



INDIAN
MEDICAL
ASSOCIATION
MAHARASHTRA
STATE

Indian Medical Association

Maharashtra State Branch

Hospital Protection Scheme

State President	State Secretary	Chairman	Co-Chairman	Director Finance
Dr Ravindra Kute	Dr Santosh Kadam	Dr Anand Kate	Dr Avinash Wase	Dr Rajesh Sawarbandhe

Dear Dr Ulhas Vasudeo Patil,

We are pleased to inform you that you have been enrolled as member of IMA. MS. PPS on 24 of March 2023.

Details of your Membership

IMA Membership ID	51095		
PPS Membership ID	HI 2023 3 10377		
Member Details			
Doctor Name	Dr Ulhas Vasudeo Patil		
Residence Address	Dr. Ulhas Patil Medical College & Hospital, Jalgaon Bhusawal Road, Jalgaon Khurd		
Hospital & Nursing Home Address	NA		
Phone Number	9326150008		
Email Address	dupmcj@yahoo.in		
Certificate Issue Date	24-03-2023	Certificate Number	10377
Start Date	25-03-2023	End Date	24-04-2024
Receipt No.	N084232013547963	Receipt & Payment	24-03-2023
PPS Fees Amount incl. GST	39997.0	Retroactive Date (If Any)	NA

AMOUNT IN WORDS: THIRTY-NINE THOUSAND NINE HUNDRED NINETY-SEVEN RUPEES
AND ZERO PAISA

Scheme Associate Partner

Partner Name	PolicyEra Financial Consultancy Pvt. Ltd.
Email Address	support@policyera.in
Phone	8591168558 7045021897
Website	www.policyera.in

You will receive your insurance coverage details in 7 working days on your registered email address or you can find in your login under policy section at <https://ima.policyera.in/policyera/signin>


पॉलिसी अनुसूची/ Policy Schedule - Professional Indemnity - Medical Establishments	
Policy Number: 260201492210000507	व्यवसाय स्रोत / Business Source: 910694
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. State Code: 27, Maharashtra GSTIN: 27AAACN9967E1Z3 Contact Number: 22 22018390 Mobile Number: 0	विक्रय चैनल विवरण/ Sales Channel Details कोड/ Code: 91069400000001 नाम/ Name: POLICY ERA INSURANCE BROKING LLP - HO Contact Number: 9833341817 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: DR ULHAS PATIL MEDICAL COLLEGE & HOSPIATL	ग्राहक आईडी/ Customer ID: 9702265735	पैन/ PAN:
पता/ Address: DR ULHAS PATIL MEDICAL COLLEGE & HOSPIATL JALGAON BHUSAWAL ROAD JALGAON KHURD 425309, City: JALGAON - DISTRICT OTHERS, District: JALGAON, State: MAHARASHTRA, PIN: 425309. Cell: 9326150008	फोन/ Phone:	ई-मेल/ E-Mail: dupmcj@yahoo.in

पॉलिसी: 25/03/2023 के 15:00 से 24/03/2024 को मध्य रात्रि तक प्रभावी /Policy Effective from 15:00 hours, on 25/03/2023 to midnight of 24/03/2024			
प्रीमियम /Premium	₹ 2,21,725.00	कवर नोट संख्या तथा तथि/ Cover Note Number and Date	NA
CGST	₹ 19,955.00	प्रस्ताव संख्या और तथि/Proposal Number and Date	8800230329321300 Dt. 29/03/2023
SGST/UTGST	₹ 19,955.00		
IGST	₹ 0.00		
कम:जीएसटी_टीडीएस / Less:GST_TDS	₹ 0.00	रसीद संख्या और तथि/ Receipt Number and Date	260201812210004367 Dt. 31/03/2023
पुनर्प्राप्त स्टाम्प शुल्क / Recoverable Stamp Duty	₹ 0.00	पछिली पॉलिसी संख्या तथा समाप्ती तथि/Previous Policy Number and Expiry Date	NA
कुल / Total	₹ 2,61,638.00	(Rupees Two Lakh Sixty One Thousand Six Hundred Thirty Eight Only.)	

