



Maharshi Karve Stree Shikshan Samstha's
**Cummins College of Engineering
for Women**

Sharpening Engineering Acumen with a difference
NAAC Accredited

Approved by AICTE, New Delhi & DTE, Mumbai
Affiliated to Rashtrasant Tukadoji Maharaj Nagpur University



6.3.1 The institution has performance appraisal system, effective welfare measures for teaching and non-teaching staff and avenues for career development/progression

All the welfare measures provided by samstha / college are for motivating and satisfying the employees. The samstha / college has well documented HR policy which reflects the performance appraisal system, welfare measures leading to avenues for employee's career development. The samstha /college considers welfare measures as their investment rather than an expense. The samstha / college has following effective welfare measures for its employees.

1. Employees Provident Fund:
2. Medi claim-Health Insurance:
3. Gratuity is applicable to every employee as per the rules & regulations laid by GoM.
4. Full paid Maternity Leave: Samstha provides 180 days full paid maternity leaves.
5. Fee concession: Samstha provides fees concession to the wards of weaker employees.
6. Encashment of Earned Leave: Employee has facility for en-cashing the earned leaves.
7. Timely Credit of Salary to bank account: Every month, the employee gets the salary on time.
8. Reimbursement of Membership fees of professional society.
9. Medical leave encashment Facility of balance medical leave to ad-hoc faculties are available.
10. Career Advancement Scheme: Elevation to higher posts/ ranks as per respective eligibility.
11. Employee has facility for availing interest-free Festival Advance.
12. Early punch &/or leaves are sanctioned to the employee pursuing higher degrees.
13. Samstha provides Laptop to principal, accounts / admin officer, T & P Officer, IT cell staff.
14. Samstha also provides the vehicle to the principal.
15. College has a tea club to maintain a healthy & friendly environment among the employees.
16. Samstha provides Staff Quarter for the employees
17. Samstha pays mobile bill for the few of the responsibility shouldering employees.





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17. Samstha provides vehicle to the staff for transportation during on-duty work.
18. Samstha provides free bus facilities for employees & the wards admitted to college to commute.
19. Samstha provides relief funds to economically weaker employees for major medical emergencies.
20. Samstha provides winter & summer vacations to eligible employees.
21. Samstha protects the salary of newly appointed employees.

Self-appraisal:

The college gives a fair chance to employees to evaluate their performance and determine their strengths and flaws. Employees can identify their areas for improvement & accordingly work on self-set goals. The employees have to submit the self-appraisal report at the end of every academic year with the following information details personal information, Academic record, experience Research experience/contribution and training, Industry interaction, innovations contributions and special efforts in teaching with documentary evidence etc. The reporting officer (HoD) and Principal give independent marking according to weightage & thus provides recommendations for employee. The process of self-appraisal is transparent. Based on the student feedback, the Principal and Dean Academics give suggestions to the teaching.

Avenues for career development/progression:

Samstha conducts career development programs for employees' professional growth. Samstha believes that every employee should develop skills within or outside the organization for salary hikes & promotion. This helps to retain Samstha's current employees & at the same time employees feel valued. Samstha organizes Faculty Development Programs, Workshops, Seminars, Trainings for the employees.



KaMilind
Dr. Milind Khanapurkar
Principal
Maharshi Karve Stree Shikshan Sanatha's
Cummins College of Engineering for Women
Hingna, Nagpur-441110.

■ Tel. No. : 9657667030 ■ E-mail : office@cumminscollege.edu.in,
■ website : www.cumminscollege.edu.in

Mouje Sukli (Gupchup), Hingna, Nagpur-441110





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Mediclaim Health Insurance

Samstha/college provides cashless Mediclaim for the employee and his/her family



Kamling
Dr. Milind Khanapurkar
Principal
Maharshi Karve Stree Shikshan Samstha's
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Hingna, Nagpur-441110.

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Academic year 2022-23

Mediclaim Health Insurance Circular, GMC Policy Schedule

&

Sample Mediclaim policy e-cards

Tel. No. : 9657667030 E-mail : office@cumminscollege.edu.in,
website : www.cumminscollege.edu.in

Mouje Sukli (Gupchup), Hingna, Nagpur-441110





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Maharshi Karve Women's Education Institute - Karvenagar, Pune 411 052

J.No.22-23/1422

Circular

Dated 23.11.2022

To,

Head of Branch

Subject : Information regarding renewal of Group Mediclaim Policy
dated 28.12.2022 to 27.12.2023.

S.N.V.V.

As we all know that Mediclaim policy for unsubsidized permanent employees of the organization is to be renewed. The organization intends that the servants should get the benefit of this policy this year as well.

Since the said mediclaim policy is in the form of with pre-existing disease, some amount of contribution is taken from the servants for this. Every year the organization takes Sum Assured of Rs.1.00 lakh for its servants. We call this type as Base Policy. From 28.12.2021 to 22.11.2022 the organization after review by its Mediclaim Insurance Broker has found that its Claim Ratio has exceeded 70%. Perhaps in the future i.e. from 23.11.2022 to 28.12.2022 the said Claim Ratio may increase.

Therefore, the contribution for the said Base Policy will be more than the previous year. How much will the said contribution be? The estimated amount is given in the Google Form. 75% of the premium is borne by the organization while only

25% of the premium is recovered by the organization from the salary in two equal installments from the employees. The servants who want to take the said Base Sum Insured Policy should inform us if they have yes or no before the estimated installment amount in the Google Form sent to them.

Additional Sum Insured Policy cannot be taken without Base Policy. If the servants in your branch want to take coverage of Rs.1.00 lakhs with increased Sum Insured amount like last year with the Base Policy, then the said servant has to pay the full 100% premium amount of whatever installment comes. The contribution for the said Additional Sum Insured Policy will be more than the previous year. How much will this contribution be? The estimated amount is given in the Google Form. The servants who want to take the said Additional Sum Insured Policy should let us know if they have yes or no before the estimated premium amount in the Google Form sent to them.



Kindly

Dr. Milind Khanapurkar
Principal

Maharshi Karve Stree Shikshan Samatha's
Cummins College of Engineering for Women
Hingna, Nagpur-441110.

Tel. No. : 9657667030 E-mail : office@cumminscollege.edu.in,
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Every servant should fill the information given in the Google Form regarding Mediclaim online as per the instructions given below in the Google Form. Submit by 05.12.2022. As its reach every servant will get message in inbox in their own Email ID. If the message comes otherwise bring it to the direction of the mediclaim write in your department and ask him to inform immediately on the mail id sachin.kadam@maharshikarve.org.

A) As per point no. 1 and 2 below it is necessary to give information to the servants in your branch and accordingly they should fill their own name in Google Form or not? Guidance should be given in this regard.

1) Provide information to the new servants who have been appointed this year as well as those who have been working in the non-aided branch of the organization for 2 years or more (on the consolidated salary of the organization), and guide them in filling their names and the names of their family members in the Google Form.

2) Mail should not be given to the following servants to fill the said Mediclaim Google Form.
 a) Servants who are employed by contractors in the organization.

Otherwise, the entire responsibility of this will remain with the writer who is looking after the work of mediclaim in his branch.

B) Information of mediclaim policyholder servants as follows must be given in the form of Reconciliation to the mail id sachin.kadam@maharshikarve.org. If you want to fill the information in the following table in Marathi, then make a PDF of the said table should be sent to us.

1	Last Year Total Number (2021-22)	
2	(+) Current Year (New Permanent Sevak) Total No. (2022-23)	
3	(+) with 2 years and above in current year (institution apptn. order only). servant number	
4	(-) Number of servants transferred from your branch	
5	(+) Number of servants transferred from another branch to our branch	
7	(-) Names and numbers of retired servants	
8	(=) Current Year Total Number (2022-23)	

The mediclaim clerk in your branch should record the details of the servants in your branch who are eligible for the group mediclaim policy in the table below for your information and records.

S.No. Name of the servant Mo.No. Servant's Email ID Accept/Reject for Mediclaim

Also, since the information of the servants in your branch is available as above, you can see how many servants in your branch have filled the form through Google Form or not in your branch's Email ID (Daily you will receive an Excel File exported by Google Form from the mail ID sachin.kadam@maharshikarve.org As you will get) see how many servants in your branch are yet to fill the Google Form and accordingly ask the servants who are yet to fill the Google Form to fill the said Google Form within the given deadline and then prepare the above Reconciliation.



Kanind
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 Principal
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The said circular and two types of Google Form 7) Mediclaim form for Married Employee 2) Mediclaim form for Unmarried/ Divorcee/ Widow will be sent by the organization to the Email ID of your branch, then you should send these three items to the Email ID of your employees available in the above table. And ask them to take action as per instructions given in circular and Google Form by 05.12.2022.

The following information (Point No. C and D) will be used to facilitate recovery of mediclaim installments from those servants in case of transfer in future.

C) Details of servants transferred from your branch:

Name of the servant	Name of the transferred branch	Number of persons in the family
१	२	३

D) Details of servants transferred to your branch from another branch:

Name of the servant	Name of the branch from where the transfer took place	Number of persons in the family
१	२	३

If there is any change in C and D then the same change should be made in the format of C and D and if there is no change then this PDF file should be sent to e-mail as Nirank.

to know

yours,

Dr. P.S.V.S.S. S.S. Scientist

Secretary

Maharshi Karve Women's Education Institute



Kind

Dr. Milind Khanapurkar
Principal

Maharshi Karve Stree Shikshan Samatha's
 Cummins College of Engineering for Women
 Hingna, Nagpur-441110.





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The Oriental Insurance Company Limited

The Document is Digitally Signed

Signer: OEC1105482023531
 Date: Mon, Jan 2, 2023 10:17:41 IST
 Location: INDIA
 Reason: Signing Policy for OICL

Attached to and forming part of policy number 42110548/2023/531

(606E+1292D)

Particulars of the Persons covered

Sr. No.	Name	Relationship	Sex	Age	Pre-existing Ailments, If Any
---------	------	--------------	-----	-----	-------------------------------

Total Sum Insured in words : Indian Rupees Seven Crores Nine Lakhs Only
 Total Premium in words : Indian Rupees Fifty-Three Lakhs Sixty-Three Thousand Seven Hundred Eighty-Nine Only

Instalment Details

Inst. No.	Instalment Date	Instalment %	Instalment Amount	Tax	Total	Remarks
1	28/12/2022	100	45,45,584	8,18,205	53,63,789	

The insurance under this policy is subject to conditions, clauses, warranties and endorsements.

The policy shall pay for hospitalization expenses for medical/surgical treatment at any Nursing Home/hospital in INDIA as an in-patient defined in the policy.

In the event of a claim under the policy exceeding Rs. 1 lac or a claim for refund of premium exceeding Rs. 1 lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating offices as well as Company's website.

1. Floater Sum Insured 1L and 2L 2. Family Size: Self, Spouse, 2 dependent children, 2 dependent parents or parents-in-law 3. Pre-existing Diseases: Covered from day one 4. 1 to 2 year Waiting Period for Specific ailment: Waived 5. 30 Days Waiting Period: Waived 6. Room Rent Limit: For Normal room 2% and for ICU 4% of Sum Insured 7. Congenital Internal Disease: Covered 8. Day care procedure covered 9. Dental treatment covered due to accident 10. New Born Baby covered from day one 11. Corporate Buffer: Rs. 5 Lakh limited to FSI 12. Internal congenital ailments covered 13. Maternity benefit: N/A

Warranted that in case the person covered under the policy has lodged any claim under the previous policy and the sum insured is enhanced under the current policy, for a further claim for the same disease during the current policy, the earlier Limit of Sum Insured shall be applicable and not the enhanced sum insured.

Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void ab-initio (from inception).

"We at Oriental continuously strive to ensure that you get the best possible treatment from our network hospitals. Please contact your TPA or any of the Oriental offices for our preferred hospitals in your area before going for a treatment. This will help us serve you in the best possible manner."

In witness whereof the undersigned being authorised by and on behalf of the Company has/have herein to set his/their hands at CBU Bangalore (GSTIN: 29AAACT0627R4Z5) on 02-JAN-23.

Place : BANGALORE

Date : 29/12/2022



For and on behalf of
 The Oriental Insurance Company Limited.

This is an electronically generated document (Policy Schedule). The Policy document duly stamped will be sent by post.

In case of any query regarding the Policy please call Toll Free No. 1800 11 9495 and 011 33209495.

CIN: U68010DL1947GO100158 All the Amounts mentioned in this policy are in Indian Rupee.

IRDA Regn. No. 556 - Now you can buy and renew selected policies online at www.orientalinsurance.org.in

Authorised Signatory

Page 2 of 3



Kanind

Dr. Milind Khanapurkar
 Principal
 Maharshi Karve Stree Shikshan Samatha's
 Cummins College of Engineering for Women
 Hingna, Nagpur-441110.





