6.3.1 :

Accidental Medical Insurance For Students

GODAVARI INSTITUTE OF ENGINEERING AND TECHNOLOGY(A)

NH 16, Chaitanya Knowledge City,Rajahmundry.533296

Department of Petroleum Engineering

Tour Plan for Oil Gas & Power World Expo 2023 at Bombay Exhibition Centre, Goregaon (East), Mumbai.

Day 1 28-02-2023 (Tuesday)	Train journey - Train no: 18519; Mumbai LTT Express Time: 2:00AM from RJY to LTT
Day 2 01-03-2023 (Wednesday)	Arrive LTT station by 6:00AM will go directly to accommodation allotted at Elliott Inn dormitory Attend Oil Gas & Power World Expo 2023 at Bombay Exhibition Centre, Goregaon (East), Mumbai. From 10:00 AM to 5:00 PM will reach accommodation allotted at elliott Inn by 6:00PM
Day 3 02-03-2023 (Thursday)	Attend Oil Gas & Power World Expo 2023 at Bombay Exhibition Centre, Goregaon (East), Mumbai. From 10:00 AM to 5:00 PM will reach accommodation allotted at Elliott Inn by 6:00PM
Day 4 03-03-2023 (Friday)	Attend Oil Gas & Power World Expo 2023 at Bombay Exhibition Centre, Goregaon (East), Mumbai. From 10:00 AM to 3:30 PM will reach accommodation allotted at Elliott Inn by 5:00PM
Day 5 04-03-2023 (Saturday)	Return journey : Train no: 18520; Mumbai LTT Express; Time: 6:30 AM ; From: LTT To: RJY
Day 6 05-03-2023 (Sunday)	Reach Rajahmundry by 8:30 AM

HOD 29/2

Head of the Department
Department of Petroleum Engineering
Godavari Institute of Engineering and
Technology (Autonomous)
RAJAMAHENDRAVARAM-533 296.

Domestic Travel Guard Policy - Policy Schedule

Schedule Number:	7100884274	**Date Issued:**	25/02/2023
Insurance Plan:	Domestic Travel Guard Policy, Standard	**Producer Code:**	0028553000
Applicant Name:	Mr KORUPULA SIVAKUMAR		
Travel Dates:	**From:**27/02/2023 **To:**05/03/2023	**Applicant Phone No:**	9494712532
Email id:	sivakorupula@gmail.com		
Duration:	7 days	**Destination:**	INDIA
Applicant Address:	3-137/1 SURYARAOPETA SEETHANAGARAM ,EAST GODAVARI PIN 533293,KANNUR(KE),KERALA,INDIA-670006		
Customer GSTIN NO:			

PREMIUM		
Premium	INR	1,247.40
IGST (18%)	INR	224.53
TOTAL PREMIUM	INR	1,472.00

Important: Any Pre-Existing Medical condition/Ailments declared or undeclared will be excluded from the policy. The coverage provided is subject to the details and declaration made in the proposal to the company and attached policy wordings.

BENEFITS	**MAXIMUM COVERAGE**	**DEDUCTIBLE**
Accidental Death & Dismemberment Benefit (Common Carrier)	Rs. 50,000	
Accident Medical Expense Benefit	Rs. 20,000	Rs. 250
Assistance Services	Included	
Emergency Medical Evacuation	Rs. 10,000	
Repatriation of Remains Benefit	Rs. 10,000	
Personal Liability Benefit	Rs. 1,00,000	Rs. 200
In - Hospital Indemnity Benefit (Maximum 7 Days)	Rs. 500	1 Day
Accidental Death & Dismemberment Benefit (24 Hrs)	Rs. 50,000	
Accomodation Charges due to trip delay benefit - Flight/Rail** (Maximum 2 Days) Upto	Rs. 1,500 Per Day	5 Hours
Loss of Ticket - Rail/Air** only (Deductible - Rs. 150/- or 10% of actual ticket cost), upto	Rs. 20,000	Rs. 150 / 10% of actual ticket cost
Family Transportation	Rs. 10,000	
Replacement of Staff (Business Trip Only)	Rs. 10,000	
Missed Departure - Rail/Air** only (Deductible - Rs. 150/- or 10% of actual ticket cost), upto	Rs. 10,000	Rs. 150 / 10% of actual ticket cost

The benefits mentioned in this table are applicable for every single insured individually covered under this policy

Signed for & on Behalf of Tata AIG General Insurance Company Ltd.

Agent/Broker Name: RUPA SRAVANI TADAVARTY
Agent/Broker License Code: 23111605
Agent/Broker Contact No: 9246653943

Consolidated Stamp Duty has been paid to the State Exchequer

Declaration:
I/We hereby declare and state that all statements and information furnished in the Proposal to the company and as captured in the above schedule of Insurance are true and complete. If found that the said statements and information furnished/stated is incorrect or untrue in any respect or manner whatsover, I agree and acknowledge that the Insurance company shall not be liable in any manner whatsover in respect of the insurance coverage under this policy.

Signature of the Insured / Proposer:_____

Domestic Travel Guard Policy - Policy Schedule

Schedule Number:	7100884274	**Date Issued:**	25/02/2023
Insurance Plan:	Domestic Travel Guard Policy, Standard	**Producer Code:**	0028553000
Applicant Name:	Mr KORUPULA SIVAKUMAR		
Travel Dates:	**From:**27/02/2023 **To:**05/03/2023	**Applicant Phone No:**	9494712532
Email id:	sivakorupula@gmail.com		
Duration:	7 days	**Destination:**	INDIA
Applicant Address:	3-137/1 SURYARAOPETA SEETHANAGARAM ,EAST GODAVARI PIN 533293,KANNUR(KE),KERALA,INDIA-670006		
Customer GSTIN NO:			

Insured #	Insured Name	Passport Number	Gender	Date of Birth	Age	Nominee	Core Benefits	Add on Benefits
1	Mr V ADVAID KUMAR	732495506172	Male	02/11/2003	19	SAJITH KUMAR PK	1	1
2	Mr MUHAMMAD SAHAL K	854283397183	Male	09/04/2003	19	RASHEEDA	1	1
3	Mr MAKAVARAPU PAVAN	525411715798	Male	15/02/2002	21	MAKAVARAPU HYMAVATHI	1	1
4	Mr MOHAMMAD YOUSF BASHA	357299242297	Male	30/07/2001	21	MOHAMMAD AHAMAD BADSHA	1	1
5	Ms BORA HYMAVATHI	641908049671	Female	08/02/2003	20	B ANJINEYULU	1	1
6	Mr K T ALFIN	987386205724	Male	26/09/2003	19	BABU KTK	1	1
7	Mr T S AKASHA KRISHNA	535918400186	Male	20/07/2003	19	SIDHARTHAN TV	1	1
8	Mr MOHEEMED FAHEEM	393382247773	Male	30/08/2003	19	KUNHABDULLAVV	1	1
9	Mr KORUPULA SIVAKUMAR	674418733648	Male	16/06/2003	19	K RAMA LAKSHMI	1	1

Address for Claim/US Non Medical
(For Insureds only)

Claims Department
Tata AIG General Insurance company Ltd.
7th and 8th Floor, Romell Tech Park,
Cama Industrial Estate, Western Express Highway,
Goregaon(E), Mumbai, Maharashtra 400063.

Visit our website :www.tataaig.com OR

Email at customersupport@tataaig.com OR

Call our 24x7 toll free helpline 1800-266-7780 (Accessible from all lines) OR 1800229966 (Accessible from BSNL/MTNL Lines)

For complete set of benefits, terms & conditons, please refer to policy wordings:
https://tata-cms.s3.ap-south-1.amazonaws.com/Domestic-Travel-Guard-Policy-KEN_167f632d45.pdf

GSTIN: 37AABCT3518Q1ZV RAJAHMUNDRY
Service Accounting Code: 9971

Signed for & on Behalf of Tata AIG General Insurance Company Ltd.

Authorized Signatory

Domestic Travel Guard Policy

Proposal Form

1. This is an application for insurance and issuance of this does not amount to acceptance of proposal by us. Commencement of risk under this proposal is subject to acceptance of the risk by us and receipt of premium. 2. The information declared by you in this form is the basis for issuance of the policy. 3. Please answer all questions carefully. Any incomplete, incorrect or partially correct answers may lead to rejection of the proposal and also might lead to cancelation of policy.

POS PAN No.* (Mandatory for POS Agent)		Proposal Form Number	PR/23/7100101660
Producer Name	RUPA SRAVANI TADAVARTY	Producer Code	0028553000

Proposer Details

Proposer Name	Mr KORUPULA SIVAKUMAR

Personal Details of persons proposed for Insurance

Person Name	Mr V ADVAID KUMAR				
Date of Birth	02/11/2003	Gender	Male	Passport No.	732495506172
PAN Card No.		In absence of Pan Card, please give details of any other authorized photo identification card Type and Number:			
Pre-existing details (if any)	No	If yes Details		Suffering since	
Residential Address					
City		State		PIN	
Tel. with area code: In India			While Overseas		
E-mail					

Sources of funds (Tick where applicable) ☐ Salary ☐ Business ☐ Others please specify_____

Purpose of visit: ☐ Leisure ☐ Employment ☐ Business ☐ Study ☐ Others

Nominee Details

In the event of the death of the Proposer any payment due under the Policy shall become payable to the nominee in accordance with the Policy terms and conditions. The nominee must be an immediate relative of the Proposer. The nominee for all other Insured Persons proposed to be insured shall be the Applicant himself/ herself

Nominee Name	DOB*	Relationship	Address
SAJITH KUMAR PK		FATHER	
RASHEEDA		MOTHER	
MAKAVARAPU HYMAVATHI		MOTHER	
MOHAMMAD AHAMAD BADSHA		FATHER	
B ANJINEYULU		FATHER	
BABU KTK		FATHER	
SIDHARTHAN TV		FATHER	

Nominee Name	DOB*	Relationship	Address
KUNHABDULLAVV		FATHER	
K RAMA LAKSHMI		MOTHER	

If the Nominee is minor, Name and Address of Appointee and relationship with Minor

Appointee Name	Relationship	Address

Additional Insured Family members (Spouse or Dependent Children)

	Name	Sex	Date of Birth	Passport No.	Pre-existing details (if any)	Details	Suffering since
1	Mr MUHAMMAD SAHAL K	Male	09/04/2003	854283397183	No		
2	Mr MAKAVARAPU PAVAN	Male	15/02/2002	525411715798	No		
3	Mr MOHAMMAD YOUSF BASHA	Male	30/07/2001	357299242297	No		
4	Ms BORA HYMAVATHI	Female	08/02/2003	641908049671	No		
5	Mr K T ALFIN	Male	26/09/2003	987386205724	No		
6	Mr T S AKASHA KRISHNA	Male	20/07/2003	535918400186	No		
7	Mr MOHEEMED FAHEEM	Male	30/08/2003	393382247773	No		
8	Mr KORUPULA SIVAKUMAR	Male	16/06/2003	674418733648	No		

Travel Details

Insurance Plan Requested : Domestic Travel Guard Policy, Standard					
Place of Travel	INDIA				
Departure from	27/02/2023	Return to	05/03/2023	Number of Days	7 days
Mode of Travel	Air				

Payment Details

Name of the Premium Payer			
Relationship with the proposer		Premium Amount (in Rs.)	1,472.00

Instrument type : PaymentLinkCustomer
Please make a Crossed Cheque/DD/Pay Order in favour of **'Tata AIG General Insurance Company Limited'** only.

Bank Details

As per the Regulatory requirements, we can effect payment of refund/claims only through Electronic Clearing System (ECS)/National Electronic Funds Transfer(NEFT) /Real Time Gross Settlement(RTGS)/Interbank Mobile Payment Service(IMPS). For this purpose please submit the following details of the insured's bank account#			
Name of the Account Holder:			
Name of the Bank:		Branch:	
Type of Account : ☐ SB Account ☐ Current Account ☐ Others (please specify)_____			
Account Number:		IFSC Code Bank:	
If the premium cheque is not paid from the above mentioned account then a cancelled cheque leaf of the above mentioned account is to be attached. #mandatory if annualized premium is more than Rs.10,000			

DECLARATION & WARRANTY ON BEHALF OF ALL PERSONS PROPOSED TO BE INSURED -

- I/ We hereby declare, on my behalf and on behalf of all persons proposed to be insured that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I/We am/ are authorized to propose on behalf of these other persons.
- I understand that the information provided by me will form the basis of insurance policy, is subject to the Board approved underwriting policy of the Insurance company and that the policy will come into force only after full receipt of the premium chargeable.
- I/ We further declare that I/We will notify in writing any change occurring in the occupation or general health of the life to be insured/ proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
- I/We declare and consent to the company seeking medical information from any hospital who at anytime has attended on the life to be insured/ proposer or from any past or present employer concerning anything which affects the physical and mental health of the life to be assured/proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/ proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
- I/ We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory Authority.
- I authorize Tata AIG General Insurance Company Limited and associate partners to contactmevia e-mail, phone or SMS.

Date: 25/02/2023 Place: Signature of Proposer

AML guidelines :

1. I/we hereby confirm that all premiums paid / payable in future will be from bonafide sources and not paid out of proceeds of crime and that such premiums are not disproportionate to my/our income. I / we understand that the Company has the right to call for documents to establish sources of funds and to cancel the insurance policy in case I / we are found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering law in India.
2. I / we are not Politically Exposed Persons * nor are their close relatives. I / we shall keep the company informed if we subsequently become a Politically Exposed Person.
   "Politically Exposed Persons" shall have the meaning assigned to it under sub clause (xii) of 3(b) of Chapter I of Master Direction – Know Your Customer (KYC) Direction, 2016 issued by Reserve Bank of India (RBI), as amended from time to time

- **Nationality :** Indian ☐ Non-Indian ☐ If Non-Indian, please specify Country:

- **Type of Organization :**

  Corporations ☐ Governments ☐ Non Governmental Organizations ☐ Society ☐

  Trust ☐ Partnership ☐ International Organization ☐ Cooperatives ☐

  Section 25 Company ☐

Additional Information

(If there is insufficient space to provide additional relevant information, whether as requested or otherwise, please attach extra sheet duly signed.)

_____ Date: 25/02/2023

Signature of the Insured Person / Proposer

Declaration: The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained to me. I/we have understood these and confirm to abide by the policy terms & conditions.

Signature of the Proposer:

Name & Signature of agent/intermediary: RUPA SRAVANI TADAVARTY Code: 0028553000

AGENT DECLARATION

I,_____(Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favor pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

License No.(Intermediary/Corporate Agent/Broker/Relationship Officer) : 23111605

Name of the specified Person and code:

Place:_____ Date: 25/02/2023 Signature of Agent:_____

Vernacular Declaration (Certification in case the proposer has signed in vernacular/thumb print)

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained by me in vernacular to the proposer who has understood and confirmed the same.

Signature/Thumb impression of the Proposer:

Name & Signature of agent/ intermediary: RUPA SRAVANI TADAVARTY

Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015.

1. No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.
2. Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.

Disclaimer: Insurance is the subject matter of solicitation. For more details on benefits, exclusions, limitations, terms and conditions, please refer sales brochure / policy wordings carefully, before concluding a sale.
Section 64 VB of the Insurance Act 1938: Commencement of risk cover under the policy is subject to receipt of premium by Tata AIG General Insurance Company Limited.

Tata AIG General Insurance Company Limited
Registered Office: Peninsula Business Park, Tower A, 15th Floor, G.K. Marg,
Lower Parel, Mumbai – 400013
24X7 Toll Free No: 1800 266 7780 or 1800 22 9966 (For Senior Citizens) Fax: 022 6693 8170
Email: customersupport@tataaig.com Website: www.tataaig.com
IRDA of India Registration No: 108 CIN:U85110MH2000PLC128425 UIN No:TATTIDP23090V032223

Domestic Travel Guard Policy

Customer Information Sheet

The information mentioned below is illustrative and not exhaustive. Information must be read in conjunction with the product brochures and policy document. In case of any conflict between the Key Features Document and the policy document the terms and conditions mentioned in the policy document shall prevail.

