



POLICY SCHEDULE  
NEW INDIA FLEXI FLOATER GROUP MEDICLAIM POLICY  
UIN:NIAHLGP21281V022021

Insured Name	: DR B C ROY ENGINEERING COLLEGE,DURGAPUR
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Insured's Details		Issuing Office Details	
Customer ID	: 2H2737287	Office Code	: DURGAPUR-DO (512100)
Address	: JEMUA ROAD, FULJHORE, DURGAPUR-713206,DIST. BURDWAN DURGAPUR ,WEST BENGAL, 713206	Address	: DURGAPUR DO NACHAN RD., BHIRINGI DURGAPUR ,713213
Phone No	: //	Phone No	: 03432582092
Fax	:	Fax	:
E-mail/Fax	: /	E-mail/Fax	: nia.512100@newindia.co.in /
PAN No	: AAAAI8207J	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: NA / NA	GSTIN	: 19AAACN4165C1ZO
		SAC	: 997133 (Accident and health insurance services)

Policy Details			
		Business Source Code	
Policy Number	: 51210034240400000002	Dev.Off level./Broker / Direct/Corp. Agent/Web Aggregator/CPSC User	: DIRECT BUSINESS - (1D10775323)
Period of Insurance	: From:01/07/2024 12:00:01 AM To: 30/06/2025 11:59:59 PM	Agent/Bancassurance/Specialized Person	:
Date of Proposal	: 01/07/2024	Phone No	: NA / NA
Prev. Policy no.	: NA	E-mail/Fax	: / /
Client Type	: Corporate	Financier(s) Details	: NA

Premium	GST	Total	Receipt No. & Date:
₹3177966	₹ 572,034	₹ 37,50,000 (RUPEES THIRTY-SEVEN LAC FIFTY THOUSAND ONLY)	51210081240000001857 01/07/2024

Details of TPA			
Name	: HERITAGE HEALTH INSURANCE TPA PVT LTD	Telephone	: 18001024547
Address	: NICCO HOUSE, 5TH FLR, 2 HARE STREET,KOLKATA- 700001, KOLKATA- 700001	Fax	: NA
		Email	: heritage_health@bajoria.in,
		Toll Free No	: 18003453477

No. of Employees / Members covered	: 408	No. of persons covered	: 1000
Maternity Benefits Opted	Normal Delivery Limit ₹ : NA Caesarian Section Limit ₹ : NA	Zone Opted	: II (Delhi and Bangalore)
Deletion of 9 months waiting period	: NO		
Pre-existing cover Opted	: YES		
Deletion of 30 days waiting period	: YES		
Deletion of 2/4 year exclusion	: YES		
Limit of additional ambulance charges per person	: 0		
Additional cover Opted	: NO		

\* This Policy is subject to NEW INDIA FLEXI FLOATER GROUP MEDICLAIM POLICY Clause as attached. In the event of death of the insured person(s) due to an Insured peril all benefits payable, in respect thereof under this insurance, shall become payable to the Nominee declared in the proposal (Incorporated herein as the Schedule) and the Nominee declared in the proposal (incorporated herein as the schedule) and the receipt shall be construed as full and final discharge to the Company in respect of all liability under this policy.

Signature valid  
Digitally signed by CHIRAN KUMAR Date: 2024.07.03 15:08:13  
Policy No. : 51210034240400000002 Document generated by 34399 at 03/07/2024 15:08:13 Hours.  
Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.  
For redressal of your grievance, if any, you may approach any one of the following offices- 1. Policy issuing office 2. Regional office 3. Head office. In case, you are not satisfied with our own grievance redressal mechanism, you may also approach Insurance Ombudsman. For details of our office addresses and addresses of office of Insurance Ombudsman, please visit our website <http://newindia.co.in>.



Premium and GST Details

	Rate of Tax	Amount In INR
Premium		₹ 31,77,966
SGST	9	286017
CGST	9	286017
IGST	0	0

In witness whereof the undersigned being duly authorised by the Insurers and on behalf of the Insurers has (have) hereunder set his (their) hand(s) on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

For and on behalf of  
The New India Assurance Company Limited

Date of Issue: 03/07/2024

Duly Constituted Attorney(s)

Mudrank \_\_\_\_\_ Dt. \_\_\_\_\_ consolidated Stamp Fees Paid by Pay Order Number \_\_\_\_\_ vide receipt number \_\_\_\_\_ dt. \_\_\_\_\_.

Stamp Duty under the Policy is ₹1/-.

PREMIUM CERTIFICATE FOR THE PURPOSE OF DEDUCTION UNDER SECTION 80 D OF INCOME TAX (AMENDMENT) ACT 1986		
This is to certify that Mr./Mrs. DR B C ROY ENGINEERING COLLEGE, DURGAPUR has paid ₹ RUPEES THIRTY-ONE LAC SEVENTY-SEVEN THOUSAND NINE HUNDRED SIXTY-SIX ONLY (in words) towards premium and GST of ₹572034 for New India Flexi Floater Mediclaim for:		
Policy period	:	01/07/2024 12:00:01 AM to 30/06/2025 11:59:59 PM
Policy Certificate no.	:	51210034240400000002
Receipt no. & date	:	51210081240000001857 and 01/07/2024
Date of Issue: 03/07/2024		



**IMPORTANT**

This policy is subject to the terms and conditions contained in the policy document (Clauses).