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The Oriental Insurance Company Limited

This Document is Digitally Signed
 Signer: DEEPTI SATHI, 2022/AN
 Date: Mon, Jun 2 2023 10:57:41 IST
 Location: 1306M
 Reason: Signing Policy for DICL

GROUP MEDICLAIM TAILORMADE POLICY SHEDULE
 UIN : OICHLGP449V022021

Policy No. : 421100/48/2023/531	Prev. Policy No. :
Cover Note No. : 42000051474	Cover Note Date : 21/12/2022
Insured's Code : AF0000001367	Issue Office Code : 421100
Insured's Name : MAHARSHI KARVE STREE SHIKSHAN SAMSTHA (GSTIN: 27AAATM1968L124)	Issue Office Name : CBU Bangalore (GSTIN: 29AAACT0627R423)
Address : MAHARASHI KARVE STREE SHIKSHAN SAMSTHAS HEAD OFFICE, WARJE MALWADI, KARVENAGAR, Pune Maharashtra, 411052	Address : NO.44/45, LEO SHOPPING COMPLEX, RESIDENCY CROSS ROAD, 3RD FLOOR, BANGALORE KARNATAKA 560025
Tel./Fax (Email) : PUNE MAHARASHTRA 411052	Tel./Fax (Email) : 080-46616301 / 25583886 / 421100@orientalinsurance.co.in

Agent/Broker Details
 Dev.Off.Code :
 Agent/Broker : LF9000000015 MIS HOWDEN INSURANCE BROKERS INDIA P LTD
 Address : 1st FLOOR, UTKARSHA SOCIETY, BHAKTI MARG, LAW COLLEGE ROAD, ERANDWANE, OPP TATA MOTORS SHOWROOM PUNE,PUNE-411004 MOB NO 9545246646,PUNE,MAHARASHTRA,411004
 Tel/Fax/Email : 66558800/9082843793/

Period of Insurance : FROM 16:32 ON 28/12/2022 TO MIDNIGHT OF 27/12/2023
 Collection No. & Dt. : CD A/C AF0000001367 GST INVOICE NO :2921557750 UIN :0
 Gross Premium : 45,45,584 GST : 8,18,206 Stamp Duty : 1 Total : 53,63,789
 Co-insurance Details : NIL

TPA Details :
 TPA ID : YA0000000347
 TPA Name : PARAMOUNT HEALTH SER
 TPA Address : A-442, ROAD NO-28, WAGLE INDUSTRIAL ESTATE, THANE WEST, 400 604, THANE 400604
 Telephone No : 022-66444600 TOLL FREE 1800-22-6655
 Toll Free No : 1800-22-6655
 Fax No : 022-66444754-756

Risk Details
 As per attached Annexure

Sr No : 1	Emp/Dependant Name : GMC POLICY OF 1698 LIVES	SI : 70900000	No Of Dependents : 1898
-----------	---	---------------	-------------------------

Place : BANGALORE
 Date : 28/12/2022
 For and on behalf of The Oriental Insurance Company Limited

This is an electronically generated document (Policy Schedule). The Policy document duly stamped will be sent by post.

In case of any query regarding the Policy please call Toll Free No. 1800 11 5485 and 011 33208485.

CIN: U66010DL1947GOI007158 All the Amounts mentioned in this policy are in Indian Rupee
 IRDA Regn. No. 556 - Now you can buy and renew selected policies online at www.orientalinsurance.org.in

Authorized Signatory

Page 1 of 3



Kinlind

Dr. Milind Khanapurkar
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Mouje Sukli (Gupchup), Hingna, Nagpur-441110





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The Oriental Insurance Company Limited

The Document is Digitally Signed

Signer: OECIT@OIA...
 Date: Mon, Jan 2, 2023, 17:31:18
 Location: GOREA,
 Reason: Signing Policy for OEL

Attached to and forming part of policy number 421100/48/2023/551

"In case of grievance related to any issue related to this policy the same may be addressed to the office in-charge or the Grievance Officer at above policy address, if the grievance remains pending, it may be escalated to Grievance Officer of the concerned Regional Office 44/45, Leo Shopping Complex, 1st Floor, Floor, Residency Road, Cross, BANGALORE. The next escalation in case grievance remains unresolved is CSD, Head Office, situated at Oriental House, A-25/27, Asaf Ali Road, New Delhi-110002. If the insured is not satisfied with the resolution/reply provided by the company, he/she may approach the Office of Insurance Ombudsman, within his/her jurisdiction. The list of offices of Ombudsman is available on Company's portal."

Entered By : SHRUTI C
 Examined By : GIRIDHAR C.L

For and on behalf of
 The Oriental Insurance Company Limited

Policy Printed By : 481253 IP :
 Policy Printed On : 02-JAN-23 10:57:50 MAC :

Authorized Signatory

Place : BANGALORE
 Date : 29/12/2022



For and on behalf of
 The Oriental Insurance Company Limited

This is an electronically generated document (Policy Schedule) The Policy document duly stamped will be sent by post.

In case of any query regarding the Policy please call Toll Free No. 1800 11 8485 and 011 33208485.

Authorized Signatory

CIN: U06010DL1947GOJ007138. All the Amounts mentioned in this policy are in Indian Rupee
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Page 3 of 3



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THE ORIENTAL INSURANCE CO. LTD.
 NARWADE NITIN PANDURANGJI
MAHARSHI KARVE STREE SHIKSHAN SAMSTHA
 AGE : 42 YRS EMP ID : 65
 PHS ID : OI PUN 39634884 MKSS E
 Valid Upto : 27/12/2023
 Paramount Health

THE ORIENTAL INSURANCE CO. LTD.
 NARWADE RAKHI NITIN
MAHARSHI KARVE STREE SHIKSHAN SAMSTHA
 AGE : 37 YRS EMP ID : 65
 PHS ID : OI PUN 39634884 MKSS W
 Valid Upto : 27/12/2023
 Paramount Health

THE ORIENTAL INSURANCE CO. LTD.
 NARWADE NIPUN NITIN
MAHARSHI KARVE STREE SHIKSHAN SAMSTHA
 AGE : 2 YRS EMP ID : 65
 PHS ID : OI PUN 39634884 MKSS S
 Valid Upto : 27/12/2023
 Paramount Health

PARAMOUNT HEALTH SERVICES AND INSURANCE TPA PVT. LTD

Plot No. A-442, Road No - 28, M.I.D.C. Industrial Area, Ram Nagar, Wagle Estate, Thane (W) - 400 604.

Cashless Access to Network Hospitals can only be obtained
 when accompanied with the Authorization letter issued by PHS

24 Hours Helpline - Mumbai: (022) 6662 0808

Toll free no - 1800 22 6655 (admissions preferably)

Website : www.paramounttpa.com E-mail : contact.phs@paramounttpa.com



mWise QR code (android)

Mobile App



mWise QR code (IOS)

Please Quote Your PHS ID No. For HELP

Immediate intimation to PHS is a must in case of Hospitalization



Kavind

Dr. Milind Khanapurkar
 Principal

Maharshi Karve Stree Shikshan Samstha's
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 website : www.cumminscollege.edu.in

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THE ORIENTAL INSURANCE CO. LTD.

GEDAM ASHA HARIDAS
MAHARSHI KARVE STREE SHIKSHAN SAMSTHA
 AGE - 42 YRS EMP ID : 544
 PHS ID : OI PUN 39754911 MKSS E
 Valid Upto : 27/12/2023

Paramount Health

THE ORIENTAL INSURANCE CO. LTD.

GEDAM HARIDAS ZIBALJI
MAHARSHI KARVE STREE SHIKSHAN SAMSTHA
 AGE : 57 YRS EMP ID : 544
 PHS ID : OI PUN 39754911 MKSS F
 Valid Upto : 27/12/2023

Paramount Health

THE ORIENTAL INSURANCE CO. LTD.

GEDAM PANCHASHILA HARIDAS
MAHARSHI KARVE STREE SHIKSHAN SAMSTHA
 AGE - 67 YRS EMP ID : 544
 PHS ID : OI PUN 39754911 MKSS M
 Valid Upto : 27/12/2023

Paramount Health

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 Plot No. A-442, Road No - 28, M.I.D.C. Industrial Area, Ram Nagar, Wagle Estate, Thane (W) - 400 604.

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Toll free no - 1800 22 6655 (admissions preferably)
 Website : www.paramounttpa.com E-mail : contact.phs@paramounttpa.com

Mobile App


 mWise QR code (android)


 mWise QR code (IOS)

Please Quote Your PHS ID No. For HELP
 Immediate intimation to PHS is a must in case of Hospitalization



KaMilind
Dr. Milind Khanapurkar
 Principal
 Maharshi Karve Stree Shikshan Samstha's
 Cummins College of Engineering for Women
 Hingna, Nagpur-441118.





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 <p>THE ORIENTAL INSURANCE CO. LTD. PATIL SUNIL GOVARDHAN MAHARSHI KARVE STREE SHIKSHAN SAMSTHA AGE : 41 YRS EMP ID : 67 PHS ID : OI PUN 39634888 MKSS E Valid Upto : 27/12/2023</p> <p>Paramount Health</p>	 <p>THE ORIENTAL INSURANCE CO. LTD. PATIL ASMITA SUNIL MAHARSHI KARVE STREE SHIKSHAN SAMSTHA AGE : 35 YRS EMP ID : 67 PHS ID : OI PUN 39634888 MKSS W Valid Upto : 27/12/2023</p> <p>Paramount Health</p>
 <p>THE ORIENTAL INSURANCE CO. LTD. PATIL SAMIKSHA SUNIL MAHARSHI KARVE STREE SHIKSHAN SAMSTHA AGE : 12 YRS EMP ID : 67 PHS ID : OI PUN 39634888 MKSS D Valid Upto : 27/12/2023</p> <p>Paramount Health</p>	 <p>THE ORIENTAL INSURANCE CO. LTD. PATIL AKSHATA SUNIL MAHARSHI KARVE STREE SHIKSHAN SAMSTHA AGE : 9 YRS EMP ID : 67 PHS ID : OI PUN 39634888 MKSS D Valid Upto : 27/12/2023</p> <p>Paramount Health</p>

PARAMOUNT HEALTH SERVICES AND INSURANCE TPA PVT. LTD
 Plot No. A-442, Road No - 28, M.I.D.C. Industrial Area, Ram Nagar, Wagle Estate, Thane (W) - 400 604.

Cashless Access to Network Hospitals can only be obtained
 when accompanied with the Authorization letter issued by **PHS**

24 Hours Helpline - Mumbai: (022) 6662 0808

Toll free no - 1800 22 6655 (admissions preferably)

Website : www.paramounttpa.com E-mail : contact.phs@paramounttpa.com



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Kainind

Dr. Milind Khanapurkar
 Principal

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 THE ORIENTAL INSURANCE CO. LTD. SHASTRI SANJIVANI AVINASH MAHARSHI KARVE STREE SHIKSHAN SAMSTHA AGE : 57 YRS EMP ID : 116 PHS ID : CI PUN 39634944 MKSS E Valid Upto : 27/12/2023 Paramount Health	 THE ORIENTAL INSURANCE CO. LTD. SHASTRI AVINASH NARAYAN MAHARSHI KARVE STREE SHIKSHAN SAMSTHA AGE : 66 YRS EMP ID : 116 PHS ID : CI PUN 39634944 MKSS H Valid Upto : 27/12/2023 Paramount Health
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Tel. No. : 9657667030 E-mail : office@cumminscollege.edu.in,
 website : www.cumminscollege.edu.in

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 THE ORIENTAL INSURANCE CO. LTD. BAKRE RASIKA ANIRUDDHA MAHARSHI KARVE STREE SHIKSHAN SAMSTHA AGE : 22 YRS EMP ID : 274 PHS ID : OI PUN 39635102 MKSS D Valid Upto : 27/12/2023 Paramount Health	 THE ORIENTAL INSURANCE CO. LTD. BAKRE ATHARVA ANIRUDDHA MAHARSHI KARVE STREE SHIKSHAN SAMSTHA AGE : 17 YRS EMP ID : 274 PHS ID : OI PUN 39635102 MKSS B Valid Upto : 27/12/2023 Paramount Health

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 **THE ORIENTAL INSURANCE CO. LTD.**

PURANIK ARTI NIRAJ
MAHARSHI KARVE STREE SHIKSHAN SAMSTHA
 AGE : 43 YRS EMP ID : 500
 PHS ID : OI PUN 39754867 MKSS E
 Valid Upto : 27/12/2023

Paramount Health

 **THE ORIENTAL INSURANCE CO. LTD.**

PURANIK AABHA NIRAJ
MAHARSHI KARVE STREE SHIKSHAN SAMSTHA
 AGE : 18 YRS EMP ID : 500
 PHS ID : OI PUN 39754867 MKSS D
 Valid Upto : 27/12/2023