Title	Description	Refer To Policy Clause Number
Product Name	**Domestic Travel Guard Policy**	
What am I covered for:	1. Accidental Death and Dismemberment - coverage for Death and Dismemberment arising due to an Accident during an Insured Journey. 2. Accidental Death and Dismemberment(Common Carrier) - coverage for Death and Dismemberment arising due to an Accident while riding as a passenger in or on, boarding or alighting from, a Common Carrier. 3. Emergency Accident Medical Expenses Reimbursement - provides coverage for medical expenses incurred in Republic of India towards the treatment due to accidental injuries. 4. Assistance: coverage for assistance require with respect to Medical Assistance, Medical Evacuation Repatriation, Legal Assistance, Arrangement of Bail Bond, Lost Luggage Assistance, Lost Travel Document / Credit Card Assistance, Emergency Travel Services, Emergency Message Transmission Assistance, Hotel Accommodation Referral, Telephone Medical Advice etc. 5. Emergency Medical Evacuation - Medical evacuation of insured to nearest hospital or to your town where the trip has commenced for medical treatment. 6. In Hospital Indemnity Accident Only - provides coverage for “per day hospitalisation” if You are an inpatient in a hospital (in republic of India) due to Injury or Accidents subject to the any applicable Deductible or Franchise shown in the Policy Schedule, 7. Accommodation Charges due to Trip Delay - provides reimbursement coverage for accommodation charges if trip is delayed for more than 5 hours due to covered hazard. Benefits are subject to the per day maximum shown in the Policy Schedule. 8. Personal Liability - covers damages for claims legally filed on insured against property damage and medical expenses to others as a result of bodily injury caused by insured in an accident. 9. Repatriation of Remains - covers cost of repatriating mortal remains of the insured to his residence in India. 10. Domestic Replacement & rearrangement for business trips only - provides coverage for cost of Travel and Accommodation expenses for Sending out / Returning the replacement Or Returning / sending out the Original Insured Person following recovery from disability. 11. Emergency Family Travel & Convalescence - If you are hospitalized for more days than the Deductible shown in the Policy Schedule then coverage is applicable for(a) round-trip economy airfare to bring one of Your Immediate Family Members to & from Your Bed Side if You are alone during the course of the Insured Journey; or(b) the reimbursement of the hotel room charge due to convalescence after Your Hospital discharge. 12. Missed Departure - We will reimburse Original Ticket Charges (Common Carrier “ Air/ Rail), if you cannot reach the original departure point on your return journey due to “ (a) public transport services fail or (b) the vehicle in which you are traveling is involved in an accident, on the way to catch the return flight/train journey. 13. Loss of Tickets - We will reimburse Original Ticket Charges (Common Carrier - Air/ Rail) subject to the deductible, if the same is lost by You and You could not continue your intended travel.	Benefits Covered under the Policy
What are the major exclusions in the policy:	This entire Policy does not provide benefits for any loss resulting in whole or in part from, or expenses incurred, directly or indirectly in respect of: 1. where the Insured Person is travelling against the advice of a Physician; or receiving or on a waiting list for receiving specified medical treatment; or is travelling for the purpose of obtaining treatment; or has received a terminal prognosis for a medical condition; or	Exclusions

Domestic Travel Guard Policy UIN: TATTIDP23090V032223

Title	Description	Refer To Policy Clause Number
What are the major exclusions in the policy:	2. any Pre-existing disease or any complication arising from it; or 3. Any claim of Insured Person arising from: 1. suicide or attempted suicide 2. wilful self-inflicted illness or injury except injury in self-defence or to save life 4. serving in any branch of the Military or Armed Forces of any country, whether in peace or War, and in such an event We, upon written notification by You, shall return the pro rata premium for any such period of service during the Trip; or 5. being under the influence of intoxicating liquor or drugs or other intoxicants except where the insured is not directly responsible for the injury / accident though under influence of intoxication;or 6. participation in an actual or attempted felony, riot, crime, misdemeanor, or civil commotion; or 7. operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft or Scheduled Airline; or 8. any loss arising out of War, civil war, invasion, insurrection, revolution, act of foreign enemy, hostilities (whether War be declared or not), rebellion, mutiny, use of military power or usurpation of government or military power; or 9. any loss, damage cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any act of terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss. The warranty also excludes loss, damage, cost or expenses of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to action taken in respect of any act of terrorism. If the Company alleges that by reason of this Exclusion, any loss, damage, cost or expenses is not covered by this insurance the burden of proving the contrary shall be upon the Insured. 10. any loss arising out of the intentional use of military force to intercept, prevent, or mitigate any known or suspected Act of Terrorism ; or 11. the use, release or escape of nuclear materials that directly or indirectly results in nuclear reaction or radiation or radioactive contamination; The dispersal or application of pathogenic or poisonous biological or chemical materials; The release of pathogenic or poisonous biological or chemical materials, (However, the above only applies if 50 or more persons sustain death within 90 Days of the date of the incident) or 12. the radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment; or 13. performance of manual work for employment or any other hazardous occupation, self exposure to needless peril (except in an attempt to save human life); or 14. congenital anomalies or any complications or conditions arising therefrom; or 15. participation in winter sports, skydiving/parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot-holing, hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), participation in any Professional Sports, any bodily contact sport or/and any other hazardous or potentially dangerous sport for which You are untrained 16. any loss resulting directly or indirectly, contributed or aggravated or prolonged by childbirth or from pregnancy, or 17. for any loss of which a contributing cause was Your actual or attempted commission of, or willful participation in, an illegal act or any violation or attempted violation of the law or Your resistance to arrest; 18. any loss, injury, damage or legal sustained directly or indirectly by: Any terrorist or member of a terrorist organization, narcotics trafficker, or purveyor of nuclear, chemical or biological weapons. 19. Any non medical expenses (as per policy wordings).	Exclusions

Title	Description	Refer To Policy Clause Number
Waiting Period / Deductible	1. Personal Liability - Rs 200. 2. Accident & Sickness Medical Expense Benefit - Rs 250. 3. In - Hospital Indemnity Benefit – 1 day. 4. Accommodation Charges due to trip Delay benefit – 5 Hrs. 5. Loss of Ticket - Rail/Air - Rs.150/10%of actual ticket cost 6. Missed Departure - Rs.150/10%of actual ticket cost.	Benefits Covered under the Policy
Payout basis	1. Accidental Death and Dismemberment benefit under this Policy is payable on Benefit basis. 2. Other benefits and travel emergencies under this Policy is payable on Reimbursement basis.	
Cost Sharing	Not Applicable.	
Renewal Conditions	The Single Trip Insurance is non-renewable, not cancelable and not refundable while effective. Cancellation of the Policy may be done only prior to the Effective Date stated in the Policy Schedule and will be subject to deduction of cancellation charge by Us.	General Terms and Clauses
Free Look Period	a. Single Trip Insurance - Free look period is not applicable. b. Annual Multi Trip Insurance - You have a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy provided no trip has been commenced. If You have any objections to any of the terms and conditions, You have the option of cancelling the Policy stating the reasons for cancellation and You will be refunded the premium paid by You after adjusting the amounts spent on stamp duty charges and proportionate risk premium. You can cancel Your Policy only if You have not made any claims under the Policy. All Your rights under this Policy will immediately stand extinguished on the free look cancellation of the Policy. Free look provision is not applicable and available at the time of renewal of the Policy.	General Terms and Clauses
Renewal Benefits	No Renewable benefits.	
Portability of benefits	No portability of benefits.	
Cancellation	This policy would be cancelled on grounds of mis-representation, fraud, non□disclosure of material facts or non-cooperation by any Insured Person by giving 15 Days notice. In such a case the policy shall stand cancelled ab-initio and there will be no refund of premium. In the event the policy is cancelled for non-cooperation of the insured or If you cancel the Policy, the premium shall be computed in accordance with Our short rate table for the period the Policy has been in force, provided no claim/no trip has occurred up to the date of cancellation. In the event a claim has occurred in which case there shall be no return of premium."	General Terms and Clauses
How to Claim	• **Company Officials:** ◦ In case of any grievance the Insured Person may contact through Website: www.tataaig.com Call us 24X7 toll free helpline **1800 266 7780** or **1800 22 9966** (Senior Citizen) Email us at **customersupport@tataaig.com** Write to us at: Customer Support, Tata AIG General Insurance Company Limited • **IRDAI:** ◦ In case of no reply from Us with 15 days, You can approach Grievance Redressal Cell of the Consumer Affairs Department of IRDA of India by calling Toll Free Number **155255 (or) 1800 4254 732 or** send email to **complaints@irda.gov.in** • **Ombudsman:** ◦ Details as mentioned in the policy wordings or alternatively please refer our web-site (www.tataaig.com).	

Domestic Travel Guard Policy UIN: TATTIDP23090V032223

Tata AIG General Insurance Company Limited
Registered Office: Peninsula Business Park, Tower A, 15th Floor, G.K. Marg, Lower Parel, Mumbai - 400013.
24x7 Toll Free No: 1800 266 7780 or 1800 22 9966 (For Senior Citizens) | Email: customersupport@tataaig.com
Website: www.tataaig.com | IRDA of India Registration No.: 108 | CIN: U85110MH2000PLC128425
Domestic Travel Guard Policy UIN: TATTIDP23090V032223

Domestic Travel Guard Policy - Policy Schedule

Schedule Number:	7100884828	**Date Issued:**	25/02/2023
Insurance Plan:	Domestic Travel Guard Policy, Standard	**Producer Code:**	0028553000
Applicant Name:	Mr JASIM MUHAMMAD T		
Travel Dates:	**From:**27/02/2023 **To:**05/03/2023	**Applicant Phone No:**	9645289485
Email id:	jasimjsm01@gmail.com		
Duration:	7 days	**Destination:**	INDIA
Applicant Address:	VTC LRINGAL SUB DISTRICT ,QUILANDY,KOZHIKODE,KOZHIKODE,KERALA,INDIA-673521		
Customer GSTIN NO:			

PREMIUM		
Premium	INR	1,386.00
IGST (18%)	INR	249.48
TOTAL PREMIUM	INR	1,635.00

Important: Any Pre-Existing Medical condition/Ailments declared or undeclared will be excluded from the policy. The coverage provided is subject to the details and declaration made in the proposal to the company and attached policy wordings.

BENEFITS	MAXIMUM COVERAGE	DEDUCTIBLE
Accidental Death & Dismemberment Benefit (Common Carrier)	Rs. 50,000	
Accident Medical Expense Benefit	Rs. 20,000	Rs. 250
Assistance Services	Included	
Emergency Medical Evacuation	Rs. 10,000	
Repatriation of Remains Benefit	Rs. 10,000	
Personal Liability Benefit	Rs. 1,00,000	Rs. 200
In - Hospital Indemnity Benefit (Maximum 7 Days)	Rs. 500	1 Day
Accidental Death & Dismemberment Benefit (24 Hrs)	Rs. 50,000	
Accomodation Charges due to trip delay benefit - Flight/Rail** (Maximum 2 Days) Upto	Rs. 1,500 Per Day	5 Hours
Loss of Ticket - Rail/Air** only (Deductible - Rs. 150/- or 10% of actual ticket cost), upto	Rs. 20,000	Rs. 150 / 10% of actual ticket cost
Family Transportation	Rs. 10,000	
Replacement of Staff (Business Trip Only)	Rs. 10,000	
Missed Departure - Rail/Air** only (Deductible - Rs. 150/- or 10% of actual ticket cost), upto	Rs. 10,000	Rs. 150 / 10% of actual ticket cost

The benefits mentioned in this table are applicable for every single insured individually covered under this policy

Signed for & on Behalf of Tata AIG General Insurance Company Ltd.

Agent/Broker Name: RUPA SRAVANI TADAVARTY
Agent/Broker License Code: 23111605
Agent/Broker Contact No: 9246653943

Consolidated Stamp Duty has been paid to the State Exchequer

Declaration:
I/We hereby declare and state that all statements and information furnished in the Proposal to the company and as captured in the above schedule of Insurance are true and complete. If found that the said statements and information furnished/stated is incorrect or untrue in any respect or manner whatsover, I agree and acknowledge that the Insurance company shall not be liable in any manner whatsover in respect of the insurance coverage under this policy.

Signature of the Insured / Proposer:_____

Domestic Travel Guard Policy - Policy Schedule

Schedule Number:	7100884828	**Date Issued:**	25/02/2023
Insurance Plan:	Domestic Travel Guard Policy, Standard	**Producer Code:**	0028553000
Applicant Name:	Mr JASIM MUHAMMAD T		
Travel Dates:	**From:**27/02/2023 **To:**05/03/2023	**Applicant Phone No:**	9645289485
Email id:	jasimjsm01@gmail.com		
Duration:	7 days	**Destination:**	INDIA
Applicant Address:	VTC LRINGAL SUB DISTRICT ,QUILANDY,KOZHIKODE,KOZHIKODE,KERALA,INDIA-673521		
Customer GSTIN NO:			

Insured #	Insured Name	Passport Number	Gender	Date of Birth	Age	Nominee	Core Benefits	Add on Benefits
1	Mr JASIM MUHAMMAD T	349556929576	Male	13/10/2001	21	HAMEED	1	1
2	Mr AKSHAY N K	289032048421	Male	16/10/2001	21	PADMADALAKSHAN	1	1
3	Mr MUHAMMED MUBASHIR K	524734258011	Male	30/12/2002	20	RASHEEDA AP	1	1
4	Mr ABHINAV BALAGOPALAN	966673816295	Male	30/05/2003	19	BALAGOPALAN K	1	1
5	Mr M SOMLA NAIK	843881068653	Male	15/04/2002	20	M MANTHRU NAIK	1	1
6	Mr NIKET KUMAR	640947725137	Male	13/10/2001	21	SHAILENDRA KUMAR	1	1
7	Mr ADWAITH S	608733617061	Male	29/06/2003	19	SURENDRAN C C	1	1
8	Mr P SURYA DATTA	610980530671	Male	15/09/2001	21	SUBBA RAO	1	1
9	Mr SEELAM ANAND SAGAR	563790775197	Male	12/01/2000	23	SEELAM VENKATESWARA RAO	1	1
10	Mr T YOGA SRI SURYA ANAND	224215772719	Male	30/05/2001	21	TUMMALA PRASAD	1	1

Address for Claim/US Non Medical
(For Insureds only)

Claims Department
Tata AIG General Insurance company Ltd.
7th and 8th Floor, Romell Tech Park,
Cama Industrial Estate, Western Express Highway,
Goregaon(E), Mumbai, Maharashtra 400063.

Visit our website :www.tataaig.com OR

Email at customersupport@tataaig.com OR

Call our 24x7 toll free helpline 1800-266-7780 (Accessible from all lines) OR 1800229966 (Accessible from BSNL/MTNL Lines)

For complete set of benefits, terms & conditons, please refer to policy wordings:
https://tata-cms.s3.ap-south-1.amazonaws.com/Domestic-Travel-Guard-Policy-KEN_167f632d45.pdf

GSTIN: 37AABCT3518Q1ZV RAJAHMUNDRY
Service Accounting Code: 9971

Signed for & on Behalf of Tata AIG General Insurance Company Ltd.

Authorized Signatory

Domestic Travel Guard Policy

Proposal Form

1. This is an application for insurance and issuance of this does not amount to acceptance of proposal by us. Commencement of risk under this proposal is subject to acceptance of the risk by us and receipt of premium. 2. The information declared by you in this form is the basis for issuance of the policy. 3. Please answer all questions carefully. Any incomplete, incorrect or partially correct answers may lead to rejection of the proposal and also might lead to cancelation of policy.

POS PAN No.* (Mandatory for POS Agent)		Proposal Form Number	PR/23/7100102294
Producer Name	RUPA SRAVANI TADAVARTY	Producer Code	0028553000

Proposer Details

Proposer Name	Mr JASIM MUHAMMAD T

Personal Details of persons proposed for Insurance

Person Name	Mr JASIM MUHAMMAD T				
Date of Birth	13/10/2001	Gender	Male	Passport No.	349556929576
PAN Card No.		In absence of Pan Card, please give details of any other authorized photo identification card Type and Number:			
Pre-existing details (if any)	No	If yes Details		Suffering since	
Residential Address					
City		State		PIN	
Tel. with area code: In India			While Overseas		
E-mail					

Sources of funds (Tick where applicable) ☐ Salary ☐ Business ☐ Others please specify_____

Purpose of visit: ☐ Leisure ☐ Employment ☐ Business ☐ Study ☐ Others

Nominee Details

In the event of the death of the Proposer any payment due under the Policy shall become payable to the nominee in accordance with the Policy terms and conditions. The nominee must be an immediate relative of the Proposer. The nominee for all other Insured Persons proposed to be insured shall be the Applicant himself/ herself

Nominee Name	DOB*	Relationship	Address
HAMEED		FATHER	
PADMADALAKSHAN		N K	
RASHEEDA AP		Mother	
BALAGOPALAN K		Father	
M MANTHRU NAIK		FATHER	
SHAILENDRA KUMAR		Father	
SURENDRAN C C		Father	

Nominee Name	DOB*	Relationship	Address
SUBBA RAO		Father	
SEELAM VENKATESWARA RAO		Father	
TUMMALA PRASAD		Father	

If the Nominee is minor, Name and Address of Appointee and relationship with Minor

Appointee Name	Relationship	Address

Additional Insured Family members (Spouse or Dependent Children)

	Name	Sex	Date of Birth	Passport No.	Pre-existing details (if any)	Details	Suffering since
1	Mr AKSHAY N K	Male	16/10/2001	289032048421	No		
2	Mr MUHAMMED MUBASHIR K	Male	30/12/2002	524734258011	No		
3	Mr ABHINAV BALAGOPALAN	Male	30/05/2003	966673816295	No		
4	Mr M SOMLA NAIK	Male	15/04/2002	843881068653	No		
5	Mr NIKET KUMAR	Male	13/10/2001	640947725137	No		
6	Mr ADWAITH S	Male	29/06/2003	608733617061	No		
7	Mr P SURYA DATTA	Male	15/09/2001	610980530671	No		
8	Mr SEELAM ANAND SAGAR	Male	12/01/2000	563790775197	No		
9	Mr T YOGA SRI SURYA ANAND	Male	30/05/2001	224215772719	No		

Travel Details

Insurance Plan Requested : Domestic Travel Guard Policy, Standard					
Place of Travel	INDIA				
Departure from	27/02/2023	Return to	05/03/2023	Number of Days	7 days
Mode of Travel	Air				

Payment Details

Name of the Premium Payer			
Relationship with the proposer		Premium Amount (in Rs.)	1,635.00

Instrument type : PaymentLinkCustomer
Please make a Crossed Cheque/DD/Pay Order in favour of **'Tata AIG General Insurance Company Limited'** only.

