नेशनल इन्श्योरेन्स
National Insurance

Trusted Since 1906

पॉलिसी अनुसूची/ Policy Schedule - Group Personal Accident	
Policy Number: 270800422110001078	व्यवसाय स्त्रोत / *Business Source: 037422*
जारीकर्ता कार्यालय/***Issuing Office*** कार्यालय कोड/ *Office Code: 270800* कार्यालय पता/ *Office Address: KOLHAPUR DIVISION Cosmos Commercial Complex, 225/B, E Ward, New Shahupuri, Kolhapur, Maharashtra - 416001.* ***State Code:*** 27 , Maharashtra ***GSTIN***: 27AAACN9967E1Z3 *Contact Number: 231 2652587* *eMail: 270800@nic.co.in* *Mobile Number:*	विक्रिय चैनल विवरण/ ***Sales Channel Details*** कोड/ *Code: 9000133083* नाम/ *Name: Mr Sajeed D Jahagirdar* *Contact Number: 9423803354* 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**

NATIONAL INSURANCE COMPANY LTD. KOLHAPUR DIVISIONAL OFFICE 270800

ग्राहक का नाम /Customer Name: _ DADASAHEB BALPANDE COLLEGE OF PHARMACY	ग्राहक आईडी /Customer ID: 9550574243	पैन /PAN:
पता/ Address: NEAR SWAMI SAMARTH DHAM MANDIR,BESA,NAGPUR, City: NAGPUR, District: NAGPUR, State: MAHARASHTRA, PIN: 440034. Cell: 7103281244	फोन /Phone:	
	ई-मेल /E-Mail:	

पॉलिसी: 15/02/2022 के 18:00 से 14/02/2026 की मध्य रात्रि तक प्रभावी /**Policy Effective from 18:00 hours, on 15/02/2022 to midnight of 14/02/2026**

प्रीमियम/ Premium	₹ 11,447.00	कवर नोट संख्या और तिथि/ Cover Note Number and Date	लागू नहीं/NA
CGST	₹ 1,030.00	प्रस्ताव संख्या और तिथि/ Proposal Number and Date	8800220329626045 Dt. 29/03/2022
SGST/UTGST	₹ 1,030.00		
IGST	₹ 0.00		
केरला बाढ़ उपकर/Kerala Flood Cess	₹ 0.00		
कम:जीएसटी_टीडीएस / Less:GST_TDS	₹ 0.00		
पुनर्प्राप्ति योग्य स्टाम्प ड्यूटी /Recoverable Stamp Duty	₹ 0.00	रसीद संख्या और तिथि/ Receipt Number and Date	270800812110005311 Dt. 15/02/2022
कुल /**Total Amount**	₹ 13,508.00	पछिली पॉलिसी संख्या और समाप्ती तिथि/ Previous Policy Number and Expiry Date	लागू नहीं/NA

(Rupees Thirteen Thousand Five Hundred Eight Only.)

Total Location Sum Insured	₹ 1,10,00,000.00

LocationAddress:
1)NEAR SWAMI SAMARTH DHAM MANDIR,BESA, NAGPUR,,Nagpur,Nagpur,Maharashtra,440037.

SL. No	Coverage	Coverage Description	Sum Insured
1	Table I A	TOTAL 110 STUDENTS ARE COVERED FOR THE COURSE OF 1ST YEAR B.PHARM WITH SUM INSURED RS.1,00,000/- EACH AS PER LIST ATTACHED HEREWITH	1,10,00,000.00
	अधिक/**Excess:** -.		
	Additional Information: RISK IS COVERED AS PER MENTIONED IN MAHARASHTRA STATE GOVT.G.R.NO.TEM/2011(11/2011)T.E.-4 DATED 25/8/2011 AND M.O.U. WITH DIRECTOR TECHNIGAL EDUCATION,MUMBAI. AS PER GROUP PERSONAL ACCIDENT POLICY TABLE IA COVERED		
Clauses		**As per Annexure I**	

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

पंजीकृत एवं प्रधान कार्यालय : 3 मिडिलटन स्ट्रीट, कोलकाता 700 071
Registered & Head Office : 3 Middleton Street, Kolkata 700 071
P. No. 033-22831705-06 Fax : 03322831712
e-mail : website.administrator@nic.co.in

नेशनल इन्श्योरेन्स
National Insurance
Trusted Since 1906

पॉलिसी अनुसूची/ Policy Schedule - Group Personal Accident	
Policy Number: 270800422110001078	व्यवसाय स्त्रोत / *Business Source: 037422*
जारीकर्ता कार्यालय/**Issuing Office** कार्यालय कोड/ *Office Code: 270800* कार्यालय पता/ *Office Address: KOLHAPUR DIVISION Cosmos Commercial Complex, 225/B, E Ward, New Shahupuri, Kolhapur, Maharashtra - 416001.* ***State Code:*** 27 , Maharashtra ***GSTIN:*** 27AAACN9967E1Z3 *Contact Number: 231 2652587* *eMail: 270800@nic.co.in* *Mobile Number:*	विक्रिय चैनल विवरण/ ***Sales Channel Details*** कोड/ *Code: 9000133083* नाम/ *Name: Mr Sajeed D Jahagirdar* *Contact Number: 9423803354* 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**

जिसकी गवाही में दिनि/ माह /वर्ष को उपरोक्त उल्लेखित कार्यालय पते पर अधोहस्ताक्षरी को विधिवित अधिकृत किया जा रहा है उसके हाथ निर्धारित किए जाएं। यह अनुसूची, संलग्न पॉलिसी, खण्ड, पृष्ठांकन और पॉलिसी शब्दों, जो कंपनी वेबसाईट ***https://nationalinsurance.nic.co.in*** पर उपलब्ध है, को एक अनुबंध के रुप में एक साथ पढा जाए तथा कोई भी शब्द या अभिव्यक्ति जिसके लिए यह विशिष्ट अर्थ पॉलिसी या अनुसूची के किसी भी हिस्से में संलग्न किया गया हो, एक ही अर्थ वहन करेगा चाहे जहाँ भी उल्लेखित हो। यह आश्वासन दिया जाता है कि प्रीमियम चेक के अस्वीकृति के मामले में, यह दस्तावेज स्वतः प्राथमिकता निरिस्त हो जाएगी। ***/IN WITNESS WHEREOF,*** *the undersigned being duly authorized hereunto set his/ her hand at the office address mentioned above, this* **29/March/2022.** *This schedule, the attached policy, the clauses, the endorsements and policy wordings as available in the website* ***https://nationalinsurance.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'***

इंश्योरेन्सइंडियालिमिटिड Ombudsman Details: Mumbai Metropolitan Region excluding Navi Mumbai and Thane: Shri Milind A. Kharat, Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W),

कृते नेशनल इन्श्योरेन्स कंपनी

For and on behalf of National Insurance Company Limited

अधिकृत हस्ताक्षरकर्ता/ ***Authorized Signatory***

नेशनल इन्श्योरेन्स कंपनी लिमिटेड
National Insurance Company Limited
CIN : U10200WB1906GOI001713
IRDA Registration No. 58

पंजीकृत एवं प्रधान कार्यालय : 3 मिडिलटन स्ट्रीट, कोलकाता 700 071
Registered & Head Office : 3 Middleton Street, Kolkata 700 071
P. No. 033-22831705-06 Fax : 03322831712
e-mail : website.administrator@nic.co.in

नेशनल इन्श्योरेन्स
National Insurance
Trusted Since 1906

TAX INVOICE

Invoice Serial No: 30776P1P00001078

Invoice Date: 29/03/2022

Details of Supplier:
National Insurance Company Limited.,
KOLHAPUR DIVISION Cosmos Commercial Complex, 225/B, E Ward, New Shahupuri, Kolhapur, Maharashtra - 416001
State : 27 , Maharashtra
GSTIN No : 27AAACN9967E1Z3

Details Of Receiver : _ DADASAHEB BALPANDE COLLEGE OF PHARMACY
Address : NEAR SWAMI SAMARTH DHAM MANDIR,BESA,NAGPUR
City : NAGPUR,
District: NAGPUR,
State: MAHARASHTRA,
PIN: 440034.

Place Of Supply State : Maharashtra
State Code : 27
GSTIN No : NA

सैक कोड/ SAC Code	सेवा का वविरण/ Description of Service	कुल/Total(₹)	छूट/ Discount	टैक्स योग्य/ मूल्य/Taxable Value(₹)	सीजीएसटी की राशि CGST		एसजीएसटी/यूटीजीएसटी/ SGST/UTGST		आईजीएसटी/IGST		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)	11,447	0%	11,447	9%	1,030	9%	1,030	0%	0	0
TOTAL		11,447		11,447		1,030		1,030		0	0

कुल इनवॉयस मूल्य (अंकों में)**Total Invoice Value (In figures) :**
₹ 13,508

कुल इनवॉयस मूल्य (शब्दों में)**Total Invoice Value (In words) : रूपए/Rupees Thirteen Thousand Five Hundred Eight**
केवल/**Only.**

रिवर्स चार्ज के अधीन टैक्स की राशि **Amount of Tax Subject to Reverse Charge : No**

E.&.O.E

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

अधिकृत हस्ताक्षरकर्ता/ ***Authorized Signatory***

NATIONAL INSURANCE COMPANY LTD. KOLHAPUR DIVISIONAL OFFICE 270800

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

पंजीकृत एवं प्रधान कार्यालय : 3 मिडिलटन स्ट्रीट, कोलकाता 700 071
Registered & Head Office : 3 Middleton Street, Kolkata 700 071
P. No. 033-22831705-06 Fax : 03322831712
e-mail : website.administrator@nic.co.in

DADASAHEB BALPANDE COLLEGE OF PHARMACY, BESA NAGPUR-440037

B. Pharm Ist Year Student List-2021-22

Sr. No.	Student Name	Age of Student	Name of the Earning Parent/Legal Guardian If	Relation with Student
1	Aboli Prashant Ganorkar	18	Prashant Ganorkar	Father
2	Aditya Nandkishor Kamde	20	Nandkishor Kamde	Father
3	Amruta Shrikrushna Thorat	19	Shrikrushna Thorat	Father
4	Anjali Yuwraj Kalbhut	20	Yuwraj Kalbhut	Father
5	Ankit Maheshchandra Gupta	19	Maheshchandra Gupta	Father
6	Anshu Ramawadh Kaithwas	18	Ramawadh Kaithwas	Father
7	Anurag Bandu Chatap	20	Bandu Chatap	Father
8	Anushka Avi Mandpe	19	Avi Mandpe	Father
9	Anushri Tukeshwar Dhote	20	Tukeshwar Dhote	Father
10	Anway Subodh Deulgaonkar	18	Subodh Deulgaonkar	Father
11	Apurva Shivaji Dabade	18	Shivaji Dabade	Father
12	Aryan Nitinsingh Rajput	20	Nitinsingh Rajput	Father
13	Ashlesh Kishor Mohite	19	Kishor Mohite	Father
14	Atharva Anant Shrirame	19	Anant Shrirame	Father
15	Atharva Nandkishor Warokar	20	Nandkishor Warokar	Father
16	Bhagyashri Haridas Sayam	19	Haridas Sayam	Father
17	Bhgyashree Sanjay Warbhe	18	Sanjay Warbhe	Father
18	Chanchal Ram Kumawat	19	Ram Kumawat	Father
19	Chetan Rajkumar Patil	20	Rajkumar Patil	Father
20	Chinmay Vivek Joshi	19	Vivek Joshi	Father
21	Darshani Prabhakar Supatkar	18	Prabhakar Supatkar	Father
22	Devansh Shantaram	18	Shantaram Chambhare	Father
23	Dhanshree Vijay Mohod	18	Vijay Mohod	Father
24	Disha Atul Kemekar	19	Atul Kemekar	Father
25	Esha Badri Prasad Tiwari	20	Badri Prasad Tiwari	Father
26	Eshwari Abhay Poshattiwar	19	Abhay Poshattiwar	Father
27	Gaurav Dharmendra Lonkar	21	Dharmendra Lonkar	Father
28	Harshaly Yashwant Deshpande	20	Yashwant Deshpande	Father
29	Isha Shirish Deshpande	19	Shirish Deshpande	Father
30	Jagruti Mohanrao Gohane	18	Mohanrao Gohane	Father
31	Janhvi Sanjay Khangan	18	Sanjay Khangan	Father
32	Janvi Bharat Rahangdale	19	Bharat Rahangdale	Father
33	Jay Nandkishor Moundekar	18	Nandkishor Moundekar	Father
34	Jay Sanjay Bang	19	Sanjay Bang	Father
35	Jayesh Nitinkumar Agrawal	20	Nitinkumar Agrawal	Father
36	Kalpak Thakurdas Akare	18	Thakurdas Akare	Father
37	Karan Prabhakar Gabhane	19	Prabhakar Gabhane	Father
38	Khushi Lalit Sonare	19	Lalit Sonare	Father
39	Khushi Omprakash Asati	19	Omprakash Asati	Father
40	Kiran Khemchand Sahu	18	Khemchand Sahu	Father
41	Komal Praveen Hajare	20	Praveen Hajare	Father
42	Kshitij Dinesh Dongre	19	Dinesh Dongre	Father
43	Lokesh Ashok Pidurkar	19	Ashok Pidurkar	Father
44	Maithili Naresh Kumar	19	Naresh Kumar Sonawale	Father
45	Manasi Manojrao Bhagat	18	Manojrao Bhagat	Father
46	Manasi Vidhyanand Humane	20	Vidhyanand Humane	Father
47	Mandar Ravi Kukde	18	Ravi Kukde	Father
48	Mayur Vinod Gore	19	Vinod Gore	Father
49	Mayuri Mangesh	20	Mangesh Chandankhede	Father
50	Minal Vilas Yesansure	21	Vilas Yesansure	Father
51	Mohanish Hiralal Nakade	19	Hiralal Nakade	Father
52	Mohini Bhaskar Chandewar	19	Bhaskar Chandewar	Father
53	Mrunal Rajesh Vaidya	19	Rajesh Vaidya	Father
54	Mrunali Hitesh Kadwe	19	Hitesh Kadwe	Father
55	Nandini Arvind Umale	18	Arvind Umale	Father
56	Nandini Pradip Shende	19	Pradip Shende	Father

57	Nawazish f Khan Farhan k	22	Nawazish f Khan Farhan k	Father
58	Nishant Yogeshwar Ambhare	19	Nishant Yogeshwar Ambhare	Father
59	Prajakta Jiwan Yerme	18	Prajakta Jiwan Yerme	Father
60	Pranjali Bhagwat Raut	19	Pranjali Bhagwat Raut	Father
61	Prerit Prakash Shende	19	Prerit Prakash Shende	Father
62	Prerna Singh Arunkumar Singh	19	Prerna Singh Arunkumar	Father
63	Priyanshu Sachin Dubey	19	Priyanshu Sachin Dubey	Father
64	Puja Indraraj Rahangdale	18	Puja Indraraj Rahangdale	Father
65	Pushpanjali Shalikrao Landge	19	Pushpanjali Shalikrao Landge	Father
66	Rahul Prakash Bhoyar	19	Rahul Prakash Bhoyar	Father
67	Raj Bheilal Achare	20	Raj Bheilal Achare	Father
68	Ravina Babusingh Jadhav	20	Ravina Babusingh Jadhav	Father
69	Richika Suresh Nagpure	18	Richika Suresh Nagpure	Father
70	Rinee Nitin Gattuwar	18	Rinee Nitin Gattuwar	Father
71	Ritik Avinash Khobragade	21	Ritik Avinash Khobragade	Father
72	Rohit Sahebrao Pawar	19	Rohit Sahebrao Pawar	Father
73	Rushikesh Prabhakar Dhage	19	Rushikesh Prabhakar Dhage	Father
74	Rutuja Jaipal Gajbhiye	19	Rutuja Jaipal Gajbhiye	Father
75	Rutuja Shankar Tule	19	Rutuja Shankar Tule	Father
76	Sagar Ramesh Kargaokar	22	Sagar Ramesh Kargaokar	Father
77	Sanika Nilesh Atkare	18	Sanika Nilesh Atkare	Father
78	Sanskruti Shyam Hood	18	Sanskruti Shyam Hood	Father
79	Savali Ravindra Moharkar	19	Savali Ravindra Moharkar	Father
80	Shivani Narayan Gawali	18	Shivani Narayan Gawali	Father
81	Shravani Sudhakar Kongre	19	Shravani Sudhakar Kongre	Father
82	Shravani Vikas Waghale	18	Shravani Vikas Waghale	Father
83	Shrutika Devendra Nawale	20	Shrutika Devendra Nawale	Father
84	Shubhangi Shivhari Ghuge	18	Shubhangi Shivhari Ghuge	Father
85	Siva Rajendra Bisen	20	Siva Rajendra Bisen	Father
86	Sneha Sanjay Kalambarkar	20	Sneha Sanjay Kalambarkar	Father
87	Sumit Chandrabhan Danav	19	Sumit Chandrabhan Danav	Father
88	Sumit Surendra Gorle	18	Sumit Surendra Gorle	Father
89	Tanu Umesh Mundle	19	Tanu Umesh Mundle	Father
90	Tanushree Shekhar Walke	19	Tanushree Shekhar Walke	Father
91	Tanvi Prashant Nerkar	19	Tanvi Prashant Nerkar	Father
92	Taral Nitin Dhawale	19	Taral Nitin Dhawale	Father
93	Tushar Pramod Thawkar	20	Tushar Pramod Thawkar	Father
94	Unnati Gowardhan Patil	19	Unnati Gowardhan Patil	Father
95	Vaibhav Shridhar Gaikwad	19	Vaibhav Shridhar Gaikwad	Father
96	Vaishnavi Arvind Harshe	18	Vaishnavi Arvind Harshe	Father
97	Vaishnavi Atul Gangakhedkar	19	Vaishnavi Atul Gangakhedkar	Father
98	Vaishnavi Dilip Bawane	20	Vaishnavi Dilip Bawane	Father
99	Vanshika Arun Mhasal	20	Vanshika Arun Mhasal	Father
100	Vedant Vinod Mankar	20	Vedant Vinod Mankar	Father
101	Veena Subhash Khandade	18	Veena Subhash Khandade	Father
102	Vidhi Manish Rokde	18	Vidhi Manish Rokde	Father
103	Vishal Vijay Jadhao	21	Vishal Vijay Jadhao	Father
104	Vishwashri Chandrashekhar	19	Vishwashri Chandrashekhar	Father
105	Yamini Namdeo Malaye	20	Yamini Namdeo Malaye	Father
106	Yash Dhanraj Sakharwade	20	Yash Dhanraj Sakharwade	Father
107	Yash Ganesh Fulriya	18	Yash Ganesh Fulriya	Father
108	Yash Murlidhar Bhoyar	19	Yash Murlidhar Bhoyar	Father
109	Yukta Mukesh Phulsunge	19	Yukta Mukesh Phulsunge	Father
110	Yuvraj Jaywant Sapate	18	Yuvraj Jaywant Sapate	Father

15/2/2022

DADASAHEB BALPANDE COLLEGE OF PHARMACY BESA, NAGPUR-37 SEAL

NATIONAL INSURANCE COMPANY LTD. KOLHAPUR DIVISIONAL OFFICE 270800

15-02-22

PRINCIPAL
DADASAHEB BALPANDE COLLEGE
OF PHARMACY, BESA, NAGPUR - 37

नेशनल इन्श्योरेन्स
National Insurance
Trusted Since 1906

पॉलिसी अनुसूची/ Policy Schedule - Amartya Shiksha Yojana	
Policy Number: 270800592110001315	व्यवसाय स्त्रोत / *Business Source: 037422*
जारीकर्ता कार्यालय/***Issuing Office*** *कार्यालय कोड/ Office Code: 270800* *कार्यालय पता/ Office Address: KOLHAPUR DIVISION Cosmos Commercial Complex, 225/B, E Ward, New Shahupuri, Kolhapur, Maharashtra - 416001.* ***State Code:*** 27 , Maharashtra ***GSTIN:*** 27AAACN9967E1Z3 *Contact Number: 231 2652587* *eMail: 270800@nic.co.in* *Mobile Number:*	वक्रिय चैनल वविरण/ ***Sales Channel Details*** *कोड/ Code: 9000133083* *नाम/ Name: Mr Sajeed D Jahagirdar* *Contact Number: 9423803354* 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**

NATIONAL INSURANCE COMPANY LTD. KOLHAPUR DIVISIONAL OFFICE 270800

ग्राहक का नाम /Customer Name: _ DADASAHEB BALPANDE COLLEGE OF PHARMACY	ग्राहक आईडी /Customer ID: 9550574243	पैन /PAN:
पता/ Address: NEAR SWAMI SAMARTH DHAM MANDIR,BESA,NAGPUR, City: NAGPUR, District: NAGPUR, State: MAHARASHTRA, PIN: 440034. Cell: 7103281244	फोन /Phone: ई-मेल /E-Mail:	

पॉलिसी: 15/02/2022 के 18:00 से 14/02/2026 की मध्य रात्रि तक प्रभावी /**Policy Effective from 18:00 hours, on 15/02/2022 to midnight of 14/02/2026**

प्रीमियम/ Premium	₹ 53,900.00	कवर नोट संख्या और तिथि/ Cover Note Number and Date	लागू नहीं/NA
CGST	₹ 4,851.00	प्रस्ताव संख्या और तिथि/ Proposal Number and Date	8800220223425557 Dt. 23/02/2022
SGST/UTGST	₹ 4,851.00		
IGST	₹ 0.00		
केरला बाढ़ उपकर/Kerala Flood Cess	₹ 0.00		
कम:जीएसटी_टीडीएस / Less:GST_TDS	₹ 0.00		
पुनर्प्राप्ति योग्य स्टाम्प ड्यूटी /Recoverable Stamp Duty	₹ 0.00	रसीद संख्या और तिथि/ Receipt Number and Date	270800812110005311 Dt. 15/02/2022
कुल /**Total Amount**	₹ 63,602.00	पछिली पॉलिसी संख्या और समाप्ती तिथि/ Previous Policy Number and Expiry Date	लागू नहीं/NA

(Rupees Sixty Three Thousand Six Hundred Two Only.)