This policy is governed by Health Insurance Regulations 2016 Issued by Insurance Regulatory Development Authority of India on 12.07.2016.

This policy is also governed by IRDAI (Protection of Policyholders' Interest) Regulations, 2017.

This Schedule comes attached with the policy document (Clauses). If not attached, please ask for the same.

Health Insurance Regulation 2016 and IRDAI (Protection of Policyholders' Interest) Regulations, 2017 are available on the website of IRDAI.

Beware of spurious calls offering alluring benefits. Never share any policy details with unknown callers. Call 1800-209-1415 for any enquiry or contact the nearest operating office of New India Assurance Co Ltd.

IRDA Registration Number: 190  
NIA PAN NUMBER: AAACN4165C



ADVANCE PREMIUM DEPOSIT RECEIPT

Issuing Office	:	DURGAPUR-DO
Address	:	DURGAPUR DO NACHAN RD., BHIRINGI
		DURGAPUR
		BENACHITI
Insured Pan Number	:	
Phone	:	03432582092
Email	:	nia.512100@newindia.co.in
Fax	:	
Collection Number	:	51210081240000001786
Collection Date	:	27/06/2024 21:15:57
Business Source Code	:	1D10775323
PAN No of Payer	:	AAAAI8207J

Received with thanks from DR B C ROY ENGINEERING COLLEGE, DURGAPUR a sum of ₹ 3757500,  
RUPEES THIRTY-SEVEN LAC FIFTY-SEVEN THOUSAND FIVE HUNDRED ONLY.

The amount received/Adjusted is towards -

A/C Description	Amount (₹)	A/C Code	Sub A/C Code	GL Code
HDFC BANK LTD-H DFC COLLECTION A/C - 512100	3757500.00	9100.512100	BA00019210-512100-91 00	CD0000210986

Total = ₹ 3757500.00

Your Payment/Adjustment Details are as under -

Mode	Amount (₹)	Cheque No.	Drawee Bank	APD Balance(₹)
Cheque	3757500.00	781598	Durgapur -Axis bank ltd	7501.00

Total = ₹ 3757500.00

For The New India Assurance Company Limited

Revenue  
stamp

Cashier's Initial

Authorised Signatory

Signature valid

Digitally signed  
by CHIRAG  
KUMAR  
Date: 2024.07.03  
15:12:39 IST

Document generated by 34399 at 03/07/2024 15:12:39 Hours.

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



## ADJUSTMENT VOUCHER

Issuing Office : DURGAPUR-DO (512100)  
Address : DURGAPUR DO NACHAN RD., BHIRINGI  
DURGAPUR  
713213  
BENACHITI  
Insured Pan Number : AAAA18207J  
Phone : 03432582092  
Email : nia.512100@newindia.co.in  
Fax :  
Collection Number : 51210081240000001857  
Collection Date : 01/07/2024  
Business Source Code : 1D10775323  
PAN No of Payer : AAAA18207J

Received with thanks from DR B C ROY ENGINEERING COLLEGE, DURGAPUR.

The amount received/Adjusted is towards -

Policy No.	A/C Description	Amount ₹	A/C Code	Sub A/C Code
51210034240400000002	Cash Deposit Account-512100	3750000.00	5076.512100	CD0000210986

Total = ₹ 3750000.00

Your Payment/Adjustment Details are as under -

Mode	Amount ₹	Cheque No.	Cheque Date	Drawee Bank	Drawee Branch	Reference No.	Scroll/BG/A PD Balance
Advance Premium Deposit	3750000.00	N.A.	N.A.	N.A.	N.A.	5121002410011937	7501.00

Total = ₹ 3750000.00

Utilization details of the Collected Amount :

Premium	GST	Stamp Duty	Excess Amount
3177966.00	572034.00	0.00	0
Sl no.	Agency Code	Agency Name	Department Code
1	NA	NA	34

For The New India Assurance Company Limited



Date of Issue: 01/07/2024

Cashier's Initial

Authorized Signatory

Note -

1. Please note the Policy Number, Collection Number and date in all future correspondence. .
2. NIA shall not be liable for any claim arising out of sales made during the period between the due date and date of payment of the installment if the premium paid has been exhausted by turnover declarations/if there is insufficient premium balance.

We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

Tax Invoice No : 51210024P0002483

IRDA Registration Number: 190  
NIA PAN NUMBER: AAACN4165C

Signature valid

Digitally signed  
by: KUNAL  
Date: 2024.07.01  
20:23:10 IST

Policy No. : 51210034240400000002 Document generated by 34399 at 01/07/2024 20:23:07 Hours.

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