Bank Details

As per the Regulatory requirements, we can effect payment of refund/claims only through Electronic Clearing System (ECS)/National Electronic Funds Transfer(NEFT) /Real Time Gross Settlement(RTGS)/Interbank Mobile Payment Service(IMPS). For this purpose please submit the following details of the insured's bank account#			
Name of the Account Holder:			
Name of the Bank:		Branch:	
Type of Account : ☐ SB Account ☐ Current Account ☐ Others (please specify)_____			
Account Number:		IFSC Code Bank:	
If the premium cheque is not paid from the above mentioned account then a cancelled cheque leaf of the above mentioned account is to be attached. #mandatory if annualized premium is more than Rs.10,000			

DECLARATION & WARRANTY ON BEHALF OF ALL PERSONS PROPOSED TO BE INSURED -

- I/ We hereby declare, on my behalf and on behalf of all persons proposed to be insured that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I/We am/ are authorized to propose on behalf of these other persons.
- I understand that the information provided by me will form the basis of insurance policy, is subject to the Board approved underwriting policy of the Insurance company and that the policy will come into force only after full receipt of the premium chargeable.
- I/ We further declare that I/We will notify in writing any change occurring in the occupation or general health of the life to be insured/ proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
- I/We declare and consent to the company seeking medical information from any hospital who at anytime has attended on the life to be insured/ proposer or from any past or present employer concerning anything which affects the physical and mental health of the life to be assured/proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/ proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
- I/ We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory Authority.
- I authorize Tata AIG General Insurance Company Limited and associate partners to contactmevia e-mail, phone or SMS.

Date: 25/02/2023 Place: Signature of Proposer

AML guidelines :

1. I/we hereby confirm that all premiums paid / payable in future will be from bonafide sources and not paid out of proceeds of crime and that such premiums are not disproportionate to my/our income. I / we understand that the Company has the right to call for documents to establish sources of funds and to cancel the insurance policy in case I / we are found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering law in India.
2. I / we are not Politically Exposed Persons * nor are their close relatives. I / we shall keep the company informed if we subsequently become a Politically Exposed Person.
   "Politically Exposed Persons" shall have the meaning assigned to it under sub clause (xii) of 3(b) of Chapter I of Master Direction – Know Your Customer (KYC) Direction, 2016 issued by Reserve Bank of India (RBI), as amended from time to time

- **Nationality :** Indian ☐ Non-Indian ☐ If Non-Indian, please specify Country:

- **Type of Organization :**

  Corporations ☐ Governments ☐ Non Governmental Organizations ☐ Society ☐

  Trust ☐ Partnership ☐ International Organization ☐ Cooperatives ☐

  Section 25 Company ☐

Additional Information

(If there is insufficient space to provide additional relevant information, whether as requested or otherwise, please attach extra sheet duly signed.)

_____ Date: 25/02/2023

Signature of the Insured Person / Proposer

Declaration: The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained to me. I/we have understood these and confirm to abide by the policy terms & conditions.

Signature of the Proposer:

Name & Signature of agent/intermediary: RUPA SRAVANI TADAVARTY Code: 0028553000

AGENT DECLARATION

I,_____(Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favor pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

License No.(Intermediary/Corporate Agent/Broker/Relationship Officer) : 23111605

Name of the specified Person and code:

Place:_____ Date: 25/02/2023 Signature of Agent:_____

Vernacular Declaration (Certification in case the proposer has signed in vernacular/thumb print)

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained by me in vernacular to the proposer who has understood and confirmed the same.

Signature/Thumb impression of the Proposer:

Name & Signature of agent/ intermediary: RUPA SRAVANI TADAVARTY

Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015.

1. No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.
2. Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.

Disclaimer: Insurance is the subject matter of solicitation. For more details on benefits, exclusions, limitations, terms and conditions, please refer sales brochure / policy wordings carefully, before concluding a sale.
Section 64 VB of the Insurance Act 1938: Commencement of risk cover under the policy is subject to receipt of premium by Tata AIG General Insurance Company Limited.

Tata AIG General Insurance Company Limited
Registered Office: Peninsula Business Park, Tower A, 15th Floor, G.K. Marg,
Lower Parel, Mumbai – 400013
24X7 Toll Free No: 1800 266 7780 or 1800 22 9966 (For Senior Citizens) Fax: 022 6693 8170
Email: customersupport@tataaig.com Website: www.tataaig.com
IRDA of India Registration No: 108 CIN:U85110MH2000PLC128425 UIN No:TATTIDP23090V032223

Domestic Travel Guard Policy

Customer Information Sheet

The information mentioned below is illustrative and not exhaustive. Information must be read in conjunction with the product brochures and policy document. In case of any conflict between the Key Features Document and the policy document the terms and conditions mentioned in the policy document shall prevail.

Title	Description	Refer To Policy Clause Number
Product Name	**Domestic Travel Guard Policy**	
What am I covered for:	1. Accidental Death and Dismemberment - coverage for Death and Dismemberment arising due to an Accident during an Insured Journey. 2. Accidental Death and Dismemberment(Common Carrier) - coverage for Death and Dismemberment arising due to an Accident while riding as a passenger in or on, boarding or alighting from, a Common Carrier. 3. Emergency Accident Medical Expenses Reimbursement - provides coverage for medical expenses incurred in Republic of India towards the treatment due to accidental injuries. 4. Assistance: coverage for assistance require with respect to Medical Assistance, Medical Evacuation Repatriation, Legal Assistance, Arrangement of Bail Bond, Lost Luggage Assistance, Lost Travel Document / Credit Card Assistance, Emergency Travel Services, Emergency Message Transmission Assistance, Hotel Accommodation Referral, Telephone Medical Advice etc. 5. Emergency Medical Evacuation - Medical evacuation of insured to nearest hospital or to your town where the trip has commenced for medical treatment. 6. In Hospital Indemnity Accident Only - provides coverage for “per day hospitalisation” if You are an inpatient in a hospital (in republic of India) due to Injury or Accidents subject to the any applicable Deductible or Franchise shown in the Policy Schedule, 7. Accommodation Charges due to Trip Delay - provides reimbursement coverage for accommodation charges if trip is delayed for more than 5 hours due to covered hazard. Benefits are subject to the per day maximum shown in the Policy Schedule. 8. Personal Liability - covers damages for claims legally filed on insured against property damage and medical expenses to others as a result of bodily injury caused by insured in an accident. 9. Repatriation of Remains - covers cost of repatriating mortal remains of the insured to his residence in India. 10. Domestic Replacement & rearrangement for business trips only - provides coverage for cost of Travel and Accommodation expenses for Sending out / Returning the replacement Or Returning / sending out the Original Insured Person following recovery from disability. 11. Emergency Family Travel & Convalescence - If you are hospitalized for more days than the Deductible shown in the Policy Schedule then coverage is applicable for(a) round-trip economy airfare to bring one of Your Immediate Family Members to & from Your Bed Side if You are alone during the course of the Insured Journey; or(b) the reimbursement of the hotel room charge due to convalescence after Your Hospital discharge. 12. Missed Departure - We will reimburse Original Ticket Charges (Common Carrier “ Air/ Rail), if you cannot reach the original departure point on your return journey due to “ (a) public transport services fail or (b) the vehicle in which you are traveling is involved in an accident, on the way to catch the return flight/train journey. 13. Loss of Tickets - We will reimburse Original Ticket Charges (Common Carrier - Air/ Rail) subject to the deductible, if the same is lost by You and You could not continue your intended travel.	Benefits Covered under the Policy
What are the major exclusions in the policy:	This entire Policy does not provide benefits for any loss resulting in whole or in part from, or expenses incurred, directly or indirectly in respect of: 1. where the Insured Person is travelling against the advice of a Physician; or receiving or on a waiting list for receiving specified medical treatment; or is travelling for the purpose of obtaining treatment; or has received a terminal prognosis for a medical condition; or	Exclusions

Domestic Travel Guard Policy UIN: TATTIDP23090V032223

Title	Description	Refer To Policy Clause Number
What are the major exclusions in the policy:	2. any Pre-existing disease or any complication arising from it; or 3. Any claim of Insured Person arising from: 1. suicide or attempted suicide 2. wilful self-inflicted illness or injury except injury in self-defence or to save life 4. serving in any branch of the Military or Armed Forces of any country, whether in peace or War, and in such an event We, upon written notification by You, shall return the pro rata premium for any such period of service during the Trip; or 5. being under the influence of intoxicating liquor or drugs or other intoxicants except where the insured is not directly responsible for the injury / accident though under influence of intoxication;or 6. participation in an actual or attempted felony, riot, crime, misdemeanor, or civil commotion; or 7. operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft or Scheduled Airline; or 8. any loss arising out of War, civil war, invasion, insurrection, revolution, act of foreign enemy, hostilities (whether War be declared or not), rebellion, mutiny, use of military power or usurpation of government or military power; or 9. any loss, damage cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any act of terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss. The warranty also excludes loss, damage, cost or expenses of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to action taken in respect of any act of terrorism. If the Company alleges that by reason of this Exclusion, any loss, damage, cost or expenses is not covered by this insurance the burden of proving the contrary shall be upon the Insured. 10. any loss arising out of the intentional use of military force to intercept, prevent, or mitigate any known or suspected Act of Terrorism ; or 11. the use, release or escape of nuclear materials that directly or indirectly results in nuclear reaction or radiation or radioactive contamination; The dispersal or application of pathogenic or poisonous biological or chemical materials; The release of pathogenic or poisonous biological or chemical materials, (However, the above only applies if 50 or more persons sustain death within 90 Days of the date of the incident) or 12. the radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment; or 13. performance of manual work for employment or any other hazardous occupation, self exposure to needless peril (except in an attempt to save human life); or 14. congenital anomalies or any complications or conditions arising therefrom; or 15. participation in winter sports, skydiving/parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot-holing, hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), participation in any Professional Sports, any bodily contact sport or/and any other hazardous or potentially dangerous sport for which You are untrained 16. any loss resulting directly or indirectly, contributed or aggravated or prolonged by childbirth or from pregnancy, or 17. for any loss of which a contributing cause was Your actual or attempted commission of, or willful participation in, an illegal act or any violation or attempted violation of the law or Your resistance to arrest; 18. any loss, injury, damage or legal sustained directly or indirectly by: Any terrorist or member of a terrorist organization, narcotics trafficker, or purveyor of nuclear, chemical or biological weapons. 19. Any non medical expenses (as per policy wordings).	Exclusions

Title	Description	Refer To Policy Clause Number
Waiting Period / Deductible	1. Personal Liability - Rs 200. 2. Accident & Sickness Medical Expense Benefit - Rs 250. 3. In - Hospital Indemnity Benefit – 1 day. 4. Accommodation Charges due to trip Delay benefit – 5 Hrs. 5. Loss of Ticket - Rail/Air - Rs.150/10%of actual ticket cost 6. Missed Departure - Rs.150/10%of actual ticket cost.	Benefits Covered under the Policy
Payout basis	1. Accidental Death and Dismemberment benefit under this Policy is payable on Benefit basis. 2. Other benefits and travel emergencies under this Policy is payable on Reimbursement basis.	
Cost Sharing	Not Applicable.	
Renewal Conditions	The Single Trip Insurance is non-renewable, not cancelable and not refundable while effective. Cancellation of the Policy may be done only prior to the Effective Date stated in the Policy Schedule and will be subject to deduction of cancellation charge by Us.	General Terms and Clauses
Free Look Period	a. Single Trip Insurance - Free look period is not applicable. b. Annual Multi Trip Insurance - You have a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy provided no trip has been commenced. If You have any objections to any of the terms and conditions, You have the option of cancelling the Policy stating the reasons for cancellation and You will be refunded the premium paid by You after adjusting the amounts spent on stamp duty charges and proportionate risk premium. You can cancel Your Policy only if You have not made any claims under the Policy. All Your rights under this Policy will immediately stand extinguished on the free look cancellation of the Policy. Free look provision is not applicable and available at the time of renewal of the Policy.	General Terms and Clauses
Renewal Benefits	No Renewable benefits.	
Portability of benefits	No portability of benefits.	
Cancellation	This policy would be cancelled on grounds of mis-representation, fraud, non□disclosure of material facts or non-cooperation by any Insured Person by giving 15 Days notice. In such a case the policy shall stand cancelled ab-initio and there will be no refund of premium. In the event the policy is cancelled for non-cooperation of the insured or If you cancel the Policy, the premium shall be computed in accordance with Our short rate table for the period the Policy has been in force, provided no claim/no trip has occurred up to the date of cancellation. In the event a claim has occurred in which case there shall be no return of premium."	General Terms and Clauses
How to Claim	• **Company Officials:** ◦ In case of any grievance the Insured Person may contact through Website: www.tataaig.com Call us 24X7 toll free helpline **1800 266 7780** or **1800 22 9966** (Senior Citizen) Email us at **customersupport@tataaig.com** Write to us at: Customer Support, Tata AIG General Insurance Company Limited • **IRDAI:** ◦ In case of no reply from Us with 15 days, You can approach Grievance Redressal Cell of the Consumer Affairs Department of IRDA of India by calling Toll Free Number **155255 (or) 1800 4254 732 or** send email to **complaints@irda.gov.in** • **Ombudsman:** ◦ Details as mentioned in the policy wordings or alternatively please refer our web-site (www.tataaig.com).	

Domestic Travel Guard Policy UIN: TATTIDP23090V032223

Tata AIG General Insurance Company Limited
Registered Office: Peninsula Business Park, Tower A, 15th Floor, G.K. Marg, Lower Parel, Mumbai - 400013.
24x7 Toll Free No: 1800 266 7780 or 1800 22 9966 (For Senior Citizens) | Email: customersupport@tataaig.com
Website: www.tataaig.com | IRDA of India Registration No.: 108 | CIN: U85110MH2000PLC128425
Domestic Travel Guard Policy UIN: TATTIDP23090V032223

Domestic Travel Guard Policy - Policy Schedule

Schedule Number:	7100885822	**Date Issued:**	27/02/2023
Insurance Plan:	Domestic Travel Guard Policy, Standard	**Producer Code:**	0028553000
Applicant Name:	Mr ARJUN CHANDRAN M V		
Travel Dates:	**From:**27/02/2023 **To:**05/03/2023	**Applicant Phone No:**	9645289485
Email id:	jasimjsm01@gmail.com		
Duration:	7 days	**Destination:**	INDIA
Applicant Address:	MAKKATH VALAPPIL,OTHALUR,PALAKAD,PALAKKAD,KERALA,INDIA-679534		
Customer GSTIN NO:			

PREMIUM		
Premium	INR	716.10
IGST (18%)	INR	128.90
TOTAL PREMIUM	INR	845.00

Important: Any Pre-Existing Medical condition/Ailments declared or undeclared will be excluded from the policy. The coverage provided is subject to the details and declaration made in the proposal to the company and attached policy wordings.