Total Location Sum Insured	₹ 44,00,000.00

LocationAddress:
1)NEAR SWAMI SAMARTH DHAM MANDIR,BESA, NAGPUR,,Nagpur,Nagpur,Maharashtra,440037.

SL. No	Coverage	Coverage Description	Sum Insured
1	Standard Cover	TOTAL 110 STUDENTS ARE COVERED FOR THE COURSE OF 1ST YEAR B.PHARM WITH SUM INSURED RS.4,00,000/- EACH AS PER LIST ATTACHED HEREWITH	4,40,00,000.00
	अधिक/**Excess:** -.		
	Additional Information: RISK IS COVERED AS PER MENTIONED IN MAHARASHTRA STATE GOVT.G.R.NO.TEM/2011(11/2011)T.E.-4 DATED 25/8/2011 AND M.O.U. WITH DIRECTOR TECHNICAL EDUCATION,MUMBAI. AGE OF EARNING PARENT UPTO 70 YRS.ONLY COVERED.		
Clauses		**As per Annexure I**	

Applicable to Receipts and Policies : In case of dishonour of Cheque / DD for Premium, the Policy / Receipt stands cancelled "ABINITIO".

For any information please contact the Policy Issuing Office or visit our website at www.nationalinsuranceindia.com

पॉलिसी अनुसूची/ Policy Schedule - Amartya Shiksha Yojana	
Policy Number: 270800592110001315	व्यवसाय स्त्रोत / Business Source: 037422
जारीकर्ता कार्यालय/**Issuing Office** कार्यालय कोड/ Office Code: 270800 कार्यालय पता/ Office Address: KOLHAPUR DIVISION Cosmos Commercial Complex, 225/B, E Ward, New Shahupuri, Kolhapur, Maharashtra - 416001. **State Code:** 27 , Maharashtra **GSTIN**: 27AAACN9967E1Z3 Contact Number: 231 2652587 eMail: 270800@nic.co.in Mobile Number:	विक्रय चैनल विवरण/ **Sales Channel Details** कोड/ Code: 9000133083 नाम/ Name: Mr Sajeed D Jahagirdar Contact Number: 9423803354 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**

जिसकी गवाही में दिन/ माह /वर्ष को उपरोक्त उल्लेखित कार्यालय पते पर अधोहस्ताक्षरी को विधिवत अधिकृत किया जा रहा है उसके हाथ निर्धारित किए जाएं। यह अनुसूची, संलग्न पॉलिसी, खण्ड, पृष्ठांकन और पॉलिसी शब्दों, जो कंपनी वेबसाईट **https://nationalinsurance.nic.co.in** पर उपलब्ध है, को एक अनुबंध के रुप में एक साथ पढ़ा जाए तथा कोई भी शब्द या अभिव्यक्ति जिसके लिए यह विशिष्ट अर्थ पॉलिसी या अनुसूची के किसी भी हिस्से में संलग्न किया गया हो, एक ही अर्थ वहन करेगा चाहे जहाँ भी उल्लेखित हो। यह आश्वासन दिया जाता है कि प्रीमियम चेक के अस्वीकृति के मामले में, यह दस्तावेज स्वतः प्राथमिकता निरस्त हो जाएगी I /*IN WITNESS WHEREOF, the undersigned being duly authorized hereunto set his/ her hand at the office address mentioned above, this* **23/February/2022.** *This schedule, the attached policy, the clauses, the endorsements and policy wordings as available in the website* **https://nationalinsurance.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'***

इंश्योरेन्सइंडियालिमिटेड Ombudsman Details: Mumbai Metropolitan Region excluding Navi Mumbai and Thane: Shri Milind A. Kharat, Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960, Fax: 022 - 26106052, Email: bimalokpal.mumbai@ecoi.co.in, Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region : Shri Vinay Sah, Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune - 411 030, Tel.: 020-41312555, Email: bimalokpal.pune@ecoi.co.in.

INSURANCE
NATIONAL INSURANCE CO. LTD. KOLHAPUR DIVISIONAL OFFICE 270800

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

अधिकृत हस्ताक्षरकर्ता/ *Authorized Signatory*

National Insurance Company Limited
CIN : U10200WB1906GOI001713
IRDA Registration No. 58

पंजीकृत एवं प्रधान कार्यालय : 3 मिडिलटन स्ट्रीट, कोलकाता 700 071
Registered & Head Office : 3 Middleton Street, Kolkata 700 071
P. No. 033-22831705-06 Fax : 03322831712
e-mail : website.administrator@nic.co.in

नेशनल इन्श्योरेन्स
National Insurance
Trusted Since 1906

TAX INVOICE

Invoice Serial No: 30776O1P00001315 **Invoice Date:** 23/02/2022

Details of Supplier:
National Insurance Company Limited.,
KOLHAPUR DIVISION Cosmos Commercial Complex, 225/B, E Ward, New Shahupuri, Kolhapur, Maharashtra - 416001
State : 27 , Maharashtra
GSTIN No : 27AAACN9967E1Z3

Details Of Receiver : _ DADASAHEB BALPANDE COLLEGE OF PHARMACY
Address : NEAR SWAMI SAMARTH DHAM MANDIR,BESA,NAGPUR
City : NAGPUR,
District: NAGPUR,
State: MAHARASHTRA,
PIN: 440034.

Place Of Supply State : Maharashtra
State Code : 27
GSTIN No : NA

सैक कोड/ SAC Code	सेवा का वर्णन/ Description of Service	कुल/Total(₹)	छूट/ Discount	टैक्स योग्य/ मूल्य/Taxable Value(₹)	सीजीएसटी की राशि/ CGST		एसजीएसटी/यूटीजीएसटी/ SGST/UTGST		आईजीएसटी/IGST		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)	53,900	0%	53,900	9%	4,851	9%	4,851	0%	0	0
TOTAL		53,900		53,900		4,851		4,851		0	0

कुल इनवॉयस मूल्य (अंकों में)**Total Invoice Value (In figures) :**
₹ 63,602

कुल इनवॉयस मूल्य (शब्दों में)**Total Invoice Value (In words) :** रूपए/**Rupees**
Sixty Three Thousand Six Hundred Two
केवल/**Only.**

रिवर्स चार्ज के अधीन टैक्स की राशि/ **Amount of Tax Subject to Reverse Charge : No**

E.&.O.E

NATIONAL INSURANCE COMPANY LTD. KOLHAPUR DIVISIONAL OFFICE * 270800 *

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

अधिकृत हस्ताक्षरकर्ता/ ***Authorized Signatory***

Printed on 23/03/2028 by ID: 37422

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

पंजीकृत एवं प्रधान कार्यालय : 3 मिडिलटन स्ट्रीट, कोलकाता 700 071
Registered & Head Office : 3 Middleton Street, Kolkata 700 071
P. No. 033-22831705-06 Fax : 03322831712
e-mail : website.administrator@nic.co.in

वसूली रसीद/Collection Receipt

नेशनल इन्श्योरेन्स
National Insurance
Trusted Since 1906

जारीकर्ता कार्यालय कोड/Issuing Office Code : 270800
जारीकर्ता कार्यालय का नाम व पता/Name and Address of Issuing Office :
KOLHAPUR DIVISION Cosmos Commercial Complex, 225/B, E Ward, New Shahupuri, Kolhapur, Maharashtra - 416001
राज्य कोड/State Code : 27 ,राज्य का नाम/State Name : Maharashtra
जीएसटीआईएन/GSTIN : 27AAACN9967E1Z3
संपर्क संख्या/Contact Number : 231 2652587

रसीद सं./Receipt No : 270800812110005311 रसीद की तिथि व समय/Receipt Date & Time : 15/02/2022. 13:27 hours	स्क्रॉल सं. (यदि कोई हो)/Scroll No(If any) : स्क्रॉल तिथि (यदि कोई हो)/Scroll Date(If any) :

श्री DADASAHEB BALPANDE COLLEGE OF PHARMACY से के रूप में रूपये
Rs. 93,556.00 निम्नलिखित लेनदेन के अनुसार धन्यवाद सहित प्राप्त हुआ।
Received with thanks from DADASAHEB BALPANDE COLLEGE OF PHARMACY a sum of Rs. 93,556.00 (Rupees Ninety Three Thousand Five Hundred Fifty Six 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 : N046221834894999	संदर्भ तिथि/Ref Date : 15/02/2022
बैंक का नाम (यदि कोई हो)/Bank Name(If any) :	बैंक शाखा (यदि कोई हो)/Bank Branch(If any) :

क्र. सं./ S. No	विभाग/ Dept लेन-देन कोड/ Tr Cd	पॉलिसी/ पृष्ठांकन Policy/Endorsement वर्ष/ Year	 संख्या/ Number	व्यव. श्रोत कोड/ Biz Source Code विक्रय चैनेल/ Sales Channel	व्यव.का वर्ग/ विवरण / Class of Business/Narration लेखा विवरण/ Account Description	राशि रू./ Amount Rs.
1					Deposit Collection. Cash Deposit-881103329204	93,556.00

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

रोकड़िया/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 when the amount is or above Rs. 5000.

Printed on 15/02/2022 by 37409 Page No : 1

DADASAHEB BALPANDE COLLEGE OF PHARMACY, BESA NAGPUR-440037

B. Pharm Ist Year Student List-2021-22

Sr. No.	Student Name	Age of Student	Name of the Earning Parent/Legal Guardian If	Relation with Student
1	Aboli Prashant Ganorkar	18	Prashant Ganorkar	Father
2	Aditya Nandkishor Kamde	20	Nandkishor Kamde	Father
3	Amruta Shrikrushna Thorat	19	Shrikrushna Thorat	Father
4	Anjali Yuwraj Kalbhut	20	Yuwraj Kalbhut	Father
5	Ankit Maheshchandra Gupta	19	Maheshchandra Gupta	Father
6	Anshu Ramawadh Kaithwas	18	Ramawadh Kaithwas	Father
7	Anurag Bandu Chatap	20	Bandu Chatap	Father
8	Anushka Avi Mandpe	19	Avi Mandpe	Father
9	Anushri Tukeshwar Dhote	20	Tukeshwar Dhote	Father
10	Anway Subodh Deulgaonkar	18	Subodh Deulgaonkar	Father
11	Apurva Shivaji Dabade	18	Shivaji Dabade	Father
12	Aryan Nitinsingh Rajput	20	Nitinsingh Rajput	Father
13	Ashlesh Kishor Mohite	19	Kishor Mohite	Father
14	Atharva Anant Shrirame	19	Anant Shrirame	Father
15	Atharva Nandkishor Warokar	20	Nandkishor Warokar	Father
16	Bhagyashri Haridas Sayam	19	Haridas Sayam	Father
17	Bhgyashree Sanjay Warbhe	18	Sanjay Warbhe	Father
18	Chanchal Ram Kumawat	19	Ram Kumawat	Father
19	Chetan Rajkumar Patil	20	Rajkumar Patil	Father
20	Chinmay Vivek Joshi	19	Vivek Joshi	Father
21	Darshani Prabhakar Supatkar	18	Prabhakar Supatkar	Father
22	Devansh Shantaram	18	Shantaram Chambhare	Father
23	Dhanshree Vijay Mohod	18	Vijay Mohod	Father
24	Disha Atul Kemekar	19	Atul Kemekar	Father
25	Esha Badri Prasad Tiwari	20	Badri Prasad Tiwari	Father
26	Eshwari Abhay Poshattiwar	19	Abhay Poshattiwar	Father
27	Gaurav Dharmendra Lonkar	21	Dharmendra Lonkar	Father
28	Harshaly Yashwant Deshpande	20	Yashwant Deshpande	Father
29	Isha Shirish Deshpande	19	Shirish Deshpande	Father
30	Jagruti Mohanrao Gohane	18	Mohanrao Gohane	Father
31	Janhvi Sanjay Khangan	18	Sanjay Khangan	Father
32	Janvi Bharat Rahangdale	19	Bharat Rahangdale	Father
33	Jay Nandkishor Moundekar	18	Nandkishor Moundekar	Father
34	Jay Sanjay Bang	19	Sanjay Bang	Father
35	Jayesh Nitinkumar Agrawal	20	Nitinkumar Agrawal	Father
36	Kalpak Thakurdas Akare	18	Thakurdas Akare	Father
37	Karan Prabhakar Gabhane	19	Prabhakar Gabhane	Father
38	Khushi Lalit Sonare	19	Lalit Sonare	Father
39	Khushi Omprakash Asati	19	Omprakash Asati	Father
40	Kiran Khemchand Sahu	18	Khemchand Sahu	Father
41	Komal Praveen Hajare	20	Praveen Hajare	Father
42	Kshitij Dinesh Dongre	19	Dinesh Dongre	Father
43	Lokesh Ashok Pidurkar	19	Ashok Pidurkar	Father
44	Maithili Naresh Kumar	19	Naresh Kumar Sonawale	Father
45	Manasi Manojrao Bhagat	18	Manojrao Bhagat	Father
46	Manasi Vidhyanand Humane	20	Vidhyanand Humane	Father
47	Mandar Ravi Kukde	18	Ravi Kukde	Father
48	Mayur Vinod Gore	19	Vinod Gore	Father
49	Mayuri Mangesh	20	Mangesh Chandankhede	Father
50	Minal Vilas Yesansure	21	Vilas Yesansure	Father
51	Mohanish Hiralal Nakade	19	Hiralal Nakade	Father
52	Mohini Bhaskar Chandewar	19	Bhaskar Chandewar	Father
53	Mrunal Rajesh Vaidya	19	Rajesh Vaidya	Father
54	Mrunali Hitesh Kadwe	19	Hitesh Kadwe	Father
55	Nandini Arvind Umale	18	Arvind Umale	Father
56	Nandini Pradip Shende	19	Pradip Shende	Father

57	Nawazish f Khan Farhan k	22	Nawazish f Khan Farhan k	Father
58	Nishant Yogeshwar Ambhare	19	Nishant Yogeshwar Ambhare	Father
59	Prajakta Jiwan Yerme	18	Prajakta Jiwan Yerme	Father
60	Pranjali Bhagwat Raut	19	Pranjali Bhagwat Raut	Father
61	Prerit Prakash Shende	19	Prerit Prakash Shende	Father
62	Prerna Singh Arunkumar Singh	19	Prerna Singh Arunkumar	Father
63	Priyanshu Sachin Dubey	19	Priyanshu Sachin Dubey	Father
64	Puja Indraraj Rahangdale	18	Puja Indraraj Rahangdale	Father
65	Pushpanjali Shalikrao Landge	19	Pushpanjali Shalikrao Landge	Father
66	Rahul Prakash Bhoyar	19	Rahul Prakash Bhoyar	Father
67	Raj Bhejlal Achare	20	Raj Bhejlal Achare	Father
68	Ravina Babusingh Jadhav	20	Ravina Babusingh Jadhav	Father
69	Richika Suresh Nagpure	18	Richika Suresh Nagpure	Father
70	Rinee Nitin Gattuwar	18	Rinee Nitin Gattuwar	Father
71	Ritik Avinash Khobragade	21	Ritik Avinash Khobragade	Father
72	Rohit Sahebrao Pawar	19	Rohit Sahebrao Pawar	Father
73	Rushikesh Prabhakar Dhage	19	Rushikesh Prabhakar Dhage	Father
74	Rutuja Jaipal Gajbhiye	19	Rutuja Jaipal Gajbhiye	Father
75	Rutuja Shankar Tule	19	Rutuja Shankar Tule	Father
76	Sagar Ramesh Kargaokar	22	Sagar Ramesh Kargaokar	Father
77	Sanika Nilesh Atkare	18	Sanika Nilesh Atkare	Father
78	Sanskruti Shyam Hood	18	Sanskruti Shyam Hood	Father
79	Sayali Ravindra Moharkar	19	Sayali Ravindra Moharkar	Father
80	Shivani Narayan Gawali	18	Shivani Narayan Gawali	Father
81	Shravani Sudhakar Kongre	19	Shravani Sudhakar Kongre	Father
82	Shravani Vikas Waghale	18	Shravani Vikas Waghale	Father
83	Shrutika Devendra Nawale	20	Shrutika Devendra Nawale	Father
84	Shubhangi Shivhari Ghuge	18	Shubhangi Shivhari Ghuge	Father
85	Siya Rajendra Bisen	20	Siya Rajendra Bisen	Father
86	Sneha Sanjay Kalambarkar	20	Sneha Sanjay Kalambarkar	Father
87	Sumit Chandrabhan Danav	19	Sumit Chandrabhan Danav	Father
88	Sumit Surendra Gorle	18	Sumit Surendra Gorle	Father
89	Tanu Umesh Mundle	19	Tanu Umesh Mundle	Father
90	Tanushree Shekhar Walke	19	Tanushree Shekhar Walke	Father
91	Tanvi Prashant Nerkar	19	Tanvi Prashant Nerkar	Father
92	Taral Nitin Dhawale	19	Taral Nitin Dhawale	Father
93	Tushar Pramod Thawkar	20	Tushar Pramod Thawkar	Father
94	Unnati Gowardhan Patil	19	Unnati Gowardhan Patil	Father
95	Vaibhav Shridhar Gaikwad	19	Vaibhav Shridhar Gaikwad	Father
96	Vaishnavi Arvind Harshe	18	Vaishnavi Arvind Harshe	Father
97	Vaishnavi Atul Gangakhedkar	19	Vaishnavi Atul Gangakhedkar	Father
98	Vaishnavi Dilip Bawane	20	Vaishnavi Dilip Bawane	Father
99	Vanshika Arun Mhasal	20	Vanshika Arun Mhasal	Father
100	Vedant Vinod Mankar	20	Vedant Vinod Mankar	Father
101	Veena Subhash Khandade	18	Veena Subhash Khandade	Father
102	Vidhi Manish Rokde	18	Vidhi Manish Rokde	Father
103	Vishal Vijay Jadhao	21	Vishal Vijay Jadhao	Father
104	Vishwashri Chandrashekhar	19	Vishwashri Chandrashekhar	Father
105	Yamini Namdeo Malave	20	Yamini Namdeo Malave	Father
106	Yash Dhanraj Sakharwade	20	Yash Dhanraj Sakharwade	Father
107	Yash Ganesh Fulriya	18	Yash Ganesh Fulriya	Father
108	Yash Murlidhar Bhoyar	19	Yash Murlidhar Bhoyar	Father
109	Yukta Mukesh Phulsunge	19	Yukta Mukesh Phulsunge	Father
110	Yuvraj Jaywant Sapate	18	Yuvraj Jaywant Sapate	Father

14/2/2022

DADASAHEB BALPANDE COLLEGE OF PHARMACY BESA, NAGPUR-37 SEAL

NATIONAL INSURANCE COMPANY LTD. KOLHAPUR DIVISIONAL OFFICE 270800

15-02-22

PRINCIPAL
DADASAHEB BALPANDE COLLEGE
OF PHARMACY, BESA, NAGPUR - 37

नेशनल इन्श्योरन्स कंपनी लि.
कोल्हापूर मंडल कार्यालय
कॉसमॉस कमर्शियल कॉम्प्लेक्स,
२०५ बी/ई वॉर्ड, न्यू शाहूपुरी,
कोल्हापूर – ४१६ ००१.

