

पॉलिसी अनुसूची/ Policy Schedule-Professional Indemnity - Medical Establishments	
पॉलिसी संख्या / Policy Number: 260201492310000470	व्यवसाय स्रोत/ Business Source: 874750
जारीकर्ता कार्यालय/ Issuing Office कार्यालय कोड/ Office Code: 260201 कार्यालय पता/ Office Address: MUMBAI DA BRANCH II First Floor, Sterling Cinema Building, 65,Murzaban Street, Fort, Mumbai, - 400001. राज्य कोड/ State Code: 27 , Maharashtra जीएसटीएन/ GSTIN: 27AAACN9967E1Z3 संपर्क संख्या/ Contact Number: 22 22018390 मोबाइल संख्या / Mobile Number: 0	<u>विक्रय चैनल विवरण/</u> Sales Channel Details कोड/ Code: 91069400000001 नाम/ Name: POLICY ERA INSURANCE BROKING PRIVATE LIMITED - HO संपर्क संख्या/ Contact Number: 9833341817 सह दलाल कोड / Co Broker Code: Customer Care Toll Free Number: 1800 345 0330 email:customer.support@nic.co.in



ग्राहक का नाम/Customer Name: DR ULHAS PATIL MEDICAL COLLEGE & HOSPITAL	ग्राहक आईडी/ Customer ID: 9702265735	पैन/ PAN:
पता/ Address: DR ULHAS PATIL MEDICAL COLLEGE & HOSPIATL JALGAON BHUSAWAL ROAD JALGAON KHURD 425309, शहर/ City: JALGAON - DISTRICT OTHERS, जिला/District: JALGAON, राज्य/State: MAHARASHTRA, पिन/ PIN: 425309. सेल/Cell: 9326150008	फोन/ Phone: 9326150008	ई-मेल/ E-Mail: dupmcj@yahoo.in

पॉलिसी प्रभावी समय घंटे को Policy Effective from 00:00 hours,on 25/03/2024 की मध्य रात्रि तक प्रभावी/ to midnight of 24/03/2025 .			
प्रीमियम /Premium	₹ 2,67,908.00	कवर नोट संख्या तथा तिथि/ Cover Note Number and Date	NA
सीजीएसटी/CGST	₹ 24,112.00	प्रस्ताव संख्या और तिथि /Proposal Number and Date	8800230329321300 दिनांक/Dt. 22/03/2024
एसजीएसटी/यूटीजीएसटी SGST/UTGST	₹ 24,112.00		
आईजीएसटी/GST	₹ 0.00		
कम:जीएसटी_टीडीएस / Less:GST_TDS	₹ 0.00		
वसूली योग्य स्टाम्प शुल्क / Recoverable Stamp Duty	₹ 0.00	रसीद संख्या और तिथि/ Receipt Number and Date	260201812310008203 दिनांक/Dt. 21/03/2024
कुल / Total	₹ 3,16,131.00	पिछली पॉलिसी संख्या तथा समाप्ति तिथि/ Previous Policy Number and Expiry Date	260201492210000507 and Dt.24/03/2024
(रूपए /Rupees Three Lakh Sixteen Thousand One Hundred Thirty One केवल/Only.)			

Insurance details	
Retroactive date:	25/03/2023
Professional Category:	Medical Establishments
Name of the establishment/Professionals:	DR ULHAS PATIL MEDICAL COLLEGE & HOSPITAL
Address:	DR ULHAS PATIL MEDICAL COLLEGE & HOSPIATL JALGAON BHUSAWAL ROAD JALGAON KHURD 425309,,Jalgaon - District Others,,Jalgaon,Maharashtra,425309.
Limit Any one accident:	14,00,00,000.00
Limit any one year:	14,00,00,000.00
Unqualified Persons:	Covered
Territorial Limits:	ANYWHERE IN INDIA
Excess:	Voluntary Excess:NA
	Compulsory Excess:1,00,000.00

टिप्पणियां/ Remarks: ODR5465
Territory - Hospital Location (Amravati) as mentioned in the policy Jurisdiction - India



Dean,
Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.

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जारीकर्ता कार्यालय/ Issuing Office कार्यालय कोड/ <i>Office Code:</i> 260201 कार्यालय पता/ <i>Office Address:</i> MUMBAI DA BRANCH II First Floor, Sterling Cinema Building, 65,Murzaban Street, Fort, Mumbai, - 400001. राज्य कोड/ State Code: 27 , Maharashtra जीएसटीएन/ GSTIN: 27AAACN9967E1Z3 संपर्क संख्या/ <i>Contact Number:</i> 22 22018390 मोबाइल संख्या / <i>Mobile Number:</i> 0	<u>विक्रय चैनल विवरण/</u> Sales Channel Details कोड/ <i>Code:</i> 91069400000001 नाम/ <i>Name:</i> POLICY ERA INSURANCE BROKING PRIVATE LIMITED - HO संपर्क संख्या/ <i>Contact Number:</i> 9833341817 सह दलाल कोड / <i>Co Broker Code:</i>
	Customer Care Toll Free Number: 1800 345 0330 email:customer.support@nic.co.in