Paramount Health

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 THE ORIENTAL INSURANCE CO. LTD. DEOTE SHARAYU JAYANT MAHARSHI KARVE STREE SHIKSHAN SAMSTHA AGE : 46 YRS EMP ID : 596 PHS ID : OI PUN 39754964 MKSS E Valid Upto : 27/12/2023 Paramount Health	 THE ORIENTAL INSURANCE CO. LTD. GULANDE PRABH SURESH MAHARSHI KARVE STREE SHIKSHAN SAMSTHA AGE : 64 YRS EMP ID : 596 PHS ID : OI PUN 39754964 MKSS M Valid Upto : 27/12/2023 Paramount Health
 THE ORIENTAL INSURANCE CO. LTD. DEOTE PURVESH JAYANT MAHARSHI KARVE STREE SHIKSHAN SAMSTHA AGE : 23 YRS EMP ID : 596 PHS ID : OI PUN 39754964 MKSS S Valid Upto : 27/12/2023 Paramount Health	 THE ORIENTAL INSURANCE CO. LTD. DEOTE TUSHAR JAYANT MAHARSHI KARVE STREE SHIKSHAN SAMSTHA AGE : 19 YRS EMP ID : 596 PHS ID : OI PUN 39754964 MKSS S Valid Upto : 27/12/2023 Paramount Health

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 THE ORIENTAL INSURANCE CO. LTD. DANDEKAR YOGESH VASANT MAHARSHI KARVE STREE SHIKSHAN SAMSTHA AGE : 44 YRS EMP ID : 37 PHS ID : OI PUN 39634856 MKSS E Valid Upto : 27/12/2023 Paramount Health	 THE ORIENTAL INSURANCE CO. LTD. DANDEKAR RENUKA YOGESH MAHARSHI KARVE STREE SHIKSHAN SAMSTHA AGE : 41 YRS EMP ID : 37 PHS ID : OI PUN 39634856 MKSS W Valid Upto : 27/12/2023 Paramount Health
 THE ORIENTAL INSURANCE CO. LTD. DANDEKAR BHARGAV YOGESH MAHARSHI KARVE STREE SHIKSHAN SAMSTHA AGE : 15 YRS EMP ID : 37 PHS ID : OI PUN 39634856 MKSS S Valid Upto : 27/12/2023 Paramount Health	 THE ORIENTAL INSURANCE CO. LTD. DANDEKAR MUKTA YOGESH MAHARSHI KARVE STREE SHIKSHAN SAMSTHA AGE : 7 YRS EMP ID : 37 PHS ID : OI PUN 39634856 MKSS D Valid Upto : 27/12/2023 Paramount Health

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Academic year 2021-22

Mediclaim Health Insurance Circular, GMC Policy Schedule

&

Sample Mediclaim policy e-cards

Tel. No. : 9657667030 E-mail : office@cumminscollege.edu.in,
website : www.cumminscollege.edu.in

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Maharshi Karve Women's Education Institute

Karvenagar, Pune 411 052

Ja.No. 2021-22/1342

Dated 27.12.2021

Circular Urgent

Per.

Hon. Principal/Principal/Principal/Headmistress/Director/Director/Head of Branch

matter Regarding deduction of 25% of the premium of Group Mediclaim Policy (Base Policy S.I. of Rs. 1 lakh) and 100% of the premium of (Additional Coverage of S.I. of Rs. 1 lakh) from the salary of unaided servants.

madam/madam,

You are aware that the group mediclaim policy has been renewed for the employees working in the unaided branch of the organization [those employees who have subscribed to the said group mediclaim policy].

The organization for the period dated 28.12.2021 to 27.12.2022 THE ORIENTAL INSURANCE COMPANY LTD. This insurance company has renewed Mediclaim Coverage of Rs. 1.00 lakh with Pre existing Diseases, Sum Insured Base Policy [Mediclaim Coverage of the employee himself and his family members as recorded in the Mediclaim Google Form] and also this year, 104 desirous servants that they themselves and their family members Additional Coverage of S.I. 1 lakh has been taken. Details of the above mentioned policy are as follows:

Corporate Name : MAHARSHI KARVE STREE SHIKSHAN SAMSTHA
Policy No. : You will be informed later
Policy Period : From 00:00 hrs of 28.12.2021 to midnight of 27.12.2022
Insurance Company : THE ORIENTAL INSURANCE CO.LTD.
Broker Company : HOWDEN INSURANCE BROKERS INDIA PVT. LTD.
TPA Company : HEALTH INDIA INSURANCE TPA SERVICES PVT.LTD.



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As decided in the Board of Managers meeting held on 24.12.2021 :-

a) From the salary of the servants working in the unaided branch [those servants who have participated in the said Base Policy S.I.Pa.1 lakh group medical policy] the premium amount of the group medical policy will be deducted from the salary of the servants as follows.

Such servants whose monthly salary (Gross Salary) is more than Rs.25,000/-, a lump sum should be deducted from their salary as per the table given below.

Policy type	month	Amount to be deducted per month
Base Policy for S.I. of Rs.1,00 Lakh ₹ coverage	December 2021 paid in January 2022	Rs.1769/-
		Rs.1769/- Total

Servants whose monthly salary (Gross Salary) is Rs. 25,000/- should be deducted from their salary in two installments as per table given below

Policy type	month	Amount to be deducted Rs.885/- per month
Base Policy for S.I. of Rs.1,00 Lakh ₹ coverage	December 2021 Paid in January 2022	Rs.885/-
		and Rs.885/- in total
Base Policy for S.I. of Rs.1,00 Lakh ₹ coverage	January 2022 free in February 2022	Rs.884/-
		and Rs.884/- in total



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b) From salary of servants working in unaided branch [Such servants who have participated in the said Additional Coverage S. group mediclaim policy of Rs.1 lakh and now their Total S.I. Coverage will be Rs.2.00 Lakh] The premium amount of Group Mediclaim Policy will be deducted from the salaries of employees as follows. Servants whose monthly salary (Gross Salary) is Rs. 25,000/- and/or Rs.20,000/- be deducted from their salary as per the table given below

Policy type	month	Amount to be deducted per month is
Base Policy for S.I. of Rs.1.00 Lakh and Additional Coverage for S.I. of Rs.1.00 Lakh	December 2021 and in January 2022	Rs.8,180/-
Rs.2.00 Lakh Total S.I. Coverage		Rs.7,940/- in total

Servants whose monthly salary (Gross Salary) is Rs. 25,000/- should be deducted from their salary in two instalments as per table given below

Policy type	month	The amount to be deducted per month is
Base Policy for S.I. of Rs.1.00 Lakh and Additional Coverage for S.I. of Rs.1.00 Lakh	December 2021 and in January 2022	Rs.8,180/-
Rs.2.00 Lakh Total S.I. Coverage of		Rs.3,976/- total
Base Policy for S.I. of Rs.1.00 Lakh and Additional Coverage for S.I. of Rs.1.00 Lakh	January 2022 and in February 2022	Rs.3,974/-
Rs.2.00 Lakh Total S.I. Coverage of		Rs.3,974/- total



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December 2021 paid in January 2022 for those whose gross salary is more than Rs.25000/- up to 05.01.2022 and for those whose gross salary is less than Rs.25000/- December 2021 paid in January 2022 salary deduction amount by 05.01.2022 and January 2022 salary deduction amount in February 2022 should be remitted to the institution by 05.02.2022.

Deducted check of the base policy should be given along with its list while depositing in the institution. The said Base Policy check should be drawn separately.

The list of additional coverage should be given along with the check while depositing it in the institution. The said additional coverage check should be drawn separately.

c) The list of names of the unaided servants of your branch who have participated in the Base Policy S.I.Rs.1 Lakh and Additional Coverage S.I.Rs.1 Lakh Group Gedkleg Notification can be seen in the Excel file attached in the mail.

CONCERNED EMPLOYEE OF YOUR BRANCH WHO IS WITHOUT YOUR ASSISTANCE. The CONCERNED EMPLOYEE whose husband is going to look after the mediclaim work of his branch should periodically inform the helpdesk of the TPA regarding claims for the employees in his branch.

A) Please find below enclosed the escalation matrix.

Escalation Matrix			
Level	Name	Contact No	Mail
1st Level	Jyotiba Shelke	8956495377	jyotiba.shelke@howdenindia.com
2 nd level	Sachin Misal	9422000989	Sachin.misal@howdenindia.com
3rd Level	Bahul Dhane	8956495376	Bahul.dhane@howdenindia.com

B) Hospital Network List Link :-

https://www.healthindiatpa.com/Hospital_Search.aspx



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C) Claim Intimation : Format Attached (Intimation can be given over phone, by mail or by messages is as under) :-

Please refer below claim intimation format for your reference.

Corporate Name-	MAHARSHI KARVE STREE SHIKSHAN SAMSTHA
Insured Name :-	
Emp number	
Insured Contact Number :-	
Date Of Admission:-	
Patient Name :-	
Hospital Name :-	
Hospital Address :-	
Claim Amount	
Claim Type	Reimbursement/cashless

Important:

- Group Mediclaim Policy Servants who want to submit their mediclaim should check their mediclaim file first from the CONCERNED EMPLOYEE of their branch and then submit it to Head Office Shri. Should be submitted to Sachin Kadam. A TPA representative will also be available at the Head Office on Mondays and Fridays from 4:00 PM to 5:00 PM.
- Bank account of the organization is registered as Corporate for Mediclaim Reimbursement Settlement. Therefore, no servant should enter his/her bank account details in the Claim Form or attach the xerox of Cancel Check or Bank Pass Book while submitting the Mediclaim file. Take care of this.
- It is very important to immediately inform the TPA company at the above helpdesk before admission to the hospital.
- If you want to do Cash Less Mediclaim then at that time employee's mediclaim card and own Aadhaar card or PAN card as well as patient's mediclaim card and xerox of Aadhaar card must be correct. Also, to inquire in advance at the hospital where you want to be admitted, whether there is Cash Less facility? The mediclaim file must be submitted to the TPA within 15 days from the date of discharge. Take note of this. Pre & Post Hospitalization Claim can be made up to 30 and 60 days respectively.
- While submitting the mediclaim file, it is necessary to attach the employee's mediclaim card, Aadhaar card and PAN card, as well as patient's mediclaim card, Xerox of Aadhaar card.
- The second page of the claim form Part A should be signed by the servants as well as filling the said form.
- Check it out. Fill the claim form Part B from the hospital and get the signature and stamp of the hospital on it.



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- 0. Remember to take the xerox of the INDOOR CASE PAPER from the hospital and add it to the mediclaim file with the signature and stamp of the hospital.
- 00. For more information read the check list and ensure that the documents are there as per the given check list.
- 01. File the list of employees of your branch who have participated in the said group mediclaim policy on your branch's email id. Sending above which will make it easier for you to deduct from salary. Excel file is attached in said email. It contains (Base Policy File and Additional Coverage File).
 Go to the sheet and filter the name of your branch in the Name of Branch of Employee column so that you will see the names of the employees in your branch in the Name of employee column and know their number. Along with this an Excel file -> Consolidated Summary of Employee for Mediclaim is attached in which how many employees are there in your branch? Married and Unmarried employee it is visible.
- 02. 24 Hours Hospitalization mandate with active line of treatment is required for Claim.
- 03. Hospital Reg. Certificate copy must be submitted along with Reimbursement Claim.
- 04. In the said renewed policy, Room Rent for Base Policy is 1.5% of S.I.Rs.1.00 lakh i.e. 1500/- and for ICU 3% i.e. 3000/- and for Additional Coverage Room Rent is S.I. 1.5% of Rs.2.00 lakh is 3000/- and for ICU 3% is 6000/-.
- 05. Servants who have agreed to the said Mediclaim Policy will be issued their Mediclaim ID CARD after we receive it from TPA. Ayurvedic/ Homeopathic/ Unani Treatment not covered under Mediclaim.
- 06. S.I. of 81 servants who have taken Additional Coverage of Rs.1.00 lakh during this renewal period. Total is Rs.2.00 Lakhs.
- 07. Along with the accompanying circular / Email, Reimbursement Claim Form, General list of Documents for Reimbursement, Hospital Network List link, Claim Intimation mail or by message format 3 Files of Additional Coverage & 3 Files of Base Policy are attached.