नेशनल इन्श्योरेन्स कम्पनी लिमिटेड
(भारतीय साधारण बीमा निगम की अनुषंगी)
पंजीकृत कार्यालय : 3 मिडिलटन स्ट्रीट, कलकत्ता - 700 071

National Insurance Co. Ltd.
(A Subsidiary of General Insurance Corporation of India)
Regd. Office : 3, MIDDLETON STREET, KOLKATA - 700 071.

Policy Issuing Office :

अमर्त्या शिक्षा योजना इन्श्योरेन्स पॉलिसी AMARTYA SIKSHA YOJANA INSURANCE POLICY

Whereas the Insured Proposer named in the schedule attached has made or caused to be made to NATIONAL INSURANCE COMPANY LIMITED (hereinafter called the "Company") a written proposal as per the schedule hereto (warranting the truth of the statements contained herein) which is the basis of this contract, and is deemed to be incorporated herein and has paid to the Company the Premium hereinstated for the risks herein specified occurring during the period stated in the schedule.

Now THIS POLICY WITNESSETH that, subject to terms, exclusions, definitions and conditions contained herein or endorsed or otherwise expressed hereon the company will indemnify the Insured student as hereinafter mentioned or the claimant as the case may be.

If the Insured Parent/Legal Guardian shall sustain any bodily injury resulting solely and directly from Accident, caused by external violent and visible means and if such injury shall within twelve calendar months of its occurrence be the sole and direct cause of his/her Death or Permanent Total Disablement, as defined hereinafter, the Company will indemnify the Insured Student, in respect of all covered expenses (as elaborated hereinafter) to be incurred from the date of occurrence of such Accident till the expiry date of Policy or completion of the duration of covered course whichever first occurs and such indemnity shall not exceed the Sum Insured as stated in the Policy schedule.

Death during surgical operation or within 7 days period thereafter while in the Hospital but resulting from surgical operation would be considered to be Death dute to "Accident."

"Permanent Total Disablement"

Injury which shall permanently, totally and absolutely disable the Insured form engaging in any employment

or occupation of any description whatsoever and would also mean either of the following :

i) Loss of Two Limbs or Two Eyes

ii) Loss of One Limb and One Eye.

Note : Loss of Limb means physical separation of a hand at or above the wrist, and/or of the foot, at or above the ankle, or the total and irrevocable loss of use of hand or foot.

Covered expenses shall mean and include the following :

1. Cost of Tuition fees, Hostel Rent (inclusive or Boarding expenses), Cost of Books & Periodicals essentially prescribed by the Head of the Dept./Institution.
2. Examination Fees.
3. Cost of to and fro 2nd Class Rail Ticket, for the student, to attend at the Place where the Parent/Legal Guardian has met with Accident resulting in Death or Permanent Total Disablement or the Place as stated in the schedule where the Insured Parent/Legal Guardian resides.
4. Compulsory Donation for Festivals and Picnic/Excursion held in/or behalf of the dept./Institution.
5. Cost, of compulsory uniform prescribed by the Institution.
6. Any other compulsory expenses to be borne under recommendation of the Head of the Dept./ Institution.
7. In addition to above, First Admission Fees (but not the Capitation Fee/Donation) shall also be considered as a covered expense even though incurred prior to the date of Accident. However, after reimbursement of covered expenses, if any portion of the amount of benefit i.e. the Sum Insured remains unused, the same should also be disbursed as lumpsum after completion of the period of covered course or the policy period whichever first occurs. But during the Policy period and before exhaustion of the entire amount of benefit but after occurrence of the covered contingency, if the Insured Student meets with an "Accident", amounts as claimed towards medical expenses should also be dusbursed from the amount of benefit lying unutilised till then and if such "Accident" results in Permanenet Total or Permanent Partial Disablement of the Insured Student, the entire residual amount may be disbursed as lumpsum.

Exclusions

The Company shall not be liable under this Policy.

1. If the Death or Permanent Total Disablement of the Insured Parent/Legal Guardian occurs.

   a) from intentional self-injury, suicide or attempted suicide.

   b) due to accident whilst under the influence of intoxicating liquor or drugs.

   c) due to accident, whilst racing on wheels, big game hunting, shooting, mountaineering or whilst engaged in winter sports, skiing and ice hockey.

   d) directly or indirectly caused by insanity or veneral disease.

   e) arising or resulting from Insured Parent/Legal Guardian committing any breach of law with criminal intent.

2. If the Death or Permanent Total Disablement occurs due to war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, restraints and detainments of all kings, princess & people of whatever nation condition or quality whatsoever.

3. If death or disablement, occurs due to ionising radiation or contamination by radioactivity from any source whatsoever or from nuclear weapons material.

4. Whilst engaging in Aviation or whilst mounting into, dismounting from or travelling in any aircraft other than as a passenger (farepaying or otherwise) in any duly licenced standard type or aircraft anywhere in the world.

5. Natural death and Death due to diseases even if contracted by accident are also specifically excluded under the policy unless the reason being solely attributed to "surgical operation" as elaborated in the face page of the policy.

Condition

1. Upon the happening of any event which may give rise to a claim under this Policy, the Proposer/Insured Parent/Legal Guardian/the Insured Student, or authorised representative shall forthwith give notice thereof to the Issuing Office of the company in writing. Unless reasonable cause is shown the Insured shall within one calendar month after the event, which may give rise to a claim under the Policy give written notice to the company with full particulars of the claim.

2. Proof satisfactory to the Company shall be furnished of all matters upon which a claim is based. Any medical or other agent of the Company shall be allowed to examine the person of the Insured Parent/ Legal Guardian on the occasion of any alleged Injury or Disablement when and so often as the same may reasonably be required on behalf of the company and in the event of death to make a post mortem examination of the body of the Insured Parent/Legal Guardian. Such evidence as the company may from time to time require (including a Post Mortem examination if necessary) shall be furnished within the space of 14 days after demand in writing and in the event of a claim in respect of loss of sight the Insured shall undergo at the company's expense such examination or diagnosis as the company shall reasonably deem desirable.

3. All claims under this Policy shall be paid in India, in Indian currency. No sum payable under this Policy shall carry interest. All disbursements of claim shall be through the Bank as per the Bank's clause attached hereto.

4. The Company shall not be liable to make any payment under this Policy in respect of any claim if such claim be in any manner fraudulent or supported by any fraudulent statement, or device whether by the Insured or by any Person on behalf of the insured.

5. The Company may at any time by notice in writing cancel this Policy. Provided that the Company shall in that case return to the Insured the premium paid less a Pro-rata part, thereof for the portion of Current Insurance Period which shall have expired. Such notice shall be deemed sufficiently given if posted addressed to the Insured Proposer at the address last registered in the Company's books and shall be deemed to have been received by the Insured/Proposer at the time when the same would be delivered in the ordinary course of Post.

If cancellation is preferred by the Insured similarly by giving 7 days' notice in writing, Refund of Premium, subject to no claim, may be allowed after retaining premium for the expired period of risk as per scale applicable for this policy and available with the Policy Issuing Office.

No refund, however, is allowed under any circumstances if there has ever been a claim under this policy.

6. Under any circumstance the Policy would not cover more than two student children in respect of one particular Insured Parent/Legal Guardian.

7. Documents Required in the event of a claim.

   i) Original Policy.

   ii) Claim from duly filled in and signed.

   iii) F.I.R./Police Report.

   iv) Death Certificate and Post Mortem Report in case of Death of Insured Parent/Legal Guardian.

   v) Disablement certificate in case of Permanent Total Disablement, of the Insured Parent/Legal Guardian.

   vi) Receipts, Documents and Certificate in support of all expenses incurred and Probable expenses as covered and claimed under the Policy.

   vii) Any other document(s) as may be deemed necessary based on the exigency.

8. If any dispute or difference shall arise as to the quantum to be paid under the Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties to or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration the same shall be referred to a panel of three arbitrators comprising of two arbitrators, one to be appointed by each of the parties to the dispute/ difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act. 1996.

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of this policy.

It is hereby expressly stipulated and declared that it shall be a condition precendent to any right of action or suit upon this policy that award by such arbitrator/arbitrators of the amount, of the loss or damage shall be first obtained.

9. It is also hereby further expressly declared and agreed that if the Company shall disclaim liability to the Insured for any claim hereunder and such claim shall not within 12 calander months from the date of such

disclaimer have baan made the subject matter of a suit on account of law then the claim shall for all purpose be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

Bank Clause

It is hereby declared and agreed that on admission of liability by the Insurer, the Sum Insured under the policy will be deposited in a scheduled Bank in the joint names of the Insurer and Beneficiary/Assignee as applicable. The covered expenses incurred by the beneficiary student will be released from this account upon application by the student or the authorised official of the Educational Institution, countersigned by in agreement by the named Beneficiary. After the end of the duration of the course, if any amount shall still remain unutilised, in the bank account, the same shall be disbursed to the Beneficiary in lumpsom. It is hereby agreed that the Interest accruing to the account as allowed by the Bank will be to the account of the Beneficiary. It is also agreed that Bank charges if any will be debited to the account."

PROBIBITION OF REBATES

The Section 41 of the Insurance Act, 1938 as under :

1. No person shall allow, or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue as insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the Policy, nor shall any person taking out of renewing or continuing a Policy accept any rebate, except, such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer. Provided that the acceptance by an insurance agent of commission in connection with a Policy of Life Insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bonafide insurance agent employed by the Insurer.

2. Any person making default in complying with provision of this Section shall be punishable with fine which may extend to five hundred rupees.

नेशनल इन्श्योरेन्स
National Insurance
Trusted Since 1906

पॉलिसी अनुसूची/ Policy Schedule - Group Personal Accident	
Policy Number: 270800422110000843	व्यवसाय स्रोत / *Business Source: 037422*
जारीकर्ता कार्यालय/***Issuing Office*** कार्यालय कोड/ *Office Code: 270800* कार्यालय पता/ *Office Address: KOLHAPUR DIVISION Cosmos Commercial Complex, 225/B, E Ward, New Shahupuri, Kolhapur, Maharashtra - 416001.* ***State Code:*** 27 , Maharashtra ***GSTIN:*** 27AAACN9967E1Z3 *Contact Number: 231 2652587* *eMail: 270800@nic.co.in* *Mobile Number:*	विक्रिय चैनल विवरण/ ***Sales Channel Details*** कोड/ *Code: 9000133083* नाम/ *Name: Mr Sajeed D Jahagirdar* *Contact Number: 9423803354* 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**

NATIONAL INSURANCE COMPANY LTD. KOLHAPUR DIVISIONAL OFFICE 270800

ग्राहक का नाम /Customer Name: _ DADASAHEB BALPANDE COLLEGE OF PHARMACY	ग्राहक आईडी /Customer ID: 9550574243	पैन /PAN:
पता/ Address: NEAR SWAMI SAMARTH DHAM MANDIR,BESA,NAGPUR, City: NAGPUR, District: NAGPUR, State: MAHARASHTRA, PIN: 440034. Cell: 7103281244	फोन /Phone: ई-मेल /E-Mail:	

पॉलिसी: 15/02/2022 के 18:00 से 14/02/2025 की मध्य रात्रि तक प्रभावी /**Policy Effective from 18:00 hours, on 15/02/2022 to midnight of 14/02/2025**

प्रीमियम/ Premium	₹ 1,108.00	कवर नोट संख्या और तिथि/ Cover Note Number and Date	लागू नहीं/NA
CGST	₹ 100.00	प्रस्ताव संख्या और तिथि/ Proposal Number and Date	8800220223427348 Dt. 23/02/2022
SGST/UTGST	₹ 100.00		
IGST	₹ 0.00		
केरला बाढ़ उपकर/Kerala Flood Cess	₹ 0.00		
कम:जीएसटी_टीडीएस / Less:GST_TDS	₹ 0.00		
पुनर्प्राप्ति योग्य स्टाम्प ड्यूटी /Recoverable Stamp Duty	₹ 0.00	रसीद संख्या और तिथि/ Receipt Number and Date	270800812110005311 Dt. 15/02/2022
कुल /**Total Amount**	₹ 1,308.00	पिछली पॉलिसी संख्या और समाप्ती तिथि/ Previous Policy Number and Expiry Date	लागू नहीं/NA

(Rupees One Thousand Three Hundred Eight Only.)

Total Location Sum Insured	₹ 1,20,000.00

LocationAddress:
1)NEAR SWAMI SAMARTH DHAM MANDIR,BESA, NAGPUR,,Nagpur,Nagpur,Maharashtra,440037.

SL. No	Coverage	Coverage Description	Sum Insured
1	Table I A	TOTAL 12 STUDENTS ARE COVERED FOR THE COURSE OF DIRECT 2 ND YEAR B.PHARM WITH SUM INSURED RS.1,00,000/- EACH AS PER LIST ATTACHED HEREWITH	12,00,000.00
	अधिक/**Excess:** -.		
	Additional Information: RISK IS COVERED AS PER MENTIONED IN MAHARASHTRA STATE GOVT.G.R.NO.TEM/2011(11/2011)T.E.-4 DATED 25/8/2011 AND M.O.U. WITH DIRECTOR TECHNICAL EDUCATION,MUMBAI. AS PER GROUP PERSONAL ACCIDENT POLICY TABLE IA COVERED		
Clauses		**As per Annexure I**	

नेशनल इन्श्योरेन्स कंपनी लिमिटेड
National Insurance Company Limited
CIN : U10200WB1906GOI001713
IRDA Registration No. 58

पंजीकृत एवं प्रधान कार्यालय : 3 मिडिलटन स्ट्रीट, कोलकाता 700 071
Registered & Head Office : 3 Middleton Street, Kolkata 700 071
P. No. 033-22831705-06 Fax : 03322831712
e-mail : website.administrator@nic.co.in

नेशनल इन्श्योरेन्स
National Insurance

Trusted Since 1906

पॉलसी अनुसूची/ Policy Schedule - Group Personal Accident	
Policy Number: 270800422110000843	व्यवसाय स्त्रोत / *Business Source: 037422*
जारीकर्ता कार्यालय/***Issuing Office*** कार्यालय कोड/ *Office Code: 270800* कार्यालय पता/ *Office Address: KOLHAPUR DIVISION Cosmos Commercial Complex, 225/B, E Ward, New Shahupuri, Kolhapur, Maharashtra - 416001.* ***State Code:*** 27 , Maharashtra ***GSTIN***: 27AAACN9967E1Z3 *Contact Number: 231 2652587* *eMail: 270800@nic.co.in* *Mobile Number:*	विक्रय चैनल विवरण/ ***Sales Channel Details*** कोड/ *Code: 9000133083* नाम/ *Name: Mr Sajeed D Jahagirdar* *Contact Number: 9423803354* 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**

जिसकी गवाही में दिनि/ माह /वर्ष को उपरोक्त उल्लेखित कार्यालय पते पर अधोहस्ताक्षरी को विधिवित अधिकृत किया जा रहा है उसके हाथ निर्धारित किए जाएं। यह अनुसूची, संलग्न पॉलसी, खण्ड, पृष्ठांकन और पॉलसी शब्दों, जो कंपनी वेबसाईट ***https://nationalinsurance.nic.co.in*** पर उपलब्ध है, को एक अनुबंध के रुप में एक साथ पढ़ा जाए तथा कोई भी शब्द या अभिव्यक्ति जिसके लिए यह विशिष्ट अर्थ पॉलसी या अनुसूची के किसी भी हिस्से में संलग्न किया गया हो, एक ही अर्थ वहन करेगा चाहे जहाँ भी उल्लेखित हो। यह आश्वासन दिया जाता है कि प्रीमियम चेक के अस्वीकृति के मामले में, यह दस्तावेज स्वतः प्राथमिकता निरस्त हो जाएगी। ***/IN WITNESS WHEREOF,*** *the undersigned being duly authorized hereunto set his/ her hand at the office address mentioned above, this* **23/February/2022.** *This schedule, the attached policy, the clauses, the endorsements and policy wordings as available in the website* ***https://nationalinsurance.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'***

इंश्योरेन्सइंडियालिमिटिड Ombudsman Details: Mumbai Metropolitan Region excluding Navi Mumbai and Thane: Shri Milind A. Kharat, Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W),

कृते नेशनल इन्श्योरेन्स कंपनी

For and on behalf of National Insurance Company Limited

अधिकृत हस्ताक्षरकर्ता/ ***Authorized Signatory***

नेशनल इन्श्योरेन्स कंपनी लिमिटेड
National Insurance Company Limited
CIN : U10200WB1906GOI001713
IRDA Registration No. 58

पंजीकृत एवं प्रधान कार्यालय : 3 मिडिलटन स्ट्रीट, कोलकाता 700 071
Registered & Head Office : 3 Middleton Street, Kolkata 700 071
P. No. 033-22831705-06 Fax : 03322831712
e-mail : website.administrator@nic.co.in

Applicable to Receipts and Policies : In case of dishonour of Cheque / DD for Premium, the Policy / Receipt stands cancelled "ABINITIO".

For any information please contact the Policy Issuing Office or visit our website at www.nationalinsuranceindia.com

नेशनल इन्श्योरेन्स
National Insurance
Trusted Since 1906

TAX INVOICE

Invoice Serial No: 30776P1P00000843

Invoice Date: 23/02/2022

Details of Supplier:
National Insurance Company Limited.,
KOLHAPUR DIVISION Cosmos Commercial Complex, 225/B, E Ward, New Shahupuri, Kolhapur, Maharashtra - 416001
State : 27 , Maharashtra
GSTIN No : 27AAACN9967E1Z3

Details Of Receiver : _ DADASAHEB BALPANDE COLLEGE OF PHARMACY
Address : NEAR SWAMI SAMARTH DHAM MANDIR,BESA,NAGPUR
City : NAGPUR,
District: NAGPUR,
State: MAHARASHTRA,
PIN: 440034.

Place Of Supply State : Maharashtra
State Code : 27
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/IGST		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)	1,108	0%	1,108	9%	100	9%	100	0%	0	0
TOTAL		1,108		1,108		100		100		0	0

कुल इनवॉयस मूल्य (अंकों में)**Total Invoice Value (In figures) :**
₹ 1,308

कुल इनवॉयस मूल्य (शब्दों में)**Total Invoice Value (In words) : रूपए/Rupees**
One Thousand Three Hundred Eight
केवल/**Only.**

रिवर्स चार्ज के अधीन टैक्स की राशि **Amount of Tax Subject to Reverse Charge : No**

E.&.O.E

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

अधिकृत हस्ताक्षरकर्ता/ ***Authorised Signatory***

NATIONAL INSURANCE COMPANY LTD. KOLHAPUR DIVISIONAL OFFICE 270800

Azadi Ka Amrit Mahotsav

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

पंजीकृत एवं प्रधान कार्यालय : 3 मिडिलटन स्ट्रीट, कोलकाता 700 071
Registered & Head Office : 3 Middleton Street, Kolkata 700 071
P. No. 033-22831705-06 Fax : 03322831712
e-mail : website.administrator@nic.co.in

DADASAHEB BALPANDE COLLEGE OF PHARMACY, BESA NAGPUR-440037

B. Pharm Direct IInd Year Student List-2021-22

Sr. No.	Student Name	Age of Student	Name of the Earning Parent/Legal Guardian If	Relation with Student
1	ADITI SURESH CHAVHAN	21	SURESH CHAVHAN	Father
2	ISHA MAHESH GOYAL	20	MAHESH GOYAL	Father
3	KHUSHI VIJAYKUMAR GUPTA	20	VIJAYKUMAR GUPTA	Father
4	NANDINI PANCHKRUSHNA KHIRADE	21	PANCHKRUSHNA KHIRADE	Father
5	NEHA SHANKARLAL GUPTA	21	SHANKARLAL GUPTA	Father
6	NEHA SURESH LADHAWE	21	SURESH LADHAWE	Father
7	PAYAL KANHAIYALAL VAKHARIA	21	KANHAIYALAL VAKHARIA	Father
8	RISHABH RAHUL DATT	21	RAHUL DATT	Father
9	SAMEEN ABDUL IRFAN SHEIKH	22	ABDUL IRFAN SHEIKH	Father
10	SANCHITA RAJESH GHODE	20	RAJESH GHODE	Father
11	SUMIT GYANENDRA SINGH	20	GYANENDRA SINGH	Father
12	WRUTIKA SHEKHAR NIMBULKAR	20	SHEKHAR NIMBULKAR	Father

7/2/2022

DADASAHEB BALPANDE COLLEGE OF PHARMACY SEAL DADASAHEB BALPANDE * BESA, NAGPUR-37 *

NATIONAL INSURANCE COMPANY LTD. KOLHAPUR DIVISIONAL OFFICE

15-02-22

PRINCIPAL
DADASAHEB BALPANDE COLLEGE
OF PHARMACY, BESA, NAGPUR - 37

नेशनल इन्श्योरेन्स
National Insurance
Trusted Since 1906

पॉलिसी अनुसूची/ Policy Schedule - Amartya Shiksha Yojana	
Policy Number: 270800592110001316	व्यवसाय स्रोत / *Business Source: 037422*
जारीकर्ता कार्यालय/**Issuing Office** कार्यालय कोड/ *Office Code: 270800* कार्यालय पता/ *Office Address: KOLHAPUR DIVISION Cosmos Commercial Complex, 225/B, E Ward, New Shahupuri, Kolhapur, Maharashtra - 416001.* ***State Code:*** 27 , Maharashtra ***GSTIN:*** 27AAACN9967E1Z3 *Contact Number: 231 2652587* *eMail: 270800@nic.co.in* *Mobile Number:*	विक्रिय चैनल विवरण/ ***Sales Channel Details*** कोड/ *Code: 9000133083* नाम/ *Name: Mr Sajeed D Jahagirdar* *Contact Number: 9423803354* 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**

NATIONAL INSURANCE COMPANY LTD. KOLHAPUR DIVISIONAL OFFICE 270800

ग्राहक का नाम /Customer Name: _ DADASAHEB BALPANDE COLLEGE OF PHARMACY	ग्राहक आईडी /Customer ID: 9550574243	पैन /PAN:
पता/ Address: NEAR SWAMI SAMARTH DHAM MANDIR,BESA,NAGPUR, City: NAGPUR, District: NAGPUR, State: MAHARASHTRA, PIN: 440034. Cell: 7103281244	फोन /Phone: ई-मेल /E-Mail:	

पॉलिसी: 15/02/2022 के 18:00 से 14/02/2025 की मध्य रात्रि तक प्रभावी /**Policy Effective from 18:00 hours, on 15/02/2022 to midnight of 14/02/2025**

प्रीमियम/ Premium	₹ 3,508.00	कवर नोट संख्या और तिथि/ Cover Note Number and Date	लागू नहीं/NA
CGST	₹ 316.00		
SGST/UTGST	₹ 316.00		
IGST	₹ 0.00		
केरला बाढ़ उपकर/Kerala Flood Cess	₹ 0.00	प्रस्ताव संख्या और तिथि/ Proposal Number and Date	8800220223425772 Dt. 23/02/2022
कम:जीएसटी_टीडीएस / Less:GST_TDS	₹ 0.00		
पुनर्प्राप्ति योग्य स्टाम्प ड्यूटी /Recoverable Stamp Duty	₹ 0.00	रसीद संख्या और तिथि/ Receipt Number and Date	270800812110005311 Dt. 15/02/2022
कुल /Total Amount	₹ 4,140.00	पिछली पॉलिसी संख्या और समाप्ती तिथि/ Previous Policy Number and Expiry Date	लागू नहीं/NA

(Rupees Four Thousand One Hundred Forty Only.)

