



POLICY SCHEDULE FOR STUDENTS SAFETY PACKAGE INSURANCE

Insured's Name	1 :	M/S. NAWAB SHAH ALAM KHAN COLLE	GE OF ENGINEERING	G AND	TECHNOLOGY
	Ir	sured's Details	Issuing Office Details		
Customer ID : POA5419298		Office Code		ABIDS BRANCH (610203)	
Address	:	16-4-1/A, NEW MALAKPET, NEAR MALAKPET RAILWAY STATION, HYDERABAD. Hyderabad, TELANGANA,500024	Address		NO.4-1-825, 4 TH FLOOR, LAXMI ESTATE, J.N. ROAD, HYDERABAD 500001
					,500001 TELANGANA , 500001.
Phone No	:	XXXXXX4136	Phone No	1	04024745645
E-mail/Fax	:	nsakcet@gmail.com. /	E-mail/Fax	:	nia.610203@newindia.co.in/
PAN No	:		S.Tax Regn. No	1	AAACN4165CST178
GSTIN/UIN)10	NA / NA	GSTIN	:	33AAACN4165C3ZQ
	(2)		SAC	:	997137 (Other insurance services)

		Pol	icy Details		
Policy Number	:	61020311234300000006	Business Source Code		
Period of Insurance	;	From: 01/06/2023 12:00:01 AM To: 31/05/2024 11:59:59 PM	Dev.Off. level/Broker/Corp. Agent/Web Aggregator	:	T.B.K.KUMAR - (1D4023679)
Date of Proposal	1	01-Jun-23	Agent/Bancassurance/S pecified Person		Mr. U. SAI KUMAR (NIAAG00115827) U. SAI KUMAR (SI00183302)
Prev. Policy no.		0	Phone No	:	8978682462 / NA
Client Type	:	Corporate	E-mail/Fax	:	sai8978682462@gmail.com, / /

Premlum(`)	GST(`)	Total (`)	Total (' In words)	Receipt No. & Date
66880	12039	78919	RUPEES SEVENTY- EIGHT THOUSAND NINE HUNDRED AND NINTEEN ONLY	6102038123000000122 4 - 01/06/23

No of Students	1760	Medical Expenses per student (inclusive of OPD)	0
Llmit per student	100000	Special conditions	IN CASE OF EARNING PARENTS DEATH- TUITION FEES AND HOSTEL FEES FOR REMAINING TERM ONLY SUM INSURED OF RS. 5 LACS FOR FIRST 10 STUDENTS (CLAIMANTS) ON FIRST COME FIRST SERVE BASIS AOA MAXIMUM 50 LACS
Limit per accident	100000		

No of parents	1760		
Total SI of Parents or Guardian for payment of Tultion and Hostel fees	176000000	Payment of tuition fee for remaining semesters in the students account with the institute in case the Parent/Guardian dies due to accident	71000

This policy shall be subject to STUDENTS SAFETY PACKAGE INSURANCE policy clauses attached herewith.. Premium and GST Details

	Rate of Tax	Amount in INR
Premium		66880.00
SGST	9	6019.5
CGST	9	6019.5

61020311234300000006



Policy No. : 6102031123430000006 Document generated by 16799 at 01/06/2023 17:42:44 Hours, Regd. & Head Office: New India Assurance Bidg., 87 M.G. Road, Fort, Mumbai - 400 001, TOLL FREE No. 1 800 209 1415.

F68 263558 61 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 lineurance Ombudsman, please visit our website http://newindia.co.in.

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



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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 01st day of June, 2023.

For and on behalf of The New India Assurance Company Limited

Date of Issue: 01/06/2023

Duly Constituted Attorney(s)

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 provision of the said sub-rule.

Tax Invoice No: 61020323P0001197

IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C





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Phone No	:	XXXXXX4136	Phone No	:	04024745645		
E-mail/Fax	:	nsakcet@gmail.com. /	E-mail/Fax	:	nia 610203@newindia.co.in /		
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178		
GSTIN/UIN	4	NA / NA	GSTIN	1	33AAACN4165C3ZQ		
			SAC	1	997137 (Other insurance services)		
			John Committee of the C		Correct Medical Control		

		Pol	icy Details		
Policy Number		6102031123430000006	Business Source Code		
Period of Insurance	:	From: 01/06/2023 12:00:01 AM To: 31/05/2024 11:59:59 PM	Dev.Off. level/Broker/Corp. Agent/Web Aggregator	:	T.B.K.KUMAR - (1D4023679)
Date of Proposal	:	01-Jun-23	Agent/Bancassurance/S pecified Person		Mr. U. SAI KUMAR (NIAAG00115827) U. SA. KUMAR (SI00183302)
Prev. Policy no.	3	0	Phone No	3	8978682462 / NA
Client Type	:	Corporate	E-mail/Fax	:	sai8978682462@gmail.com, / /

Premium(`)	GST(')	Total (`)	Total ('In words)	Receipt No. & Date
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Regd. & Head Office: New India Assurance Bidg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 208 1415.

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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 01st day of June, 2023.

For and on behalf of The New India Assurance Company Limited

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