


BHARTI AXA GENERAL INSURANCE COMPANY LTD
 1 st Floor, Suma House Plot
 No-94/7, Bhanderkar Road,
 Erandwane, Pune - 411004.
 Tel: 020-41463000 Fax: 020-41463001
 Email: customer.service@bharti-axagi.co.in

TAX INVOICE
CLIENT COPY
Original

POLICY INFORMATION		Policy No. : GHS/Q0110072/82 () GROUP HEALTH POLICY INDIA
Source : (02) 82000035 Prudent Insurance Brokers Pvt. Ltd.		
Insured : INDIAN INSITUTE OF MANAGEMENT NAGPUR (15135290)		
Advice to : INDIAN INSITUTE OF MANAGEMENT NAGPUR 1 VNIT CAMPUS SOUTH AMBAZARI ROAD AMBAZARI NAGPUR-440010 NAGPUR		
Period Of Insurance : From 09/06/2018 To 08/06/2019		
Bill No. : 305814		
Bill Currency : INDIAN RUPEE		
Bill Period : 09/06/2018 To 08/06/2019		
Bill Frequency : ANNUAL		
Issue Date : 15/06/2018		
Gross Premium	GST	Total Payable
192,500.00	34,650.00	227,151.00
Premium Details (INR)		
Plan/Product		Premium
001 SELF		
HOSP HOSPITALISATION & SURGICAL		192,500.00
Gross Premium (INR)		192,500.00
BHARTI AXA GENERAL INSURANCE COMPANY LTD  Authorized Signatory		
Issued by - INB0799 On 15/06/2018		(R)

BHARTI AXA GENERAL INSURANCE COMPANY LTD

1st Floor, Ferns Icon, Survey No.28, Doddanekundi, Bangalore - 560037. INDIA. IRDA Regn. No.139
Tel: 91 80 40260100 Fax: 80 40260101 Email: customer.service@bharti-axagi.co.in

POLICY INFORMATION		Policy No. : GHS/Q0110072/82 () GROUP HEALTH POLICY INDIA
Source	:	02 82000035 Prudent Insurance Brokers Pvt. Ltd.
Insured	:	INDIAN INSITUTE OF MANAGEMENT NAGPUR (15135290)
Advice to	:	INDIAN INSITUTE OF MANAGEMENT NAGPUR 1 VNIT CAMPUS SOUTH AMBAZARI ROAD AMBAZARI NAGPUR-440010 NAGPUR
Period Of Insurance	:	From 09/06/2018 To 08/06/2019
Bill No.	:	305814
Bill Currency	:	INDIAN RUPEE
Bill Period	:	From 09/06/2018 To 08/06/2019
Bill Frequency	:	ANNUAL
Issue Date	:	15/06/2018

MEMBER DETAILS																			
Name of Member	Member No.	Age	DOB	Sex	FC	EMP No.	MC	Plan No.	Plan No.	Plan No.	Plan No.	Bank Acct. No.	Effective Date	ID No.	Premium Details (INR)				Total Premium (INR)
AALOK NANDKUMAR BHAGWAT	00005 - 00	26	10/11/1992	M	A	5		001					09/06/2018	Q011007200004	3,500.00				3,500.00
ABHISHEK CHOUDHARY	00011 - 00	26	10/03/1993	M	A	13		001					09/06/2018	Q011007200010	3,500.00				3,500.00
ABHISHEK GUPTA	00018 - 00	28	26/12/1990	M	A	21		001					09/06/2018	Q011007200017	3,500.00				3,500.00
ABHISHEK KUMAR	00049 - 00	25	15/04/1994	M	A	66		001					09/06/2018	Q011007200048	3,500.00				3,500.00
ADITYA NARAYANAN C	00009 - 00	27	20/05/1992	M	A	11		001					09/06/2018	Q011007200008	3,500.00				3,500.00
AJAY KRISHNAN R	00028 - 00	27	05/07/1991	M	A	31		001					09/06/2018	Q011007200027	3,500.00				3,500.00
AMAN ARORA	00003 - 00	27	19/08/1991	M	A	3		001					09/06/2018	Q011007200002	3,500.00				3,500.00
AMIT KUMAR UPADHYAY	00043 - 00	28	15/01/1991	M	A	52		001					09/06/2018	Q011007200042	3,500.00				3,500.00
ANAND DEV	00012 - 00	26	05/08/1992	M	A	14		001					09/06/2018	Q011007200011	3,500.00				3,500.00
ANKUR BANERJEE	00004 - 00	28	21/01/1991	M	A	4		001					09/06/2018	Q011007200003	3,500.00				3,500.00
ANKUR KUSHVAHA	00022 - 00	29	29/05/1990	M	A	25		001					09/06/2018	Q011007200021	3,500.00				3,500.00
ARGHYA SARKAR	00034 - 00	28	17/04/1991	M	A	41		001					09/06/2018	Q011007200033	3,500.00				3,500.00
ARKADIPTA DEBNATH	00002 - 00	25	17/12/1993	M	A	2		001					09/06/2018	Q011007200001	3,500.00				3,500.00