Total Location Sum Insured	₹ 3,60,000.00

LocationAddress:
1)NEAR SWAMI SAMARTH DHAM MANDIR,BESA, NAGPUR,,Nagpur,Nagpur,Maharashtra,440037.

SL. No	Coverage	Coverage Description	Sum Insured
1	Standard Cover	TOTAL 12 STUDENTS ARE COVERED FOR THE COURSE OF DIORECT 2ND YEAR B.PHARM WITH SUM INSURED RS.3,00,000/- EACH AS PER LIST ATTACHED HEREWITH	36,00,000.00
	अधिक/**Excess:** -.		
	Additional Information: RISK IS COVERED AS PER MENTIONED IN MAHARASHTRA STATE GOVT.G.R.NO.TEM/2011(11/2011)T.E.-4 DATED 25/8/2011 AND M.O.U. WITH DIRECTOR TECHNICAL EDUCATION,MUMBAI. AGE OF EARNING PARENT UPTO 70 YRS.ONLY COVERED.		

Clauses	As per Annexure I

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

पंजीकृत एवं प्रधान कार्यालय : 3 मिडिलटन स्ट्रीट, कोलकाता 700 071
Registered & Head Office : 3 Middleton Street, Kolkata 700 071
P. No. 033-22831705-06 Fax : 03322831712
e-mail : website.administrator@nic.co.in

Applicable to Receipts and Policies : In case of dishonour of Cheque / DD for Premium, the Policy / Receipt stands cancelled "ABINITIO".

For any information please contact the Policy Issuing Office or visit our website at www.nationalinsuranceindia.com

नेशनल इन्श्योरेन्स
National Insurance
Trusted Since 1906

पॉलसी अनुसूची/ Policy Schedule - Amartya Shiksha Yojana	
Policy Number: 270800592110001316	वयवसाय सतरोत / *Business Source: 037422*
जारीकरता कारयालय/***Issuing Office*** कारयालय कोड/ *Office Code: 270800* कारयालय पता/ *Office Address: KOLHAPUR DIVISION Cosmos Commercial Complex, 225/B, E Ward, New Shahupuri, Kolhapur, Maharashtra - 416001.* ***State Code:*** 27 , Maharashtra ***GSTIN:*** 27AAACN9967E1Z3 *Contact Number: 231 2652587* *eMail: 270800@nic.co.in* *Mobile Number:*	वकरिय चैनल वविरण/ ***Sales Channel Details*** कोड/ *Code: 9000133083* नाम/ *Name: Mr Sajeed D Jahagirdar* *Contact Number: 9423803354* सह दलाल कोड / *Co Broker Code:* कसटमर केयर टॉल फरी नंबर/**Customer Care Toll Free Number: 1800 345 0330** ईमेल/ **email:customer.support@nic.co.in**

जसिकी गवाही में दनि/ माह /वरष को उपरोकत उललेखति कारयालय पते पर अधोहसताकषरी को वधिवित अधकिृत कयिा जा रहा है उसके हाथ नरिधारति कए जाएं। यह अनुसूची, संलगन पॉलसी, खण्ड, पृषठांकन और पॉलसी शबदों, जो कंपनी वेबसाईट ***https://nationalinsurance.nic.co.in*** पर उपलबध है, को एक अनुबंध के रुप में एक साथ पढा जाए तथा कोई भी शबद या अभवियकति जसिके लए यह वशिषिट अरथ पॉलसी या अनुसूची के कसी भी हसिसे में संलगन कयिा गया हो, एक ही अरथ वहन करेगा चाहे जहॉ भी उललेखति हो। यह आशवासन दयिा जाता है कि परीमयिम चेक के असवीकृति के मामले में, यह दसतावेज सवतः पराथमकिता नरिसत हो जाएगी। ***/IN WITNESS WHEREOF,*** *the undersigned being duly authorized hereunto set his/ her hand at the office address mentioned above, this* **23/February/2022.** *This schedule, the attached policy, the clauses, the endorsements and policy wordings as available in the website* ***https://nationalinsurance.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'***

इंशयोरेनसइंडयिालमिटिड Ombudsman Details: Mumbai Metropolitan Region excluding Navi Mumbai and Thane: Shri Milind A. Kharat, Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960, Fax: 022 - 26106052, Email: bimalokpal.mumbai@ecoi.co.in, Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region : Shri Vinay Sah, Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune - 411 030, Tel.: 020-41312555, Email: bimalokpal.pune@ecoi.co.in.

कृते नेशनल इनशयोरेनस कंपनी
For and on behalf of National Insurance Company Limited

अधकिृत हसतातकषरकरती/ ***Authorized Signatory***

NATIONAL INSURANCE CO. LTD. * 270800 * KOLHAPUR DIVISIONAL OFFICE

नेशनल इन्श्योरेन्स कंपनी लिमिटेड
National Insurance Company Limited
CIN : U10200WB1906GOI001713
IRDA Registration No. 58

पंजीकृत एवं प्रधान कार्यालय : 3 मिडिलटन स्ट्रीट, कोलकाता 700 071
Registered & Head Office : 3 Middleton Street, Kolkata 700 071
P. No. 033-22831705-06 Fax : 03322831712
e-mail : website.administrator@nic.co.in

नेशनल इन्श्योरेन्स
National Insurance
Trusted Since 1906

TAX INVOICE

Invoice Serial No: 30776O1P00001316 **Invoice Date:** 23/02/2022

Details of Supplier:
National Insurance Company Limited.,
KOLHAPUR DIVISION Cosmos Commercial Complex, 225/B, E Ward, New Shahupuri, Kolhapur, Maharashtra - 416001
State : 27 , Maharashtra
GSTIN No : 27AAACN9967E1Z3

Details Of Receiver : _ DADASAHEB BALPANDE COLLEGE OF PHARMACY
Address : NEAR SWAMI SAMARTH DHAM MANDIR,BESA,NAGPUR
City : NAGPUR,
District: NAGPUR,
State: MAHARASHTRA,
PIN: 440034.

Place Of Supply State : Maharashtra
State Code : 27
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/IGST		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)	3,508	0%	3,508	9%	316	9%	316	0%	0	0
TOTAL		3,508		3,508		316		316		0	0

कुल इनवॉयस मूल्य (अंकों में)**Total Invoice Value (In figures) :**
₹ 4,140

कुल इनवॉयस मूल्य (शब्दों में)**Total Invoice Value (In words) :** रूपए/**Rupees**
Four Thousand One Hundred Fourty
केवल/**Only.**

रिवर्स चार्ज के अधीन टैक्स की राशि **Amount of Tax Subject to Reverse Charge : No**

E.&.O.E

NATIONAL INSURANCE COMPANY LTD. KOLHAPUR DIVISIONAL OFFICE 270800

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

अधिकृत हस्ताक्षरकर्ता/ *Authorized Signatory*

Azadi ka Amrit Mahotsav

नेशनल इन्श्योरेन्स कंपनी लिमिटेड
National Insurance Company Limited
CIN : U10200WB1906GOI001713
IRDA Registration No. 58

पंजीकृत एवं प्रधान कार्यालय : 3 मिडिलटन स्ट्रीट, कोलकाता 700 071
Registered & Head Office : 3 Middleton Street, Kolkata 700 071
P. No. 033-22831705-06 Fax : 03322831712
e-mail : website.administrator@nic.co.in

DADASAHEB BALPANDE COLLEGE OF PHARMACY, BESA NAGPUR-440037

B. Pharm Direct IInd Year Student List-2021-22

Sr. No.	Student Name	Age of Student	Name of the Earning Parent/Legal Guardian If	Relation with Student
1	ADITI SURESH CHAVHAN	21	SURESH CHAVHAN	Father
2	ISHA MAHESH GOYAL	20	MAHESH GOYAL	Father
3	KHUSHI VIJAYKUMAR GUPTA	20	VIJAYKUMAR GUPTA	Father
4	NANDINI PANCHKRUSHNA KHIRADE	21	PANCHKRUSHNA KHIRADE	Father
5	NEHA SHANKARLAL GUPTA	21	SHANKARLAL GUPTA	Father
6	NEHA SURESH LADHAWE	21	SURESH LADHAWE	Father
7	PAYAL KANHAIYALAL VAKHARIA	21	KANHAIYALAL VAKHARIA	Father
8	RISHABH RAHUL DATT	21	RAHUL DATT	Father
9	SAMEEN ABDUL IRFAN SHEIKH	22	ABDUL IRFAN SHEIKH	Father
10	SANCHITA RAJESH GHODE	20	RAJESH GHODE	Father
11	SUMIT GYANENDRA SINGH	20	GYANENDRA SINGH	Father
12	WRUTIKA SHEKHAR NIMBULKAR	20	SHEKHAR NIMBULKAR	Father

7/2/2022

DADASAHEB BALPANDE COLLEGE OF PHARMACY * BESA, NAGPUR-37 * SEAL

NATIONAL INSURANCE COMPANY LTD. KOLHAPUR DIVISIONAL OFFICE * 270800 *

15-02-22

PRINCIPAL
DADASAHEB BALPANDE COLLEGE
OF PHARMACY, BESA, NAGPUR - 37

नेशनल इन्श्योरन्स कंपनी लि.
कोल्हापूर मंडल कार्यालय
कॉसमॉस कमर्शियल कॉम्प्लेक्स,
२०५ बी/ई वॉर्ड, न्यू शाहूपुरी,
कोल्हापूर – ४१६ ००१.

नेशनल इन्श्योरेन्स कम्पनी लिमिटेड
(भारतीय साधारण बीमा निगम की अनुषंगी)
पंजीकृत कार्यालय : 3 मिडिलटन स्ट्रीट, कलकत्ता - 700 071

National Insurance Co. Ltd.
(A Subsidiary of General Insurance Corporation of India)
Regd. Office : 3, MIDDLETON STREET, KOLKATA - 700 071.

Policy Issuing Office :

अमर्त्या शिक्षा योजना इन्श्योरेन्स पॉलिसी AMARTYA SIKSHA YOJANA INSURANCE POLICY

Whereas the Insured Proposer named in the schedule attached has made or caused to be made to NATIONAL INSURANCE COMPANY LIMITED (hereinafter called the "Company") a written proposal as per the schedule hereto (warranting the truth of the statements contained herein) which is the basis of this contract, and is deemed to be incorporated herein and has paid to the Company the Premium hereinstated for the risks herein specified occurring during the period stated in the schedule.

Now THIS POLICY WITNESSETH that, subject to terms, exclusions, definitions and conditions contained herein or endorsed or otherwise expressed hereon the company will indemnify the Insured student as hereinafter mentioned or the claimant as the case may be.

If the Insured Parent/Legal Guardian shall sustain any bodily injury resulting solely and directly from Accident, caused by external violent and visible means and if such injury shall within twelve calendar months of its occurrence be the sole and direct cause of his/her Death or Permanent Total Disablement, as defined hereinafter, the Company will indemnify the Insured Student, in respect of all covered expenses (as elaborated hereinafter) to be incurred from the date of occurrence of such Accident till the expiry date of Policy or completion of the duration of covered course whichever first occurs and such indemnity shall not exceed the Sum Insured as stated in the Policy schedule.

Death during surgical operation or within 7 days period thereafter while in the Hospital but resulting from surgical operation would be considered to be Death dute to "Accident."

"Permanent Total Disablement"

Injury which shall permanently, totally and absolutely disable the Insured form engaging in any employment

or occupation of any description whatsoever and would also mean either of the following :

i) Loss of Two Limbs or Two Eyes

ii) Loss of One Limb and One Eye.

Note : Loss of Limb means physical separation of a hand at or above the wrist, and/or of the foot, at or above the ankle, or the total and irrevocable loss of use of hand or foot.

Covered expenses shall mean and include the following :

1. Cost of Tuition fees, Hostel Rent (inclusive or Boarding expenses), Cost of Books & Periodicals essentially prescribed by the Head of the Dept./Institution.

2. Examination Fees.

3. Cost of to and fro 2nd Class Rail Ticket, for the student, to attend at the Place where the Parent/Legal Guardian has met with Accident resulting in Death or Permanent Total Disablement or the Place as stated in the schedule where the Insured Parent/Legal Guardian resides.

4. Compulsory Donation for Festivals and Picnic/Excursion held in/or behalf of the dept./Institution.

5. Cost, of compulsory uniform prescribed by the Institution.

6. Any other compulsory expenses to be borne under recommendation of the Head of the Dept./ Institution.

7. In addition to above, First Admission Fees (but not the Capitation Fee/Donation) shall also be considered as a covered expense even though incurred prior to the date of Accident. However, after reimbursement of covered expenses, if any portion of the amount of benefit i.e. the Sum Insured remains unused, the same should also be disbursed as lumpsum after completion of the period of covered course or the policy period whichever first occurs. But during the Policy period and before exhaustion of the entire amount of benefit but after occurrence of the covered contingency, if the Insured Student meets with an "Accident", amounts as claimed towards medical expenses should also be dusbursed from the amount of benefit lying unutilised till then and if such "Accident" results in Permanenet Total or Permanent Partial Disablement of the Insured Student, the entire residual amount may be disbursed as lumpsum.

Exclusions

The Company shall not be liable under this Policy.

1. If the Death or Permanent Total Disablement of the Insured Parent/Legal Guardian occurs.

   a) from intentional self-injury, suicide or attempted suicide.

   b) due to accident whilst under the influence of intoxicating liquor or drugs.

   c) due to accident, whilst racing on wheels, big game hunting, shooting, mountaineering or whilst engaged in winter sports, skiing and ice hockey.

   d) directly or indirectly caused by insanity or veneral disease.

   e) arising or resulting from Insured Parent/Legal Guardian committing any breach of law with criminal intent.

2. If the Death or Permanent Total Disablement occurs due to war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, restraints and detainments of all kings, princess & people of whatever nation condition or quality whatsoever.

3. If death or disablement, occurs due to ionising radiation or contamination by radioactivity from any source whatsoever or from nuclear weapons material.

4. Whilst engaging in Aviation or whilst mounting into, dismounting from or travelling in any aircraft other than as a passenger (farepaying or otherwise) in any duly licenced standard type or aircraft anywhere in the world.

5. Natural death and Death due to diseases even if contracted by accident are also specifically excluded under the policy unless the reason being solely attributed to "surgical operation" as elaborated in the face page of the policy.

Condition

1. Upon the happening of any event which may give rise to a claim under this Policy, the Proposer/Insured Parent/Legal Guardian/the Insured Student, or authorised representative shall forthwith give notice thereof to the Issuing Office of the company in writing. Unless reasonable cause is shown the Insured shall within one calendar month after the event, which may give rise to a claim under the Policy give written notice to the company with full particulars of the claim.

2. Proof satisfactory to the Company shall be furnished of all matters upon which a claim is based. Any medical or other agent of the Company shall be allowed to examine the person of the Insured Parent/Legal Guardian on the occasion of any alleged Injury or Disablement when and so often as the same may reasonably be required on behalf of the company and in the event of death to make a post mortem examination of the body of the Insured Parent/Legal Guardian. Such evidence as the company may from time to time require (including a Post Mortem examination if necessary) shall be furnished within the space of 14 days after demand in writing and in the event of a claim in respect of loss of sight the Insured shall undergo at the company's expense such examination or diagnosis as the company shall reasonably deem desirable.

3. All claims under this Policy shall be paid in India, in Indian currency. No sum payable under this Policy shall carry interest. All disbursements of claim shall be through the Bank as per the Bank's clause attached hereto.

4. The Company shall not be liable to make any payment under this Policy in respect of any claim if such claim be in any manner fraudulent or supported by any fraudulent statement, or device whether by the Insured or by any Person on behalf of the insured.

5. The Company may at any time by notice in writing cancel this Policy. Provided that the Company shall in that case return to the Insured the premium paid less a Pro-rata part, thereof for the portion of Current Insurance Period which shall have expired. Such notice shall be deemed sufficiently given if posted addressed to the Insured Proposer at the address last registered in the Company's books and shall be deemed to have been received by the Insured/Proposer at the time when the same would be delivered in the ordinary course of Post.

If cancellation is preferred by the Insured similarly by giving 7 days' notice in writing, Refund of Premium, subject to no claim, may be allowed after retaining premium for the expired period of risk as per scale applicable for this policy and available with the Policy Issuing Office

No refund, however, is allowed under any circumstances if there has ever been a claim under this policy.

6. Under any circumstance the Policy would not cover more than two student children in respect of one particular Insured Parent/Legal Guardian.

7. Documents Required in the event of a claim.

   i) Original Policy.

   ii) Claim from duly filled in and signed.

   iii) F.I.R./Police Report.

   iv) Death Certificate and Post Mortem Report in case of Death of Insured Parent/Legal Guardian.

   v) Disablement certificate in case of Permanent Total Disablement, of the Insured Parent/Legal Guardian.

   vi) Receipts, Documents and Certificate in support of all expenses incurred and Probable expenses as covered and claimed under the Policy.

   vii) Any other document(s) as may be deemed necessary based on the exigency.

8. If any dispute or difference shall arise as to the quantum to be paid under the Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties to or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration the same shall be referred to a panel of three arbitrators comprising of two arbitrators, one to be appointed by each of the parties to the dispute/ difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act. 1996.

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of this policy.

It is hereby expressly stipulated and declared that it shall be a condition precendent to any right of action or suit upon this policy that award by such arbitrator/arbitrators of the amount, of the loss or damage shall be first obtained.

9. It is also hereby further expressly declared and agreed that if the Company shall disclaim liability to the Insured for any claim hereunder and such claim shall not within 12 calander months from the date of such

disclaimer have baan made the subject matter of a suit on account of law then the claim shall for all purpose be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

Bank Clause

It is hereby declared and agreed that on admission of liability by the Insurer, the Sum Insured under the policy will be deposited in a scheduled Bank in the joint names of the Insurer and Beneficiary/Assignee as applicable. The covered expenses incurred by the beneficiary student will be released from this account upon application by the student or the authorised official of the Educational Institution, countersigned by in agreement by the named Beneficiary. After the end of the duration of the course, if any amount shall still remain unutilised, in the bank account, the same shall be disbursed to the Beneficiary in lumpsom. It is hereby agreed that the Interest accruing to the account as allowed by the Bank will be to the account of the Beneficiary. It is also agreed that Bank charges if any will be debited to the account."