BENEFITS	MAXIMUM COVERAGE	DEDUCTIBLE
Accidental Death & Dismemberment Benefit (Common Carrier)	Rs. 50,000	
Accident Medical Expense Benefit	Rs. 20,000	Rs. 250
Assistance Services	Included	
Emergency Medical Evacuation	Rs. 10,000	
Repatriation of Remains Benefit	Rs. 10,000	
Personal Liability Benefit	Rs. 1,00,000	Rs. 200
In - Hospital Indemnity Benefit (Maximum 7 Days)	Rs. 500	1 Day
Accidental Death & Dismemberment Benefit (24 Hrs)	Rs. 50,000	
Accomodation Charges due to trip delay benefit - Flight/Rail** (Maximum 2 Days) Upto	Rs. 1,500 Per Day	5 Hours
Loss of Ticket - Rail/Air** only (Deductible - Rs. 150/- or 10% of actual ticket cost), upto	Rs. 20,000	Rs. 150 / 10% of actual ticket cost
Family Transportation	Rs. 10,000	
Replacement of Staff (Business Trip Only)	Rs. 10,000	
Missed Departure - Rail/Air** only (Deductible - Rs. 150/- or 10% of actual ticket cost), upto	Rs. 10,000	Rs. 150 / 10% of actual ticket cost

Insured #	Insured Name	Passport Number	Gender	Date of Birth	Age	Nominee	Core Benefits	Add on Benefits
1	Mr ARJUN CHANDRAN M V	546039480699	Male	15/04/2002	20	CHANDRAN	1	1
2	Mr BALA MURALI KRISHNA P	408078985693	Male	01/01/2003	20	PILLI MARESH	1	1
3	Mr BADAM KUMARASWAMY	344077814632	Male	29/06/2003	19	BADAM VENKATRAJU	1	1
4	Mr SHINOY SHAJI	622643381609	Male	06/04/2002	20	SHAJI PAUL	1	1
5	Mr NIVED MANOJ	996054759584	Male	30/05/2001	21	MANOJ	1	1

The benefits mentioned in this table are applicable for every single insured individually covered under this policy

Signed for & on Behalf of Tata AIG General Insurance Company Ltd.

Agent/Broker Name: RUPA SRAVANI TADAVARTY
Agent/Broker License Code: 23111605
Agent/Broker Contact No: 9246653943

Consolidated Stamp Duty has been paid to the State Exchequer

Declaration:
I/We hereby declare and state that all statements and information furnished in the Proposal to the company and as captured in the above schedule of Insurance are true and complete. If found that the said statements and information furnished/stated is incorrect or untrue in any respect or manner whatsoever, I agree and acknowledge that the Insurance company shall not be liable in any manner whatsoever in respect of the insurance coverage under this policy.

Signature of the Insured / Proposer:_____

Domestic Travel Guard Policy - Policy Schedule

Schedule Number:	7100885822	**Date Issued:**	27/02/2023
Insurance Plan:	Domestic Travel Guard Policy, Standard	**Producer Code:**	0028553000
Applicant Name:	Mr ARJUN CHANDRAN M V		
Travel Dates:	**From:**27/02/2023 **To:**05/03/2023	**Applicant Phone No:**	9645289485
Email id:	jasimjsm01@gmail.com		
Duration:	7 days	**Destination:**	INDIA
Applicant Address:	MAKKATH VALAPPIL,OTHALUR,PALAKAD,PALAKKAD,KERALA,INDIA-679534		
Customer GSTIN NO:			

Address for Claim/US Non Medical
(For Insureds only)

Claims Department
Tata AIG General Insurance company Ltd.
7th and 8th Floor, Romell Tech Park,
Cama Industrial Estate, Western Express Highway,
Goregaon(E), Mumbai, Maharashtra 400063.

Visit our website :www.tataaig.com OR

Email at customersupport@tataaig.com OR

Call our 24x7 toll free helpline 1800-266-7780 (Accessible from all lines) OR 1800229966 (Accessible from BSNL/MTNL Lines)

For complete set of benefits, terms & conditons, please refer to policy wordings:
https://tata-cms.s3.ap-south-1.amazonaws.com/Domestic-Travel-Guard-Policy-KEN_167f632d45.pdf

GSTIN: 37AABCT3518Q1ZV RAJAHMUNDRY
Service Accounting Code: 9971

Signed for & on Behalf of Tata AIG General Insurance Company Ltd.

Authorized Signatory

Domestic Travel Guard Policy

Proposal Form

1. This is an application for insurance and issuance of this does not amount to acceptance of proposal by us. Commencement of risk under this proposal is subject to acceptance of the risk by us and receipt of premium. 2. The information declared by you in this form is the basis for issuance of the policy. 3. Please answer all questions carefully. Any incomplete, incorrect or partially correct answers may lead to rejection of the proposal and also might lead to cancelation of policy.

POS PAN No.* (Mandatory for POS Agent)		Proposal Form Number	PR/23/7100103454
Producer Name	RUPA SRAVANI TADAVARTY	Producer Code	0028553000

Proposer Details

Proposer Name	Mr ARJUN CHANDRAN M V

Personal Details of persons proposed for Insurance

Person Name	Mr ARJUN CHANDRAN M V				
Date of Birth	15/04/2002	Gender	Male	Passport No.	546039480699
PAN Card No.		In absence of Pan Card, please give details of any other authorized photo identification card Type and Number:			
Pre-existing details (if any)	No	If yes Details		Suffering since	
Residential Address					
City		State		PIN	
Tel. with area code: In India			While Overseas		
E-mail					

Sources of funds (Tick where applicable) ☐ Salary ☐ Business ☐ Others please specify_____

Purpose of visit: ☐ Leisure ☐ Employment ☐ Business ☐ Study ☐ Others

Nominee Details

In the event of the death of the Proposer any payment due under the Policy shall become payable to the nominee in accordance with the Policy terms and conditions. The nominee must be an immediate relative of the Proposer. The nominee for all other Insured Persons proposed to be insured shall be the Applicant himself/ herself

Nominee Name	DOB*	Relationship	Address
CHANDRAN		FATHER	
PILLI MARESH		Father	
BADAM VENKATRAJU		Father	
SHAJI PAUL		FATHER	
MANOJ		FATHER	

If the Nominee is minor, Name and Address of Appointee and relationship with Minor

Appointee Name	Relationship	Address

Additional Insured Family members (Spouse or Dependent Children)

	Name	Sex	Date of Birth	Passport No.	Pre-existing details (if any)	Details	Suffering since
1	Mr BALA MURALI KRISHNA P	Male	01/01/2003	408078985693	No		
2	Mr BADAM KUMARASWAMY	Male	29/06/2003	344077814632	No		
3	Mr SHINOY SHAJI	Male	06/04/2002	622643381609	No		
4	Mr NIVED MANOJ	Male	30/05/2001	996054759584	No		

Travel Details

Insurance Plan Requested : Domestic Travel Guard Policy, Standard					
Place of Travel	INDIA				
Departure from	27/02/2023	Return to	05/03/2023	Number of Days	7 days
Mode of Travel	Air				

Payment Details

Name of the Premium Payer			
Relationship with the proposer		Premium Amount (in Rs.)	845.00
Instrument type : PaymentLinkCustomer Please make a Crossed Cheque/DD/Pay Order in favour of **'Tata AIG General Insurance Company Limited'** only.			

Bank Details

As per the Regulatory requirements, we can effect payment of refund/claims only through Electronic Clearing System (ECS)/National Electronic Funds Transfer(NEFT) /Real Time Gross Settlement(RTGS)/Interbank Mobile Payment Service(IMPS). For this purpose please submit the following details of the insured's bank account#			
Name of the Account Holder:			
Name of the Bank:		Branch:	
Type of Account : ☐ SB Account ☐ Current Account ☐ Others (please specify)_____			
Account Number:		IFSC Code Bank:	
If the premium cheque is not paid from the above mentioned account then a cancelled cheque leaf of the above mentioned account is to be attached. #mandatory if annualized premium is more than Rs.10,000			

DECLARATION & WARRANTY ON BEHALF OF ALL PERSONS PROPOSED TO BE INSURED -

- I/ We hereby declare, on my behalf and on behalf of all persons proposed to be insured that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I/We am/ are authorized to propose on behalf of these other persons.
- I understand that the information provided by me will form the basis of insurance policy, is subject to the Board approved underwriting policy of the Insurance company and that the policy will come into force only after full receipt of the premium chargeable.
- I/ We further declare that I/We will notify in writing any change occurring in the occupation or general health of the life to be insured/ proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
- I/We declare and consent to the company seeking medical information from any hospital who at anytime has attended on the life to be insured/ proposer or from any past or present employer concerning anything which affects the physical and mental health of the life to be assured/proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/ proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
- I/ We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory Authority.
- I authorize Tata AIG General Insurance Company Limited and associate partners to contactmevia e-mail, phone or SMS.

Date: 27/02/2023 Place: Signature of Proposer

AML guidelines :

1. I/we hereby confirm that all premiums paid / payable in future will be from bonafide sources and not paid out of proceeds of crime and that such premiums are not disproportionate to my/our income. I / we understand that the Company has the right to call for documents to establish sources of funds and to cancel the insurance policy in case I / we are found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering law in India.
2. I / we are not Politically Exposed Persons * nor are their close relatives. I / we shall keep the company informed if we subsequently become a Politically Exposed Person.
   "Politically Exposed Persons" shall have the meaning assigned to it under sub clause (xii) of 3(b) of Chapter I of Master Direction – Know Your Customer (KYC) Direction, 2016 issued by Reserve Bank of India (RBI), as amended from time to time

- **Nationality :** Indian ☐ Non-Indian ☐ If Non-Indian, please specify Country:

- **Type of Organization :**

  Corporations ☐ Governments ☐ Non Governmental Organizations ☐ Society ☐

  Trust ☐ Partnership ☐ International Organization ☐ Cooperatives ☐

  Section 25 Company ☐

Additional Information

(If there is insufficient space to provide additional relevant information, whether as requested or otherwise, please attach extra sheet duly signed.)

_____ Date: 27/02/2023

Signature of the Insured Person / Proposer

Declaration: The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained to me. I/we have understood these and confirm to abide by the policy terms & conditions.

Signature of the Proposer:

Name & Signature of agent/intermediary: RUPA SRAVANI TADAVARTY Code: 0028553000

AGENT DECLARATION

I,_____(Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favor pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

License No.(Intermediary/Corporate Agent/Broker/Relationship Officer) : 23111605

Name of the specified Person and code:

Place:_____ Date: 27/02/2023 Signature of Agent:_____

Vernacular Declaration (Certification in case the proposer has signed in vernacular/thumb print)

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained by me in vernacular to the proposer who has understood and confirmed the same.

Signature/Thumb impression of the Proposer:

Name & Signature of agent/ intermediary: RUPA SRAVANI TADAVARTY

Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015.

1. No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.
2. Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.

Disclaimer: Insurance is the subject matter of solicitation. For more details on benefits, exclusions, limitations, terms and conditions, please refer sales brochure / policy wordings carefully, before concluding a sale.
Section 64 VB of the Insurance Act 1938: Commencement of risk cover under the policy is subject to receipt of premium by Tata AIG General Insurance Company Limited.

Tata AIG General Insurance Company Limited
Registered Office: Peninsula Business Park, Tower A, 15th Floor, G.K. Marg,
Lower Parel, Mumbai – 400013
24X7 Toll Free No: 1800 266 7780 or 1800 22 9966 (For Senior Citizens) Fax: 022 6693 8170
Email: customersupport@tataaig.com Website: www.tataaig.com
IRDA of India Registration No: 108 CIN:U85110MH2000PLC128425 UIN No:TATTIDP23090V032223

Domestic Travel Guard Policy

Customer Information Sheet

The information mentioned below is illustrative and not exhaustive. Information must be read in conjunction with the product brochures and policy document. In case of any conflict between the Key Features Document and the policy document the terms and conditions mentioned in the policy document shall prevail.

Title	Description	Refer To Policy Clause Number
Product Name	**Domestic Travel Guard Policy**	
What am I covered for:	1. Accidental Death and Dismemberment - coverage for Death and Dismemberment arising due to an Accident during an Insured Journey. 2. Accidental Death and Dismemberment(Common Carrier) - coverage for Death and Dismemberment arising due to an Accident while riding as a passenger in or on, boarding or alighting from, a Common Carrier. 3. Emergency Accident Medical Expenses Reimbursement - provides coverage for medical expenses incurred in Republic of India towards the treatment due to accidental injuries. 4. Assistance: coverage for assistance require with respect to Medical Assistance, Medical Evacuation Repatriation, Legal Assistance, Arrangement of Bail Bond, Lost Luggage Assistance, Lost Travel Document / Credit Card Assistance, Emergency Travel Services, Emergency Message Transmission Assistance, Hotel Accommodation Referral, Telephone Medical Advice etc. 5. Emergency Medical Evacuation - Medical evacuation of insured to nearest hospital or to your town where the trip has commenced for medical treatment. 6. In Hospital Indemnity Accident Only - provides coverage for “per day hospitalisation” if You are an inpatient in a hospital (in republic of India) due to Injury or Accidents subject to the any applicable Deductible or Franchise shown in the Policy Schedule, 7. Accommodation Charges due to Trip Delay - provides reimbursement coverage for accommodation charges if trip is delayed for more than 5 hours due to covered hazard. Benefits are subject to the per day maximum shown in the Policy Schedule. 8. Personal Liability - covers damages for claims legally filed on insured against property damage and medical expenses to others as a result of bodily injury caused by insured in an accident. 9. Repatriation of Remains - covers cost of repatriating mortal remains of the insured to his residence in India. 10. Domestic Replacement & rearrangement for business trips only - provides coverage for cost of Travel and Accommodation expenses for Sending out / Returning the replacement Or Returning / sending out the Original Insured Person following recovery from disability. 11. Emergency Family Travel & Convalescence - If you are hospitalized for more days than the Deductible shown in the Policy Schedule then coverage is applicable for(a) round-trip economy airfare to bring one of Your Immediate Family Members to & from Your Bed Side if You are alone during the course of the Insured Journey; or(b) the reimbursement of the hotel room charge due to convalescence after Your Hospital discharge. 12. Missed Departure - We will reimburse Original Ticket Charges (Common Carrier “ Air/ Rail), if you cannot reach the original departure point on your return journey due to “ (a) public transport services fail or (b) the vehicle in which you are traveling is involved in an accident, on the way to catch the return flight/train journey. 13. Loss of Tickets - We will reimburse Original Ticket Charges (Common Carrier - Air/ Rail) subject to the deductible, if the same is lost by You and You could not continue your intended travel.	Benefits Covered under the Policy
What are the major exclusions in the policy:	This entire Policy does not provide benefits for any loss resulting in whole or in part from, or expenses incurred, directly or indirectly in respect of: 1. where the Insured Person is travelling against the advice of a Physician; or receiving or on a waiting list for receiving specified medical treatment; or is travelling for the purpose of obtaining treatment; or has received a terminal prognosis for a medical condition; or	Exclusions

Domestic Travel Guard Policy UIN: TATTIDP23090V032223

Title	Description	Refer To Policy Clause Number
What are the major exclusions in the policy:	2. any Pre-existing disease or any complication arising from it; or 3. Any claim of Insured Person arising from: 1. suicide or attempted suicide 2. wilful self-inflicted illness or injury except injury in self-defence or to save life 4. serving in any branch of the Military or Armed Forces of any country, whether in peace or War, and in such an event We, upon written notification by You, shall return the pro rata premium for any such period of service during the Trip; or 5. being under the influence of intoxicating liquor or drugs or other intoxicants except where the insured is not directly responsible for the injury / accident though under influence of intoxication;or 6. participation in an actual or attempted felony, riot, crime, misdemeanor, or civil commotion; or 7. operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft or Scheduled Airline; or 8. any loss arising out of War, civil war, invasion, insurrection, revolution, act of foreign enemy, hostilities (whether War be declared or not), rebellion, mutiny, use of military power or usurpation of government or military power; or 9. any loss, damage cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any act of terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss. The warranty also excludes loss, damage, cost or expenses of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to action taken in respect of any act of terrorism. If the Company alleges that by reason of this Exclusion, any loss, damage, cost or expenses is not covered by this insurance the burden of proving the contrary shall be upon the Insured. 10. any loss arising out of the intentional use of military force to intercept, prevent, or mitigate any known or suspected Act of Terrorism ; or 11. the use, release or escape of nuclear materials that directly or indirectly results in nuclear reaction or radiation or radioactive contamination; The dispersal or application of pathogenic or poisonous biological or chemical materials; The release of pathogenic or poisonous biological or chemical materials, (However, the above only applies if 50 or more persons sustain death within 90 Days of the date of the incident) or 12. the radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment; or 13. performance of manual work for employment or any other hazardous occupation, self exposure to needless peril (except in an attempt to save human life); or 14. congenital anomalies or any complications or conditions arising therefrom; or 15. participation in winter sports, skydiving/parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot-holing, hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), participation in any Professional Sports, any bodily contact sport or/and any other hazardous or potentially dangerous sport for which You are untrained 16. any loss resulting directly or indirectly, contributed or aggravated or prolonged by childbirth or from pregnancy, or 17. for any loss of which a contributing cause was Your actual or attempted commission of, or willful participation in, an illegal act or any violation or attempted violation of the law or Your resistance to arrest; 18. any loss, injury, damage or legal sustained directly or indirectly by: Any terrorist or member of a terrorist organization, narcotics trafficker, or purveyor of nuclear, chemical or biological weapons. 19. Any non medical expenses (as per policy wordings).	Exclusions