To know

yours,

Dr. P.V.S. Scientist

Secretary

Maharshi Karve Women's Education Institute

As above:



Kaivalya

Dr. Milind Khanapurkar
 Principal

Maharshi Karve Stree Shikshan Samatha's
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GROUP MEDICLAIM TAILORMADE POLICY SHEDULE
 UIN : OICHLGP449V022021

This Document is Digitally Signed

Signature: OIBETOR SAMTHA...
 Date: 07/01/2022 09:05 IST
 Location: BANGALORE
 Reason: Signing Policy for DCL

Policy No. : 421100/48/2022/987 **Prev. Policy No.** : -
Cover Note No. : 42000019077 **Cover Note Date** : 28/12/2021
Insured's Code : AF0000001367 **Issue Office Code** : 421100
Insured's Name : MAHARSHI KARVE STREE SHIKSHAN SAMSTHA (GSTIN: 27AAATM196BL1Z4) **Issue Office Name** : CBU Bangalore (GSTIN: 29AAACT0627R4Z5)
Address : MAHARASHI KARVE STREE SHIKSHAN SAMSTHAS HEAD OFFICE, WARJE MALWADI, KARVENAGAR, Pune Maharashtra, 411052 **Address** : NO.44/45, LEO SHOPPING COMPLEX, RESIDENCY CROSS ROAD, 3RD FLOOR, BANGALORE KARNATAKA 560025
Tel./Fax/Email : PUNE MAHARASHTRA 411052 **Tel./Fax/Email** : 080-46616301 / 25583886 / hilda.dsouza@orientalinsurance.co.in

Agent/Broker Details
Dev.Off.Code :
Agent/Broker : LF0000000015 M/S HOWDEN INSURANCE BROKERS INDIA P LTD
Address : 1st FLOOR, UTKARSHA SOCIETY, BHAKTI MARG, LAW COLLEGE ROAD, ERANDWANE, OPP TATA MOTORS SHOWROOM PUNE, PUNE-411004 MOB NO 9950466400 PUNE MAHARASHTRA, 411004
Tel/Fax/Email : 9950466400 PUNE MAHARASHTRA, 411004

Period of Insurance : FROM 00:00 ON 28/12/2021 TO MIDNIGHT OF 27/12/2022
Collection No. & Dt. : CD A/C AF0000001367 **GST INVOICE NO.** :2920508441 **UIN** : 0
Gross Premium : 39,37,771 GST : 7,08,799 **Stamp Duty** : 1 **Total** : 46,46,570
Co-insurance Details : NIL

TPA Details
TPA ID : YA0000000341
TPA Name : M/S HEALTHINDIA INSU
TPA Address : NeelKanth Corporate Park, Gala No : 406 to 412 4th Floor, Kiroli Road / Village, VidyaVihar Society VidyaVihar West contact@healthcare-india.com MUMBAI 400086 **Toll Free No** : 1800220102, 022-66867575, 022-66131111
Telephone No : **Fax No** :

Risk Details
 As per attached Annexure
Sr No : 1 **Emp/Dependant Name** : GMC POLICY COVERING 1788 LIVES(566E + 1220D) **SI** : 67000000 **No Of Dependents** : 1786

Particulars of the Persons covered

Sr. No.	Name	Relationship	Sex	Age	Pre-existing Ailments, if Any
---------	------	--------------	-----	-----	-------------------------------

Place : BANGALORE **Date** : 07/01/2022 **For and on behalf of** The Oriental Insurance Company Limited

This is an electronically generated document (Policy Schedule). The Policy document duly stamped will be sent by post.
 In case of any query regarding the Policy please call Toll Free No. 1800 11 8485 and 011 33208485.
 CIN: U68010DL1947GOI007158 All the Amounts mentioned in this policy are in Indian Rupee
 IRDA Regn. No. 555 - Now you can buy and renew selected policies online at www.orientalinsurance.org.in



Dr. Milind Khanapurkar
 Principal
 Maharshi Karve Stree Shikshan Samstha's
 Cummins College of Engineering for Women
 Hingna, Nagpur-441118.



Maharshi Karve Stree Shikshan Samatha's
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Attached to and forming part of policy number 421106/48/2022/987

This Document is Digitally Signed

Total Sum Insured in words : Indian Rupees Six Crores Seventy Lakhs Only
 Total Premium in words : Indian Rupees Forty-Six Lakhs Forty-Six Thousand Five Hundred Seventy

Signature: GEETHA SAVITHRI DEELAN
 Date: Fri, Jan 7, 2022 12:46:55 IST
 Location: INDIA
 Reason: Signing Policy for OIC

Installment Details

Inst. No	Installment Date	Installment %	Installment Amount	Tax	Total	Remarks
1	28/12/2021	100	39,37,771	7,08,798	46,46,570	

The insurance under this policy is subject to conditions, clauses, warranties, endorsements.

The policy shall pay for hospitalization expenses for medical/surgical treatment at any Nursing Home/Hospital in INDIA as an in-patient defined in the policy.

In the event of a claim under the policy exceeding Rs. 1 lac or a claim for refund of premium exceeding Rs. 1 lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating offices as well as Company's website.

Floater Sum Insured 1L and 2L
 Family Size: Self, Spouse, 2 dependent children, 2 dependent parents or parents-in-law
 Pre-existing Diseases: Covered from day one
 1 to 2 year Waiting Period for Specific ailment: Waived Off
 30 Days Waiting Period: Waived Off
 Room Rent Limit: For Normal room 1.5% and for ICU 3% of Sum Insured
 Congenital Internal Disease: Covered
 Day care procedures covered
 Dental treatment covered due to accident
 New Born Baby covered from day 1
 Corporate Buffer Rs. 5 Lakh limited to FSI
 Internal congenital ailments covered
 Maternity benefit: N/A

Warranted that in case the person covered under the policy has lodged any claim under the previous policy and the sum insured is enhanced under the current policy, for a further claim for the same disease during the current policy, the earlier Limit of Sum Insured shall be applicable and not the enhanced sum insured.

Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void ab initio (from inception).

"We at Oriental continuously strive to ensure that you get the best possible treatment from our network hospitals. Please contact your TPA or any of the Oriental offices for our preferred hospitals in your area before going for a treatment. This will help us serve you in the best possible manner"

In witness whereof the undersigned being authorised by and on behalf of the Company has/have herein set his/their hands at CBU Bangalore (GSTIN: 29AAACT0627R4ZS) on 07-JAN-22

"In case of grievance related to any issue related to this policy the same may be addressed to the office In-Charge or the Grievance Officer at above policy address. If the grievance remains pending, it may be escalated to Grievance Officer of the concerned Regional Office 44/45, Leo Shopping Complex, 1st Floor, Floor/Residency Road, Cross, BANGALORE. The next escalation in case grievance remains unresolved is CSO, Head Office, situated at Oriental House, A-25/27, Asaf Ali Road, New Delhi-110002.
 If the insured is not satisfied with the resolution/reply provided by the company, he/she may approach the Office of Insurance Ombudsman, within his/her jurisdiction. The list of offices of Ombudsman is available on Company's portal."

Entered By : SHRUTI C

For and on behalf of
 The Oriental Insurance Company Limited

Examined By : K SAVITHRI

Policy Printed By : 463418

IP :

Policy Printed On : 07-JAN-22 17:35:00

MAC :

Place : BANGALORE



Authorised Signatory

For and on behalf of
 The Oriental Insurance Company Limited

Date : 07/01/2022

This is an electronically generated document (Policy Schedule). The Policy document duly stamped will be sent by post.

In case of any query regarding the Policy please call Toll Free No. 1800 11 8485 and 011 33208485.

Authorised Signatory

CIN: U66010DL1947GOI007158 All the Amounts mentioned in this policy are in Indian Rupee

Page 2 of 2

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Academic year 2020-21

Mediclaim Health Insurance Circular, GMC Policy Schedule

&

Sample Mediclaim policy e-cards

Tel. No. : 9657667030 E-mail : office@cumminscollege.edu.in,
website : www.cumminscollege.edu.in

Mouje Sukli (Gupchup), Hingna, Nagpur-441110





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Maharishi Karve Women's Education Institute

Karvenagar, Pune 411 052

Ja.k. 2020-21/1702

Dated 13.01.2021

Circular Urgent

Per.

Hon. Principal/Principal/Principal/Headmistress/Director/Director/Head of Branch

matter _ Regarding deduction of 25% of the premium of Group Mediclaim Policy (Base Policy S.I. of Rs. 1 lakh) and 100% of the premium of (Additional Coverage of S.I. of Rs. 1 lakh) from the salary of unaided servants.

madam/madam,

You are aware that the group mediclaim policy has been renewed for the employees working in the unaided branch of the organization [those employees who have subscribed to the said group mediclaim policy].

THE NEW INDIA ASSURANCE COMPANY LTD. With Pre existing Diseases, Sum Insured Base Policy of Rs.1.00 Lakh Mediclaim Coverage from this Insurance Company [Servicemen themselves and their family members as recorded in the Mediclaim Google Form - all of them Mediclaim Coverage] has been renewed from this year as well. 81 aspirant sevaks have applied for Additional Coverage of S.I. for themselves and their family members. Rs.1 Lakh has been taken. Details of the above mentioned policy are as follows :

Corporate Name :

MAHARSHI KARVE STREE SHIKSHAN SAMSTHA

Policy No. : 42040034200400000172
Policy Period : From 00:00 hrs 28.12.2020 to midnight of 27.12.2021
Insurance Company : THE NEW INDIA ASSURANCE CO.LTD.
Broker Company : HOWDEN INSURANCE BROKERS INDIA PVT. LTD.
TPA Company : HEALTH INDIA INSURANCE TPA SERVICES PVT.LTD.



Kamini

Dr. Milind Khanapurkar
Principal

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Tel. No. : 9657667030 E-mail : office@cumminscollege.edu.in,
website : www.cumminscollege.edu.in

Mouje Sukli (Gupchup), Hingna, Nagpur-441110





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As decided in the Board of Managers meeting held on 28.12.2020 :- a) From the salary of the servants working in the unaided sector (such servants who have participated in the said Base Policy S.1.Rs.1 lakh group mediclaim policy) of the group mediclaim policy. The amount of premium will be deducted from the salary of the servants as follows.

Policy type	month	Amount to be deducted per month
Base Policy for S.I. of Rs.1,00 Lakh ₹ coverage	January 2021 paid in February 2021	Rs.636/-
		Rs.636/- in total
Base Policy for S.I. of Rs.1,00 Lakh ₹ coverage	February 2021 paid in March 2021	Rs.636/-
		2,636/- in total

b) From salary of servants working in unaided branch (Such servants who have participated in the said Additional Coverage S.I group mediclaim policy of Rs.1 lakh and now their Total S.I. Coverage will be Rs.2.00 Lakh) The premium amount of Group Mediclaim Policy will be deducted from the salaries of employees as follows.

Policy type	Months	Amount of being amount to come per month
Base Policy for S.I. of Rs.1,00 Lakh and Additional Coverage for S.I. of Rs.1,00 Lakh Rs.2,00 Lakh Total S.I. Coverage	January 2021 paid in February 2021	Rs.636/- Rs.2385/- Rs.3021/- A total of Rs. 636/-
Base Policy for S.I. of Rs.1,00 Lakh and Additional Coverage for S.I. of Rs.1,00 Lakh Rs.2,00 Lakh Total S.I. Coverage	February 2021 paid in March 2021	Rs.2385/- Rs.3021/- Total



Kamini
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The amount deducted from the salary of January 2021 paid in February 2021 should be remitted to the institution by 05.02.2021 and the amount deducted from the salary of February 2021 paid in March 2021 should be remitted to the institution by 05.03.2021.

Deducted check of the base policy should be given along with its list while depositing in the institution. The said Base Policy check should be drawn separately.

The list of additional coverage should be given along with the check while depositing it in the institution. The said additional coverage check should be drawn separately.

- c) The unaided servants of your branch who are under the Base Policy S.I. Rs.1 Lakh and Additional Coverage S.I.Rs.1 Lakh Group Mediclaim Policy Participant names list can be seen in the Excel file attached in the mail.

The CONCERNED EMPLOYEE of his branch who is going to look after the mediclaim work of his branch on behalf of his unaided servants should periodically inform the helpdesk of the TPA regarding claims for the servants of his branch.

A) Please find below enclosed the escalation matrix.

Escalation Matrix			
Level	Name	Contact No	Mail ID
1st Level	Jyotiba Shelke	8956495377	jyotiba.shelke@howdenindia.com
2 nd level	Sachin Misal	9422000989	Sachin.misal@howdenindia.com
3rd Level	Mehul Mahajan	9960062728	Mehul.mahajan@howdenindia.com
4th Level	Rahul Dhene	8956495376	Rahul.dhene@howdenindia.com

B) Hospital Network List Link :-

https://www.healthindiatpa.com/Hospital_Search.aspx



Kavind

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C) Claim Intimation : Format Attached (Intimation can be given over phone, by mail or by messages is as under) :-

Please refer below claim intimation format for your reference.

Corporate Name-	MAHARSHI KARVE STREE SHIKSHAN SAMSTHA
Insured Name :-	
Emp number	
Insured Contact Number :-	
Date Of Admission:-	
Patient Name :-	
Hospital Name :-	
Hospital Address :-	
Claim Amount	
Claim Type	Reimbursement/cashless

Important:

1. If the employees who have taken group mediclaim policy want to submit their mediclaim, they should check their mediclaim file first from **CONCERNED EMPLOYEE** in their branch and then submit it to head office Shri. Should be submitted to Sachin Kandam. A TPA representative will also be available at the Head Office on Mondays and Fridays from 4:00 PM to 5:00 PM.
2. Bank account of the organization is registered as Corporate for Mediclaim Reimbursement Settlement. Therefore, no employee should enter their bank account details in the Claim Form while submitting the mediclaim file or Cancel Do not attach the xerox of Check or Bank Pass Book. Take care of this: It is very important to immediately inform the TPA company at the above helpdesk before admission to the hospital.
3. If you want to do Cash Less Mediclaim then at that time employee's mediclaim card and own Aadhaar card or PAN card as well as patient's mediclaim card and xerox of Aadhaar card must be correct. Also, to inquire in advance in the hospital where you want to be admitted, whether there is Cash Less Facility?
4. Mediclaim file must be submitted to TPA within 05 days from the date of discharge. Take note of this. Pre & Post Hospitalization Claim can be made up to 30 and 60 days respectively.
5. While submitting the mediclaim file, it is necessary to attach the mediclaim card, Aadhaar card and PAN card of the employee as well as the patient's mediclaim card, xerox of Aadhaar card.
6. Servants should sign the second page of the claim form Part A and also fill and verify the said form.
7. Fill the claim form Part B from the hospital and get the hospital's signature and stamp on it.