PROBIBITION OF REBATES

The Section 41 of the Insurance Act, 1938 as under :

1. No person shall allow, or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue as insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the Policy, nor shall any person taking out of renewing or continuing a Policy accept any rebate, except, such rebate as may be allowed in accordance with the published prospecluses or tables of the Insurer. Provided that the acceptance by an insurance agent of commission in connection with a Policy of Life Insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bonafide insurance agent employed by the Insurer.

2. Any person making default in complying with provision of this Section shall be punishable with fine which may extend to five hundred rupees.

नेशनल इन्श्योरेन्स
National Insurance

Trusted Since 1906

पॉलिसी अनुसूची/ Policy Schedule - Amartya Shiksha Yojana	
Policy Number: 270800592110001317	व्यवसाय स्त्रोत / *Business Source: 037422*
जारीकर्ता कार्यालय/***Issuing Office*** कार्यालय कोड/ *Office Code: 270800* कार्यालय पता/ *Office Address: KOLHAPUR DIVISION Cosmos Commercial Complex, 225/B, E Ward, New Shahupuri, Kolhapur, Maharashtra - 416001.* ***State Code:*** 27 , Maharashtra ***GSTIN***: 27AAACN9967E1Z3 *Contact Number: 231 2652587* *eMail: 270800@nic.co.in* *Mobile Number:*	विक्रिय चैनल विवरण/ ***Sales Channel Details*** कोड/ *Code: 9000133083* नाम/ *Name: Mr Sajeed D Jahagirdar* *Contact Number: 9423803354* 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**

ग्राहक का नाम /Customer Name: _ DADASAHEB BALPANDE COLLEGE OF PHARMACY	ग्राहक आईडी /Customer ID: 9550574243	पैन /PAN:
पता/ Address: NEAR SWAMI SAMARTH DHAM MANDIR,BESA,NAGPUR, City: NAGPUR, District: NAGPUR, State: MAHARASHTRA, PIN: 440034. Cell: 7103281244	फोन /Phone:	
	ई-मेल /E-Mail:	

पॉलिसी: 15/02/2022 के 18:00 से 14/02/2024 की मध्य रात्रि तक प्रभावी /**Policy Effective from 18:00 hours, on 15/02/2022 to midnight of 14/02/2024**

प्रीमियम/ Premium	₹ 6,453.00	कवर नोट संख्या और तिथि/ Cover Note Number and Date	लागू नहीं/NA
CGST	₹ 581.00	प्रस्ताव संख्या और तिथि/ Proposal Number and Date	8800220223425945 Dt. 23/02/2022
SGST/UTGST	₹ 581.00		
IGST	₹ 0.00		
केरला बाढ़ उपकर/Kerala Flood Cess	₹ 0.00		
कम:जीएसटी_टीडीएस / Less:GST_TDS	₹ 0.00		
पुनर्प्राप्ति योग्य स्टाम्प ड्यूटी /Recoverable Stamp Duty	₹ 0.00	रसीद संख्या और तिथि/ Receipt Number and Date	270800812110005311 Dt. 15/02/2022
कुल /**Total Amount**	₹ 7,614.00	पछिली पॉलिसी संख्या और समाप्ती तिथि/ Previous Policy Number and Expiry Date	लागू नहीं/NA
(Rupees Seven Thousand Six Hundred Fourteen Only.)			

Total Location Sum Insured	₹ 94,00,000.00

LocationAddress:
1)NEAR SWAMI SAMARTH DHAM MANDIR,BESA, NAGPUR,,Nagpur,Nagpur,Maharashtra,440037.

SL. No	Coverage	Coverage Description	Sum Insured
1	Standard Cover	TOTAL 47 STUDENTS ARE COVERED FOR THE COURSE OF 1ST YEAR M.PHARM WITH SUM INSURED RS.2,00,000/- EACH AS PER LIST ATTACHED HEREWITH	94,00,000.00
	अधिक/**Excess:** -.		
	Additional Information: AGE OF EARNING PARENT UPTO 70 YRS.ONLY COVERED. RISK IS COVERED AS PER MENTIONED IN MAHARASHTRA STATE GOVT.G.R.NO.TEM/2011(11/2011)T.E.-4 DATED 25/8/2011 AND M.O.U. WITH DIRECTOR TECHNICAL EDUCATION,MUMBAI.		
Clauses		**As per Annexure I**	

नेशनल इन्श्योरेन्स कंपनी लिमिटेड
National Insurance Company Limited
CIN : U10200WB1906GOI001713
IRDA Registration No. 58

पंजीकृत एवं प्रधान कार्यालय : 3 मिडिलटन स्ट्रीट, कोलकाता 700 071
Registered & Head Office : 3 Middleton Street, Kolkata 700 071
P. No. 033-22831705-06 Fax : 03322831712
e-mail : website.administrator@nic.co.in

Applicable to Receipts and Policies : In case of dishonour of Cheque / DD for Premium, the Policy / Receipt stands cancelled "ABINITIO".

For any information please contact the Policy Issuing Office or visit our website at www.nationalinsuranceindia.com

नेशनल इन्श्योरेन्स
National Insurance
Trusted Since 1906

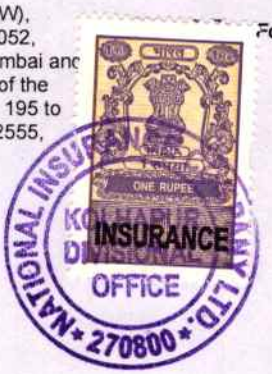
पॉलसी अनुसूची/ Policy Schedule - Amartya Shiksha Yojana	
Policy Number: 270800592110001317	व्यवसाय स्त्रोत / *Business Source: 037422*
जारीकर्ता कार्यालय/***Issuing Office*** कार्यालय कोड/ *Office Code: 270800* कार्यालय पता/ *Office Address: KOLHAPUR DIVISION Cosmos Commercial Complex, 225/B, E Ward, New Shahupuri, Kolhapur, Maharashtra - 416001.* ***State Code:*** 27 , Maharashtra ***GSTIN:*** 27AAACN9967E1Z3 *Contact Number: 231 2652587* *eMail: 270800@nic.co.in* *Mobile Number:*	विक्रिय चैनल विवरण/ ***Sales Channel Details*** कोड/ *Code: 9000133083* नाम/ *Name: Mr Sajeed D Jahagirdar* *Contact Number: 9423803354* 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**

जसिकी गवाही में दनि/ माह /वर्ष को उपरोक्त उल्लेखति कार्यालय पते पर अधोहस्ताक्षरी को वधिवित अधकिृत कयिा जा रहा है उसके हाथ नरि्धारति कएि जाएं। यह अनुसूची, संलग्न पॉलसिी, खण्ड, पृष्ठांकन और पॉलसिी शब्दों, जो कंपनी वेबसाईट ***https://nationalinsurance.nic.co.in*** पर उपलब्ध है, को एक अनुबंध के रुप में एक साथ पढ़ा जाए तथा कोई भी शब्द या अभव्यिक्त जसिके लएि यह वशिष्टि अर्थ पॉलसिी या अनुसूची के कसिी भी हस्सिे में संलग्न कयिा गया हो, एक ही अर्थ वहन करेगा चाहे जहॉ भी उल्लेखति हो। यह आश्वासन दयिा जाता है कि प्रीमयिम चेक के अस्वीकृति के मामले में, यह दस्तावेज स्वतः प्राथमकिता नरि्स्त हो जाएगी । ***/IN WITNESS WHEREOF,*** *the undersigned being duly authorized hereunto set his/ her hand at the office address mentioned above, this* **23/February/2022.** *This schedule, the attached policy, the clauses, the endorsements and policy wordings as available in the website* ***https://nationalinsurance.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'***

इंश्योरेन्सइंडियालिमिटिड Ombudsman Details: Mumbai Metropolitan Region excluding Navi Mumbai and Thane: Shri Milind A. Kharat, Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960, Fax: 022 - 26106052, Email: bimalokpal.mumbai@ecoi.co.in, Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region : Shri Vinay Sah, Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune - 411 030, Tel.: 020-41312555, Email: bimalokpal.pune@ecoi.co.in.

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

अधकिृत हस्तात्क्षरकर्ता/ ***Authorized Signatory***



Applicable to Receipts and Policies : In case of dishonour of Cheque / DD for Premium, the Policy / Receipt stands cancelled "ABINITIO".

For any information please contact the Policy Issuing Office or visit our website at www.nationalinsuranceindia.com

नेशनल इन्श्योरेन्स
National Insurance
Trusted Since 1906

TAX INVOICE

Invoice Serial No: 30776O1P00001317

Invoice Date: 23/02/2022

Details of Supplier:
National Insurance Company Limited.,
KOLHAPUR DIVISION Cosmos Commercial Complex, 225/B, E Ward, New Shahupuri, Kolhapur, Maharashtra - 416001
State : 27 , Maharashtra
GSTIN No : 27AAACN9967E1Z3

Details Of Receiver : _ DADASAHEB BALPANDE COLLEGE OF PHARMACY
Address : NEAR SWAMI SAMARTH DHAM MANDIR,BESA,NAGPUR
City : NAGPUR,
District: NAGPUR,
State: MAHARASHTRA,
PIN: 440034.

Place Of Supply State : Maharashtra
State Code : 27
GSTIN No : NA

सैक कोड/ SAC Code	सेवा का वर्णन/ Description of Service	कुल/Total(₹)	छूट/ Discount	टैक्स योग्य/ मूल्य/Taxable Value(₹)	सीजीएसटी की राशि CGST		एसजीएसटी/यूटीजीएसटी/ SGST/UTGST		आईजीएसटी/IGST		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)	6,453	0%	6,453	9%	581	9%	581	0%	0	0
TOTAL		6,453		6,453		581		581		0	0

कुल इनवॉयस मूल्य (अंकों में)**Total Invoice Value (In figures) :**
₹ 7,614

कुल इनवॉयस मूल्य (शब्दों में)**Total Invoice Value (In words) :** रूपए/Rupees **Seven Thousand Six Hundred Fourteen** केवल/**Only.**

रिवर्स चार्ज के अधीन टैक्स की राशि **Amount of Tax Subject to Reverse Charge : No**

E.&.O.E

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

अधिकृत हस्तात्क्षरकर्ता/ ***Authorized Signatory***

NATIONAL INSURANCE COMPANY LTD. KOLHAPUR DIVISIONAL OFFICE 270800

Azadi Ka Amrit Mahotsav

Printed on 23/02/2022 at 12:37422

नेशनल इन्श्योरेन्स कंपनी लिमिटेड
National Insurance Company Limited
CIN : U10200WB1906GOI001713
IRDA Registration No. 58

पंजीकृत एवं प्रधान कार्यालय : 3 मिडिलटन स्ट्रीट, कोलकाता 700 071
Registered & Head Office : 3 Middleton Street, Kolkata 700 071
P. No. 033-22831705-06 Fax : 03322831712
e-mail : website.administrator@nic.co.in

DADASAHEB BALPANDE COLLEGE OF PHARMACY, BESA NAGPUR-440037

M. Pharm First Year Student List-2021-22

M.Pharm Pharmaceutics

Sr. No.	Student Name	Age of Student	Name of the Earning Parent/Legal Guardian If Any	Relation with Student
1	AKSHAY DATTUJI SAHARE	22	DATTUJI SAHARE	Father
2	ALI SAYYED AHETESHAM SAYYED IMTIYAZ	24	AHETESHAM SAYYED IMTIYAZ	Father
3	GUNJAN SANJAY RATHOD	22	SANJAY RATHOD	Father
4	KARISHMA TULSIRAM SHELKE	24	TULSIRAM SHELKE	Father
5	MAHIMA JIYALAL PALI	23	JIYALAL PALI	Father
6	MANDAR ANIL THOOL	23	ANIL THOOL	Father
7	MRUNALI NILKANTH GIRHEPUNTE	24	NILKANTH GIRHEPUNTE	Father
8	MUSKAN MANISH PANDE	22	MANISH PANDE	Father
9	PAYAL GOVIND BARVE	22	GOVIND BARVE	Father
10	RAGINI BHAURAO CHAWARE	22	BHAURAO CHAWARE	Father
11	RESHMA DNYANESHWAR CHAUDHARI	22	DNYANESHWAR CHAUDHARI	Father
12	RUSHALI KISHOR BOBADE	23	KISHOR BOBADE	Father
13	SANKET CHANDA MESHRAM	26	CHANDA MESHRAM	Father
14	SHUBHAM BHARAT CHAUDHARI	22	BHARAT CHAUDHARI	Father
15	SUMIT RAJESH YADAV	24	RAJESH YADAV	Father
16	VINAYAK SURESHRAO DAROKAR	22	SURESHRAO DAROKAR	Father

M.Pharm Pharmaceutical Quality Assurance

Sr. No.	Student Name	Age of Student	Name of the Earning Parent/Legal Guardian If Any	Relation with Student
1	AKANKSHA DILIP FISKE	24	DILIP FISKE	Father
2	AKASH MADHAVRAO BHAKARE	22	MADHAVRAO BHAKARE	Father
3	AKASH RADHESHYAM SHAHU	22	RADHESHYAM SHAHU	Father
4	ASHWINI DIPAK ALASPURE	22	DIPAK ALASPURE	Father
5	AVANTIKA RAMCHANDRA ADMACHI	22	RAMCHANDRA ADMACHI	Father
6	BHAGYASHRI PANJABRAO DAHAKE	22	PANJABRAO DAHAKE	Father
7	DIVYASHRI SANATKUMAR SHENDE	23	SANATKUMAR SHENDE	Father
8	JOSANA SOHANLAL RAHANGDALE	25	SOHANLAL RAHANGDALE	Father
9	KAUSTUBH HIRAMAN DHASKAT	24	HIRAMAN DHASKAT	Father
10	KRUNAL UTTAM BISANDRE	24	KRUNAL UTTAM BISANDRE	Father
11	MOHANISH MOHAN MIRASHE	24	MOHAN MIRASHE	Father
12	MONIKA SUBHASH AMBEKAR	23	SUBHASH AMBEKAR	Father
13	POOJA NARENDRA MEHAR	24	NARENDRA MEHAR	Father
14	PRAJAKTA OMPRAKASH AWACHAT	23	OMPRAKASH AWACHAT	Father
15	SAGAR SUBHASH YADAV	22	SUBHASH YADAV	Father
16	SHIVANI RAJESHWAR CHELMELWAR	24	RAJESHWAR CHELMELWAR	Father

M.Pharm Pharmaceutical Regulatory Affair

Sr. No.	Student Name	Age of Student	Name of the Earning Parent/Legal Guardian If Any	Relation with Student
1	ANKITA RADHESHYAM HARODE	24	RADHESHYAM HARODE	Father
2	ASHITA RAJENDRA TALEKAR	22	RAJENDRA TALEKAR	Father

3	HIMANSHI DHIRAJ WASNIK	22	DHIRAJ WASNIK	Father
4	KETKI SUNIL ANDE	22	SUNIL ANDE	Father
5	MANASI MOHAN CHOUDHARI	22	MOHAN CHOUDHARI	Father
6	NISHA CHANDRABHAN PARDHI	22	CHANDRABHAN PARDHI	Father
7	PRATIBHA LAXMAN THAKARE	23	LAXMAN THAKARE	Father
8	SAKSHI RAVINDRA AGARKAR	25	RAVINDRA AGARKAR	Father
9	SHIVANI OMPRAKASH NASARE	24	OMPRAKASH NASARE	Father
10	SHIWANI JAGDISHPRASAD TIWARI	24	JAGDISHPRASAD TIWARI	Father
11	SHRUTI SANJAY DESHMUKH	24	SANJAY DESHMUKH	Father
12	SIDDHI AJAYRAO KHANKE	23	AJAYRAO KHANKE	Father
13	TRUPTI RAMBHAU DUMORE	24	RAMBHAU DUMORE	Father
14	VAISHNAVI GAJANANRAO KAMDI	23	GAJANANRAO KAMDI	Father
15	VAISHNAVI SHARADRAO TADAS	22	SHARADRAO TADAS	Father

7/2/2022

DADASAHEB BALPANDE COLLEGE OF PHARMACY BESA, NAGPUR-37 SEAL

15-02-22

PRINCIPAL
DADASAHEB BALPANDE COLLEGE
OF PHARMACY, BESA, NAGPUR - 37

NATIONAL INSURANCE COMPANY LTD. KOLHAPUR DIVISIONAL OFFICE 270800

नेशनल इन्श्योरन्स कंपनी लि.
कोल्हापूर मंडल कार्यालय
कॉसमॉस कमर्शियल कॉम्प्लेक्स,
२०५ बी/ई वॉर्ड, न्यू शाहूपुरी,
कोल्हापूर – ४१६ ००१.

नेशनल इन्श्योरेन्स कम्पनी लिमिटेड
(भारतीय साधारण बीमा निगम की अनुषंगी)
पंजीकृत कार्यालय : 3 मिडिलटन स्ट्रीट, कलकत्ता - 700 071

National Insurance Co. Ltd.
(A Subsidiary of General Insurance Corporation of India)
Regd. Office : 3, MIDDLETON STREET, KOLKATA - 700 071.

Policy Issuing
Office :

अमर्त्या शिक्षा योजना इन्श्योरेन्स पॉलिसी AMARTYA SIKSHA YOJANA INSURANCE POLICY

Whereas the Insured Proposer named in the schedule attached has made or caused to be made to NATIONAL INSURANCE COMPANY LIMITED (hereinafter called the "Company") a written proposal as per the schedule hereto (warranting the truth of the statements contained herein) which is the basis of this contract, and is deemed to be incorporated herein and has paid to the Company the Premium hereinstated for the risks herein specified occurring during the period stated in the schedule.

Now THIS POLICY WITNESSETH that, subject to terms, exclusions, definitions and conditions contained herein or endorsed or otherwise expressed hereon the company will indemnify the Insured student as hereinafter mentioned or the claimant as the case may be.

If the Insured Parent/Legal Guardian shall sustain any bodily injury resulting solely and directly from Accident, caused by external violent and visible means and if such injury shall within twelve calendar months of its occurrence be the sole and direct cause of his/her Death or Permanent Total Disablement, as defined hereinafter, the Company will indemnify the Insured Student, in respect of all covered expenses (as elaborated hereinafter) to be incurred from the date of occurrence of such Accident till the expiry date of Policy or completion of the duration of covered course whichever first occurs and such indemnity shall not exceed the Sum Insured as stated in the Policy schedule.

Death during surgical operation or within 7 days period thereafter while in the Hospital but resulting from surgical operation would be considered to be Death dute to "Accident."

"Permanent Total Disablement"

Injury which shall permanently, totally and absolutely disable the Insured form engaging in any employment

or occupation of any description whatsoever and would also mean either of the following :

i) Loss of Two Limbs or Two Eyes

ii) Loss of One Limb and One Eye.

Note : Loss of Limb means physical separation of a hand at or above the wrist, and/or of the foot, at or above the ankle, or the total and irrevocable loss of use of hand or foot.

Covered expenses shall mean and include the following :

1. Cost of Tuition fees, Hostel Rent (inclusive or Boarding expenses), Cost of Books & Periodicals essentially prescribed by the Head of the Dept./Institution.

2. Examination Fees.

3. Cost of to and fro 2nd Class Rail Ticket, for the student, to attend at the Place where the Parent/Legal Guardian has met with Accident resulting in Death or Permanent Total Disablement or the Place as stated in the schedule where the Insured Parent/Legal Guardian resides.

4. Compulsory Donation for Festivals and Picnic/Excursion held in/or behalf of the dept./Institution.

5. Cost, of compulsory uniform prescribed by the Institution.

6. Any other compulsory expenses to be borne under recommendation of the Head of the Dept./ Institution.

7. In addition to above, First Admission Fees (but not the Capitation Fee/Donation) shall also be considered as a covered expense even though incurred prior to the date of Accident. However, after reimbursement of covered expenses, if any portion of the amount of benefit i.e. the Sum Insured remains unused, the same should also be disbursed as lumpsum after completion of the period of covered course or the policy period whichever first occurs. But during the Policy period and before exhaustion of the entire amount of benefit but after occurrence of the covered contingency, if the Insured Student meets with an "Accident", amounts as claimed towards medical expenses should also be dusbursed from the amount of benefit lying unutilised till then and if such "Accident" results in Permanenet Total or Permanent Partial Disablement of the Insured Student, the entire residual amount may be disbursed as lumpsum.

Exclusions

The Company shall not be liable under this Policy.