Title	Description	Refer To Policy Clause Number
Waiting Period / Deductible	1. Personal Liability - Rs 200. 2. Accident & Sickness Medical Expense Benefit - Rs 250. 3. In - Hospital Indemnity Benefit – 1 day. 4. Accommodation Charges due to trip Delay benefit – 5 Hrs. 5. Loss of Ticket - Rail/Air - Rs.150/10%of actual ticket cost 6. Missed Departure - Rs.150/10%of actual ticket cost.	Benefits Covered under the Policy
Payout basis	1. Accidental Death and Dismemberment benefit under this Policy is payable on Benefit basis. 2. Other benefits and travel emergencies under this Policy is payable on Reimbursement basis.	
Cost Sharing	Not Applicable.	
Renewal Conditions	The Single Trip Insurance is non-renewable, not cancelable and not refundable while effective. Cancellation of the Policy may be done only prior to the Effective Date stated in the Policy Schedule and will be subject to deduction of cancellation charge by Us.	General Terms and Clauses
Free Look Period	a. Single Trip Insurance - Free look period is not applicable. b. Annual Multi Trip Insurance - You have a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy provided no trip has been commenced. If You have any objections to any of the terms and conditions, You have the option of cancelling the Policy stating the reasons for cancellation and You will be refunded the premium paid by You after adjusting the amounts spent on stamp duty charges and proportionate risk premium. You can cancel Your Policy only if You have not made any claims under the Policy. All Your rights under this Policy will immediately stand extinguished on the free look cancellation of the Policy. Free look provision is not applicable and available at the time of renewal of the Policy.	General Terms and Clauses
Renewal Benefits	No Renewable benefits.	
Portability of benefits	No portability of benefits.	
Cancellation	This policy would be cancelled on grounds of mis-representation, fraud, non□disclosure of material facts or non-cooperation by any Insured Person by giving 15 Days notice. In such a case the policy shall stand cancelled ab-initio and there will be no refund of premium. In the event the policy is cancelled for non-cooperation of the insured or If you cancel the Policy, the premium shall be computed in accordance with Our short rate table for the period the Policy has been in force, provided no claim/no trip has occurred up to the date of cancellation. In the event a claim has occurred in which case there shall be no return of premium."	General Terms and Clauses
How to Claim	• **Company Officials:** ◦ In case of any grievance the Insured Person may contact through Website: www.tataaig.com Call us 24X7 toll free helpline **1800 266 7780** or **1800 22 9966** (Senior Citizen) Email us at **customersupport@tataaig.com** Write to us at: Customer Support, Tata AIG General Insurance Company Limited • **IRDAI:** ◦ In case of no reply from Us with 15 days, You can approach Grievance Redressal Cell of the Consumer Affairs Department of IRDA of India by calling Toll Free Number **155255 (or) 1800 4254 732 or** send email to **complaints@irda.gov.in** • **Ombudsman:** ◦ Details as mentioned in the policy wordings or alternatively please refer our web-site (www.tataaig.com).	

Domestic Travel Guard Policy UIN: TATTIDP23090V032223

Tata AIG General Insurance Company Limited
Registered Office: Peninsula Business Park, Tower A, 15th Floor, G.K. Marg, Lower Parel, Mumbai - 400013.
24x7 Toll Free No: 1800 266 7780 or 1800 22 9966 (For Senior Citizens) | Email: customersupport@tataaig.com
Website: www.tataaig.com | IRDA of India Registration No.: 108 | CIN: U85110MH2000PLC128425
Domestic Travel Guard Policy UIN: TATTIDP23090V032223

ओरिएण्टल इंश्योरेंस
पृथ्वी, अग्नि, जल, आकाश । सबकी सुरक्षा हमारे पास ।
www.orientalinsurance.org.in

Oriental insurance
Prithvi, Agni, Jal, Akash । Sabki Suraksha Hamare Paas
www.orientalinsurance.org.in

POLICY SCHEDULE

Janata Personal Accident (Group) Insurance

IRDA/NL-HLT/OIC/P-P/V.1/25/14-15

Policy No : 462803/47/2024/1
Cover Note No :
Insured's Code : 169618498
Insured's Name : GODAVARI INSTITUTE OF ENGINEERING AND TECHNOLOGY (GSTIN: 0)
Address : NH-5, CHAITANYA NAGAR, VELUGUBANDA VILLAGE, RAJANAGARAM, EAST GODAVARI DISTRICT
EASTGODAVARI ANDHRA PRADESH 533294
Tele/Fax/Email : / / 0 / NA

Prev Policy No :
Cover Note Date :
Issue Office Code : 462803
Issue Office Name : CBO RAJAHMUNDRY (GSTIN: 37AAACT0627R4ZV)
Address : DOOR NO. 29-1-33, BHARAT COMPLEX ARYAPURAM, RAJAHMUNDRY - 533104 ANDHRA PRADESH 533104
Tele/Fax/Email : 0883-2479118 / 9440153131 / / 462803@orientalinsurance.co.in; arif.raja@orientalinsurance.co.in

CONSOLIDATED STAMP DUTY PAID

Agent/Broker Details

Dev.Off.Code : NG0000000370 M V NAGA MOHAN
Agent/Broker : BA0000045946 K.PADMAVATHI
Address : 49-13-13, NEAR POST OFFICE,,GANDHIPURAM,RAJAHMUNDRY,,EASTGODAVARI,ANDHRA PRADESH,533101
Tel/Fax/Email : 9848065572/9848065572//padmavathi45946@gmail.com

Period of Insurance: FROM 00:00 ON 13/04/2023 TO MIDNIGHT OF 12/04/2024

Collection No & Dt : CD A/C AB0000043386 GST INVOICE NO :37225761 UIN :0
Gross Premium : 4,740 : 0 Stamp Duty : 395 Total : 4,740

Risk Information

S no	No of Persons	Sum Insured Per Person	Total Sum Insured
1	79	1,00,000	79,00,000

Details of Insured Persons is as per the enclosed list .

SCHEDULE OF PREMIUM

Description	Sum Insured	Premium
Janata Personal Accident Cover	79,00,000	4,740.00
TOTAL PREMIUM		4,740.00
STAMP DUTY		395.00
TOTAL AMOUNT		4,740.00

Total Sum Insured In Words : Indian Rupees Seventy-Nine Lakhs Only
Total Premium In Words : Indian Rupees Four Thousand Seven Hundred Forty Only

The Insurance under this Policy, in addition to the following special condition(s) is subject to general terms, conditions, clauses,

Place :
Date : 12/04/2023

IRDA-REGNO-556

For and on behalf of
The Oriental Insurance Company Limited

B.O. RJY

Authorised Signatory

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 Rupees

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

OICL/VPRO/PC/09-22/3,00,000 VINAY OFFSET PRINTERS

Attached to and forming part of policy number 462803/47/2024/1

warranties specified in Janata Personal Accident Insurance policy attached hereto. This schedule and policy are to be read together.

Maximum Liability Per Insured Under This Policy Under Any Circumstances Shall Be Limited To Sum Insured Set Forth Against Respective Individual Insured
Death / Disablement Should Result Within 12 Months From The Date Of Accident.
In the event of a claim under the policy exceeding Rs.1lac or a claim for refund of premium exceeding Rs1lac,the insured will comply with the provisions of the AML policy of the Company.The AML policy is available in all our operaing Offices as well as company's website.

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 abinitio (from inception).

In witness whereof the undersigned being authorised by and on behalf of the company has/have herein to set his/their hands at CBO RAJAHMUNDRY (GSTIN: 37AAACT0627R4ZV) on 12TH DAY OF APRIL 2023

Entered By : D.PAUL REDDY

Examined By : ARIF RAJA

For and on behalf of
The Oriental Insurance Company Limited

THE ORIENTAL INSURANCE CO. LTD. B.O. RJY

Authorised Signatory

Policy Printed By : 657085

IP :

Policy Printed On : 12-APR-23 16:11:26

MAC :

Place :

Date : 12/04/2023

IRDA-REGNO-556

For and on behalf of
The Oriental Insurance Company Limited

THE ORIENTAL INSURANCE CO. LTD. B.O. RJY

Authorised Signatory

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 Rupees

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

OICL/VPRO/PC/09-22/3,00,000 VINAY OFFSET PRINTERS

THE ORIENTAL INSURANCE COMPANY LIMITED
SCHEDULE OF STUDENTS/STAFF INSURED UNDER GROUP JANATA PERSONAL ACCIDENT POLICY
POLICY NO.462803/47/2024/1
GODAVARI INSTITUTE OF ENGINEERING AND TECHNOLOGY(A)
NH -16 , CHAITANYA KNOWLEDGE CITY ,RAJAMAHENDRAVARAM-533294
Department of CSE(AIML & CS)

S.No	Student PIN (B.Tech)	Gender	Father Name as per SSC (All Capitals)	Date of Birth	Aadhar number
1	20551A4601	MALE	ALLAMPALLI ADHI NARYANA	13/01/2001	470649885005
2	20551A4602	MALE	ARAVALAPALLI DHANA RAJU	27/09/2002	343954339457
3	20551A4603	MALE	ARI APPA RAO	02/03/2002	356907494283
4	20551A4604	MALE	BATCHU KRISHNA RAO	15/05/2002	846720792494
5	20551A4606	FEMALE	BOKKA LAKSHMANA RAO	15/08/2003	636581453458
6	20551A4607	FEMALE	BOLISETTI SIVA VENKATA GANAPATHI	07/08/2002	582213386485
7	20551A4608	MALE	BONTHA KOTAIAH	30/06/2002	433521239220
8	20551A4611	MALE	CHENNUPALLI. MURALI	26/10/2002	458780426763
9	20551A4612	MALE	CHENNURU SREENIVASULU REDDY	15/06/2003	650898902545
10	20551A4614	FEMALE	CHINTA NAGA VENKATA SATYANARAYANA REDDY	21/05/2003	212505837544
11	20551A4615	FEMALE	DEAVARAPU SATYANARAYANA	22/04/2002	780590364822
12	20551A4616	FEMALE	GANDHAM VEERA VENKATA SATYANARAYANA RAJU	15/12/2002	773526281999
13	20551A4617	FEMALE	GANNAMANENI. KRISHNA RAO	10/08/2003	226087608031
14	20551A4620	MALE	GRNADHI CHANDRA SEKHAR	11/08/2003	938212952265
15	20551A4622	MALE	INUMARTHY MALLIKHARJUNA RAO	21/03/2002	447685483936
16	20551A4624	FEMALE	KARAMCHETI V R SATYANARAYANA	04/02/2003	370470074479
17	20551A4625	FEMALE	KARRI.RESWAMI	08/04/2003	720564629529
18	20551A4626	MALE	KATARI SIVA GANGADHARARAO	07/04/2003	998927687284
19	20551A4627	MALE	KATTA RAMBABU	14/05/2003	319006836288
20	20551A4628	MALE	KISTAMANENI SREENIVASULU	15/09/2002	597950624407
21	20551A4629	FEMALE	KODELA RAMBABU	19/06/2003	292702762645
22	20551A4630	MALE	KOTHAPALLI KOTESWARARAO	28/10/2001	780676213347
23	20551A4632	MALE	KUNDA SRINU	11/05/2003	526220917867
24	20551A4635	MALE	MYLABATHULA JOHN KENNEDY	05/03/2002	766425402554
25	20551A4636	MALE	NADELLA VENKATESWARARAO	24/04/2002	960787421998
26	20551A4638	MALE	NERSU SRINIVASARAO	28/11/2001	685684321375
27	20551A4639	MALE	PITTA.RAMANA GOPALA RAO	10/09/2002	430883804234
28	20551A4643	MALE	POTNURU. RAMANA	04/07/2003	294853415495
29	20551A4645	MALE	MADHU KARUNAKARAN	15/07/2002	440361919625
30	20551A4646	MALE	RAMPA SREENIVASA RAO	13/06/2003	941747086863
31	20551A4647	MALE	REPAKA RAJESWARA RAO	02/01/2002	521876420316
32	20551A4648	FEMALE	SANGITA CHITTIBABU	07/06/2003	825909343132
33	20551A4651	MALE	SUREDDI SRINIVAS	13/02/2003	589825644192
34	20551A4652	FEMALE	TAMARAPALLI MURALI KRISHNA	15/02/2004	679172297688
35	20551A4654	FEMALE	THOTA NAGA VENKATA DURGA GANESH RAO	15/11/2003	957136355515