Kautilya
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- 9 Remember to take the xerox of the INDOOR CASE PAPER from the hospital and add it to the mediclaim file with the signature and stamp of the hospital.
- 10 For more information read the check list and ensure that the documents are there as per the given check list.
- 44 File the list of employees of your branch who have participated in the said group mediclaim policy on your branch email id. Sending above which will make it easier for you to deduct from salary. Excel file is attached in said email. It contains (Base Policy File and Additional Coverage File).
Go to the sheet and filter the name of your branch in the Name of Branch of Employee column so that you will see the names of employees in your branch in the Name of employee column and know their number. Along with this an Excel file -> Consolidated Summary of Employee for Mediclaim is attached in which how many employees are there in your branch? Married and Unmarried employee it is visible.
- 12 24 Hours Hospitalization mandatory with active line of treatment is required for Claim.
- 13 Hospital Reg. Certificate copy must be submitted along with Remorsement Claim.
- 14 In the said renewed policy, Room Rent for Base Policy is 1.5% of S.I.Rs.1.00 lakhs i.e. 1500/- and for ICU 3% i.e. 3000/- and for Additional Coverage Room Rent is S.I. 1.5% of Rs.2.00 lakh is 3000/- and for ICU 3% is 6000/-.
- 15 Servants who have agreed to the said Mediclaim Policy will have their Mediclaim ID CARD. It will be given to you after we receive it from TPA, Ayurvedic/
- 16 Homeopathic/ Unari treatment not covered under Mediclaim.
- 17 Servants who have taken Additional Coverage of Rs.1.00 Lakh during this renewal period. S.I. of 81 such servants, Total is Rs.2.00 Lakhs.
- 18 Along with the accompanying circular / Email, Reimbursement Claim Form, General list of Documents for Reimbursement, Hospital Network List link, Claim Intimation mail or by message format 3 Files of Additional Coverage & 3 Files of Base Policy are attached.

To know

your

Dr. P.V.S. Scientist

Secretary

Maharshi Karve Women's Education Institute

As above.



Kavind

Dr. Milind Khanapurkar
Principal

Maharshi Karve Stree Shikshan Samatha's
Cummins College of Engineering for Women
Hingna, Nagpur-441118.

Tel. No. : 9657667030 E-mail : office@cumminscollege.edu.in,
 website : www.cumminscollege.edu.in

Mouje Sukli (Gupchup), Hingna, Nagpur-441110





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



POLICY SCHEDULE
 NEW INDIA FLEXI FLOATER GROUP MEDICLAIM POLICY
 UIN/NIHLGP21281V022021

Insured Name	MAHARSHI KARVE STREE SHIKSHAN SAMSTHA		
Insured's Details		Issuing Office Details	
Customer ID	PC86181398	Office Code	LUC/KH/09/CO/11420400
Address	KARVE NAGAR PLANE MAHARASHTRA PUNE, MAHARASHTRA, 411038	Address	3RD FLOOR ARIF CHAMBER-I KAPORTHALA BAGH LUCKNOW LI P. 226020
Phone No	09710031384	Phone No	05222329634 / 05222328986
Fax		Fax	
E-mail/Fax	secretary@maharshikarve.org /	E-mail/Fax	new.420400@newindia.co.in /
PAN No	AAATM1968I	S. Tax Regn. No	AAAC3416SC5178
GSTIN/UIN	27AAATM1968I24 / NA	GSTIN	05AAAC3416SC42M
		SAC	997139 (Other non life insurance services not RI)
Policy Details			
Policy Number	42040034200400000172	Business Source Code	
		Dev. Off. level / Broker / Direct/Corp. Agent/Web Aggregator/CPIC User	
Period of Insurance	From: 20/12/2020 03:19:20 PM To: 28/12/2021 11:59:59 PM	HOWDEN RIS. BROKERS INDIA PVT LTD - (LM2453691) HOWDEN INSURANCE BROKERS INDIA PVT LTD (420400) (S00240038) HOWDEN INSURANCE BROKERS INDIA PVT LTD (420400) (S00240038) HOWDEN INSURANCE BROKERS INDIA PVT LTD (420400) (S00240038)	
Date of Proposal	27/12/2020	Agent/Benevolence/Specified Person	
Prev. Policy no.	NA	Phone No	NA / NA
Client Type	Corporate	E-mail/Fax	enquiries@howdenrdo.com / /
		Financier(s) Details	NA
Premium	₹2853622	GST	₹513652
Total		₹3367274	Receipt No. & Date:
		(RUPEES THIRTY-THREE LAC SIXTY-SEVEN THOUSAND TWO HUNDRED SEVENTY-FOUR ONLY)	420400812090600011030 03/02/2021
Details of TPA			
Name	HEALTHINDIA INSURANCE TPA SERVICES PRIVATE LIMITED.	Telephone	02266867575
Address	NEELKANTH CORPORATE PARK, GALA NO - 406 TO 412 - 4TH FLOOR, KIROL ROAD / VILLAGE, VIDYAVIHAR SOCIETY, VIDYAVIHAR WEST, MUMBAI, MUMBAI	Fax	02242471911
		Email	ind@healthindiatpa.com
		Toll Free No	NA
No. of Employees / Members covered	1586	No. of persons covered	1883
Maternity Benefits Opted	Normal Delivery Limit ₹ : 0 Caesarian Section Limit ₹ : 0	Zone Opted	(Mumbai)
Deletion of 9 months waiting period	: NO		
Pre-existing cover Opted	: YES		
Deletion of 30 days waiting period	: YES		
Deletion of 24 year exclusion	: YES		

Policy No. : 42040034200400000172 Document generated by 22702 at 03/02/2021 09:17:34 Hours.
 Regd. & Head Office: New India Assurance Bldg, 47 S.G. Road, Fort, Mumbai - 400 011, TOLL FREE No. 1 800 209 1416.
 For details of your grievances, 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>.



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



Limit of additional ambulance charges per person	0		
Additional cover Opted	YES		
SL No	Name of Cover	Limit per family	Overall Policy Limit
N/A	NEW INDIA ASSURANCE CO. LTD.	N/A	100

Special Conditions	
Special Condition 1	1. Room Rent Limit:-for Normal room 2.5% and for ICU 3% of Sum Insured 2. Congenital Internal Disease Covered 3. DAY CARE PROCEDURES COVERED 4. DENTAL TREATMENT COVERED DUE TO ACCIDENT
Special Condition 2	1. LIFE TERM ADDITION ALLOWED ONLY IN CASE OF NEW BORN BABY & SPOUSE IN CASE OF MARRIAGE 2. NEW BORN BABY COVER FROM DAY 3. Corporate Buffer-75 Lakh 4. INTERNAL CONGESTIONAL ALUMENTS COVERED 5. MATERNITY BENEFIT N/A

* 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.

Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 2853622.00
SGST	0	0
CGST	0	0
IGST	18	513652

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: 03/02/2021)

Duly Constituted Attorney(s)

Mudraic _____ of _____ consolidated Stamp Fees Paid by Pay Order Number _____ vide receipt number _____ of _____.

Stamp Duty under the Policy is ₹1/-.

Policy No. - 420003420040000172 Document generated by 20/01/2021 at 03:02:02:00:17:34 hours
 Regs & Head (Max: New India Assurance Bldg, 47 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No: 1-800-200-1415
 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 self 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://www.nia.co.in>



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MKSSS' Cummins College of Engineering for Women, Hingna, Nagpur
List of Satff for Mediclaim - 2021

SR_NO	POLICY_NUMBER	CUSTO	NAME	GENDER	AGE
1	42040034200400000172	101	KADAM SACHIN BHIKU	MALE	45
2	42040034200400000172	102	TAWADE GURUDATTA MARUTI	MALE	50
3	42040034200400000172	103	DESHPANDE VISHAL SATISH	MALE	35
4	42040034200400000172	104	PATKARE SANJAY BALKRUSHAN	MALE	34
5	42040034200400000172	105	LANJEWAR SUSHIL RAJKUMAR	MALE	35
6	42040034200400000172	106	CHOKHARE ASHISH GANESH	MALE	34
7	42040034200400000172	107	PRIYADARSHINI RAMTEKE	FEMALE	44
8	42040034200400000172	108	GORANTWAR PRAVIN SUDHAKAR	MALE	49
9	42040034200400000172	109	DANDEKAR YOGESH VASANT	MALE	42
10	42040034200400000172	110	KHARPATE HARSHWARDHAN VASANT	MALE	35
11	42040034200400000172	113	KAWADASKAR ADITYA SURESH	MALE	32
12	42040034200400000172	116	RAGENWAR MITHUN VASANTRAO	MALE	35
13	42040034200400000172	117	JAWANE SHYAM DIGAMBER	MALE	48
14	42040034200400000172	118	NARWADE NITIN PANDURANGJI	MALE	40
15	42040034200400000172	122	SELUKAR PRAVIN KRUSHNAJI	MALE	37
16	42040034200400000172	136	KULKARNI VISHAL RAMESH	MALE	37
17	42040034200400000172	156	PURANIK KAMLESH MANOHAR	MALE	41
18	42040034200400000172	158	HARGODE SACHIN ASHOKRAO	MALE	37
19	42040034200400000172	177	SUPSANDE PRASHANT BALAJI	MALE	52
20	42040034200400000172	286	GIRIPUNJE KHEMRAJ RAMA	MALE	38
21	42040034200400000172	327	YEDE HAUSLAL BABULAL	MALE	46
22	42040034200400000172	329	BAKRE ANIRUDDHA GAJANAN	MALE	53
23	42040034200400000172	332	GEDAM SANJAY MAHADEO	MALE	46
24	42040034200400000172	336	RAUT MORESHWAR SUKHADEO	MALE	35
25	42040034200400000172	347	GHATURLE MANOJ CHARANDAS	MALE	35
26	42040034200400000172	350	SAWARKAR SACHIN BHAIYYAJI	MALE	44
27	42040034200400000172	361	SAWARKAR NITIN BHAIYYAJI	MALE	41
28	42040034200400000172	371	HIRDE PRAVIN NARAYAN	MALE	37
29	42040034200400000172	377	BHATTACHARYA SABYASACHI SANTWANAKUMAR	MALE	41
30	42040034200400000172	425	KHEKALE SHAILESH NARAYANRAO	MALE	45
31	42040034200400000172	504	ABDEO SWATI RAVINDRA	FEMALE	52
32	42040034200400000172	506	BRAJESH KUMAR MANAS	MALE	31
33	42040034200400000172	511	PURANIK ARTI NIRAJ	FEMALE	41
34	42040034200400000172	541	GEDAM ASHA HARIDAS	FEMALE	40
35	42040034200400000172	584	SENGAR NIKHIL SUNILSINGH	MALE	31
36	42040034200400000172	597	SHARAYU JAYANT DEOTE	FEMALE	44
37	42040034200400000172	606	DANDEKAR VIKRAM ASHOK	MALE	39
38	42040034200400000172	618	PRADEEP NILKANTH JOSHI	MALE	36
39	42040034200400000172	641	DR SANJIVANI SHASTRI	FEMALE	55
40	42040034200400000172	383	CHAVHAN VILAS PARASHRAM	Male	45



Kamind

Dr. Milind Khanapurkar
 Principal
 Maharshi Karve Stree Shiksha Samatha's
 Cummins College of Engineering for Women
 Hingna, Nagpur-441110.





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E-Card



The Oriental Insurance Company Limited

Group Name : MAHARSHI KARVE STREE SHIKSHAN SAMSTHA
Policy Number : 421100/48/2022/987
Health India ID : 4957005E
Employee ID : 14
Name : DOLAS PANKAJ RAMDAS
Relation : Employee
Gender : Male
Age : 36
Valid Upto : 28/12/2021 To 27/12/2022

HealthIndia Insurance TPA Services Private Limited

HEALTHINDIA
INSURANCE TPA SERVICES PVT. LTD.



KaMilind

Dr. Milind Khanapurkar
Principal

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The Oriental Insurance Company Limited

Group Name : MAHARSHI KARVE STREE SHIKSHAN SAMSTHA
Policy Number : 421100/48/2022/987
Health India ID : 4956971E
Employee ID : 27
Name : NARWADE NITIN PANDURANGJI
Relation : Employee
Gender : Male
Age : 41
Valid Upto : 28/12/2021 To 27/12/2022

HealthIndia Insurance TPA Services Private Limited



Kaailind

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Group Name : MAHARSHI KARVE STREE SHIKSHAN SAMSTHA
Policy Number : 421100/48/2022/987
Health India ID : 49569580
Employee ID : 28
Name : LANJEWAR SHUBHRA SUSHIL
Relation : Daughter
Gender : Female
Age : 2
Valid Upto : 28/12/2021 To 27/12/2022

HealthIndia Insurance TPA Services Private Limited

HEALTHINDIA
INSURANCE TPA SERVICES PVT. LTD.



