

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



POLICY SCHEDULE FOR PROFESSIONAL INDEMNITY INSURANCE (Medical Establishment)

<b>Insured's Name</b>	: SECRETARY, KASTURBA HEALTH SOCIETY, KASTURBA HOSPITAL, MGIMS, SEWAGRAM		
<b>Insured's Details</b>		<b>Issuing Office Details</b>	
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)

<b>Policy Details</b>			
Policy Number	: 16060136210200000017	Business Source Code	
Period of Insurance	: From: 26/11/2021 12:00:01 AM To: 25/11/2022 11:59:59 PM	Dev.Off. level/Broker/Web Aggregator/CPSC User	: Mr. ASHOK PANPALIYA - (BA10753011)
Date of Proposal	: 26-Nov-21	Agent/Bancassurance/S pecified Person	: Mrs. SAMIKSHA SACHIN JOSHI (NIAAG00098681) SAMIKSHA JOSHI (SI00161340)
Prev. Policy no.	:	Phone No	: 8275294080 / 07158282200, 9422141100
Client Type	: Non-Corporate	E-mail/Fax	: sachinejoshi02@gmail.com, / /

<b>Premium (₹)</b>	<b>GST (₹)</b>	<b>Total (₹)</b>	<b>Total: (₹ in words)</b>	<b>Receipt No. &amp; Date</b>
121095	21798	142893	RUPEES ONE LAC FORTY-TWO THOUSAND EIGHT HUNDRED NINETY-THREE ONLY	1606018121000000475 9 - 22/11/21

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	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	40000000	1:1	40000000	Amount	2000	0	0	0

Signature valid

Digitally signed by SRINIVASAN VANDANAN Date: 2021.11.22 16:28:15 IST

Policy No. : 16060136210200000017 Document generated by 28395 at 22/11/2021 16:28:15 Hours.

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

NAGPUR RO - 160 000 • WARDHA BR 160 601



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 - 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
<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		₹ 121095.00
SGST	9	10899
CGST	9	10899
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 22nd day of November, 2021.

Date of Issue: 22/11/2021

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

Tax Invoice No : 16060121P0006073

IRDA Registration Number: 190





### COLLECTION RECEIPT CUM ADJUSTMENT VOUCHER

Issuing Office : WARDHA BRANCH (160601)  
Address : MAIN ROAD  
ABOVE ALLAHABAD BANK  
.442001  
WARDHA  
Phone : 07152243624  
Email : nia.160601@newindia.co.in  
Fax :  
Collection Number : 16060181210000004759  
Collection Date : 22/11/2021  
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
16060136210200000017	Bank-160601	142893.00	9100.160601	BA00007836-160601-9100

Total = ₹ 142893.00

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	142893.00	22752690	18-NOV-21	CENTRAL BANK OF INDIA	WARDHA	1606012110053592	N.A.

Total = ₹ 142893.00

Utilization details of the Collected Amount :

Premium	GST	Stamp Duty	Excess Amount
121095.00	21798.00	0.00	0
Sl no.	Agency Code	Agency Name	Department Code
1	NIAAG00098681	SAMIKSHA JOSHI	36

For The New India Assurance Company Limited

Revenue Sta



Date of Issue: 22/11/2021



Cashier's Initial

Authorized Signatory

Note -

- Please note the Policy Number, Collection Number and date in all future correspondence. This Receipt is subject to Realisation of Cheque..
- 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.

Tax Invoice No : 16060121P0006073

IRDA Registration Number: 190

Signature valid

Digitally signed  
by SRINIVASAN  
VANDESHWARAN  
Date: 2021.11.22  
16:28:19 IST

Policy No. : 16060136210200000017 Document generated by 28895 at 22/11/2021 16:28:15 Hours.

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