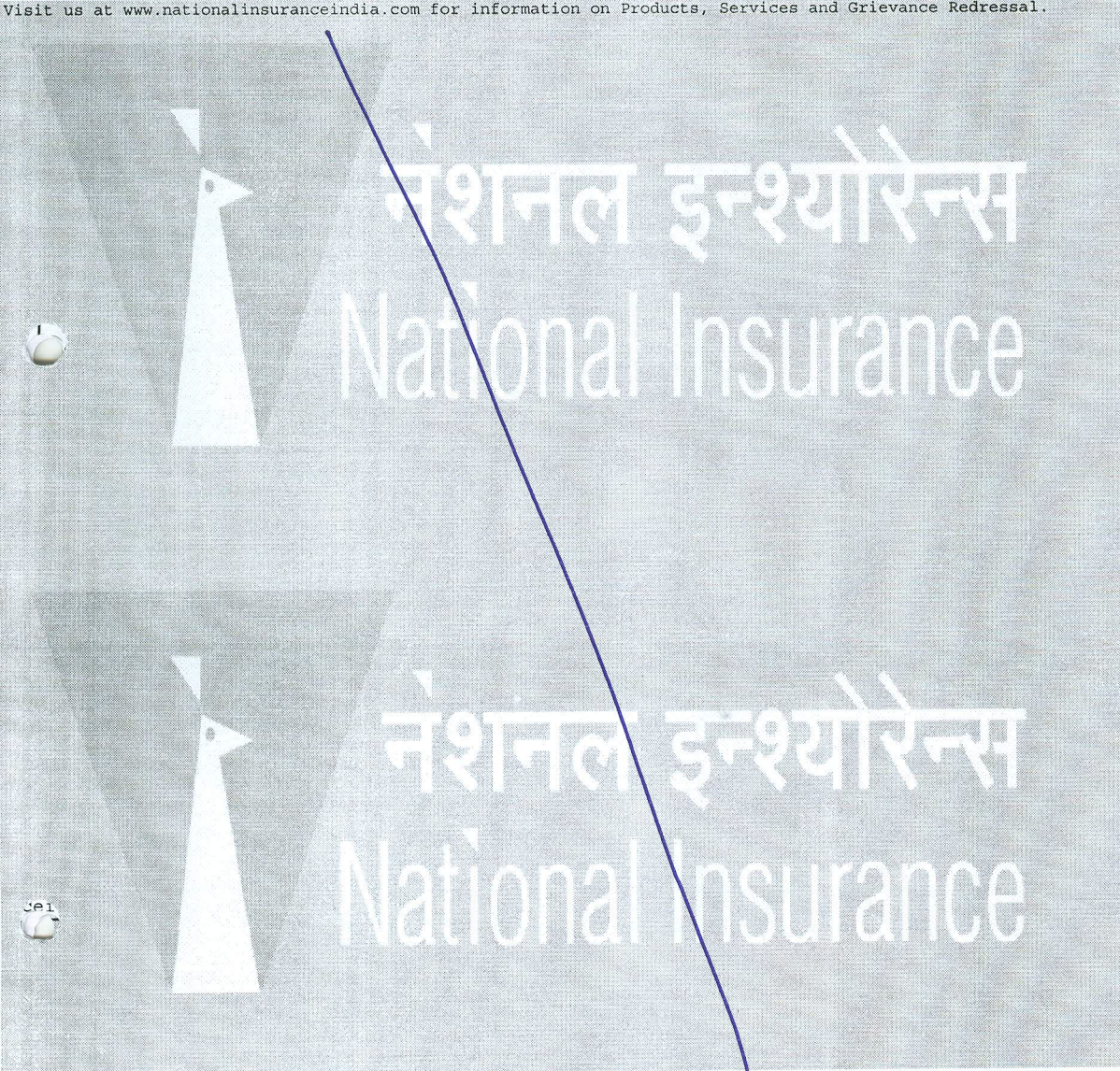
3855371

Dept : Misc - Traditional Business

Group Mediclaim

Policy Number : 370106/46/16/8500000761

Visit us at www.nationalinsuranceindia.com for information on Products, Services and Grievance Redressal.



In witness whereof this policy has been signed at JAIPUR
on this 30th day of December , 2016.

For And On Behalf Of
National Insurance Company Limited

Authorised Signatory

CIN No: U10200WB1906GOI001713, IRDA Regn. No: 58

JYT-ADITYA-30/12/2016 15:12:17-3-1 37010610000072 - 6.9.0.0

Page 2 Of 3

Customer Care Toll Free Number : 18002007710; Grievance Cell Toll Free Number : 18003454033



नेशनल इन्श्योरेंस कम्पनी लिमिटेड
(भारत सरकार का एक उपक्रम)
'National Insurance Company Limited'
(A Govt. Of India undertaking)



Issuing Office Code, Name and Address 370106; Jaipur Branch I; Shanti Sadan, Church Road, Opposite Shalimar, Jaipur, Rajasthan, Pin : 302001; Phone : 0141 2377177 (G) Fax: 0141237	3854877	National Insurance Company Limited 3, Middleton Street, Post Box No. 9229, Kolkata - 700 071	
		Collection Receipt	Document Ref No. 370106/81/16/0000012438 Document Ref Date 29/12/2016 Scroll No. 1025 Scroll Date 29/12/2016