1. If the Death or Permanent Total Disablement of the Insured Parent/Legal Guardian occurs.

   a) from intentional self-injury, suicide or attempted suicide.

   b) due to accident whilst under the influence of intoxicating liquor or drugs.

   c) due to accident, whilst racing on wheels, big game hunting, shooting, mountaineering or whilst engaged in winter sports, skiing and ice hockey.

   d) directly or indirectly caused by insanity or veneral disease.

   e) arising or resulting from Insured Parent/Legal Guardian committing any breach of law with criminal intent.

2. If the Death or Permanent Total Disablement occurs due to war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, restraints and detainments of all kings, princess & people of whatever nation condition or quality whatsoever.

3. If death or disablement, occurs due to ionising radiation or contamination by radioactivity from any source whatsoever or from nuclear weapons material.

4. Whilst engaging in Aviation or whilst mounting into, dismounting from or travelling in any aircraft other than as a passenger (farepaying or otherwise) in any duly licenced standard type or aircraft anywhere in the world.

5. Natural death and Death due to diseases even if contracted by accident are also specifically excluded under the policy unless the reason being solely attributed to "surgical operation" as elaborated in the face page of the policy.

Condition

1. Upon the happening of any event which may give rise to a claim under this Policy, the Proposer/Insured Parent/Legal Guardian/the Insured Student, or authorised representative shall forthwith give notice thereof to the Issuing Office of the company in writing. Unless reasonable cause is shown the Insured shall within one calendar month after the event, which may give rise to a claim under the Policy give written notice to the company with full particulars of the claim.

2. Proof satisfactory to the Company shall be furnished of all matters upon which a claim is based. Any medical or other agent of the Company shall be allowed to examine the person of the Insured Parent/ Legal Guardian on the occasion of any alleged Injury or Disablement when and so often as the same may reasonably be required on behalf of the company and in the event of death to make a post mortem examination of the body of the Insured Parent/Legal Guardian. Such evidence as the company may from time to time require (including a Post Mortem examination if necessary) shall be furnished within the space of 14 days after demand in writing and in the event of a claim in respect of loss of sight the Insured shall undergo at the company's expense such examination or diagnosis as the company shall reasonably deem desirable.

3. All claims under this Policy shall be paid in India, in Indian currency. No sum payable under this Policy shall carry interest. All disbursements of claim shall be through the Bank as per the Bank's clause attached hereto.

4. The Company shall not be liable to make any payment under this Policy in respect of any claim if such claim be in any manner fraudulent or supported by any fraudulent statement, or device whether by the Insured or by any Person on behalf of the insured.

5. The Company may at any time by notice in writing cancel this Policy. Provided that the Company shall in that case return to the Insured the premium paid less a Pro-rata part, thereof for the portion of Current Insurance Period which shall have expired. Such notice shall be deemed sufficiently given if posted addressed to the Insured Proposer at the address last registered in the Company's books and shall be deemed to have been received by the Insured/Proposer at the time when the same would be delivered in the ordinary course of Post.

If cancellation is preferred by the Insured similarly by giving 7 days' notice in writing, Refund of Premium, subject to no claim, may be allowed after retaining premium for the expired period of risk as per scale applicable for this policy and available with the Policy Issuing Office.

No refund, however, is allowed under any circumstances if there has ever been a claim under this policy.

6. Under any circumstance the Policy would not cover more than two student children in respect of one particular Insured Parent/Legal Guardian.

7. Documents Required in the event of a claim.

   i) Original Policy.

   ii) Claim from duly filled in and signed.

   iii) F.I.R./Police Report.

   iv) Death Certificate and Post Mortem Report in case of Death of Insured Parent/Legal Guardian.

   v) Disablement certificate in case of Permanent Total Disablement, of the Insured Parent/Legal Guardian.

   vi) Receipts, Documents and Certificate in support of all expenses incurred and Probable expenses as covered and claimed under the Policy.

   vii) Any other document(s) as may be deemed necessary based on the exigency.

8. If any dispute or difference shall arise as to the quantum to be paid under the Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties to or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration the same shall be referred to a panel of three arbitrators comprising of two arbitrators, one to be appointed by each of the parties to the dispute/ difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act. 1996.

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of this policy.

It is hereby expressly stipulated and declared that it shall be a condition precendent to any right of action or suit upon this policy that award by such arbitrator/arbitrators of the amount, of the loss or damage shall be first obtained.

9. It is also hereby further expressly declared and agreed that if the Company shall disclaim liability to the Insured for any claim hereunder and such claim shall not within 12 calander months from the date of such

disclaimer have baan made the subject matter of a suit on account of law then the claim shall for all purpose be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

Bank Clause

It is hereby declared and agreed that on admission of liability by the Insurer, the Sum Insured under the policy will be deposited in a scheduled Bank in the joint names of the Insurer and Beneficiary/Assignee as applicable. The covered expenses incurred by the beneficiary student will be released from this account upon application by the student or the authorised official of the Educational Institution, countersigned by in agreement by the named Beneficiary. After the end of the duration of the course, if any amount shall still remain unutilised, in the bank account, the same shall be disbursed to the Beneficiary in lumpsom. It is hereby agreed that the interest accruing to the account as allowed by the Bank will be to the account of the Beneficiary. It is also agreed that Bank charges if any will be debited to the account."

PROBIBITION OF REBATES

The Section 41 of the Insurance Act, 1938 as under :

1. No person shall allow, or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue as insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the Policy, nor shall any person taking out of renewing or continuing a Policy accept any rebate, except, such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer. Provided that the acceptance by an insurance agent of commission in connection with a Policy of Life Insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bonafide insurance agent employed by the Insurer.

2. Any person making default in complying with provision of this Section shall be punishable with fine which may extend to five hundred rupees.

नेशनल इन्श्योरेन्स
National Insurance
Trusted Since 1906

पॉलिसी अनुसूची/ Policy Schedule - Group Personal Accident	
Policy Number: 270800422110000844	वृयवसाय सृत्रोत / *Business Source: 037422*
जारीकर्ता कार्यालय/***Issuing Office*** कार्यालय कोड/ *Office Code: 270800* कार्यालय पता/ *Office Address: KOLHAPUR DIVISION Cosmos Commercial Complex, 225/B, E Ward, New Shahupuri, Kolhapur, Maharashtra - 416001.* ***State Code:*** 27 , Maharashtra ***GSTIN***: 27AAACN9967E1Z3 *Contact Number: 231 2652587* *eMail: 270800@nic.co.in* *Mobile Number:*	वृक्रिय चैनल वृविरण/ ***Sales Channel Details*** कोड/ *Code: 9000133083* नाम/ *Name: Mr Sajeed D Jahagirdar* *Contact Number: 9423803354* सह दलाल कोड / *Co Broker Code:* कसृटमर केयर टॉल फ्री नंबर/**Customer Care Toll Free Number: 1800 345 0330** ईमेल/ **email:customer.support@nic.co.in**

NATIONAL INSURANCE COMPANY LTD. KOLHAPUR DIVISIONAL OFFICE 270800

गृराहक का नाम /Customer Name: _ DADASAHEB BALPANDE COLLEGE OF PHARMACY	गृराहक आईडी /Customer ID: 9550574243	पैन /PAN:
पता/ Address: NEAR SWAMI SAMARTH DHAM MANDIR,BESA,NAGPUR, City: NAGPUR, District: NAGPUR, State: MAHARASHTRA, PIN: 440034. Cell: 7103281244	फोन /Phone: ई-मेल /E-Mail:	

पॉलिसी: 15/02/2022 के 18:00 से 14/02/2024 की मध्य रात्रि तक प्रभावी **/Policy Effective from 18:00 hours, on 15/02/2022 to midnight of 14/02/2024**

प्रीमियम/ Premium	₹ 2,868.00	कवर नोट संख्या और तिथि / Cover Note Number and Date	लागू नहीं/NA
CGST	₹ 258.00	प्रस्ताव संख्या और तिथि/ Proposal Number and Date	8800220223427642 Dt. 23/02/2022
SGST/UTGST	₹ 258.00		
IGST	₹ 0.00		
केरला बाढ़ उपकर/Kerala Flood Cess	₹ 0.00		
कम:जीएसटी_टीडीएस / Less:GST_TDS	₹ 0.00		
पुनर्प्राप्ति योग्य स्टाम्प इयूटी /Recoverable Stamp Duty	₹ 0.00	रसीद संख्या और तिथि/ Receipt Number and Date	270800812110005311 Dt. 15/02/2022
कुल /**Total Amount**	₹ 3,384.00	पछिली पॉलिसी संख्या और समाप्ती तिथि/ Previous Policy Number and Expiry Date	लागू नहीं/NA
(Rupees Three Thousand Three Hundred Eighty Four Only.)			

Total Location Sum Insured	₹ 4,70,000.00

LocationAddress:
1)NEAR SWAMI SAMARTH DHAM MANDIR,BESA, NAGPUR,,Nagpur,Nagpur,Maharashtra,440037.

SL. No	Coverage	Coverage Description	Sum Insured
1	Table I A	TOTAL 47 STUDENTS ARE COVERED FOR THE COURSE OF 1ST YEAR M.PHARM WITH SUM INSURED RS.1,00,000/- EACH AS PER LIST ATTACHED HEREWITH	47,00,000.00
	अधिक/**Excess:** -.		
	Additional Information: RISK IS COVERED AS PER MENTIONED IN MAHARASHTRA STATE GOVT.G.R.NO.TEM/2011(11/2011)T.E.-4 DATED 25/8/2011 AND M.O.U. WITH DIRECTOR TECHNICAL EDUCATION,MUMBAI. AS PER GROUP PERSONAL ACCIDENT POLICY TABLE IA COVERED		
Clauses			**As per Annexure I**

नेशनल इन्श्योरेन्स कंपनी लिमिटेड
National Insurance Company Limited
CIN : U10200WB1906GOI001713
IRDA Registration No. 58

पंजीकृत एवं प्रधान कार्यालय : 3 मिडिलटन स्ट्रीट, कोलकाता 700 071
Registered & Head Office : 3 Middleton Street, Kolkata 700 071
P. No. 033-22831705-06 Fax : 03322831712
e-mail : website.administrator@nic.co.in

नेशनल इन्श्योरेन्स
National Insurance

Trusted Since 1906

पॉलिसी अनुसूची/ Policy Schedule - Group Personal Accident	
Policy Number: 270800422110000844	व्यवसाय स्त्रोत / *Business Source: 037422*
जारीकर्ता कार्यालय/***Issuing Office*** कार्यालय कोड/ *Office Code: 270800* कार्यालय पता/ *Office Address: KOLHAPUR DIVISION Cosmos Commercial Complex, 225/B, E Ward, New Shahupuri, Kolhapur, Maharashtra - 416001.* ***State Code:*** 27 , Maharashtra ***GSTIN:*** 27AAACN9967E1Z3 *Contact Number: 231 2652587* *eMail: 270800@nic.co.in* *Mobile Number:*	विक्रिय चैनल विवरण/ ***Sales Channel Details*** कोड/ *Code: 9000133083* नाम/ *Name: Mr Sajeed D Jahagirdar* *Contact Number: 9423803354* 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**

जिसकी गवाही में दिनि/ माह /वर्ष को उपरोक्त उल्लेखित कार्यालय पते पर अधोहस्ताक्षरी को विधिवित अधिकृत किया जा रहा है उसके हाथ निर्धारित किए जाएं। यह अनुसूची, संलग्न पॉलिसी, खण्ड, पृष्ठांकन और पॉलिसी शब्दों, जो कंपनी वेबसाईट ***https://nationalinsurance.nic.co.in*** पर उपलब्ध है, को एक अनुबंध के रुप में एक साथ पढ़ा जाए तथा कोई भी शब्द या अभिव्यक्ति जिसिके लिए यह विशिष्ट अर्थ पॉलिसी या अनुसूची के किसी भी हिस्से में संलग्न किया गया हो, एक ही अर्थ वहन करेगा चाहे जहाँ भी उल्लेखित हो। यह आश्वासन दिया जाता है कि प्रीमियम चेक के अस्वीकृति के मामले में, यह दस्तावेज स्वतः प्रारंभिकता निरस्त हो जाएगी। ***/IN WITNESS WHEREOF,*** *the undersigned being duly authorized hereunto set his/ her hand at the office address mentioned above, this* **23/February/2022.** *This schedule, the attached policy, the clauses, the endorsements and policy wordings as available in the website* ***https://nationalinsurance.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'***

इंश्योरेन्सइंडियालिमिटिड Ombudsman Details: Mumbai Metropolitan Region excluding Navi Mumbai and Thane: Shri Milind A. Kharat, Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W),

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

अधिकृत हस्तात्क्षरकर्ता/ ***Authorized Signatory***

नेशनल इन्श्योरेन्स कंपनी लिमिटेड
National Insurance Company Limited
CIN : U10200WB1906GOI001713
IRDA Registration No. 58

पंजीकृत एवं प्रधान कार्यालय : 3 मिडिलटन स्ट्रीट, कोलकाता 700 071
Registered & Head Office : 3 Middleton Street, Kolkata 700 071
P. No. 033-22831705-06 Fax : 03322831712
e-mail : website.administrator@nic.co.in

नेशनल इन्श्योरेन्स
National Insurance
Trusted Since 1906

TAX INVOICE

Invoice Serial No: 30776P1P00000844 **Invoice Date:** 23/02/2022

Details of Supplier:
National Insurance Company Limited.,
KOLHAPUR DIVISION Cosmos Commercial Complex, 225/B, E Ward, New Shahupuri, Kolhapur, Maharashtra - 416001
State : 27 , Maharashtra
GSTIN No : 27AAACN9967E1Z3

Details Of Receiver : _ DADASAHEB BALPANDE COLLEGE OF PHARMACY
Address : NEAR SWAMI SAMARTH DHAM MANDIR,BESA,NAGPUR
City : NAGPUR,
District: NAGPUR,
State: MAHARASHTRA,
PIN: 440034.

Place Of Supply State : Maharashtra
State Code : 27
GSTIN No : NA

सैक कोड/ SAC Code	सेवा का वर्णन/ Description of Service	कुल/Total(₹)	छूट/ Discount	टैक्स योग्य/ मूल्य/Taxable Value(₹)	सीजीएसटी की राशि CGST		एसजीएसटी/यूटीजीएसटी/ SGST/UTGST		आईजीएसटी/IGST		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)	2,868	0%	2,868	9%	258	9%	258	0%	0	0
TOTAL		2,868		2,868		258		258		0	0

कुल इनवॉयस मूल्य (अंकों में)**Total Invoice Value (In figures) :**
₹ 3,384

कुल इनवॉयस मूल्य (शब्दों में)**Total Invoice Value (In words) : रूपए/Rupees Three Thousand Three Hundred Eighty Four केवल/Only.**

रिवर्स चार्ज के अधीन टैक्स की राशि **Amount of Tax Subject to Reverse Charge : No**

E.&.O.E

NATIONAL INSURANCE COMPANY LTD. KOLHAPUR DIVISIONAL OFFICE 270800

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

अधिकृत हस्ताक्षरकर्ता/ *Authorized Signatory*

Azadi Ka Amrit Mahotsav

नेशनल इन्श्योरेन्स कंपनी लिमिटेड
National Insurance Company Limited
CIN : U10200WB1906GOI001713
IRDA Registration No. 58

पंजीकृत एवं प्रधान कार्यालय : 3 मिडिलटन स्ट्रीट, कोलकाता 700 071
Registered & Head Office : 3 Middleton Street, Kolkata 700 071
P. No. 033-22831705-06 Fax : 03322831712
e-mail : website.administrator@nic.co.in

DADASAHEB BALPANDE COLLEGE OF PHARMACY, BESA NAGPUR-440037

M. Pharm First Year Student List-2021-22

M.Pharm Pharmaceutics

Sr. No.	Student Name	Age of Student	Name of the Earning Parent/Legal Guardian If Any	Relation with Student
1	AKSHAY DATTUJI SAHARE	22	DATTUJI SAHARE	Father
2	ALI SAYYED AHETESHAM SAYYED IMTIYAZ	24	AHETESHAM SAYYED IMTIYAZ	Father
3	GUNJAN SANJAY RATHOD	22	SANJAY RATHOD	Father
4	KARISHMA TULSIRAM SHELKE	24	TULSIRAM SHELKE	Father
5	MAHIMA JIYALAL PALI	23	JIYALAL PALI	Father
6	MANDAR ANIL THOOL	23	ANIL THOOL	Father
7	MRUNALI NILKANTH GIRHEPUNTE	24	NILKANTH GIRHEPUNTE	Father
8	MUSKAN MANISH PANDE	22	MANISH PANDE	Father
9	PAYAL GOVIND BARVE	22	GOVIND BARVE	Father
10	RAGINI BHAURAO CHAWARE	22	BHAURAO CHAWARE	Father
11	RESHMA DNYANESHWAR CHAUDHARI	22	DNYANESHWAR CHAUDHARI	Father
12	RUSHALI KISHOR BOBADE	23	KISHOR BOBADE	Father
13	SANKET CHANDA MESHRAM	26	CHANDA MESHRAM	Father
14	SHUBHAM BHARAT CHAUDHARI	22	BHARAT CHAUDHARI	Father
15	SUMIT RAJESH YADAV	24	RAJESH YADAV	Father
16	VINAYAK SURESHRAO DAROKAR	22	SURESHRAO DAROKAR	Father

M.Pharm Pharmaceutical Quality Assurance

Sr. No.	Student Name	Age of Student	Name of the Earning Parent/Legal Guardian If Any	Relation with Student
1	AKANKSHA DILIP FISKE	24	DILIP FISKE	Father
2	AKASH MADHAVRAO BHAKARE	22	MADHAVRAO BHAKARE	Father
3	AKASH RADHESHYAM SHAHU	22	RADHESHYAM SHAHU	Father
4	ASHWINI DIPAK ALASPURE	22	DIPAK ALASPURE	Father
5	AVANTIKA RAMCHANDRA ADMACHI	22	RAMCHANDRA ADMACHI	Father
6	BHAGYASHRI PANJABRAO DAHAKE	22	PANJABRAO DAHAKE	Father
7	DIVYASHRI SANATKUMAR SHENDE	23	SANATKUMAR SHENDE	Father
8	JOSANA SOHANLAL RAHANGDALE	25	SOHANLAL RAHANGDALE	Father
9	KAUSTUBH HIRAMAN DHASKAT	24	HIRAMAN DHASKAT	Father
10	KRUNAL UTTAM BISANDRE	24	KRUNAL UTTAM BISANDRE	Father
11	MOHANISH MOHAN MIRASHE	24	MOHAN MIRASHE	Father
12	MONIKA SUBHASH AMBEKAR	23	SUBHASH AMBEKAR	Father
13	POOJA NARENDRA MEHAR	24	NARENDRA MEHAR	Father
14	PRAJAKTA OMPRAKASH AWACHAT	23	OMPRAKASH AWACHAT	Father
15	SAGAR SUBHASH YADAV	22	SUBHASH YADAV	Father
16	SHIVANI RAJESHWAR CHELMELWAR	24	RAJESHWAR CHELMELWAR	Father

M.Pharm Pharmaceutical Regulatory Affair

Sr. No.	Student Name	Age of Student	Name of the Earning Parent/Legal Guardian If Any	Relation with Student
1	ANKITA RADHESHYAM HARODE	24	RADHESHYAM HARODE	Father
2	ASHITA RAJENDRA TALEKAR	22	RAJENDRA TALEKAR	Father

3	HIMANSHI DHIRAJ WASNIK	22	DHIRAJ WASNIK	Father
4	KETKI SUNIL ANDE	22	SUNIL ANDE	Father
5	MANASI MOHAN CHOUDHARI	22	MOHAN CHOUDHARI	Father
6	NISHA CHANDRABHAN PARDHI	22	CHANDRABHAN PARDHI	Father
7	PRATIBHA LAXMAN THAKARE	23	LAXMAN THAKARE	Father
8	SAKSHI RAVINDRA AGARKAR	25	RAVINDRA AGARKAR	Father
9	SHIVANI OMPRAKASH NASARE	24	OMPRAKASH NASARE	Father
10	SHIWANI JAGDISHPRASAD TIWARI	24	JAGDISHPRASAD TIWARI	Father
11	SHRUTI SANJAY DESHMUKH	24	SANJAY DESHMUKH	Father
12	SIDDHI AJAYRAO KHANKE	23	AJAYRAO KHANKE	Father
13	TRUPTI RAMBHAU DUMORE	24	RAMBHAU DUMORE	Father
14	VAISHNAVI GAJANANRAO KAMDI	23	GAJANANRAO KAMDI	Father
15	VAISHNAVI SHARADRAO TADAS	22	SHARADRAO TADAS	Father