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The Oriental Insurance Company Limited

Group Name : MAHARSHI KARVE STREE SHIKSHAN SAMSTHA
Policy Number : 421100/48/2022/987
Health India ID : 49571820
Employee ID : 79
Name : BAKRE RASIKA ANIRUDDHA
Relation : Daughter
Gender : Female
Age : 21
Valid Upto : 28/12/2021 To 27/12/2022

HealthIndia Insurance TPA Services Private Limited



Kindred

Dr. Milind Khanapurkar
 Principal
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The Oriental Insurance Company Limited

Group Name : MAHARSHI KARVE STREE SHIKSHAN SAMSTHA
Policy Number : 421100/48/2022/987
Health India ID : 4957182E
Employee ID : 79
Name : BAKRE ANIRUDDHA GAJANAN
Relation : Employee
Gender : Male
Age : 54
Valid Upto : 28/12/2021 To 27/12/2022

HealthIndia Insurance TPA Services Private Limited

HEALTHINDIA
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E-Card



The Oriental Insurance Company Limited

Group Name : MAHARSHI KARVE STREE SHIKSHAN SAMSTHA
Policy Number : 421100/48/2022/987
Health India ID : 4956966E
Employee ID : 96
Name : KAWADASKAR ADITYA SURESH
Relation : Employee
Gender : Male
Age : 33
Valid Upto : 28/12/2021 To 27/12/2022

HealthIndia Insurance TPA Services Private Limited



Kautilind

Dr. Milind Khanapurkar
 Principal

Maharshi Karve Stree Shikshan Samstha's
 Cummins College of Engineering for Women
 Hingna, Nagpur-441118.





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Academic year 2019-20

Mediclaim Health Insurance Circular, GMC Policy Schedule

&

Sample Mediclaim policy e-cards

Tel. No. : 9657667030 E-mail : office@cumminscollege.edu.in,
website : www.cumminscollege.edu.in

Mouje Sukli (Gupchup), Hingna, Nagpur-441110





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Maharshi Karve Women's Education Institute - Karvenagar, Pune 411 052

Ja.No. 1569/19-20

Circular

Dated 20.11.2019

To,

Head of Branch

**Subject : Information regarding renewal of Group
Mediclaim Policy from 27.12.2019 to 26.12.2020.**

S.N.V.V.

As we all know that group mediclaim policy for unsubsidized permanent employees of the organization is to be renewed. The organization intends that the servants should get the benefit of this policy this year as well.

Since the said group mediclaim policy is in the form of with pre-existing disease, some amount of contribution is taken from the servants for this. Every year the organization takes Sum Assured of Rs.1.00 lakh for its servants. We call this type as Base Policy. The contribution for the said Base Policy will be a little more than the previous year. How much will the said contribution be? You will be informed about it later. In this contribution, 75% premium/share is borne by the organization while only 25% premium share is recovered by the organization from the salary in two equal installments from the

If the employees in your branch want to take additional Sum Insured coverage of Rs.1.00 lakhs in addition to the Base Policy, then the said employee has to pay the full 100% of the installment amount. How much will be the contribution for the said Additional Sum Insured Policy? You will be informed about it later. Also, the servants who want to take the said Additional Sum Insured Policy should inform us whether they agree or reject the estimated Additional Sum Insured Policy installment amount in the Google Form sent to you.

Every servant should fill the information given in the Google Form regarding Mediclaim online as per the instructions given below in the Google Form. Submit by 05.12.2019. As its reach every servant will get message in inbox in their own Email ID. If the message is received, otherwise bring it to the direction of the mediclaim writer in your branch and send such mail to the given mail ID below.

A) It is necessary to inform the new servants appointed this year as well as the said servants of your branch who are working in the unaided branch of the organization for 2 years and more (on Consolidated Salary of the organization) and accordingly guide them to fill the Google Form with their name and their family members name.



Kamini

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-२-

B) Information of mediclaim policy holder servants must be given in the form of Reconciliation to the following email id.

If you are going to fill the information in the following table in Marathi, then you should send us a PDF of the said table.

1	Last Year Total Number (2018-19)	
2	(+) Current Year (New Permanent Servak) Total No. (2019-20)	
3	(+) Number of servants with 2 years and above (institution apptn. order only) in the current year	
4	(-) Number of servants transferred from your branch	
5	(+) Number of servants transferred from another branch to our branch	
6	(-) Names and numbers of retired servants	
7	(=) Current Year Total Number (2019-20)	

Clerks dealing with Mediclaim work in their branch should record the details of the servants in their branch who have agreed for the mediclaim policy in the table below for their information and records.

S.No. Name of the servant Mo.No. Servant's Email ID

Since the information of the servants in your branch is available as above, you can see how many servants in your branch have filled the form through Google Form or not in your branch's Email ID and similarly, see how many servants in your branch are yet to fill the Google Form and accordingly the remaining servants who are yet to fill the Google Form. Asking to fill the said Google Form within the mentioned deadline, only after that you prepare the above Reconciliation.

The said circular and two types of Google Form 9) Mediclaim form for Married Employee 2) Mediclaim form for Unmarried/ Divorcee/ Widow will be sent by the organization to the Email ID of your branch, then you should send these three items to the Email ID of your employees available in the above table. And as per the instructions given to them in the circular and Google Form till 05.12.2019 **Ask to take action.**

C) Details of servants transferred from your branch:

Name of the servant	Name of the transferred branch	Number of persons in the family
१	२	३

D) Details of servants transferred to your branch from another branch:

The name of the	branch from which the servant's name was changed.	Number of persons in the family
१	२	३

If there is any change in C and D then the same change should be made in the format of C and D and if there is no change then this PDF file should be sent to e-mail as Niravk. to know.

Yours,

Dr. P.V.S. Shastri

Secretary

Maharshi Karve Women's Education Institute



Dr. Milind Khanapurkar
 Principal
 Maharshi Karve Stree Shikshan Samatha's
 Cummins College of Engineering for Women
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GROUP MEDICLAIM TAILORMADE POLICY SHEDULE
 IRDA/NL-HLT/OIC/P-HV-11453/13-14

This Document is Digitally Signed

Signer: ATUL JARATH
 Date: 28/12/2020 11:50:15T
 Location: HINGNA
 Reason: Signing Policy for OICL

Policy No. : 181300/48/2020/3289	Prev. Policy No. : -
Cover Note No. : 180000110730	Cover Note Date : 27/12/2019
Insured's Code : 92079898	Issue Office Code : 181300
Insured's Name : MAHARSHI KARVE STREE SHIKSHAN SAMATHA (GSTIN: 27AAATM1968L124)	Issue Office Name : DO 3 NAGPUR (GSTIN: 27AAACT0627R4ZV)
Address : KARVE NAGAR PUNE PUNE MAHARASHTRA 411038	Address : 269 SHARADA COMPLEX ABOVE HDFC NEAR TELEPHONE EXCHANGE SQUARE NAGPUR MAHARASHTRA 440008
Tel./Fax/Email : 9782031394 / 9782031394 / secretary@maharshikarve.org	Tel./Fax/Email : 0712 2736977 2736988 2734744 / 2736977 / ybingle@orientalinsurance.co.in

Agent/Broker Details

Dev.Off.Code :
 Agent/Broker : LC000000472 M/S J P INSURANCE BROKERS PVT LTD
 Address : SOLITAIRE, PLOT NO. 36, F-402, OLD BAGADGANJ, V-TEK FURNITURE, NAGPUR, Maharashtra 440008, NAGPUR, MAHARASHTRA, 440008
 Tel/Fax/Email : /9422530895//

Period of Insurance : FROM 00:00 ON 28/12/2019 TO MIDNIGHT OF 27/12/2020
 Collection No. & Dt. : DC_L_IND 8709006438 - 02/01/2020 GST INVOICE NO : 271810738618 UIN : D
 Gross Premium : 32,95,762 GST : 5,93,238 Stamp Duty : 1 Total : 38,89,000
 Co-insurance Details : NIL

TPA Details :

TPA ID : YA0000000334
 TPA Name : M/S MD INDIA HEALTH I
 TPA Address : MD INDIA HOUSE, SURVEY NO. 147/B Sr. Bo. 46/1, Espaca, A2 Bldg, 4th floor, Pune Nagar Road, Vadgeonshan, Pune 411014 customercare@mdindia.com, info@mdindia.com
 PUNE 411038
 Telephone No. : Toll Free No. : 18002331186, 18002334446
 Fax No. :

Risk Details
 As per attached Annexure

Sr No : 1 Emp/Dependant : AS PER LIST B1 : 0 No Of Dependents : 1886

Particulars of the Persons covered

Sr. No.	Name	Relationship	Sex	Age	Pre-existing Ailments, if Any
---------	------	--------------	-----	-----	-------------------------------

Place : NAGPUR
 Date : 02/01/2020
 For and on behalf of
 The Oriental Insurance Company Limited

This is an electronically generated document (Policy Schedule). The Policy document duly stamped will be sent by post.

In case of any query regarding the Policy please call Toll Free No. 1800 11 8485 and 011 33208485.

CIN: U66010DL1947GOI007158 All the Amounts mentioned in this policy are in Indian Rupee
 IRDA Regn. No. 556 - Now you can buy and renew selected policies online at www.orientalinsurance.org.in

Authorized Signatory

Page 1 of 2



Kamind

Dr. Milind Khanapurkar
 Principal
 Maharshi Karve Stree Shikshan Samatha's
 Cummins College of Engineering for Women
 Hingna, Nagpur-441110.





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Attached to and forming part of policy number 181300/48/2020/3289

The Document is Digitally Signed

Total Sum Insured in words : Indian Rupees Only
 Total Premium in words : Indian Rupees Thirty-Eight Lakhs Eighty-Nine Thousand Only

Signer: ATUL JIDATH
 Date: Thu, 30/1/2020 11:50:52
 Location: NOIDA
 Reason: Signing Policy for OGL

Installment Details

Inst. No.	Instalment Date	Instalment %	Instalment Amount	Tax	Total	Remarks
1	28/12/2019	100	32,96,762	5,93,238	38,89,000	

The insurance under this policy is subject to conditions, clauses, warranties, endorsements.
 The policy shall pay for hospitalization expenses for medical/surgical treatment at any Nursing Home/Hospital in INDIA as an in-patient defined in the policy

WAIVER OF FOLLOWING EXCLUSION UNDER POLICY 4.1 (PRE EXISTING CLAUSE) 4.2 (30 DAYS EXCLUSION WAIVER CLAUSE) & 4.3 (1-4 YEAR WAIVER CLAUSE)
 HOSPITALIZATION EXPENSES FOR MEDICAL SURGICAL TREATMENT IN ANY NURSING HOME / HOSPITAL IN INDIA , PRE EXISTING DISEASES ARE COVERED FROM DAY ONE, PRE & POST HOSPITALIZATION 30 & 60 DAYS RESPECTIVELY, EMERGENCY ROAD AMBULANCE SERVICE COVERED
 NEW BORN BABY COVER FROM DAY 1, CB FOR 5 LAC, ROOM RENT 1.5% OF SUM INSURED & ICU 3% OF SUM INSURED, INTERNAL CONGENITAL AILMENTS COVERED, NO CO PAYMENT, NO SUB LIMITS FOR ANY AILMENT, HOSPITALIZATION DUE TO TERRORISM IS COVERED
 DAY CARE PROCEDURES COVERED, DENTAL TREATMENT COVERED DUE TO ACCIDENT, MID TERM ADDITION ALLOWED ONLY IN CASE OF NEW BORN BABY & SPOUSE IN CASE OF MARRIAGE
 In the event of a claim under the policy exceeding Rs. 1 lac or a claim for refund of premium exceeding Rs. 1 lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating offices as well as Company's website.
 AYURVEDIC/HOMEOPATHIC/UNANI TREATMENT COVERED IN CASE OF HOSPITALIZATION IF PATIENT IS HOSPITALIZED IN GOVT MEDICAL/HOSPITAL

Warranted that in case the person covered under the policy has lodged any claim under the previous policy and the sum insured is enhanced under the current policy, for a further claim for the same disease during the current policy, the earlier Limit of Sum Insured shall be applicable and not the enhanced sum insured

Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void ab initio (from inception).

"We at Oriental continuously strive to ensure that you get the best possible treatment from our network hospitals. Please contact your TPA or any of the Oriental offices for our preferred hospitals in your area before going for a treatment. This will help us serve you in the best possible manner"

In witness whereof the undersigned being authorized by and on behalf of the Company has/have herein to set his/their hands at DO 3 NAGPUR (GSTIN: 27AAACT0627R42W) on 02-JAN-20

"In case of grievance related to any issue related to this policy the same may be addressed to the office in-charge or the Grievance Officer at above policy address. If the grievance remains pending, it may be escalated to Grievance Officer of the concerned Regional Office REGIONAL OFFICE, 4TH FLOOR, S.K. TOWERS, NELSON SQUARE, CHHINDWARA, ROAD. The next escalation in case grievance remains unresolved is CSD, Head Office, situated at Oriental House, A-29/27, Asaf Ali Road, New Delhi-110002. If the insured is not satisfied with the resolution/reply provided by the company, he/she may approach the Office of Insurance Ombudsman, within his/her jurisdiction. The list of offices of Ombudsman is available on Company's portal."