Sl. No	Dept Tr Cd	Policy/Endt/Claim No		Devp. Off Agent	Bank Name and Drawee Branch Name	Cheque No and Date	Account Description	Main Acct	Amount	
		Year	Number				Class of Business/Narration	Sub Acct	(In ₹)	Ps
1	46 11	2016	8500000761	80117 9147	State Bank Of India JP	158469 21/12/2016	EXCESS PREMIUM Group Mediclaim	5071	₹	1.00
2	46 11	2016	8500000761	80117 9147	State Bank Of India JP	158469 21/12/2016	CASH PREMIUM A/C Group Mediclaim	5083	₹	33,67,849.00
3	46 11	2016	8500000761	80117 9147	State Bank Of India JP	158469 21/12/2016	SERVICE TAX Group Mediclaim	5443	₹	4,71,499.00
4	46 11	2016	8500000761	80117 9147	State Bank Of India JP	158469 21/12/2016	Swachh Bharat Cess Liability Group Mediclaim	5664	₹	16,839.00

Received with thanks from M/S BANASTHALI VIDYAPITH
RUPEES THIRTY EIGHT LAKH SEVENTY THREE THOUSAND TWENTY SEVEN ONLY
Name of the Payee (for payments only)

Page Total : ₹ 38,56,188.00

Particulars:

PAN : AAATB8477A
Cvrt No/Dt:



Service Tax Regn No:
AAACN9967EST099

Signature of Receiptent

Cheque Signatory 1 | Cheque Signatory 2 | Prepared by | Checked by | Authorised Signatory of the Company

Receipt is valid 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 to be affixed when the amount exceeds ₹ 500.



नेशनल इन्श्योरेंस कम्पनी लिमिटेड
(भारत सरकार का एक उपक्रम)
'National Insurance Company Limited'
(A Govt. Of India undertaking)



Issuing Office Code, Name and Address 370106; Jaipur Branch I; Shanti Sadan, Church Road, Opposite Shalimar, Jaipur, Rajasthan, Pin : 302001; Phone : 0141 2377177 (G) Fax: 0141237	3854877	National Insurance Company Limited 3, Middleton Street, Post Box No. 9229, Kolkata - 700 071	
	Collection Receipt	Document Ref No.	370106/81/16/0000012438
		Document Ref Date	29/12/2016
		Scroll No.	1025
		Scroll Date	29/12/2016

SL No	Dept Tr Cd	Policy/Endt/ Claim No		Devp. Off Agent	Bank Name and Drawee Branch Name	Cheque No and Date	Account Description	Main Acct Sub Acct	Amount (In ₹) Ps
		Year	Number						
5	46 11	2016 0	8500000761	80117 9147	State Bank Of India JP	158469 21/12/2016	Service Tax A/C KKC Group Mediclaim	5667	₹ 16,839.00

Received with thanks from M/S BANASTHALI VIDYAPITH
RUPEES THIRTY EIGHT LAKH SEVENTY THREE THOUSAND TWENTY SEVEN ONLY
Name of the Payee (for payments only)

Page Total : ₹ 16,839.00
Grand Total : ₹ 38,73,027.00

Particulars:

PAN : AAATB8477A
Cvrt No/Dt:



Service Tax Regn No:
AAACN9967EST099

Signature of Receiptant

Cheque Signatory 1	Cheque Signatory 2	Prepared by	Checked by	Cashier	Authorised Signatory of the Company
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Receipt is valid 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 to be affixed when the amount exceeds ₹ 500.



नेशनल इन्श्योरेंस
National Insurance

नेशनल इन्श्योरेंस कम्पनी लिमिटेड
(भारत सरकार का एक उपक्रम)
'National Insurance Company Limited'
(A Govt. Of India undertaking)

ENDORSEMENT SCHEDULE

National Insurance Company Limited

3862647

3, Middleton Street, Post Box No. 9229, Kolkata - 700 071

Policy No:370106/46/16/8500000761 Dept:Misc - Traditional Business

Group Mediclaim

Endorsement No:370106/46/16/85/83000010

Dev.Officer/Agent: 80117/9147

Special

Insured's Name:M/S BANASTHALI VIDYAPITH

Issuing Office Code: 370106

Client Code:20001313

Address : POST-BANASTHALI, TEH-NEWAI, DIST.-TONK Dist.
: TONK, Rajasthan 304502 Tel. No.: 01438-
228324

Address: Shanti Sadan, Church Road, Opposite
Shalimar, Jaipur, Rajasthan, Pin : 302001

Telephone:0141 2377177 (G) Fax: 0141237

Policy Issue Date : 01/01/2017

Receipt Date & No. : 31/01/2017 370106/81/16/0000014032

Endorsement Effected From: 31/01/2017

Policy Expiring On : 31/12/2017

Extra Premium : ₹ 95,952.00 Service Tax: ₹ 13,433.00 Total: ₹ 1,10,345.00

Swachh Bharat Cess : ₹ 480.00 Krishi Kalyan Cess : ₹ 480.00

Co-Insurance : NIC 370106 : 100%

Insured's Request/Reference Date : 31/01/2017 Number: 546

ENDORSEMENT CAUSE:

CORRECTION IN FINAL LIST OF STAFF MEMBERS. INTIAL MEMBERS WERE 4986, FINAL LIST CONTAINS 5105 STAFF MEMBERS.

ENDORSEMENT WORDING:

ON REUQUEST OF INSURED, FOLLOWING CHANGES HAVE BEEN MADE IN THE LIST OF STAFF MEMBERS :-

- 1.) 2 X 5LACS = 10,00,000
- 2.) 543 X 2LACS = 10,86,00,000
- 3.) 2001 X 1LAC = 20,01,00,000
- 4.) 2559 X 50,000 = 12,79,50,000

TOTAL SUM INSURED IS 43,76,50,000

ALL OTHER TERMS AND CONDITIONS REMAIN SAME.

For and on behalf of
National Insurance Company Limited

CIN No: U10200WB1906GOI001713, IRDA Regn. No: 58

Authorised Signatory

JYT-TCP-31/01/2017 16:59:09-1-1 37010610000243 - 6.9.0.0 All other terms and conditions remain unaltered Page 1 of 1