7/2/2022

DADASAHEB BALPANDE COLLEGE OF PHARMACY * BESA, NAGPUR-37 * SEAL

15.02.22

PRINCIPAL
DADASAHEB BALPANDE COLLEGE
OF PHARMACY, BESA, NAGPUR - 37

NATIONAL INSURANCE COMPANY LTD. * 270800 * KOLHAPUR DIVISIONAL OFFICE

पॉलसिी अनुसूची/ Policy Schedule - Amartya Shiksha Yojana	
Policy Number: 270800592110000704	व्यवसाय स्तरोत / *Business Source: 037422*
जारीकरता कार्यालय/***Issuing Office*** कार्यालय कोड/ *Office Code: 270800* कार्यालय पता/ *Office Address: KOLHAPUR DIVISION Cosmos Commercial Complex, 225/B, E Ward, New Shahupuri, Kolhapur, Maharashtra - 416001.* ***State Code:*** 27 , Maharashtra ***GSTIN:*** 27AAACN9967E1Z3 *Contact Number: 231 2652587* *eMail: 270800@nic.co.in* *Mobile Number:*	वक्रिय चैनल वविरण/ ***Sales Channel Details*** कोड/ *Code: 9000164633* नाम/ *Name: Mrs Dipali Patange* *Contact Number: 9922596596* सह दलाल कोड / *Co Broker Code:* कसटमर केयर टॉल फ्री नंबर/**Customer Care Toll Free Number: 1800 345 0330** ईमेल/ **email:customer.support@nic.co.in**

नेशनल इन्श्योरेन्स
National Insurance
Trusted Since 1906

NATIONAL INSURANCE COMPANY LTD. KOLHAPUR DIVISIONAL OFFICE * 270800 *

ग्राहक का नाम /Customer Name: _ DADASAHEB BALPANDE COLLEGE OF PHARMACY	ग्राहक आईडी /Customer ID: 9550574243	पैन /PAN:
पता/ Address: NEAR SWAMI SAMARTH DHAM MANDIR,BESA,NAGPUR, City: NAGPUR, District: NAGPUR, State: MAHARASHTRA, PIN: 440034. Cell: 7103281244	फोन /Phone:	
	ई-मेल /E-Mail:	

पॉलसिी: 05/10/2021 के 18:00 से 04/10/2024 की मध्य रातरि तक प्रभावी /**Policy Effective from 18:00 hours, on 05/10/2021 to midnight of 04/10/2024**

प्रीमयिम/ Premium	₹ 17,542.00	कवर नोट संख्या और तथि/ Cover Note Number and Date	लागू नहीं/NA
CGST	₹ 1,579.00	प्रस्ताव संख्या और तथि/ Proposal Number and Date	8800211022765456 Dt. 22/10/2021
SGST/UTGST	₹ 1,579.00		
IGST	₹ 0.00		
केरला बाढ़ उपकर/Kerala Flood Cess	₹ 0.00		
कम:जीएसटी_टीडीएस / Less:GST_TDS	₹ 0.00		
पुनर्प्राप्ति योग्य स्टाम्प इयूटी /Recoverable Stamp Duty	₹ 0.00	रसीद संख्या और तथि/ Receipt Number and Date	270800812110003277 Dt. 05/10/2021
कुल /**Total Amount**	₹ 20,700.00	पछिली पॉलसिी संख्या और समाप्ती तथि/ Previous Policy Number and Expiry Date	लागू नहीं/NA

(Rupees Twenty Thousand Seven Hundred Only.)

Total Location Sum Insured	₹ 18,00,000.00

LocationAddress:
1)BESA, NAGPUR,,Nagpur,Nagpur,Maharashtra,440037.

SL. No	Coverage	Coverage Description	Sum Insured
1	Standard Cover	TOTAL 60 STUDENTS ARE COVERED FOR THE COURSE OF 2ND YR.B.PHARM WITH SUM INSURED RS. 300000/- EACH AS PER LIST ATTACHED HEREWITH	` 1,80,00,000.00
	अधकि/**Excess:** -.		
	Additional Information: RISK IS COVERED AS PER MENTIONED IN MAHARASHTRA STATE GOVT.G.R.NO.TEM/2011(11/2011)T.E.-4 DATED 25/8/2011 AND M.O.U. WITH DIRECTOR TECHNICAL EDUCATION,MUMBAI. AGE OF EARNING PARENT UPTO 70 YRS.ONLY COVERED.		
Clauses		**As per Annexure I**	

नेशनल इन्श्योरेन्स कम्पनी लिमिटेड
National Insurance Company Limited
CIN : U10200WB1906GOI001713
IRDA Registration No. 58
पंजीकृत एवं प्रधान कार्यालय : 3 मिडिलटन स्ट्रीट, कोलकाता 700 071
Registered & Head Office : 3 Middleton Street, Kolkata 700 071
P. No. 033-22831705-06 Fax : 03322831712
e-mail : website.administrator@nic.co.in

पॉलसिी अनुसूची/ Policy Schedule - Amartya Shiksha Yojana	
Policy Number: 270800592110000704	व्यवसाय स्त्रोत / *Business Source: 037422*
जारीकर्ता कार्यालय/**Issuing Office** कार्यालय कोड/ *Office Code: 270800* कार्यालय पता/ *Office Address: KOLHAPUR DIVISION Cosmos Commercial Complex, 225/B, E Ward, New Shahupuri, Kolhapur, Maharashtra - 416001.* ***State Code:*** 27 , Maharashtra ***GSTIN:*** 27AAACN9967E1Z3 *Contact Number: 231 2652587* *eMail: 270800@nic.co.in* *Mobile Number:*	वक्रिय चैनल वविरण/ ***Sales Channel Details*** कोड/ *Code: 9000164633* नाम/ *Name: Mrs Dipali Patange* *Contact Number: 9922596596* 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**

जसिकी गवाही में दनि/ माह /वर्ष को उपरोक्त उल्लेखति कार्यालय पते पर अधोहस्ताक्षरी को वधिवित अधकिृत कयिा जा रहा है उसके हाथ नरि्धारति कएि जाएं। यह अनुसूची, संलग्न पॉलसिी, खण्ड, पृष्ठांकन और पॉलसिी शब्दों, जो कंपनी वेबसाईट ***https://nationalinsurance.nic.co.in*** पर उपलब्ध है, को एक अनुबंध के रुप में एक साथ पढ़ा जाए तथा कोई भी शब्द या अभव्यिक्तजिसिके लएि यह वशिष्टि अर्थ पॉलसिी या अनुसूची के कसिी भी हस्सिे में संलग्न कयिा गया हो, एक ही अर्थ वहन करेगा चाहे जहॉ भी उल्लेखति हो। यह आश्वासन दयिा जाता है कि प्रीमयिम चेक के अस्वीकृतकि मामले में, यह दस्तावेज स्वतः प्राथमकिता नरिस्त हो जाएगी । ***/IN WITNESS WHEREOF,*** *the undersigned being duly authorized hereunto set his/ her hand at the office address mentioned above, this* **25/October/2021.** *This schedule, the attached policy, the clauses, the endorsements and policy wordings as available in the website* ***https://nationalinsurance.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'***

इंश्योरेन्सइंडयिालमिटिड Ombudsman Details: Mumbai Metropolitan Region excluding Navi Mumbai and Thane: Shri Milind A. Kharat, Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960, Fax: 022 - 26106052, Email: bimalokpal.mumbai@ecoi.co.in, Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region : Shri Vinay Sah, Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune - 411 030, Tel.: 020-41312555, Email: bimalokpal.pune@ecoi.co.in.

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

अधकिृत हस्तात्क्षरकर्त्ता/ ***Authorized Signatory***

NATIONAL INSURANCE CO. LTD. INSURANCE KOLHAPUR DIVISIONAL OFFICE * 270800 *

नेशनल इन्श्योरेन्स कम्पनी लिमिटेड
National Insurance Company Limited
CIN : U10200WB1906GOI001713
IRDA Registration No. 58
पंजीकृत एवं प्रधान कार्यालय : 3 मिडिलटन स्ट्रीट, कोलकाता 700 071
Registered & Head Office : 3 Middleton Street, Kolkata 700 071
P. No. 033-22831705-06 Fax : 03322831712
e-mail : website.administrator@nic.co.in

TAX INVOICE

नेशनल इन्श्योरेन्स
National Insurance
Trusted Since 1906

Invoice Serial No: 30776O1P00000704 **Invoice Date:** 25/10/2021

Details of Supplier:
National Insurance Company Limited.,
KOLHAPUR DIVISION Cosmos Commercial Complex, 225/B, E Ward, New Shahupuri, Kolhapur, Maharashtra - 416001
State : 27 , Maharashtra
GSTIN No : 27AAACN9967E1Z3

Details Of Receiver : _ DADASAHEB BALPANDE COLLEGE OF PHARMACY
Address : NEAR SWAMI SAMARTH DHAM MANDIR,BESA,NAGPUR
City : NAGPUR,
District: NAGPUR,
State: MAHARASHTRA,
PIN: 440034.

Place Of Supply State : Maharashtra
State Code : 27
GSTIN No : NA

सैक कोड/ SAC Code	सेवा का वर्णन/ Description of Service	कुल/Total(₹)	छूट/ Discount	टैक्स योग्य/ मूल्य/Taxable Value(₹)	सीजीएसटी की राशि/ CGST		एसजीएसटी/यूटीजीएसटी/ SGST/UTGST		आईजीएसटी/IGST		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)	17,542	0%	17,542	9%	1,579	9%	1,579	0%	0	0
TOTAL		17,542		17,542		1,579		1,579		0	0

कुल इनवॉयस मूल्य (अंकों में)**Total Invoice Value (In figures) :**
₹ 20,700

कुल इनवॉयस मूल्य (शब्दों में)**Total Invoice Value (In words) :** रूपए/**Rupees Twenty Thousand Seven Hundred**
केवल/**Only.**

रिवर्स चार्ज के अधीन टैक्स की राशि/ **Amount of Tax Subject to Reverse Charge : No**

E.&.O.E

NATIONAL INSURANCE COMPANY LTD. KOLHAPUR DIVISIONAL OFFICE 270800

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

अधिकृत हस्ताक्षरकर्ता/ ***Authorized Signatory***

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

पंजीकृत एवं प्रधान कार्यालय : 3 मिडिलटन स्ट्रीट, कोलकाता 700 071
Registered & Head Office : 3 Middleton Street, Kolkata 700 071
P. No. 033-22831705-06 Fax : 03322831712
e-mail : website.administrator@nic.co.in

DADASAHEB BALPANDE COLLEGE OF PHARMACY, BESA NAGPUR-440037

B. Pharm IInd Year Student List-2021-22 For 3 Year

Sr. No.	Student Name	Age of Student	Name of the Earning Parent/Legal Guardian If Any	Relation with Student
1	AACHAL PRAKASH MENDHE	21	PRAKASH MENDHE	Father
2	AARUSHI PRASHANT DESHMUKH	19	PRASHANT DESHMUKH	Father
3	AASTHA SANJAY JAISWAL	20	SANJAY JAISWAL	Father
4	ADITYA DADARAM WANVE	20	ADARAM WANVE	Father
5	AKANKSHA PURUSHOTTAM KHAMANKAR	19	PURUSHOTTAM KHAMANKAR	Father
6	AKANKSHA VIJAY GONDOLE	19	VIJAY GONDOLE	Father
7	AKSHATA AJAY CHATE	19	AJAY CHATE	Father
8	AKSHATA NARESH BENDEWAR	20	NARESH BENDEWAR	Father
9	ALFIYA PARVEEN AJMATALI SAIYAD	20	PARVEEN AJMATALI SAIYAD	Father
10	AMARSHA AJAY MAHADULE	19	AJAY MAHADULE	Father
11	ANUJA PRADYUMNA YERKUNTWAR	19	PRADYUMNA YERKUNTWAR	Father
12	ARAMBHI DHANANJAY KATE	21	DHANANJAY KATE	Father
13	ARVIN DNYANESHWAR CHAVAN	20	DNYANESHWAR CHAVAN	Father
14	ASHITA SANTOSH SANKALE	20	SANTOSH SANKALE	Father
15	AVANTI ATUL VARHADE	19	ATUL VARHADE	Father
16	DEEP PANDURANG KINKAR	19	PANDURANG KINKAR	Father
17	DEEPALI SHADENDRA NAKADE	19	SHADENDRA NAKADE	Father
18	DEVSHREE NILKANTH BELKHUDE	20	NILKANTH BELKHUDE	Father
19	DIPTANSHU HARIBHAU SAWAI	20	HARIBHAU SAWAI	Father
20	DIVYA AJAYRAO PAKMODE	20	AJAYRAO PAKMODE	Father
21	HARSHAL PREMKUMAR MADAN	20	PREMKUMAR MADAN	Father
22	HRUTVIJ BRIJLAL NATHANI	21	BRIJLAL NATHANI	Father
23	JANHAVI HEMANT BENDALE	19	HEMANT BENDALE	Father
24	JUHI NARENDRA GAURKAR	19	NARENDRA GAURKAR	Father
25	KALYANI HARIBHAU BOHARAPI	19	HARIBHAU BOHARAPI	Father
26	KHUSHBU NAROTTAM KUMAWAT	20	NAROTTAM KUMAWAT	Father
27	KOMAL JAYANT KHANGAN	18	JAYANT KHANGAN	Father
28	KRUTIKA JAGANNATH KHODE	18	JAGANNATH KHODE	Father
29	KSHITIJA SANJAY WADHE	19	SANJAY WADHE	Father
30	KUNAL MOHAN YEOLE	20	MOHAN YEOLE	Father
31	KUNJAL SANDEEP HANMANTE	19	SANDEEP HANMANTE	Father
32	LAXMI PURUSHOTTAM PUNSE	19	PURUSHOTTAM PUNSE	Father
33	MANSI ONKAR MAHAKALKAR	19	ONKAR MAHAKALKAR	Father
34	MAYUR YUVRAJ RAHANGDALE	20	YUVRAJ RAHANGDALE	Father
35	MONIKA ASHOK SHAHARE	20	ASHOK SHAHARE	Father
36	NASHITA NASIR AHEMAD KHAN	19	NASIR AHEMAD KHAN	Father
37	NISHANT YOGENDRA BALPANDE	21	YOGENDRA BALPANDE	Father
38	NIVAS VISHNU NAGRE	19	VISHNU NAGRE	Father
39	PRACHI ANAND PENDAM	20	ANAND PENDAM	Father
40	PRAJAKTA PRAVIN CHURE	20	PRAVIN CHURE	Father
41	PRANEET SHASHIKANT MANDALE	20	SHASHIKANT MANDALE	Father
42	PRASAD VIKAS GIRI	19	VIKAS GIRI	Father
43	RADHIKA MURLIDHAR KARAMVEER	19	MURLIDHAR KARAMVEER	Father
44	REEYA RAM SHARMA	20	RAM SHARMA	Father
45	RITUL GANESH KALE	19	GANESH KALE	Father
46	RIYA ASHOK BAROLE	20	ASHOK BAROLE	Father
47	RIYA PRASHANT HARDE	19	PRASHANT HARDE	Father
48	RUSHANK PANKAJ SAWALKAR	21	PANKAJ SAWALKAR	Father
49	RUTUJA SURESH TUPTEWAR	19	SURESH TUPTEWAR	Father
50	SANCHIT KISHOR NIMBEKAR	20	KISHOR NIMBEKAR	Father
51	SANJALI KIRAN SURVE	19	KIRAN SURVE	Father
52	SANJANA RAMESHWAR PATIL	18	RAMESHWAR PATIL	Father
53	SANSKAR SUNIL ZADE	20	SUNIL ZADE	Father
54	SANSKRUTI SAGAR ZADE	20	SAGAR ZADE	Father
55	SAUMYA VINAY TIWARI	21	VINAY TIWARI	Father
56	SHRADDHA RAJU NAKADE	19	RAJU NAKADE	Father
57	SIMRAN BHUPENDRA CHINCHKHEDE	19	BHUPENDRA CHINCHKHEDE	Father
58	SURABHI SHESHARAO GADEKAR	19	SHESHARAO GADEKAR	Father
59	VAIBHAV PRADIPKUMAR MESHRAM	19	PRADIPKUMAR MESHRAM	Father
60	VAISHNAVI BHOJRAJ BAGALKAR	19	BHOJRAJ BAGALKAR	Father

नेशनल इन्श्योरेन्स कम्पनी लिमिटेड
(भारतीय साधारण बीमा निगम की अनुषंगी)
पंजीकृत कार्यालय : 3 मिडिलटन स्ट्रीट, कलकत्ता - 700 071

National Insurance Co. Ltd.
(A Subsidiary of General Insurance Corporation of India)
Regd. Office : 3, MIDDLETON STREET, KOLKATA - 700 071.

Policy Issuing Office :

अमर्त्या शिक्षा योजना इन्श्योरेन्स पॉलिसी AMARTYA SIKSHA YOJANA INSURANCE POLICY

Whereas the Insured Proposer named in the schedule attached has made or caused to be made to NATIONAL INSURANCE COMPANY LIMITED (hereinafter called the "Company") a written proposal as per the schedule hereto (warranting the truth of the statements contained herein) which is the basis of this contract, and is deemed to be incorporated herein and has paid to the Company the Premium hereinstated for the risks herein specified occurring during the period stated in the schedule.

Now THIS POLICY WITNESSETH that, subject to terms, exclusions, definitions and conditions contained herein or endorsed or otherwise expressed hereon the company will indemnify the Insured student as hereinafter mentioned or the claimant as the case may be.

If the Insured Parent/Legal Guardian shall sustain any bodily injury resulting solely and directly from Accident, caused by external violent and visible means and if such injury shall within twelve calendar months of its occurrence be the sole and direct cause of his/her Death or Permanent Total Disablement, as defined hereinafter, the Company will indemnify the Insured Student, in respect of all covered expenses (as elaborated hereinafter) to be incurred from the date of occurrence of such Accident till the expiry date of Policy or completion of the duration of covered course whichever first occurs and such indemnity shall not exceed the Sum Insured as stated in the Policy schedule.

Death during surgical operation or within 7 days period thereafter while in the Hospital but resulting from surgical operation would be considered to be Death dute to "Accident."

"Permanent Total Disablement"

Injury which shall permanently, totally and absolutely disable the Insured form engaging in any employment

or occupation of any description whatsoever and would also mean either of the following :

i) Loss of Two Limbs or Two Eyes

ii) Loss of One Limb and One Eye.

Note : Loss of Limb means physical separation of a hand at or above the wrist, and/or of the foot, at or above the ankle, or the total and irrevocable loss of use of hand or foot.

Covered expenses shall mean and include the following :

1. Cost of Tuition fees, Hostel Rent (inclusive or Boarding expenses), Cost of Books & Periodicals essentially prescribed by the Head of the Dept./Institution.

2. Examination Fees.

3. Cost of to and fro 2nd Class Rail Ticket, for the student, to attend at the Place where the Parent/Legal Guardian has met with Accident resulting in Death or Permanent Total Disablement or the Place as stated in the schedule where the Insured Parent/Legal Guardian resides.

4. Compulsory Donation for Festivals and Picnic/Excursion held in/or behalf of the dept./Institution.

5. Cost, of compulsory uniform prescribed by the Institution.

6. Any other compulsory expenses to be borne under recommendation of the Head of the Dept./ Institution.

7. In addition to above, First Admission Fees (but not the Capitation Fee/Donation) shall also be considered as a covered expense even though incurred prior to the date of Accident. However, after reimbursement of covered expenses, if any portion of the amount of benefit i.e. the Sum Insured remains unused, the same should also be disbursed as lumpsum after completion of the period of covered course or the policy period whichever first occurs. But during the Policy period and before exhaustion of the entire amount of benefit but after occurrence of the covered contingency, if the Insured Student meets with an "Accident", amounts as claimed towards medical expenses should also be dusbursed from the amount of benefit lying unutilised till then and if such "Accident" results in Permanenet Total or Permanent Partial Disablement of the Insured Student, the entire residual amount may be disbursed as lumpsum.

Exclusions

The Company shall not be liable under this Policy.

1. If the Death or Permanent Total Disablement of the Insured Parent/Legal Guardian occurs.

   a) from intentional self-injury, suicide or attempted suicide.

   b) due to accident whilst under the influence of intoxicating liquor or drugs.

   c) due to accident, whilst racing on wheels, big game hunting, shooting, mountaineering or whilst engaged in winter sports, skiing and ice hockey.

   d) directly or indirectly caused by insanity or veneral disease.

   e) arising or resulting from Insured Parent/Legal Guardian committing any breach of law with criminal intent.

2. If the Death or Permanent Total Disablement occurs due to war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, restraints and detainments of all kings, princess & people of whatever nation condition or quality whatsoever.

3. If death or disablement, occurs due to ionising radiation or contamination by radioactivity from any source whatsoever or from nuclear weapons material.

4. Whilst engaging in Aviation or whilst mounting into, dismounting from or travelling in any aircraft other than as a passenger (farepaying or otherwise) in any duly licenced standard type or aircraft anywhere in the world.