Entered By : MR.D.H.BAGLE
 Examined By : Mr.Anun Kumar Jaiswar

For and on behalf of
 The Oriental Insurance Company Limited

Policy Printed By : 704844 IP :
 Policy Printed On : 02-JAN-20 17:41:16 MAC :

Authorized Signatory

Place : NAGPUR
 Date : 02/01/2020



For and on behalf of
 The Oriental Insurance Company Limited

This is an electronically generated document (Policy Schedule). The Policy document duly stamped will be sent by post.

In case of any query regarding the Policy please call Toll Free No. 1800 11 8485 and 011 33208485.

Authorized Signatory

CIN: U66010DL1947GOJ007198 All the Amounts mentioned in this policy are in Indian Rupee
 IRDA Regn. No. 556 - Now you can buy and renew selected policies online at www.orientalinsurance.org.in

Page 2 of 2



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List of Staff for Mediclaim - 2020

Sr. No.	Name of the Staff	Designation	Date of Birth	M/F
1	Shailesh Narayanrao Khakale	Assit. Professor	01-04-1975	M
2	Hargode Sachin Ashokrao	Lab Attendant	27-10-1983	M
3	GIRIPUNJE KHEMRAJ RAM	Lab Attendant	04-02-1982	M
4	LANJEWAR SUSHIL RAJKUMAR	Assit. Professor	12-01-1985	M
5	Raut Manish Ramdas	T&P officer	17-08-1980	M
6	Selukar Pravin Krushnaji	Assit. Librarian	10-03-1983	M
7	DOLAS PANKAJ RAMDAS	Jr. Clerk	16-09-1985	M
8	GORANTIWAR PRAVIN SUDHAKAR	Assit. Professor	22-06-1971	M
9	Dandekar Vikram Ashokrao	Assit. Professor	15-07-1981	M
10	Puranik Kamlesh Manohar	Jr. Clerk	14-09-1979	M
11	GHATURLE MANOJ CHARANDAS	Lab Attendant	09-11-1985	M
12	Kharpate Harshwardhan Vasant	Assit. Professor	21-06-1985	M
13	HIRDE PRAVIN NARAYANRAO	Peon	02-03-1983	M
14	JOSHI PRADEEP NILKANTH	Administrative Office	23-01-1984	M
15	GEDAM SANJAY MAHADEO	Peon	09-10-1974	M
16	Chavhan Vilas Parashram	Workshop Instructor	07-05-1975	M
17	Supsande Prashant Balaji	Maintance Sup.	23-11-1968	M
18	jawane shyam jawane	Workshop Instructor	27-06-1972	M
19	BHUJADE RAVINDRA SONIRAM	Workshop Instructor	28-01-1977	M
20	SAWARKAR SACHIN BHAYYAJI	Peon	16-08-1976	M
21	DANDEKAR Yogesh Vasant	Assit. Professor	03-09-1978	M
22	BAKRE ANIRUDDHA GAJANAN	Dy. Accountant	21-07-1967	M
23	CHOKHARE ASHISH GANESH	Jr. Clerk	27-05-1986	M
24	Yede Hauslal Babulal	Wireman	10-05-1974	M
25	Raut Moreshwar Sukhadeo	Peon	08-11-1985	M
26	Kawadaskar Aditya Suresh	Assit. Professor	20-11-1988	M
27	TINGURIA AJAY UMAKANT	Assit. Professor	08-04-1964	M
28	RAGENWAR MITHUN VASANTRAO	Jr. Clerk	08-11-1985	M
29	SAWARKAR NITIN BHAIYAJI	Helper	23-07-1978	M
30	Shastri Sanjivani Avinash	Assit. Professor	07-11-1965	F
31	Narwade Nitin PANDURANGJI	Lab Attendant	04-06-1980	M
32	Patil Sunil Gowardhan	Lab Attendant	01-07-1981	M
33	JOSHI ALANKAR SURESHRAO	Library Jr. Clerk	29-02-1980	M
34	PURANIK ARTI NIRAJ	Lab. Assistant	28-06-1979	F
35	SENGAR NIKHIL SUNILSINGH	Lab Attendant	03-09-1989	M
36	ABDEO SWATI RAVINDRA	Jr. Clerk	12-09-1968	F
37	MULEY NIRMAL YASHWANTRAO	Asst. Comp. Lab. Asst.	27-09-1987	M
38	Gedam Asha Haridas	Assit. Professor	08-07-1980	F



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E-Card



The New India Assurance Company Limited

Group Name : MAHARSHI KARVE STREE SHIKSHAN SAMSTHA
Policy Number : 42040034200400000172
Health India ID : 4956958E
Employee Code : 105
Name : LANJEWAR SUSHIL RAJKUMAR
Gender : MALE
Age : 35
Relation : EMPLOYEE
Valid From : 28/12/2020 **To** 27/12/2021

HealthIndia Insurance TPA Services Private Limited

HEALTHINDIA
INSURANCE TPA SERVICES PVT. LTD.



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The New India Assurance Company Limited

Group Name : MAHARSHI KARVE STREE SHIKSHAN SAMSTHA
Policy Number : 42040034200400000172
Health India ID : 4956960E
Employee Code : 107
Name : PRIYADARSHINI RAMTEKE
Gender : FEMALE
Age : 44
Relation : EMPLOYEE
Valid From : 28/12/2020 **To** 27/12/2021

HealthIndia Insurance TPA Services Private Limited

HEALTHINDIA
INSURANCE TPA SERVICES PVT. LTD.



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E-Card



The New India Assurance Company Limited

Group Name : MAHARSHI KARVE STREE SHIKSHAN SAMSTHA
Policy Number : 42040034200400000172
Health India ID : 4956961E
Employee Code : 108
Name : GORANTIWAR PRAVIN SUDHAKAR
Gender : MALE
Age : 49
Relation : EMPLOYEE
Valid From : 28/12/2020 **To** 27/12/2021

HealthIndia Insurance TPA Services Private Limited



Kavind

Dr. Milind Khanapurkar
 Principal
 Maharshi Karve Stree Shikshan Samstha's
 Cummins College of Engineering for Women
 Hingna, Nagpur-441118.





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The New India Assurance Company Limited

Group Name : MAHARSHI KARVE STREE SHIKSHAN SAMSTHA
Policy Number : 42040034200400000172
Health India ID : 4956962E
Employee Code : 109
Name : DANDEKAR YOGESH VASANT
Gender : MALE
Age : 42
Relation : EMPLOYEE
Valid From : 28/12/2020 **To** 27/12/2021

HealthIndia Insurance TPA Services Private Limited

HEALTHINDIA
INSURANCE TPA SERVICES PVT. LTD.



Kanind

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Hingna, Nagpur-441110.

Tel. No. : 9657667030 E-mail : office@cumminscollege.edu.in,
website : www.cumminscollege.edu.in

Mouje Sukli (Gupchup), Hingna, Nagpur-441110





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The New India Assurance Company Limited

Group Name : MAHARSHI KARVE STREE SHIKSHAN SAMSTHA
Policy Number : 42040034200400000172
Health India ID : 4956963E
Employee Code : 110
Name : KHARPATE HARSHWARDHAN VASANT
Gender : MALE
Age : 35
Relation : EMPLOYEE
Valid From : 28/12/2020 **To** 27/12/2021

HealthIndia Insurance TPA Services Private Limited



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Academic year 2018-19

Mediclaim Health Insurance Circular

&

GMC Policy Schedule

■ Tel. No. : 9657667030 ■ E-mail : office@cumminscollege.edu.in,
■ website : www.cumminscollege.edu.in

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Maharshi Karve Women's Education Institute

Karvenagar, Pune 411 052

Ja.k. 5570

Dated 04.01.2019

Circular Urgent

Per.

Hon. Principal/Principal/Principal/Headmistress/Director/Director/Head of Branch

matter ... Regarding deduction of 25% of the premium of group mediclaim policy of unaided
servants from salary

madam / madam,

You are aware that the group mediclaim policy has been renewed for the employees working in the unaided branch of the organization (those employees who have subscribed to the said group mediclaim policy).

The organization for the period from 28.12.2018 to 27.12.2019 THE ORIENTAL INSURANCE COMPANY LTD. This insurance company has renewed Mediclaim Coverage of Rs.1.00 lakh with Pre existing Diseases, - Sum Assured [Mediclaim Coverage for the employee himself and his family members as recorded in the Mediclaim Google Form]. Details of the above mentioned policy are as follows:-

Corporate Name	:	MAHARSHI KARVE STREE SHIKSHAN SAMSTHA
Policy No.	:	181300/48/2019/3249
Policy Period	:	From 28.12.2018 to 27.12.2019
Insurance Company	:	THE ORIENTAL INSURANCE COMPANY LTD.
Broker Company	:	J.P. INSURANCE BROKERS PVT.LTD.
TPA Company	:	MD INDIA HEALTH INSURANCE TPA PVT.LTD. 1 st Floor, Kamavat Tower, Paud Phata, Behind Dashbooja Ganapati Temple, Above Dena Bank, Pune 411038.

As decided in the meeting of the Managing Committee on 21.12.2018, 25% of the premium of the Group Mediclaim Policy will be deducted from the salaries of the servants working in the unaided branch (those servants who have participated in the said Group Mediclaim Policy) from the salaries of the servants as follows.

- ₹ January 2019 paid in February 2019 and February 2019 paid in March 2019 should be deducted from the salary of two months.



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-2-

- २ From the salary of each servant Rs. 793/- per month only [25% of total premium -> 6343/- ie 1586/- divided by 2 = 793/- per month only] should be deducted for two months.
- ३ The list of names of unsubsidized servants of your branch who have participated in the said group mediclaim policy can be found in the Excel file attached in the mail.
- ४ The amount deducted from the salary of January 2019 paid in February 2019 should be remitted to the institution by 05.02.2019 and the amount deducted from the salary of February 2019 paid in March 2019 should be sent to the institution by 05.03.2019.

The CONCERNED EMPLOYEE of his branch who is going to look after the mediclaim work of his branch on behalf of his unaided servants should periodically inform the helpdesk of the TPA regarding claims for the servants of his branch.

TPA Toll Free Customer Care No.	:	18002331166
TPA Toll Free Cashless No.	:	18002334505
TPA Fax No.	:	18602334449
TPA email ID	:	customercare@mdindia.com
TPA Website	:	www.mdindiaonline.com
TPA Instant E-Card	:	https://mdindiaonline.com/E-Cardrequest.aspx
TPA 1st Level Contact	:	Ms. Dipi & Mrs. Aarti: 020-25438227/ 228 & email ID : punecc@mdindia.com
TPA 2nd Level Contact	:	Mrs. Teveni Joshi - email ID corpservicing@mdindia.com
TPA Escalation Point	:	Mr. Anil Kulkarni - email ID akulkarni@mdindia.com

Important:

- १ If the servants who have taken group mediclaim policy want to submit their mediclaim , They file their mediclaim to CONCERNED EMPLOYEE in their branch
 After first checking from Mr. Credit to Sachin Kadam
 should do Representative of TPA at Head Office every Tuesday from 4.00 p.m
 Will be available till 5.00.
- २ Bank account record of organization as Corporate for Mediclaim Reimbursement Settlement has been done So when any servant submits the mediclaim file, own bank Account details should not be filled in Claim Form or Cancel Check or Bank Pass
 Do not attach the xerox of the book. Take care of this.
- ३ TPA company at above helpdesk before admission to hospital
 Immediate notification is essential.
- ४ If you want to make Cash Less Mediclaim, then for the employee
 Mediclaim Card as well as own Aadhaar Card or PAN Card as well as Patient's Mediclaim Card
 And-Xerox of Aadhaar Card must be correct.