For THE ORIENTAL INSURANCE CO. LTD

THE ORIENTAL INSURANCE CO. LTD. B.O. RJY

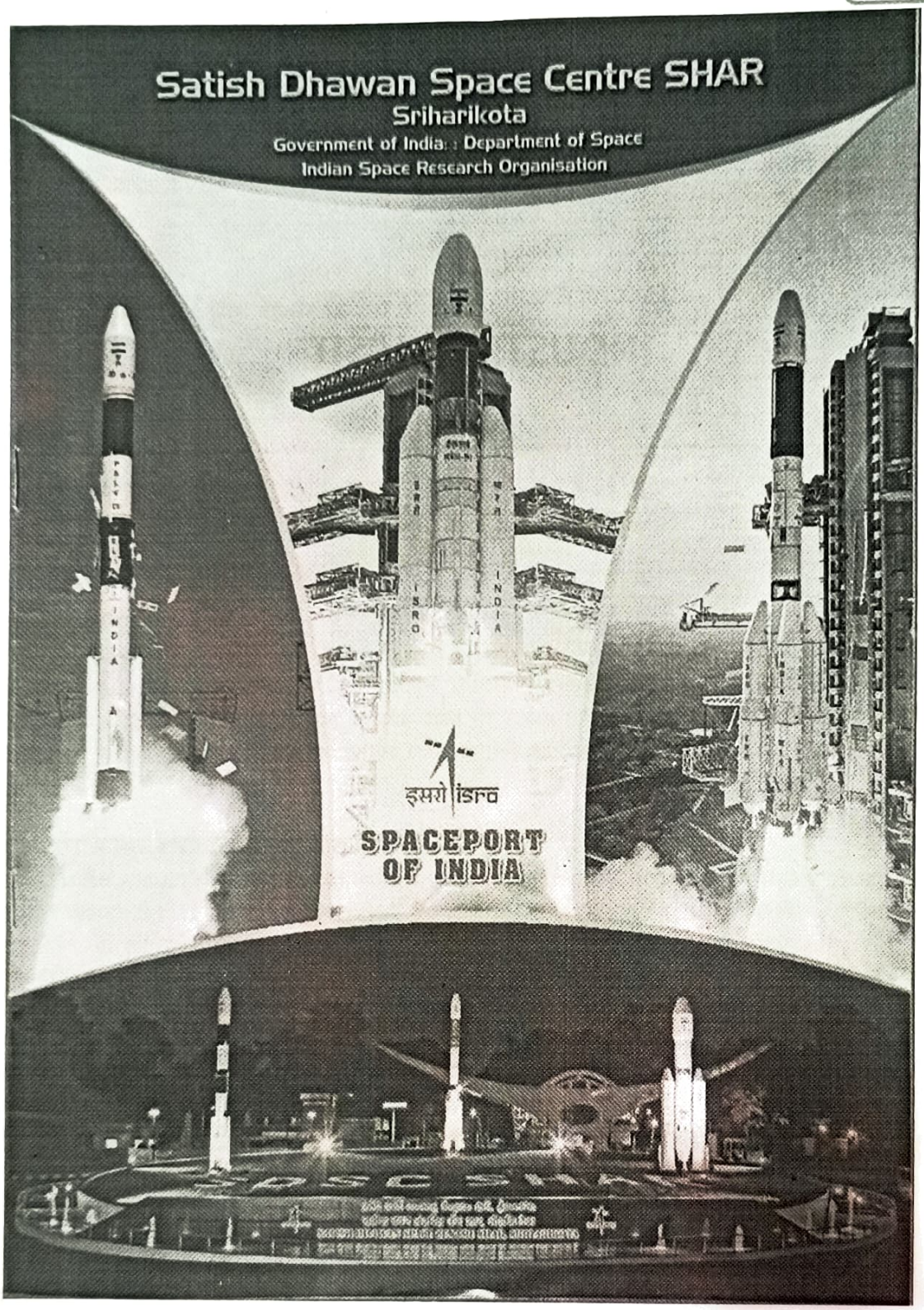
Branch Manager

S.No	Student PIN (B.Tech)	Gender	Father Name as per SSC	Date of Birth	Aadhar number
36	20551A4655	MALE	VUDIYA THAMMAYYA REDDY	08/11/2001	393678981088
37	20551A4656	MALE	VYSYARAJU DHARMARAJU	16/05/2003	618995956696
38	20551A4657	MALE	POLISETTI SRINU	30/12/2001	535643391931
39	20551A4658	MALE	YELLINA PRASAD	19/10/2001	932965083041
40	21555A4605	MALE	UGGU SRINI	07/06/2003	869945758774
41	20551A4203	MALE	ADUSUMILLI VENKATA NARAYANA	04/03/2000	419684607165
42	20551A4206	FEMALE	SURESH KUMAR DUDDUPUDI	30/01/2003	619033045341
43	20551A4207	MALE	BOKKA SRINIVASA RAO	23/09/2002	535651065567
44	20551A4212	FEMALE	DULAM SIVA NAGESWARA RAO	06/06/2002	598348003068
45	20551A4213	FEMALE	DULAM SATYANARAYANA	08/07/2003	864676401051
46	20551A4222	MALE	INTURI PEDDANNA	20/09/2001	970169672706
47	20551A4225	FEMALE	JUREDDI RAMASATYAM	26/10/2001	537710422400
48	20551A4228	FEMALE	KONATHALA GOVINDU	15/06/2001	720010437473
29	20551A4229	MALE	KONDUMAHANTHI VENKATA APPARAO	09/02/2001	919134791841
49	20551A4230	FEMALE	KOTLA SATYANARAYANA	30/11/2002	358051059720
50	20551A4232	MALE	MADHAVARAPU SRINIVAS RAO	24/12/2002	874906503495
51	20551A4233	FEMALE	MALLIPUDI DURGARAO	01/06/2003	361701708620
52	20551A4234	FEMALE	MANDURI SURENDRA BABU	19/12/2003	299481876002
54	20551A4236	MALE	MEDIKONDA.SRINIVASA RAO	19/01/2004	628308671873
55	20551A4237	MALE	MEESALA APPALARAJU	06/01/2002	845450339433
56	20551A4238	MALE	MUDELA SRINIVAS REDDY	22/03/2003	458040587387
57	20551A4239	FEMALE	MULLAPUDI SREENIVASU	13/03/2003	837036343990
58	20551A4240	MALE	MUPPINISETTI THRIMURTHULU	17/09/2001	636226863538
59	20551A4245	MALE	PRODDUTURI VEERANJENUYULU	25/12/2003	577370036021
60	20551A4248	FEMALE	SANNIKANTI YADAGIRI	16/03/2003	948860733326
61	20551A4251	MALE	TATIKONDA SUBRAHMANYAM	01/07/2002	292937199408
62	20551A4254	FEMALE	VELIDI SURYANARAYANA	04/10/2002	664464093950
63	20551A4255	MALE	VENGISETTY SAIDAIAH NAIDU	04/11/2002	526768047759
64	20551A4256	MALE	VUPPALA VENKATA NAGESWARARAO	16/06/2003	295221321591
65	20551A4258	MALE	YARNAGULA KRISHNA RAO	30/09/2003	340636630958
66	20551A4259	MALE	LAKSHMI NARAYANA	19/06/2002	987621226437
67	20551A4261	MALE	PODALAKOORI EDUKONDALU	04/09/2002	771738730145
68	21555A4201	MALE	A. BRAHMAIAH	19/12/2002	368580848570
69	21555A4205	MALE	VARAHA MANI SEKHAR. Y	16/09/2002	661065685127
70	20551A4202	MALE	KOLLI KOTESWARA RAO	28/02/2003	499924160113
71	20551A4204	FEMALE	ATTUNURI APPIREDDY	16/08/2003	895146396738
72	20551A4209	MALE	CHEKURTHI BHASKARA RAO	30/06/2002	840375550661
73	20551A4216	MALE	GEDDA KRISHNA MURTHY NAIDU	19/04/2003	804561496736
74	20551A4231	MALE	MOHAMMAD MUJIBUR REHMAN	30/07/2002	885974321385
75	20551A4242	FEMALE	NALLAMADUGULA BRAHMAJI	15/07/2003	771993599108
76	20551A4252	FEMALE	UPPALA RANGARAO	27/05/2003	880571396017
77	20551A4260	MALE	YVMSV PRASAD	18/05/2003	847868203041
78	emp ID: 5037	FEMALE	W/0 RAMA KRISHNA	28/08/1993	724572778724
79	emp ID: 5017	MALE	S/0 Rama Rao	30/06/1989	292305600992

For THE ORIENTAL INSURANCE CO. LTD

Authorised Signatory

THE ORIENTAL INSURANCE CO. LTD. B.O. RJY


Satish Dhawan Space Centre SHAR
Sriharikota
Government of India : Department of Space
Indian Space Research Organisation
इसरो ISRO
SPACEPORT
OF INDIA

GODAVARIINSTITUTEOFENGINEERINGANDTECHNOLOGY(A)
NH-16,ChaitanyaKnowledgeCity,Rajahmundry

DP-71

A

REPORT

ON

INDUSTRIAL VISIT

TO

ISRO SDSC SHAR

GODAVARI INSTITUTE OF ENGINEERING & TECHNOLOGY(A)

DEPARTMENT OF ECE

Dates: 12, 13& 14 JUNE 2023

GODAVARIINSTITUTEOFENGINEERINGANDTECHNOLOGY(A)
NH-16,ChaitanyaKnowledgeCity,Rajahmundry

DP-71

Event Name: SDSV SHAR_INDUSTRAIL VISIT
Industrial Visit Journey Date : 12/06/2023, 14/06/2023
Date Of Industrial Visit : 13/06/2023

Section-1

Brief report of the Industrial Visit

No: of students: 90

Sl.No	Emp.ID	Name	Department
1	4015	Mr D vijendra Kumar	ECE
2	4039	Mr K. C Naga Raju	ECE
3	2011	Mrs B.Kavya Santhoshi	EEE
4	3068	Mr Shaik Nayeem	MECH
5	3035	Mrs K Gowthami	MECH

OBJECTIVE

The objective of the visit was to provide a Technical Exposure to the students about Space Technology and advancements in Technology. The visit not only provided a good insight into the quality of research happening in the area of space technology but also gave great exposure to the students about the future career prospects and areas of research in applied sciences.

ABOUT ISRO AND SDSC SHAR

ISRO is the primary space agency of India and one of the largest space research organizations in the world. SATISH DHAWAN SPACE CENTRE (SDSC) or SRIHARI KOTA HIGH ALTITUDE RANGE (SHAR) is a rocket launch centre operated by Indian space research organization (ISRO). It is located in sriharikota in Andhrapradesh. The Sriharikota range has been chosen for its proximity to the equator and to use the rotation of the earth .It is close to lake PULIKAT and it is about 100km north of Chennai and close to the BAY OF BENGAL. SDSC SHAR provides the world class launch base infrastructure for national and international customers in accomplishing diverse launch vehicle/Satellite missions for remote sensing, communication, navigation & scientific purposes and is one among the best known names of the spaceports of the world today.

Summary of the Visit:

Two buses with students started from RAJAMAHENDRAVARAM at 7:00 P.M. on 12/06/2023(Monday) and reached Naidupetaat 5 :00 A.M on 13/06/2023about 51Km to Sriharikota, where accommodation was provided to the students and faculty at

AmaravathiGrand Inn hotel. After Breakfast, we started to SDSC SHARand reached there by 9:00 A.M on 13/06/2023(Tuesday).

Got a call from Central Library for security check-up at G1 entry and completed by 9:30 A.M. After several security checks and administrative formalities, Students were taken to MACHINE CONROL CENTER (MCC). In this place, they were shown a video – 'Gateway to Space' – on the ISRO, its history, and the current facilities available.

FACILITIES

It has two satellite launch complex GSLV and PSLV each equipped with liquid propellant including cryo, storage and servicing,integration and launching facilities. A host services like launch vehicle tracking, telemetry, telecommand, mission control,real-time flight data processing, satellite tracking and meteorology/weather forecasting facilities. SDSC SHAR can process spacecraft's upto 5 ton class, while ensuring a rapid launch campaign even for the bigger size payloads. Spacecraft preparation facilities viz., SP-1A, SP-1B, SP-2A, SP-2B available on the ground and SP-3A (MTS), sp-3B (VAB) are used for the carrying out various test on satellite with 100000 class clean rooms. System Reliability (SR) Entry carries out Quality Assurance & Reliability Analysis for the activities in areas of solid motor production & Testing (SMPT), Launch Complex Operation (LCO), Propellant Servicing (PS) and RangeOpearations (RS).

SECOND LAUNCH PAD

In order to provide redundant facility for launching the operational PSLV's, GSLV's and also to have quick turnaround time for launch, an additional launch pad with associated facilities was constructed.It was designed to accommodate, both the present PSLVs, GSLVs, and also heavy launch vehicle configuration such as GSLV-MkIII. With the operationalization of Second Vehicle Assembly Building (SVAB) SDSC SHAR will meets the growing national needs in terms of increased launch frequency. The massive facility (52 m x 70 m x 96 m) is three times bigger than the present VAB at SLP.

FIRST LAUNCH PAD

The first launch pad is primarily for the PLSV launch requirements, later they have been modified for the GSLV launch requirements. It was built on the concept of integrate launch vehicle are brought from their preparation facilities, one after the other and integrated one over the other on the launch pad itself. The MOBILE SERVICE TOWER (MTS) equipped with foldable and vertically repositionable access platforms facilitates the integration activity.

MISSION CONTROL CENTRE

The MISSION CONTROL CENTER (MCC) situated about 6 km away from the launch complex, coordinates and conducts the launch operations during the countdown phase till the injection of the satellite into the orbit. Thereafter the control is taken over by the Master Control Facility (MCF) located at Hassan. The MCC is linked all the ground stations through communication links for the voice and data transmission. The launch preparation on the vehicle is monitored from MCC using multi-channel closed-circuit television system. The well-equipped safety team implements the range safety policies and regulations & monitoring and takes care of all safety aspects of range, ensuring, foolproof safety for personnel and equipment involved, in a very commendable manner.

GODAVARI INSTITUTE OF ENGINEERING AND TECHNOLOGY(A)

NH -16 , CHAITANYA KNOWLEDGE CITY ,RAJAMAHENDRAVARAM-533296

Department of EEE

S.No	Student PIN (B.Tech)	Student Name as per SSC (All Capitals)
1	20551A0207	BODDU HARI PRASAD
2	20551A0218	GOTTIMUKKALA VASISHTA
3	20551A0238	MUSIDIPALLI HARI KRISHNA
4	20551A0253	AVAPATI DURGA PRASANNA
5	20551A0254	BANDARU ISWARYA
6	20551A0257	GANDHAM PURNA VENKATA NAGA MANIKANTA
7	20551A0262	KOMMUSHATTI SAI LAKSHMI
8	20551A0263	KONDRAGUNTA MOUNIKA
9	20551A0265	MANDA YUVA SAI BHASKARA RAMA VEERA AJAY
10	20551A0267	MOHAMMAD IMRAN
11	20551A0273	ORUGANTI NAGA NEELA MANI KRISHNA
12	20551A0286	SANGANA SAI ATCHYUTH
13	20551A0289	SURABOINA SANKEERTHANA
14	20551A0295	VANKA SIMHADRI
15	20551A0297	YEGIREDDI DEEPAK
16	21555A0201	VADDI SIVA SAI KUMAR
17	21555A0203	KOTHALA DIVYATEJA GANGADHAR
18	21555A0223	VASI LAVANYA
19	Emp ID: 2011	Dr. B. Kavya Santhoshi

9/6/23

HOD.EEE
Head of The Department
Electrical & Electronics Engg.
GIET(A), RAJAHMAHENDRAVARAM

Section:- 2 Permission Letter from SDSC-SHAR.

भारत सरकार
अंतरिक्ष विभाग
सतीश धवन अंतरिक्ष केंद्र शार
श्रीहरिकोटा रेंज डा.प. 524 124
श्री पोट्टि श्रीरामुलु नेल्लूर जिला, आं.प्र., भारत
दूरभाष : +91-8623 245060 (6 पं)
फैक्स : +91-8623 222099

इसरो isro

Goverment of India
Department of Space
Satish Dhawan Space Centre SHAR
Shriharikota Range P.O. 524 124
SPSR Nellore Dist., AP, India
Telephone : +91-8623 245060 (6 Lines)
Fax : +91-8623 222099

GD/MSG/Visits/2023

May 27, 2023.

Sub: **Permission for Visiting SDSC SHAR Facilities – Reg.**

****

This has the reference to your email/letter with the above subject. In this regard, kindly note that you may visit the Centre as per the date and time given below:

★	Approval Ref.No.	: **122/2023**
★	Date of Visit	: **13.06.2023 (Tuesday)**
★	Reporting Time	: **09:30 hrs.**
★	No. of Persons Permitted	: **Max. 100 only (Including Staff & Vehicle Crew)**

Kindly confirm your visit either by Fax 08623-225082 or e-mail: ppo@shar.gov.in. If no confirmation is received (along with the visitors list) from Department of ECE, Godavari Institute of Engineering & Technology, Rajamahendravaram, on or before 05.06.2023, we presume that you have dropped your programme.

Please go through the General Guidelines printed over-leaf for further details.

For any queries / help, please do not hesitate to write / contact us (Ph No 08623 – 226092 / **e-mail: ppo@shar.gov.in**)

Wishing you a happy visit.

With regards

(P Gopi Krishna)
Group Director, MSG
P. Gopi Krishna
Group Director
MSG
SDSC SHAR

To
Head of the Department, ECE
Godavari Institute of Engineering & Technology
Rajamahendravaram.

GODAVARIINSTITUTEOFENGINEERINGANDTECHNOLOGY(A)
NH-16,ChaitanyaKnowledgeCity,Rajahmundry

An Autonomous Institution
NBA Accredited & NAAC A+

DP-71

Section:-3.

List of Faculty & Students who visited SDSC-SHAR.