5. Natural death and Death due to diseases even if contracted by accident are also specifically excluded under the policy unless the reason being solely attributed to "surgical operation" as elaborated in the face page of the policy.

Condition

1. Upon the happening of any event which may give rise to a claim under this Policy, the Proposer/Insured Parent/Legal Guardian/the Insured Student, or authorised representative shall forthwith give notice thereof to the Issuing Office of the company in writing. Unless reasonable cause is shown the Insured shall within one calendar month after the event, which may give rise to a claim under the Policy give written notice to the company with full particulars of the claim.

2. Proof satisfactory to the Company shall be furnished of all matters upon which a claim is based. Any medical or other agent of the Company shall be allowed to examine the person of the Insured Parent/ Legal Guardian on the occasion of any alleged Injury or Disablement when and so often as the same may reasonably be required on behalf of the company and in the event of death to make a post mortem examination of the body of the Insured Parent/Legal Guardian. Such evidence as the company may from time to time require (including a Post Mortem examination if necessary) shall be furnished within the space of 14 days after demand in writing and in the event of a claim in respect of loss of sight the Insured shall undergo at the company's expense such examination or diagnosis as the company shall reasonably deem desirable.

3. All claims under this Policy shall be paid in India, in Indian currency. No sum payable under this Policy shall carry interest. All disbursements of claim shall be through the Bank as per the Bank's clause attached hereto.

4. The Company shall not be liable to make any payment under this Policy in respect of any claim if such claim be in any manner fraudulent or supported by any fraudulent statement, or device whether by t' Insured or by any Person on behalf of the insured.

5. The Company may at any time by notice in writing cancel this Policy. Provided that the Company shall in that case return to the Insured the premium paid less a Pro-rata part, thereof for the portion of Current Insurance Period which shall have expired. Such notice shall be deemed sufficiently given if posted addressed to the Insured Proposer at the address last registered in the Company's books and shall be deemed to have been received by the Insured/Proposer at the time when the same would be delivered in the ordinary course of Post.

If cancellation is preferred by the Insured similarly by giving 7 days' notice in writing, Refund of Premium, subject to no claim, may be allowed after retaining premium for the expired period of risk as per scale applicable for this policy and available with the Policy Issuing Office.

No refund, however, is allowed under any circumstances if there has ever been a claim under this policy.

6. Under any circumstance the Policy would not cover more than two student children in respect of one particular Insured Parent/Legal Guardian.

7. Documents Required in the event of a claim.

   i) Original Policy.

   ii) Claim from duly filled in and signed.

   iii) F.I.R./Police Report.

   iv) Death Certificate and Post Mortem Report in case of Death of Insured Parent/Legal Guardian.

   v) Disablement certificate in case of Permanent Total Disablement, of the Insured Parent/Legal Guardian.

   vi) Receipts, Documents and Certificate in support of all expenses incurred and Probable expenses as covered and claimed under the Policy.

   vii) Any other document(s) as may be deemed necessary based on the exigency.

8. If any dispute or difference shall arise as to the quantum to be paid under the Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties to or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration the same shall be referred to a panel of three arbitrators comprising of two arbitrators, one to be appointed by each of the parties to the dispute/ difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act. 1996.

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of this policy.

It is hereby expressly stipulated and declared that it shall be a condition precendent to any right of action or suit upon this policy that award by such arbitrator/arbitrators of the amount, of the loss or damage shall be first obtained.

9. It is also hereby further expressly declared and agreed that if the Company shall disclaim liability to the Insured for any claim hereunder and such claim shall not within 12 calander months from the date of such

disclaimer have baan made the subject matter of a suit on account of law then the claim shall for all purpose be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

Bank Clause

It is hereby declared and agreed that on admission of liability by the Insurer, the Sum Insured under the policy will be deposited in a scheduled Bank in the joint names of the Insurer and Beneficiary/Assignee as applicable. The covered expenses incurred by the beneficiary student will be released from this account upon application by the student or the authorised official of the Educational Institution, countersigned by in agreement by the named Beneficiary. After the end of the duration of the course, if any amount shall still remain unutilised, in the bank account, the same shall be disbursed to the Beneficiary in lumpsom. It is hereby agreed that the Interest accruing to the account as allowed by the Bank will be to the account of the Beneficiary. It is also agreed that Bank charges if any will be debited to the account."

PROBIBITION OF REBATES

The Section 41 of the Insurance Act, 1938 as under :

1. No person shall allow, or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue as insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the Policy, nor shall any person taking out of renewing or continuing a Policy accept any rebate, except, such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer. Provided that the acceptance by an insurance agent of commission in connection with a Policy of Life Insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bonafide insurance agent employed by the Insurer.

2. Any person making default in complying with provision of this Section shall be punishable with fine which may extend to five hundred rupees.

नेशनल इन्श्योरेन्स
National Insurance

Trusted Since 1906

पॉलिसी अनुसूची/ Policy Schedule - Group Personal Accident	
Policy Number: 270800422110000424	व्यवसाय स्त्रोत / *Business Source: 037422*
जारीकर्ता कार्यालय/***Issuing Office*** कार्यालय कोड/ *Office Code: 270800* कार्यालय पता/ *Office Address: KOLHAPUR DIVISION Cosmos Commercial Complex, 225/B, E Ward, New Shahupuri, Kolhapur, Maharashtra - 416001.* ***State Code:*** 27 , Maharashtra ***GSTIN***: 27AAACN9967E1Z3 *Contact Number: 231 2652587* *eMail: 270800@nic.co.in* *Mobile Number:*	वक्रिय चैनल वविरण/ ***Sales Channel Details*** कोड/ *Code: 9000164633* नाम/ *Name: Mrs Dipali Patange* *Contact Number: 9922596596* 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**

NATIONAL INSURANCE COMPANY LTD. KOLHAPUR DIVISIONAL OFFICE * 270800 *

ग्राहक का नाम /Customer Name: _ DADASAHEB BALPANDE COLLEGE OF PHARMACY	ग्राहक आईडी /Customer ID: 9550574243	पैन /PAN:
पता/ Address: NEAR SWAMI SAMARTH DHAM MANDIR,BESA,NAGPUR, City: NAGPUR, District: NAGPUR, State: MAHARASHTRA, PIN: 440034. Cell: 7103281244	फोन /Phone:	
	ई-मेल /E-Mail:	

पॉलिसी: 05/10/2021 के 18:00 से 04/10/2024 की मध्य रात्रि तक प्रभावी /**Policy Effective from 18:00 hours, on 05/10/2021 to midnight of 04/10/2024**

प्रीमियम/ Premium	₹ 5,542.00	कवर नोट संख्या और तिथि/ Cover Note Number and Date	लागू नहीं/NA
CGST	₹ 499.00	प्रस्ताव संख्या और तिथि/ Proposal Number and Date	8800211022765707 Dt. 22/10/2021
SGST/UTGST	₹ 499.00		
IGST	₹ 0.00		
केरला बाढ़ उपकर/Kerala Flood Cess	₹ 0.00		
कम:जीएसटी_टीडीएस / Less:GST_TDS	₹ 0.00		
पुनर्प्राप्ति योग्य स्टाम्प ड्यूटी /Recoverable Stamp Duty	₹ 0.00	रसीद संख्या और तिथि/ Receipt Number and Date	270800812110003277 Dt. 05/10/2021
कुल /**Total Amount**	₹ 6,540.00	पछिली पॉलिसी संख्या और समाप्ती तिथि/ Previous Policy Number and Expiry Date	लागू नहीं/NA

(Rupees Six Thousand Five Hundred Forty Only.)

Total Location Sum Insured	₹ 6,00,000.00

LocationAddress:
1)BESA, NAGPUR,,Nagpur,Nagpur,Maharashtra,440037.

SL. No	Coverage	Coverage Description	Sum Insured
1	Table I A	TOTAL 60 STUDENTS ARE COVERED FOR THE COURSE OF 2ND YR.B.PHARM WITH SUM INSURED RS. 100000/- EACH AS PER LIST ATTACHED HEREWITH	60,00,000.00
	अधिक/**Excess:** -.		
	Additional Information: RISK IS COVERED AS PER MENTIONED IN MAHARASHTRA STATE GOVT.G.R.NO.TEM/2011(11/2011)T.E.-4 DATED 25/8/2011 AND M.O.U. WITH DIRECTOR TECHNICAL EDUCATION,MUMBAI. AS PER GROUP PERSONAL ACCIDENT POLICY TABLE IA COVERED		
Clauses		**As per Annexure I**	

नेशनल इन्श्योरेन्स कम्पनी लिमिटेड
National Insurance Company Limited
CIN : U10200WB1906GOI001713
IRDA Registration No. 58
पंजीकृत एवं प्रधान कार्यालय : 3 मिडिलटन स्ट्रीट, कोलकाता 700 071
Registered & Head Office : 3 Middleton Street, Kolkata 700 071
P. No. 033-22831705-06 Fax : 03322831712
e-mail : website.administrator@nic.co.in

नेशनल इन्श्योरेन्स
National Insurance

Trusted Since 1906

पॉलसिी अनुसूची/ Policy Schedule - Group Personal Accident	
Policy Number: 270800422110000424	व्यवसाय स्त्रोत / *Business Source: 037422*
जारीकर्ता कार्यालय/***Issuing Office*** कार्यालय कोड/ *Office Code: 270800* कार्यालय पता/ *Office Address: KOLHAPUR DIVISION Cosmos Commercial Complex, 225/B, E Ward, New Shahupuri, Kolhapur, Maharashtra - 416001.* ***State Code:*** 27 , Maharashtra ***GSTIN:*** 27AAACN9967E1Z3 *Contact Number: 231 2652587* *eMail: 270800@nic.co.in* *Mobile Number:*	वक्रिय चैनल वविरण/ ***Sales Channel Details*** कोड/ *Code: 9000164633* नाम/ *Name: Mrs Dipali Patange* *Contact Number: 9922596596* 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**

जसिकी गवाही में दनि/ माह /वर्ष को उपरोक्त उल्लेखति कार्यालय पते पर अधोहस्ताक्षरी को वधिवित अधकृित कयिा जा रहा है उसके हाथ नरि्धारति कएि जाएं। यह अनुसूची, संलग्न पॉलसिी, खण्ड, पृष्ठांकन और पॉलसिी शब्दों, जो कंपनी वेबसाईट ***https://nationalinsurance.nic.co.in*** पर उपलब्ध है, को एक अनुबंध के रुप में एक साथ पढ़ा जाए तथा कोई भी शब्द या अभव्यिक्तजिसिके लएि यह वशिष्टि अर्थ पॉलसिी या अनुसूची के कसिी भी हस्सिे में संलग्न कयिा गया हो, एक ही अर्थ वहन करेगा चाहे जहॉ भी उल्लेखति हो। यह आश्वासन दयिा जाता है कि प्रीमयिम चेक के अस्वीकृतिके मामले में, यह दस्तावेज स्वतः प्राथमकिता नरिस्त हो जाएगी । ***/IN WITNESS WHEREOF,*** *the undersigned being duly authorized hereunto set his/ her hand at the office address mentioned above, this* **25/October/2021.** *This schedule, the attached policy, the clauses, the endorsements and policy wordings as available in the website* ***https://nationalinsurance.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'***

इंश्योरेन्सइंडयिालमिटिड Ombudsman Details: Mumbai Metropolitan Region excluding Navi Mumbai and Thane: Shri Milind A. Kharat, Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960, Fax: 022 - 26106052, Email: bimalokpal.mumbai@ecoi.co.in, Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region : Shri Vinay Sah, Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune - 411 030, Tel.: 020-41312555, Email: bimalokpal.pune@ecoi.co.in.

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

अधकृित हस्तात्क्षरकर्ता/ ***Authorized Signatory***

5 भारत 5 RS रु.
NATIONAL INSURANCE CO. LTD. KOLHAPUR DIVISIONAL OFFICE * 270800 *

नेशनल इन्श्योरेन्स कम्पनी लिमिटेड
National Insurance Company Limited
CIN : U10200WB1906GOI001713
IRDA Registration No. 58
पंजीकृत एवं प्रधान कार्यालय : 3 मिडिलटन स्ट्रीट, कोलकाता 700 071
Registered & Head Office : 3 Middleton Street, Kolkata 700 071
P. No. 033-22831705-06 Fax : 03322831712
e-mail : website.administrator@nic.co.in

नेशनल इन्श्योरेन्स
National Insurance
Trusted Since 1906

TAX INVOICE

Invoice Serial No: 30776P1P00000424

Invoice Date: 25/10/2021

Details of Supplier:
National Insurance Company Limited.,
KOLHAPUR DIVISION Cosmos Commercial Complex, 225/B, E Ward, New Shahupuri, Kolhapur, Maharashtra - 416001
State : 27 , Maharashtra
GSTIN No : 27AAACN9967E1Z3

Details Of Receiver : _ DADASAHEB BALPANDE COLLEGE OF PHARMACY
Address : NEAR SWAMI SAMARTH DHAM MANDIR,BESA,NAGPUR
City : NAGPUR,
District: NAGPUR,
State: MAHARASHTRA,
PIN: 440034.

Place Of Supply State : Maharashtra
State Code : 27
GSTIN No : NA

सैक कोड/ SAC Code	सेवा का वर्णन/ Description of Service	कुल/Total(₹)	छूट/ Discount	टैक्स योग्य/ मूल्य/Taxable Value(₹)	सीजीएसटी की राशि CGST		एसजीएसटी/यूटीजीएसटी/ SGST/UTGST		आईजीएसटी/IGST		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)	5,542	0%	5,542	9%	499	9%	499	0%	0	0
TOTAL		5,542		5,542		499		499		0	0

कुल इनवॉयस मूल्य (अंकों में)**Total Invoice Value (In figures) :**
₹ 6,540

कुल इनवॉयस मूल्य (शब्दों में)**Total Invoice Value (In words) :** रूपए/**Rupees**
Six Thousand Five Hundred Fourty
केवल/**Only.**

रिवर्स चार्ज के अधीन टैक्स की राशि **Amount of Tax Subject to Reverse Charge : No**

E.&.O.E

NATIONAL INSURANCE COMPANY LTD. KOLHAPUR DIVISIONAL OFFICE 270800

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

अधिकृत हस्ताक्षरकर्ता/ ***Authorized Signatory***

नेशनल इन्श्योरेन्स कम्पनी लिमिटेड
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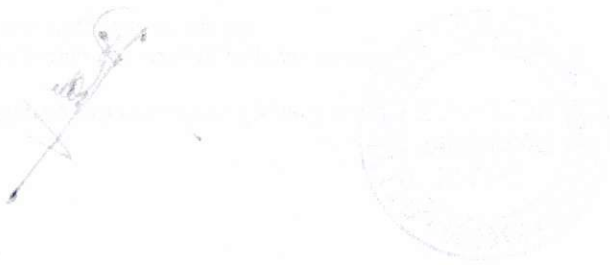

DADASAHEB BALPANDE COLLEGE OF PHARMACY, BESA NAGPUR-440037

B. Pharm IInd Year Student List-2021-22 For 3 Year

Sr. No.	Student Name	Age of Student	Name of the Earning Parent/Legal Guardian If Any	Relation with Student
1	AACHAL PRAKASH MENDHE	21	PRAKASH MENDHE	Father
2	AARUSHI PRASHANT DESHMUKH	19	PRASHANT DESHMUKH	Father
3	AASTHA SANJAY JAISWAL	20	SANJAY JAISWAL	Father
4	ADITYA DADARAM WANVE	20	ADARAM WANVE	Father
5	AKANKSHA PURUSHOTTAM KHAMANKAR	19	PURUSHOTTAM KHAMANKAR	Father
6	AKANKSHA VIJAY GONDOLE	19	VIJAY GONDOLE	Father
7	AKSHATA AJAY CHATE	19	AJAY CHATE	Father
8	AKSHATA NARESH BENDEWAR	20	NARESH BENDEWAR	Father
9	ALFIYA PARVEEN AJMATALI SAIYAD	20	PARVEEN AJMATALI SAIYAD	Father
10	AMARSHA AJAY MAHADULE	19	AJAY MAHADULE	Father
11	ANUJA PRADYUMNA YERKUNTWAR	19	PRADYUMNA YERKUNTWAR	Father
12	ARAMBHI DHANANJAY KATE	21	DHANANJAY KATE	Father
13	ARVIN DNYANESHWAR CHAVAN	20	DNYANESHWAR CHAVAN	Father
14	ASHITA SANTOSH SANKALE	20	SANTOSH SANKALE	Father
15	AVANTI ATUL VARHADE	19	ATUL VARHADE	Father
16	DEEP PANDURANG KINKAR	19	PANDURANG KINKAR	Father
17	DEEPALI SHADENDRA NAKADE	19	SHADENDRA NAKADE	Father
18	DEVSHREE NILKANTH BELKHUDE	20	NILKANTH BELKHUDE	Father
19	DIPTANSHU HARIBHAU SAWAI	20	HARIBHAU SAWAI	Father
20	DIVYA AJAYRAO PAKMODE	20	AJAYRAO PAKMODE	Father
21	HARSHAL PREMKUMAR MADAN	20	PREMKUMAR MADAN	Father
22	HRUTVIJ BRIJLAL NATHANI	21	BRIJLAL NATHANI	Father
23	JANHAVI HEMANT BENDALE	19	HEMANT BENDALE	Father
24	JUHI NARENDRA GAURKAR	19	NARENDRA GAURKAR	Father
25	KALYANI HARIBHAU BOHARAPI	19	HARIBHAU BOHARAPI	Father
26	KHUSHBU NAROTTAM KUMAWAT	20	NAROTTAM KUMAWAT	Father
27	KOMAL JAYANT KHANGAN	18	JAYANT KHANGAN	Father
28	KRUTIKA JAGANNATH KHODE	18	JAGANNATH KHODE	Father
29	KSHITIJA SANJAY WADHE	19	SANJAY WADHE	Father
30	KUNAL MOHAN YEOLE	20	MOHAN YEOLE	Father
31	KUNJAL SANDEEP HANMANTE	19	SANDEEP HANMANTE	Father
32	LAXMI PURUSHOTTAM PUNSE	19	PURUSHOTTAM PUNSE	Father
33	MANSI ONKAR MAHAKALKAR	19	ONKAR MAHAKALKAR	Father
34	MAYUR YUVRAJ RAHANGDALE	20	YUVRAJ RAHANGDALE	Father
35	MONIKA ASHOK SHAHARE	20	ASHOK SHAHARE	Father
36	NASHITA NASIR AHEMAD KHAN	19	NASIR AHEMAD KHAN	Father
37	NISHANT YOGENDRA BALPANDE	21	YOGENDRA BALPANDE	Father
38	NIVAS VISHNU NAGRE	19	VISHNU NAGRE	Father
39	PRACHI ANAND PENDAM	20	ANAND PENDAM	Father
40	PRAJAKTA PRAVIN CHURE	20	PRAVIN CHURE	Father
41	PRANEET SHASHIKANT MANDALE	20	SHASHIKANT MANDALE	Father
42	PRASAD VIKAS GIRI	19	VIKAS GIRI	Father
43	RADHIKA MURLIDHAR KARAMVEER	19	MURLIDHAR KARAMVEER	Father
44	REEYA RAM SHARMA	20	RAM SHARMA	Father
45	RITUL GANESH KALE	19	GANESH KALE	Father
46	RIYA ASHOK BAROLE	20	ASHOK BAROLE	Father
47	RIYA PRASHANT HARDE	19	PRASHANT HARDE	Father
48	RUSHANK PANKAJ SAWALKAR	21	PANKAJ SAWALKAR	Father
49	RUTUJA SURESH TUPTEWAR	19	SURESH TUPTEWAR	Father
50	SANCHIT KISHOR NIMBEKAR	20	KISHOR NIMBEKAR	Father
51	SANJALI KIRAN SURVE	19	KIRAN SURVE	Father
52	SANJANA RAMESHWAR PATIL	18	RAMESHWAR PATIL	Father
53	SANSKAR SUNIL ZADE	20	SUNIL ZADE	Father
54	SANSKRUTI SAGAR ZADE	20	SAGAR ZADE	Father
55	SAUMYA VINAY TIWARI	21	VINAY TIWARI	Father
56	SHRADDHA RAJU NAKADE	19	RAJU NAKADE	Father
57	SIMRAN BHUPENDRA CHINCHKHEDE	19	BHUPENDRA CHINCHKHEDE	Father
58	SURABHI SHESHARAO GADEKAR	19	SHESHARAO GADEKAR	Father
59	VAIBHAV PRADIPKUMAR MESHRAM	19	PRADIPKUMAR MESHRAM	Father
60	VAISHNAVI BHOJRAJ BAGALKAR	19	BHOJRAJ BAGALKAR	Father