<p>SI Enhanced from 10 Cr to 14 Cr subject to no notification/claims/circumstances on the date of binding. Retroactive date subject to proof of continuous insurance, lesser limits and narrower coverage. Retroactive date under above Policy with LOI limit as mentioned Below-</p> <p>25/03/2023 for AOY:AOA=1:1 10,00,00,000/-</p> <p>25/03/2023 for AOY:AOA=1:1 14,00,00,000/- (S.I. enhanced from Rs.10 Crore to Rs.14 Crore w.e.f. 25.3.2024)</p> <p>Policy is subject to : KYC documents Exclusion of losses due to violation of NDMA/Epidemic Act . No notification/claims/circumstances on the date of binding. Losses Known/occurred during Break in period are not covered. Exclusion of known or reported losses, prior acts and pending litigation. Policy is on Claims made basis and Right to Defend Clause. Correctness of data provided. Subject to Production of valid Registration certificate and its validity. All other terms and condition are as per NIC PI policy.</p> <p>Excess :The insured shall bear for each and every claim a Compulsory Excess of 0.25% (percent) of the limit of indemnity shown in the schedule subject to minimum of Rs. 25,000/ and maximum of Rs. 10,00,000/- or as specifically stated in the policy schedule whichever is higher.</p> <p>All prior acts and litigation prior to inception of policy period of NIC are excluded.</p>

जिसकी गवाही में दिन/ माह /वर्ष को उपरोक्त उल्लिखित 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 रूप 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 उल्लिखित हो। यह आश्वासन दिया जाता है कि प्रीमियम चेक की अस्वीकृति के मामले में, यह दस्तावेज स्वतः आरंभ से ही निरस्त मानी जाएगी । /IN WITNESS WHEREOF, the undersigned being duly authorized hereunto set his/ her hand at the office address mentioned above, this 22/March/2024.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'**

इंश्योरेन्सईंडियालिमिटेड ओम्बड्समैन का विवरण/Ombudsman Details: Office of the Insurance
Ombudsman,3rd Floor, Jeevan Seva Annexe , S. V. Road, Santacruz
(W),Mumbai - 400 054.
Tel.: 69038821 / 23 / 24 / 25 /26 /27 / 28 /29 /30/31
Email: bimalokpal.mumbai@cioins.co.in

Office of theInsurance Ombudsman,Jeevan Darshan Bldg., 3rd Floor, CT.S.
No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune - 411 030.
Tel.: 020-41312555
Email: bimalokpal.pune @cioins.co.in

स्टॉप ड्यूटी
Stamp
Duty:
(₹ 0.25)

कृते नेशनल इंश्योरेन्स कंपनी लिमिटेड/
**For and on behalf of National
Insurance Company Limited**
अधिकृत हस्ताक्षरकर्ता/ **Authorized Signatory**



J.P.
Dean,
Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.

टैक्स इनवॉयस/TAX INVOICE

इनवॉयस क्र.सं./Invoice Serial No: 30942L3PE0000470

इनवॉयस तिथि/Invoice Date: 22/03/2024

आपूर्तिकर्ता का विवरण/Details of Supplier:

नेशनल इन्श्योरेंस कंपनी लिमिटेड/National Insurance Company Limited.,
MUMBAI DA BRANCH II First Floor, Sterling Cinema Building, 65,Murzaban Street, Fort, Mumbai, - 400001
राज्य/State : 27 , Maharashtra
जीएसटीआएन नंबर/
GSTIN No : 27AAACN9967E1Z3

प्राप्तकर्ता का विवरण/Details Of Receiver : DR ULHAS PATIL MEDICAL COLLEGE & HOSPITAL

पता/Address : DR ULHAS PATIL MEDICAL COLLEGE & HOSPIATL JALGAON BHUSAWAL ROAD JALGAON KHURD 425309
शहर/City : JALGAON - DISTRICT OTHERS,
जिला/District: JALGAON,
राज्य/State: MAHARASHTRA,
पिन/PIN: 425309.

आपूर्ति का स्थान/Place Of Supply State : Maharashtra
राज्य कोड/State Code : 27
जीएसटीआईएन नंबर/GSTIN No : NA

सैक कोड/SAC Code	सेवा का विवरण/Description of Service	कुल/Total(₹)	ड्यूटी/Disco unt	टैक्स योग्य/मूल्य/Taxable Value(₹)	सीजीएसटी की राशि/CGST		एसजीएसटी/यूटीजीएसटी /SGST/UTGST		आईजीएसटी/IGST		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)	2,67,908	0%	2,67,908	9%	24,112	9%	24,112	0%	0	0
TOTAL		2,67,908		2,67,908		24,112		24,112		0	0

कुल इनवॉयस मूल्य (अंकों में)Total Invoice Value (In figures) : ₹ 3,16,131

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

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

E.&.O.E

कृते नेशनल इन्श्योरेंस कंपनी लिमिटेड/

For and on behalf of National Insurance Company Limited

अधिकृत हस्ताक्षरकर्ता/ Authorized Signatory



Dean,
Dr. Ulhas Patil Medical College
& Hospital, Jalgaon Kh.