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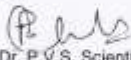
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-3-

5. Medclaim file must be submitted to TPA within 15 days from the date of discharge. Take note of this.
6. Medclaim Card, Aadhaar Card and PAN Card of the employee while submitting the medclaim file. Also patient's Medclaim Card, Xerox of Aadhaar Card must be attached.
7. The servants should sign the second page of the claim form Part A and also fill and stamp the said form.
8. Fill the claim form Part B from the hospital and get the signature and stamp of the hospital on it.
9. PPN Declaration Form (only for Pune & Mumbai Hospitalization)
 is for After filling the said form, the second page should be signed by the servants on the left side and the signature and stamp of the hospital should be brought on the right side.
10. Remember to take the xerox of the INDOOR CASE PAPER from the hospital and add it to the medclaim file with the signature and stamp of the hospital.
11. For more information read the check list and ensure that the documents are there as per the given check list.
12. It may be noted that if the newly born child of the servant and the husband or wife after marriage are to be included in the current policy, they should immediately inform us in writing so that their names can be sent to the insurance company / TPA for inclusion in the current policy in the list of dependents.
13. File the list of employees of your branch who have participated in the said group medclaim policy on your branch email id. Sending above which will make it easier for you to deduct from salary. Three Excel files are attached in the said email. It has two separate sheets namely Married Data File and Unmarried/Widow/Divorcee Data File. Go to this sheet and filter the name of your branch in the Name of Branch of Employee column so that you will see the names of employees in your branch in the Name of employee column and know their number. Along with this an Excel file -> Consolidated Summary of Employee for Medclaim is attached in which how many employees are there in your branch? It looks like it.
14. *"To know the Claim Status Please SMS 'Status <CCN number>' Eg- Status3555555 (ie: Your Claim Number Digits) to 8691863863 and get current and further timely updates on the claim."*

IRDA Claim Form, PPN Declaration Form (only for Pune & Mumbai Hospitalization), Reimbursement Check List, MD India Pan Maharashtra Empanelled Hospital List, Submission Form, Married Data, Unmarried/Widow, Divorcee Data & Consolidated Summary of Employee for Medclaim is attached to know

YIP


 Dr. P.V.S. Scientist

Secretary

Maharshi Karve Women's Education Institute

Along with the above,



Kavind

Dr. Milind Khanapurkar
 Principal
 Maharshi Karve Stree Shikshan Samatha's
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GROUP MEDICLAIM TAILORMADE POLICY SCHEDULE
 IRDA/NL-HLT/OIC/P-HW/1453/13-14

This Document is Digitally Signed

Signer: ATB - CASH
 Time: 09/12/2018 13:14:23:87
 Location: IRDA
 Reason: Signing Policy for OIC

Policy No. : 181300/48/2019/3249 **Prev. Policy No. :** -
Cover Note No. : 181300110359 **Cover Note Date :** 27/12/2018
Insured's Code : 92075899 **Issue Office Code :** 181300
Insured's Name : MAHARSHI KARVE STREE SHIKSHAN SAMATHA (GSTIN: 27AAATM1969L124) **Issue Office Name :** DO 3 NAGPUR (GSTIN: 27AAAC70627R42W)
Address : KARVE NAGAR PUNE PUNE MAHARASHTRA 411038 **Address :** 289 SHARADA COMPLEX ABOVE HDFC NEAR TELEPHONE EXCHANGE SQUARE NAGPUR MAHARASHTRA 440008
Tel./Fax/Email : 9762031394 / 9762031394 / secretary@maharshikarve.org **Tel./Fax/Email :** 0712 2738977 2738988 2734744 / 2738977 / vbng@orientalinsurance.co.in

Agent/Broker Details
Dev.Off.Code : NA0000002134
Agent/Broker : BA0000121072 HITESH JAGDISH JESWANI
Address : LIC 45, SHANTI NGR., HOUSING BOARD COLONY NAGPUR, NAGPUR, MAHARASHTRA, 440002
Tel/Fax/Email : /9028002250/hitesh02jeswani@gmail.com

Period of Insurance : FROM 00:00 ON 28/12/2018 TO MIDNIGHT OF 27/12/2019
Collection No. & Dt. : DC_I_LND 8709006411 - 31/12/2018 **GST INVOICE NO :** 271711184321 **UIN :** 0
Gross Premium : 32,62,712 GST : 8,87,288 **Stamp Duty :** 1 **Total :** 38,50,000
Co-insurance Details : NIL

TPA Details :
TPA ID : YA0000000334
TPA Name : M/S MD INDIA HEALTH I
TPA Address : MD INDIA HOUSE, SURVEY NO.147/B Sr. Bk. 46/1, Espace, A2 Bldg, 4th floor, Pune Nagar Road, Vadgaonshahi, Pune 411014 customercare@mdindia.com, info@mdindia.com
PUNE 411038 **Toll Free No :** 18002331166, 18002334446
Telephone No.: **Fax No :** -

Risk Details
 As per attached Annexure

Sr No : 1 **Emp/Dependent Name :** AS PER LIST **SI :** 0 **No Of Dependents :** 1

Particulars of the Persons covered

Sr. No.	Name	Relationship	Sex	Age	Pre-existing Ailments, if Any
---------	------	--------------	-----	-----	-------------------------------

Place : NAGPUR **Date :** 31/12/2018 **For and on behalf of**
 The Oriental Insurance Company Limited

This is an electronically generated document (Policy Schedule). The Policy document duly stamped will be sent by post.

In case of any query regarding the Policy please call Toll Free No. 1800 11 8485 and 011 33208485.

General Manager
 Authorised Signatory

CIN: UB8010DL1947OC0007158 All the Amounts mentioned in this policy are in Indian Rupee
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Attached to and forming part of policy number 18130048/2018/3249

The Document is Digitally Signed

Total Sum Insured in words : Indian Rupees Only
 Total Premium in words : Indian Rupees Thirty-Eight Lakhs Fifty Thousand Only

Super AT&T JPC/18
 Date: Mon, Dec 31, 2018 10:14:23 AM
 Location: NAGPUR
 Reason: Signing Policy for C/O.

Installment Details

Inst. No	Installment Date	Installment %	Installment Amount	Tax	Total	Remarks
1	28/12/2018	100	32,62,712	5,87,288	38,50,000	

The insurance under this policy is subject to conditions, clauses, warranties, endorsements.

The policy shall pay for hospitalization expenses for medical/surgical treatment at any Nursing Home/Hospital in INDIA as an in-patient defined in the policy.

In the event of a claim under the policy exceeding Rs. 1 lac or a claim for refund of premium exceeding Rs. 1 lac, the insured will comply with the provisions of the ANL policy of the Company. The ANL policy is available in all our operating offices as well as Company's website.

WAIVER OF FOLLOWING EXCLUSION UNDER POLICY 4.1 (PRE EXISTING CLAUSE) 4.2 (30 DAYS EXCLUSION WAIVER CLAUSE) & 4.3 (1-4 YEAR WAIVER CLAUSE)

HOSPITALIZATION EXPENSES FOR MEDICAL/SURGICAL TREATMENT IN ANY NURSING HOME / HOSPITAL IN INDIA, PRE EXISTING DISEASES ARE COVERED FROM DAY ONE, PRE & POST HOSPITALIZATION 30 & 60 DAYS RESPECTIVELY, EMERGENCY ROAD AMBULANCE SERVICE COVERED

NEW BORN BABY COVER FROM DAY 1, CB FOR 5 LAC, ROOM RENT 1% OF SUM INSURED & ICU 2% OF SUM INSURED, INTERNAL CONGENITAL AILMENTS COVERED, NO CO PAYMENT, NO SUB LIMITS FOR ANY AILMENT, HOSPITALIZATION DUE TO TERRORISM IS COVERED.

DAY CARE PROCEDURES COVERED, DENTAL TREATMENT COVERED DUE TO ACCIDENT, MID TERM ADDITION ALLOWED ONLY IN CASE OF NEW BORN BABY & SPOUSE IN CASE OF MARRIAGE
 AYURVEDIC/HOMEOPATHIC/UNANI TREATMENT COVERED IN CASE OF HOSPITALIZATION IF PATIENT IS HOSPITALIZED IN GOVT MEDICAL/HOSPITAL.

Warranted that in case the person covered under the policy has lodged any claim under the previous policy and the sum insured is enhanced under the current policy, for a further claim for the same disease during the current policy, the earlier Limit of Sum Insured shall be applicable and not the enhanced sum insured.

Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void ab initio (from inception).

"We at Oriental continuously strive to ensure that you get the best possible treatment from our network hospitals. Please contact your TPA or any of the Oriental offices for our preferred hospitals in your area before going for a treatment. This will help us serve you in the best possible manner".

In witness whereof the undersigned being authorised by and on behalf of the Company has hereunto set his/her hands at DD-3 NAGPUR (GSTIN: 27AAAC10627R4Z9) on 31-DEC-18

"In case of grievance related to any issue related to this policy the same may be addressed to the office In-Charge or the Grievance Officer at above policy address. If the grievance remains pending, it may be escalated to Grievance Officer of the concerned Regional Office REGIONAL OFFICE, 4TH FLOOR, S.K. TOWERS, NELSON SQUARE, CHHINDWARA ROAD. The next escalation in case grievance remains unresolved is CSO, Head Office, situated at Oriental House, A-25/27, Asef Ali Road, New Delhi-110002. If the insured is not satisfied with the resolution/reply provided by the company, he/she may approach the Office of Insurance Ombudsman, within his/her jurisdiction. The list of offices of Ombudsman is available on Company's portal."

Entered By : V.B.JINGLE

For and on behalf of
 The Oriental Insurance Company Limited

Examined By : Mr. Arun Kumar Jaiswar

Policy Printed By : 508659

IP :

Policy Printed On : 31-DEC-18 13:15:49

MAC :

General Manager
 Authorised Signatory

Place : NAGPUR

Date : 31/12/2018



For and on behalf of
 The Oriental Insurance Company Limited

This is an electronically generated document (Policy Schedule). The Policy document duly stamped will be sent by post.

In case of any query regarding the Policy please call Toll Free No. 1800 11 8485 and 011 33208485.

General Manager
 Authorised Signatory

QIN: U86010DL1947QO1007158 All the Amounts mentioned in this policy are in Indian Rupees

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Maharshi Karve Stree Shikshan Samstha
Other than Married Employees contributing to **Mediclaim Policy**
for the period 28/12/2018 To 27/12/2019

SR. No.	Name of Employee (Last Name-First Name-Middle Name)	Name of Branch of Employee
1	GIRIPUNJE KHEMRAJ RAMA	NAGPUR - CUMMINS COLLEGE OF ENGG.
2	GHATURLE MANOJ CHARANDAS	NAGPUR - CUMMINS COLLEGE OF ENGG.
3	Ragenwar Mithun Vasant	NAGPUR - CUMMINS COLLEGE OF ENGG.
4	Joshi Pradeep Nilkanth	NAGPUR - CUMMINS COLLEGE OF ENGG.
5	Kharpate Harshwardhan Vasant	NAGPUR - CUMMINS COLLEGE OF ENGG.
6	Puranik Kamlesh Manohar	NAGPUR - CUMMINS COLLEGE OF ENGG.
7	Gedam Sanjay Mahadeo	NAGPUR - CUMMINS COLLEGE OF ENGG.
8	DOLAS PANKAJ RAMDAS	NAGPUR - CUMMINS COLLEGE OF ENGG.
9	HIRDE PRAVIN NARAYANRAO	NAGPUR - CUMMINS COLLEGE OF ENGG.
10	JAWANE SHYAM DIGAMBER	NAGPUR - CUMMINS COLLEGE OF ENGG.
11	CHOKHARE ASHISH GANESH	NAGPUR - CUMMINS COLLEGE OF ENGG.
12	Selukar Pravin Krushnaji	NAGPUR - CUMMINS COLLEGE OF ENGG.
13	Chavhan Vilas Parashram	NAGPUR - CUMMINS COLLEGE OF ENGG.
14	Sawarkar Sachin Bhayyaji	NAGPUR - CUMMINS COLLEGE OF ENGG.
15	Lanjewar Sushil Rajkumar	NAGPUR - CUMMINS COLLEGE OF ENGG.
16	JOSHI ALANKAR SURESHRAO	NAGPUR - CUMMINS COLLEGE OF ENGG.
17	Dandekar Vikram Ashokrao	NAGPUR - CUMMINS COLLEGE OF ENGG.
18	Deshpande Rashmi Shailesh	NAGPUR - CUMMINS COLLEGE OF ENGG.
19	BHUJADE RAVINDRA SONIRAM	NAGPUR - CUMMINS COLLEGE OF ENGG.
20	Supsande Prashant Balaji	NAGPUR - CUMMINS COLLEGE OF ENGG.
21	YEDE HAUSLAL BABULAL	NAGPUR - CUMMINS COLLEGE OF ENGG.
22	KAWADASKAR ADITYA SURESH	NAGPUR - CUMMINS COLLEGE OF ENGG.
23	Dandekar Yogesh Vasant	NAGPUR - CUMMINS COLLEGE OF ENGG.
24	SAWARKAR NITIN BHAIYAJI	NAGPUR - CUMMINS COLLEGE OF ENGG.
25	BAKRE ANIRUDHA GAJANAN	NAGPUR - CUMMINS COLLEGE OF ENGG.
26	BASESHANKAR ABHISHEK ABHIMANYU	NAGPUR - CUMMINS COLLEGE OF ENGG.
27	GORANTIWAR PRAVIN SUDHAKAR	NAGPUR - CUMMINS COLLEGE OF ENGG.
28	NARWADE NITIN PANDURANGJI	NAGPUR - CUMMINS COLLEGE OF ENGG.
29	Patil Sunil Gowardhan	NAGPUR - CUMMINS COLLEGE OF ENGG.
30	Raut Manish Ramdas	NAGPUR - CUMMINS COLLEGE OF ENGG.
31	Hargode Sachin Ashok	NAGPUR - CUMMINS COLLEGE OF ENGG.
32	RAUT MORESHWAR SUKHDEV	NAGPUR - CUMMINS COLLEGE OF ENGG.
33	GUPTA JAGDISH RAMMANOHAR	NAGPUR - CUMMINS COLLEGE OF ENGG.



Kamini

Dr. Milind Khanapurkar
Principal

Maharshi Karve Stree Shikshan Samstha's
Cummins College of Engineering for Women
Hingna, Nagpur-441110.

Tel. No. : 9657667030 E-mail : office@cumminscollege.edu.in,
website : www.cumminscollege.edu.in

Mouje Sukli (Gupchup), Hingna, Nagpur-441110