GODAVARI INSTITUTE OF ENGINEERING AND TECHNOLOGY(A)
NH-16 , CHAITANYA KNOWLEDGE CITY ,RAJAMAHENDRAVARAM-533296

An Autonomous Institution
NBA Accredited & NAAC A+

S.No	Student Name/Staff Name(Capital letters)	Age	Branch & year	Aadhar No.	Organization ID No.(Pin number)	Contact number
1	UDIMUDI SITA SURYA LAKSHMI SRI SANDHYA	20	ECE & IV	418749560531	20551A0454	9391324896
2	VAJAPAYYZULA RAGHU RAM PRASAD	21	ECE & IV	437493712270	20551A0462	9392334519
3	ADABALA VENKATA NAVEEN	21	ECE & IV	636126842589	20551A0464	6302647979
4	ALAPATY SAI VENKATA SUPRIYA	21	ECE & IV	877364942427	20551A0465	8639595529
5	GAADI PRAMEELA	22	ECE & IV	547379431293	20551A0480	7993262553
6	GUDE GIRISH AMBICA KOWSHIK	20	ECE & IV	694915257560	20551A0483	8639068905
7	R HEMA SAI RATNA SRI	20	ECE & IV	978385243492	20551A04B1	7993144955
8	MADDIPOTI VEERENDRNATH CHOWDARY	22	ECE & IV	239543195891	20551A04B3	9666324624
9	SHAIK SHAROOQ	20	ECE & IV	587268504610	20551A04B4	9391487052
10	SOADASANI YUGANDHAR SAI RAM	22	ECE & IV	542944299808	20551A04B5	6300524772
11	SAI SIVA KOUSIK TELIDEVARA	19	ECE & IV	468642251998	20551A04B6	9441155226
12	TIPPANABOINA S V PAVAN KALYAN	21	ECE & IV	555537449575	20551A04B7	9502819579
13	TUMULURI VENKATA SAI SREYANSH	20	ECE & IV	677258246558	20551A04B8	7659928228
14	VANGURI RAGHAVA SRI RAM	20	ECE & IV	844699650807	20551A04C0	8185814755
15	VIPPARTHY GUNA VENKATESH	20	ECE & IV	934473031344	20551A04C2	8143760552
16	ADAPA JNANESWAR	21	ECE & IV	356942082363	20551A04C9	9502224555
17	ADDAGALLA SUBBA PAVAN GOWTHAM	19	ECE & IV	658377643833	20551A04D0	9390013228
18	ADIGARLA MEGHANA LAXMI PRIYA	20	ECE & IV	989266011949	20551A04D1	7013524480
19	BATTULA ROHITH S S S G SWAMY	19	ECE & IV	529135750536	20551A04D2	9014161001
20	CHAMARTHI DEEKSHITHA	21	ECE & IV	527776409052	20551A04D6	8688740859
21	CHAVALA ENOSH	20	ECE & IV	748071214641	20551A04D7	9347703873
22	DAPARTHI NAGA SANTHOSH	21	ECE & IV	561414833107	20551A04D9	6305042880
23	DEVATHA JISHMITHA	21	ECE & IV	676857095171	20551A04E1	7013581013
24	DUPANA BHAGYASREE	20	ECE & IV	664068124373	20551A04E3	7702332240
25	GUDALA SAI SATYA SUDHEER	20	ECE & IV	553119042944	20551A04E4	8897411996
26	GULLIPALLI DURGA SIVA SAI VENKATA	20	ECE & IV	233413414505	20551A04E9	6301288794
27	KOLAPARTHI NAVEEN BABU	20	ECE & IV	263377402068	20551A04F2	9347997438
28	KOLISETTI SAI ALEKHYA	20	ECE & IV	242026856997	20551A04F3	8074355962
29	MANDAPATI VINOD	20	ECE & IV	852222507695	20551A04F7	8179357337
30	MATTA NAVEENA	21	ECE & IV	242834648117	20551A04F9	8143929336
31	POLISETTY VAMSI PAVAN KUMAR	20	ECE & IV	787725618862	20551A04G4	79930 01318
32	PUVVALA DU SAI RAMA KRISHNA	21	ECE & IV	848732182023	20551A04G6	7396638794

33	RATNALA VENNELA	21	ECE & IV	524171683439	20551A04G8	7386123635
34	SEERAM JAYAABHIRAM	20	ECE & IV	537601247402	20551A04G9	8247570943
35	SODA KALYANI	21	ECE & IV	665549940505	20551A04H1	8247243466
36	VEERAMSETTI LEELA SRI ADITHYA SAI	21	ECE & IV	809333421688	20551A04H9	9919816390
37	AAVULA NAGESHWAR REDDY	21	ECE & IV	227204591858	20551A04C6	9908165968
38	MANCHIMI JAYARAJU	21	ECE & IV	931090103298	20551A04F6	9573927998
39	GUTTULA VEERA VENKATA VAMSI KRISHNA	19	ECE & III	522987375251	21551A0409	9603594245
40	TENTU VINAY KUMAR	18	ECE & III	316559260156	21551A04C1	6309470630
41	RANGANI DIVYA REDDY	18	ECE & III	979854316596	21551A0447	9701850527
42	SHAIK SARDHAR		ECE & IV	991136466578	20551A04F5	9346583012
43	BODDU HARI PRASAD	20	EEE & IV	481022536021	20551A0207	7032424955
44	GOTTIMUKKALA VASISHTA	21	EEE & IV	483748811483	20551A0218	9299632466
45	MUSIDIPALLI HARI KRISHNA	21	EEE & IV	697034158054	20551A0238	7095350690
46	JAYAPATI DURGA PRASANNA	20	EEE & IV	640019188502	20551A0253	7330944128
47	BANDARU ISWARYA	21	EEE & IV	789822729288	20551A0254	6303582227
48	GANDHAM PURNA VENKATA NAGA MANIKANTA	21	EEE & IV	931371663920	20551A0257	8187017357
49	KOMMUSHATTI SAI LAKSHMI	20	EEE & IV	924984740476	20551A0262	9515285302
50	KONDRAGUNTA MOUNIKA	21	EEE & IV	2416 6366 1720	20551A0263	8790418852
51	MANDA VEERA SAI BHASKARA RAMA VEERA AJAY	21	EEE & IV	823917301029	20551A0265	9949637497
52	MOHAMMAD IMRAN	20	EEE & IV	692029303433	20551A0267	9618210863
53	GUDIGANTI NAGA NEELA MANI KRISHNA	21	EEE & IV	953571556839	20551A0273	7981616588
54	KOLLANA SAI ATCHYUTH	20	EEE & IV	508663572950	20551A0286	9848704426
55	KORRAPOLU SANKEERTHANA	21	EEE & IV	492897699025	20551A0289	6309447282
56	PASALA SUSHMORE	21	EEE & IV	240204552360	20551A0295	6281265266
57	VEGIREDDI DEEPAK	21	EEE & IV	907801488589	20551A0297	8688608162
58	[illegible] KUMAR	21	EEE & IV	481660073881	21555A0201	8500874901
59	KOTHALA DIVYATEJA GANGADHAR	21	EEE & IV	277028441420	21555A0203	7995843823
60	VASI LAVANYA	21	EEE & IV	623273415716	21555A0223	9959853858
61	ADITYA PASWA	21	MECH & IV	439495137853	20551A0302	6200817496
62	GURUJU LOHITH	21	MECH & IV	253709930304	20551A0315	8688133085
63	KARRI SANDEEP	19	MECH & IV	225852451969	20551A0317	9346362200
64	L SUDHEER KUMAR YADHAV	21	MECH & IV	348568177703	20551A0323	7032525328
65	MEDASANI SIVA SAI KISHORE	21	MECH & IV	628557801581	20551A0328	9573377593

66	SUMIT KUMAR	21	MECH & IV	[illegible]	[illegible]	[illegible]
67	TALLURI DURGA MAHA LAKSHMI	21	MECH & IV	[illegible]	[illegible]	[illegible]
68	UDLA ASHOKKUMAR	22	MECH & IV	[illegible]	[illegible]	[illegible]
69	KOSALA RAVIKUMAR	20	MECH & IV	[illegible]	[illegible]	[illegible]
70	NOWTH ARJUN KUMAR	21	MECH & IV	[illegible]	[illegible]	[illegible]
71	PALLI RAMBABU	20	MECH & IV	[illegible]	[illegible]	[illegible]
72	KANTAGANI KRISHNAM	21	MECH & IV	[illegible]	[illegible]	[illegible]
73	KADAGADALA MANIKANTA	20	MECH & IV	[illegible]	[illegible]	[illegible]
74	KOMPANNA VEERABHADRA CHANDRA SEKH	19	MECH & IV	[illegible]	[illegible]	[illegible]
75	KAKKADASU TARUN MANIKANTA	19	MECH & IV	[illegible]	[illegible]	[illegible]
76	KALLIDINESHKAR	19	MECH & IV	[illegible]	[illegible]	[illegible]
77	PRATTIPATI SRIRAM	20	MECH & IV	[illegible]	[illegible]	[illegible]
78	ILLIGADDALA VENKATA SARATH KUMAR	20	MECH & IV	[illegible]	[illegible]	[illegible]
79	ISHAIK RIYAZ	21	MECH & IV	[illegible]	[illegible]	[illegible]
80	ADAPA CHANDRA ABHISHEK	19	MECH & II	[illegible]	[illegible]	[illegible]
81	BADE SASIKIRAN	19	MECH & II	[illegible]	[illegible]	[illegible]
82	BODDU VENKATESH	20	MECH & II	[illegible]	[illegible]	[illegible]
83	KOTA NITHIN SANDEEP	19	MECH & II	[illegible]	[illegible]	[illegible]
84	MARRI DURGA PRASAD	21	MECH & II	[illegible]	[illegible]	[illegible]
85	PANTAGOLUSULA SAI PRAVEEN	22	MECH & II	[illegible]	[illegible]	[illegible]
86	PAREPALLI SAI TEJA	20	MECH & II	[illegible]	[illegible]	[illegible]
87	TELLAKULA SIVASOMANI SANKAR	20	MECH & II	[illegible]	[illegible]	[illegible]
88	UKOTYTI UMAMAHESH	18	MECH & II	[illegible]	[illegible]	[illegible]
89	SRIPADAM PRASANNAKUMAR	21	MECH & II	[illegible]	[illegible]	[illegible]
90	BUDDHA VACHAN SATYANARAYAN	18	MECH & II	[illegible]	[illegible]	[illegible]
91	Dr. B. KAVYA SANTHOSHI	32	EEE	[illegible]	EMP ID 201	[illegible]
92	NARENDRA KUMAR DANDAMUDI	36	EEE	[illegible]	EMP ID 2011	[illegible]
93	K C N RAJU	33	EEE	[illegible]	EMP ID 2013	[illegible]
94	VEDAPRISETTI GOWTHAMI	31	Mechanical	[illegible]	EMP ID 2018	[illegible]
95	SHAIK NAYEEM	39	Mechanical	[illegible]	EMP ID 2008	[illegible]

HOD - ECE
Department of ELECTRONICS & COMMUNICATION ENGINEERING
GODAVARI INSTITUTE OF ENGINEERING & TECHNOLOGY (A)
Rajamahendravaram-533296.

VICE - PRINCIPAL
VICE-PRINCIPAL
GODAVARI INSTITUTE OF ENGINEERING & TECHNOLOGY
NH-16, CHAITANYA KNOWLEDGE CITY
RAJAHMUNDRY-533 296 A.P.

PRINCIPAL
PRINCIPAL
Godavari Institute of Engineering & Technology (Autonomous)
NH-16, Chaitanya Knowledge City
RAJAMAHENDRAVARAM-533296

This Document is Digitally Signed

Signer: SUNIL [illegible]
Date: 01 Jun 2024 12:2[illegible] IST
Location: NOIDA
Reason: Signing [illegible] OICL

POLICY SCHEDULE

Janata Personal Accident (Group) Insurance

IRDA/NL-HLT/ORC/P-P/V 1/28/14-15

Policy No	: 462803/47/2024/38	**Prev Policy No**	:
Cover Note No	:	Cover Note Date	:
Insured's Code	: 170425619	Issue Office Code	: 462803
Insured's Name	: THE PRINCIPAL,GODAVARI INSTITUTE OF ENGINEERING AND TECHNOLOGY(A) (GSTIN: 0)	Issue Office Name	: CBO RAJAHMUNDRY (GSTIN 37AAACT0627R4ZV)
Address	: NH -16 , CHAITANYA KNOWLEDGE CITY ,RAJAMAHENDRAVARAM EASTGODAVARI ANDHRA PRADESH 533294	Address	: DOOR NO. 28-1-33, BHARAT COMPLEX ARYAPURAM, RAJAHMUNDRY - 533104 ANDHRA PRADESH 533104
Tele/Fax/Email	: / / 0 / NA	Tele/Fax/Email	: 0883-2479118 / 9440193131 / / 462803@orientalinsurance.co.in; arif.raja@orientalinsurance.co.in

Agent/Broker Details

Dev.Off Code	: NG0000000370 M V NAGA MOHAN
Agent/Broker	: BA0000045948 K.PADMAVATHI
Address	: 49-13-13, NEAR POST OFFICE, GANDHIPURAM,RAJAHMUNDRY, EASTGODAVARI,ANDHRA PRADESH,533101
Tel/Fax/Email	: 9848066572/9848066572//padmavathi4594@gmail.com

Period of Insurance : FROM 00:00 ON 10/06/2023 TO MIDNIGHT OF 09/06/2024

Collection No & Dt : CC 906100067 09/06/2023 GST INVOICE NO :372237601 UIN : 0

Gross Premium : 5,700 : 0 Stamp Duty : 5 Total : 5,700

Risk Information

S.No	No of Persons	Sum Insured Per Person	Total Sum Insured
1	95	1,00,000	95,00,000

Details of Insured Persons is as per the enclosed list .

SCHEDULE OF PREMIUM

Description	Sum Insured	Premium
Janata Personal Accident Cover		
TOTAL PREMIUM	95,00,000	5,700.00
STAMP DUTY		5,700.00
TOTAL AMOUNT		0.50
		5,700.00

Total Sum Insured In Words : Indian Rupees Ninety-Five Lakhs Only

Total Premium In Words : Indian Rupees Five Thousand Seven Hundred Only

The Insurance under this Policy, in addition to the following special condition(s) is subject to general terms, conditions, clauses, warranties specified in Janata Personal Accident Insurance policy attached hereto. This schedule and policy are to be read together

Place :

Date : 09/06/2023

For and on behalf of
The Oriental Insurance Company Limited

In case of any query regarding the Policy please call Toll Free No. 1800 11 6485 and 011 33208483.

Authorised Signatory

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

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

GODAVARIINSTITUTEOFENGINEERINGANDTECHNOLOGY(A)
NH-16,ChaitanyaKnowledgeCity,Rajahmundry

DP-71

This Document is Digitally Signed

Attached to and forming part of policy number 462803/47/2024/38

Maximum Liability Per Insured Under This Policy Under Any Circumstances Shall Be Limited To Sum Insured Set Forth Against Respective Individual Insured

Death / Disablement Should Result Within 12 Months From The Date Of Accident.

In the event of a claim under the policy exceeding Rs.1lac or a claim for refund of premium exceeding Rs1lac,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.

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 abinitio (from inception)

In witness whereof the undersigned being authorised by and on behalf of the company has/have herein to set his/their hands at CBO RAJAHMUNDRY (GSTIN: 37AAACT0627R4ZV) on 09TH DAY OF JUNE 2023

Entered By : D PAUL REDDY

Examined By : Srinivasa Rao Pothina

For and on behalf of
The Oriental Insurance Company Limited

Policy Printed By : OICL

Policy Printed On : 09-JUN-23 12:28:57

IP :

MAC :

Authorised Signatory

Place :

Date : 09/06/2023

For and on behalf of
The Oriental Insurance Company Limited

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 Rupees

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

9/6/23
Rajahmundry

To

The Principal
GIET(A)
Rajahmundry

Respected Sir,

Sub: Visiting SDSC-SHAR, Sriharikota - Travelling insurance - EEE department - Reg

With reference to the subject cited above, EEE department was accorded permission from the authorities of SDSC-SHAR to visit the facilities on 13th June 2023 (Tuesday).

In this regard, we attach the list of students (18) and staff (1 member) who have taken the travelling insurance from EEE department. This is for your kind perusal.

Thanking you,

Yours faithfully,

B Kavya
9/6/23

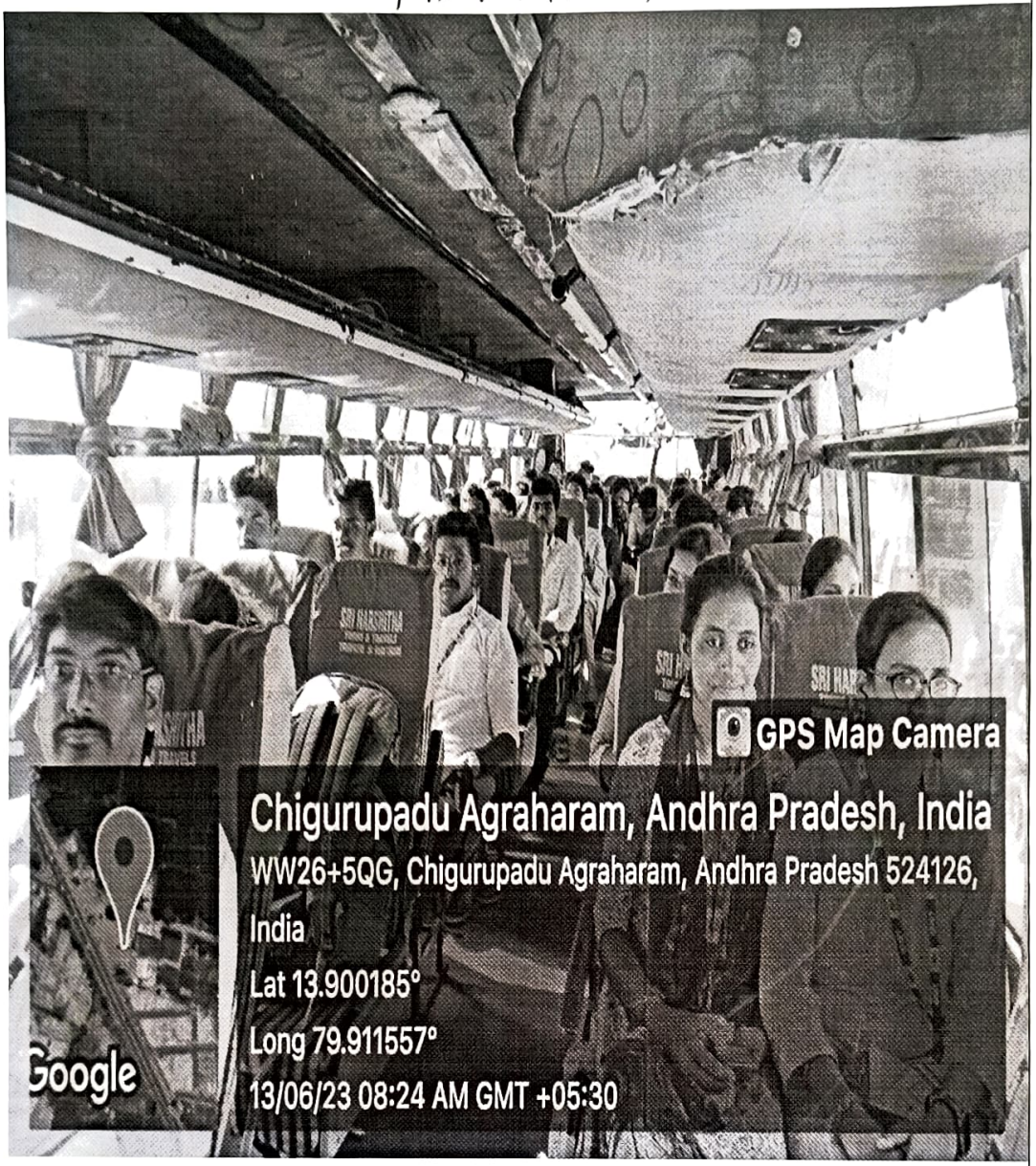
Godavari Institute of Engineering & Technology
for your kind perusal
9/6/23