Insurance details	
Retroactive date:	25/03/2023
Professional Category:	Medical Establishments
Name of the establishment/Professionals:	DR ULHAS PATIL MEDICAL COLLEGE & HOSPIATL
Address:	DR ULHAS PATIL MEDICAL COLLEGE & HOSPIATL JALGAON BHUSAWAL ROAD JALGAON KHURD 425309,,Jalgaon - District Others,,Jalgaon,Maharashtra,425309.
Limit Any one accident:	10,00,00,000.00
Limit any one year:	10,00,00,000.00
Unqualified Persons:	Covered
Territorial Limits:	ANYWHERE IN INDIA
Excess:	Voluntary Excess:NA
	Compulsory Excess: -0.25% on AOO limit subject to minimum of Rs. 25,000/- and maximum of RS. 10,00,000/- in India, -0.50% on AOO limit subject to minimum of Rs. 1,00,000/- and maximum of RS. 15,00,000/- ROW excluding USA/Canada,
	-1% on AOO limit subject to minimum of Rs. 5,00,000/- and maximum of RS. 50,00,000/- for each and every loss in USA/Canada.

टिप्पणियाँ/ Remarks: Exclusion of losses due to violation of NDMA/Epidemic Act . Subject to KYC documents. Subject to Nil claim known/reported till date.


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पॉलिसी अनुसूची/ Policy Schedule - Professional Indemnity - Medical Establishments	
Policy Number: 260201492210000507	व्यवसाय स्रोत / Business Source: 910694
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. State Code: 27, Maharashtra GSTIN: 27AAACN9967E1Z3 Contact Number: 22 22018390 Mobile Number: 0	विक्रय चैनल विवरण/ Sales Channel Details कोड/ Code: 91069400000001 नाम/ Name: POLICY ERA INSURANCE BROKING LLP - HO Contact Number: 9833341817 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

Losses Known/occurred during Break in period are not covered.


जिसकी गवाही में दिनांक/ माह /वर्ष को उपरोक्त उल्लेखित कार्यालय पते पर अधोहस्ताक्षरी को विधिवित अधिकृत किया जा रहा है उसके हाथ नदिधारित किए जाएं। यह अनुसूची, संलग्न पॉलिसी, खण्ड, पृष्ठांकन और पॉलिसी शर्तों, जो कंपनी वेबसाइट <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 कसौ भी हिससे में संलग्न किया गया हो, एक ही अर्थ वहन करेगा चाहे जहाँ भी उल्लेखित हो। यह आश्वासन दिया जाता है कि प्रीमियम चेक के अस्वीकृत के मामले में, यह दस्तावेज स्वतः प्राथमिकता नरिस्त हो जाएगी। *IN WITNESS WHEREOF, the undersigned being duly authorized hereunto set his/ her hand at the office address mentioned above, this 31/March/2023. 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

स्टाम्प ड्यूटी/ For and on behalf of National Insurance
Stamp
Duty:
(₹ 0.50)

कृते नेशनल इंश्योरेन्स कंपनी
Company Limited

अधिकृत हस्ताक्षरकर्ता/ Authorized
Signatory


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

TAX INVOICE

Invoice Serial No: 30942L2P00000507

Invoice Date: 31/03/2023

Details of Supplier:

National Insurance Company Limited.,
MUMBAI DA BRANCH II First Floor, Sterling Cinema Building, 65,Murzaban Street, Fort, Mumbai, - 400001
State : 27, Maharashtra
GSTIN No : 27AAACN9967E1Z3

Details Of Receiver : DR ULHAS PATIL MEDICAL COLLEGE & HOSPIATL

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

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

सैंक 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)	2,21,725	0%	2,21,725	9%	19,955	9%	19,955	0%	0	0
TOTAL		2,21,725		2,21,725		19,955		19,955		0	0

कुल इनवॉयस मूल्य (अंकों में)Total Invoice Value (In figures) :
₹ 2,61,638

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

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

E.&.O.E

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

अधिकृत हस्ताक्षरकर्ता/ Authorized Signatory



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