09/06/23

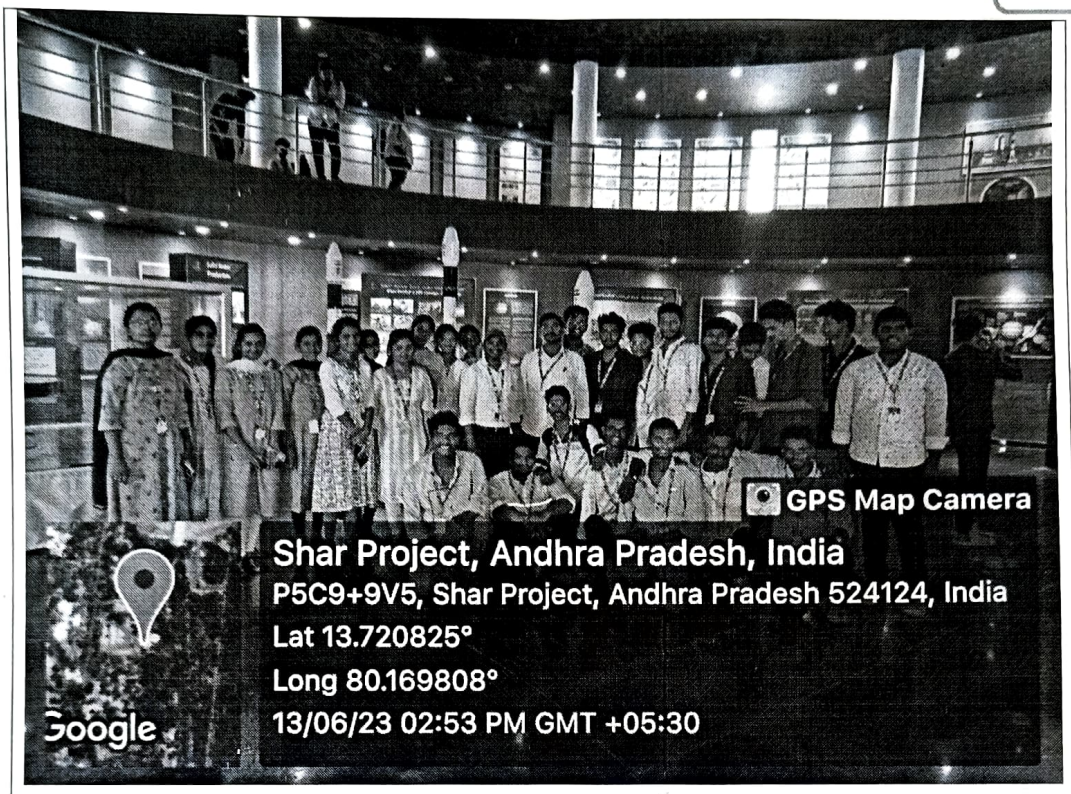
VICE-PRINCIPAL
GODAVARI INSTITUTE OF
ENGINEERING & TECHNOLOGY
NH-16, CHAITANYA KNOWLEDGE CITY

DP-71

PHOTOGRAPHY.




GPS Map Camera
Sriharikota, Andhra Pradesh, India
P5F7+JH3, Sriharikota, Andhra Pradesh 524124, India
Lat 13.724133°
Long 80.162931°
13/06/23 09:16 AM GMT +05:30
Google


GPS Map Camera
Shar Project, Andhra Pradesh, India
P5C9+9V5, Shar Project, Andhra Pradesh 524124, India
Lat 13.720825°
Long 80.169808°
13/06/23 02:53 PM GMT +05:30
Google

Concluding of this Industrial Visit:
Students experienced realtime environment of SDSC SHAR facilities.

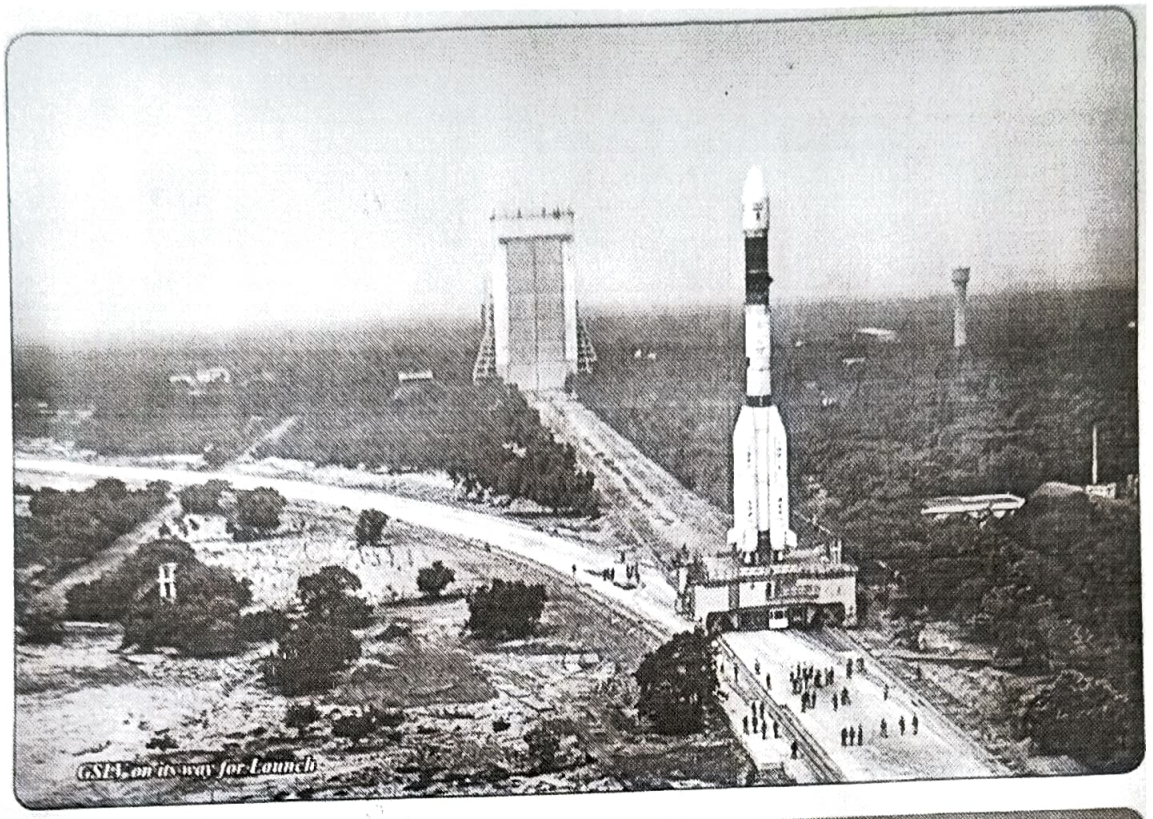
The Centre has two launch pads from where the rocket launching operations of PSLV and GSLV are carried out. The mandate for the centre is (i) to produce solid propellant boosters for the launch vehicle programmes of ISRO (ii) to provide the infrastructure for qualifying various subsystems and solid rocket motors and carrying out the necessary tests (iii) to provide launch base infrastructure for satellites and launch vehicles.

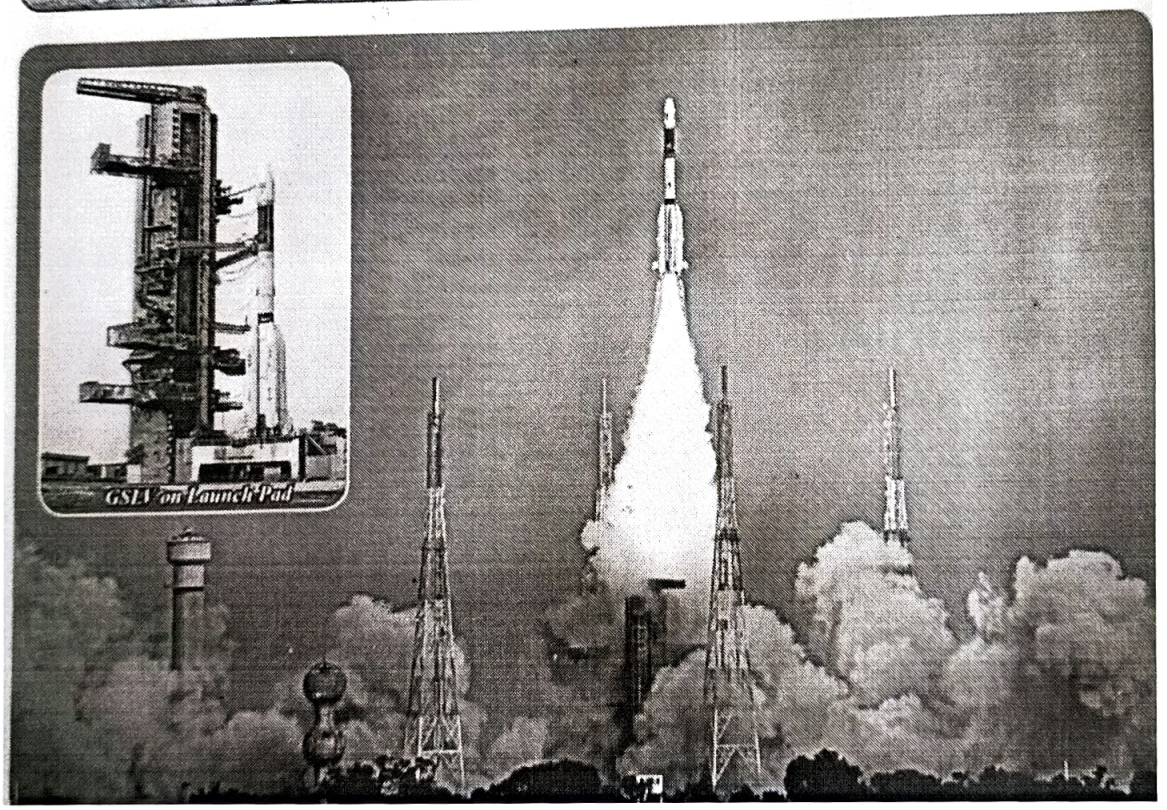
Coordinator: Mr D VIJENDRA KUMAR 16/6/23

Head Of The Department: Dr B Srinivas Raja

Signature with date 16/6/2023

Head of the Department
Department of
ELECTRONICS & COMMUNICATION ENGG.
GODAVARI INSTITUTE OF
ENGINEERING & TECHNOLOGY (A)
Rajamahendravaram-533 296.


GSLV on its way for Launch


GSLV on Launch Pad

07/06/2023.
Rajahmundry.

TO
The principal,
GIET(A),
Rajahmundry.

Respected sir,

Sub:- visiting SDSC - SHAR, Sriharikota - travelling insurance - Mech. Engg Dept-reg

with reference to the subjected cited above, Mech. Engg Department was accorded permission from the authorities Of SDSC-SHAR to visit the facilities on 13th June 2023 (Tuesday).

In this regard, we attach the list of Students (30) & staff (2 members) who taken the travelling insurance from the Mech. Engg. Department.

This is for your kind perusal.

Thanking you sir,

Yours sincerely,

9/6/2023

Head of the Department
Mechanical Engineering
GIET (A), RAJAHMUNDRY A.P

Mr. SK. Nayeem and Ms. K. Gauthami are deputed for industrial tour

POLICY SCHEDULE

Janata Personal Accident (Group) Insurance

IRDA/NL-HLT/OIC/P-P/V.1/25/14-15

Policy No	: **462803/47/2024/38**	**Prev Policy No**	:
Cover Note No	:	Cover Note Date	:
Insured's Code	: **170425619**	Issue Office Code	: 462803
Insured's Name	: **THE PRINCIPAL,GODAVARI INSTITUTE OF ENGINEERING AND TECHNOLOGY(A) (GSTIN: 0)**	Issue Office Name	: CBO RAJAHMUNDRY (GSTIN: 37AAACT0627R4ZV)
Address	: NH -16 , CHAITANYA KNOWLEDGE CITY ,RAJAMAHENDRAVARAM EASTGODAVARI ANDHRA PRADESH 533294	Address	: DOOR NO. 29-1-33, BHARAT COMPLEX ARYAPURAM, RAJAHMUNDRY - 533104 ANDHRA PRADESH 533104
Tele/Fax/Email	: / / 0 / NA	Tele/Fax/Email	: 0883-2479118 / 9440153131 / / 462803@orientalinsurance.co.in; arif.raja@orientalinsurance.co.in

Agent/Broker Details

Dev.Off.Code	: **NG0000000370 M V NAGA MOHAN**
Agent/Broker	: **BA0000045946 K.PADMAVATHI**
Address	: **49-13-13, NEAR POST OFFICE,,GANDHIPURAM,RAJAHMUNDRY.,EASTGODAVARI,ANDHRA PRADESH,533101**
Tel/Fax/Email	: **9848065572/9848065572//padmavathi45946@gmail.com**

Period of Insurance: FROM 00:00 ON 10/06/2023 TO MIDNIGHT OF 09/06/2024

Collection No & Dt : CC 9061000579 - 09/06/2023 GST INVOICE NO :372237601 UIN :0

Gross Premium : 5,700 : 0 Stamp Duty : .5 Total : 5,700

Risk Information

S no	No of Persons	Sum Insured Per Person	Total Sum Insured
1	95	1,00,000	95,00,000

Details of Insured Persons is as per the enclosed list .

SCHEDULE OF PREMIUM

Description	Sum Insured	Premium
Janata Personal Accident Cover	95,00,000	5,700.00
TOTAL PREMIUM		5,700.00
STAMP DUTY		0.50
TOTAL AMOUNT		5,700.00

Total Sum Insured In Words : Indian Rupees Ninety-Five Lakhs Only

Total Premium In Words : Indian Rupees Five Thousand Seven Hundred Only

The Insurance under this Policy, in addition to the following special condition(s) is subject to general terms, conditions, clauses, warranties specified in Janata Personal Accident Insurance policy attached hereto. This schedule and policy are to be read together.

Place :

Date : 09/06/2023

IRDA-REGNO-556

For and on behalf of
The Oriental Insurance Company Limited

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

Authorised Signatory

Attached to and forming part of policy number 462803/47/2024/38

Maximum Liability Per Insured Under This Policy Under Any Circumstances Shall Be Limited To Sum Insured Set Forth Against Respective Individual Insured
Death / Disablement Should Result Within 12 Months From The Date Of Accident.
In the event of a claim under the policy exceeding Rs.1lac or a claim for refund of premium exceeding Rs1lac,the insured will comply with the provisions of the AML policy of the Company.The AML policy is available in all our operaing Offices as well as company's website.

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 abinitio (from inception).

In witness whereof the undersigned being authorised by and on behalf of the company has/have herein to set his/their hands at CBO RAJAHMUNDRY (GSTIN: 37AAACT0627R4ZV) on 09TH DAY OF JUNE 2023

Entered By : D.PAUL REDDY

Examined By : Srinivasa Rao Pothina

For and on behalf of
The Oriental Insurance Company Limited

Policy Printed By : OICL

IP :

Policy Printed On : 09-JUN-23 12:28:57

MAC :

Authorised Signatory

Place :

Date : 09/06/2023

IRDA-REGNO-556

For and on behalf of
The Oriental Insurance Company Limited

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

Authorised Signatory