INDIAN INSITUTE OF MANAGEMENT NAGPUR										Policy No. : GHS/Q0110072/82 ()									
MEMBER DETAILS																			
Name of Member	Member No.	Age	DOB	Sex	FC	EMP No.	MC	Plan No.	Plan No.	Plan No.	Plan No.	Bank Acct. No.	Effective Date	ID No.	Premium Details (INR)				Total Premium (INR)
AVINASH KUMAR	00050 - 00	28	24/06/1990	M	A	68		001					09/06/2018	Q011007200049	3,500.00				3,500.00
CHIRAG	00051 - 00	26	15/11/1992	M	A	69		001					09/06/2018	Q011007200050	3,500.00				3,500.00
DHOPRE SACHIN PARMESHU	00013 - 00	26	15/09/1992	M	A	16		001					09/06/2018	Q011007200012	3,500.00				3,500.00
DSILVA JASAN JAMES	00014 - 00	26	19/09/1992	M	A	17		001					09/06/2018	Q011007200013	3,500.00				3,500.00
GAURAV AGRAWAL	00001 - 00	26	06/05/1993	M	A	1		001					09/06/2018	Q011007200000	3,500.00				3,500.00
HARISH KONDA	00021 - 00	26	19/08/1992	M	A	24		001					09/06/2018	Q011007200020	3,500.00				3,500.00
ISHANI SRIVASTAVA	00038 - 00	28	11/03/1991	F	A	45		001					09/06/2018	Q011007200037	3,500.00				3,500.00
JAYAVIGNESH R	00027 - 00	28	28/03/1991	M	A	30		001					09/06/2018	Q011007200026	3,500.00				3,500.00
JAYENDRA NATH SAHU	00032 - 00	27	27/09/1991	M	A	38		001					09/06/2018	Q011007200031	3,500.00				3,500.00
K RADHA KRISHNA VARMA	00045 - 00	27	23/12/1991	M	A	57		001					09/06/2018	Q011007200044	3,500.00				3,500.00
KUNAL KUMAR	00052 - 00	28	07/07/1990	M	A	70		001					09/06/2018	Q011007200051	3,500.00				3,500.00
KUSHAL LAXMICHAND GANGAR	00015 - 00	26	21/09/1992	M	A	18		001					09/06/2018	Q011007200014	3,500.00				3,500.00
LOIYA ADITYA MANOJ	00023 - 00	26	26/07/1992	M	A	26		001					09/06/2018	Q011007200022	3,500.00				3,500.00
MAMYALA SAI ANUSHA	00024 - 00	25	22/07/1993	F	A	27		001					09/06/2018	Q011007200023	3,500.00				3,500.00
MOHAMMED SOHAIL	00025 - 00	26	03/03/1993	M	A	28		001					09/06/2018	Q011007200024	3,500.00				3,500.00
MOHANAKRISHNAN	00053 - 00	24	06/06/1995	M	A	71		001					09/06/2018	Q011007200052	3,500.00				3,500.00
MOHNISH VOHRA	00047 - 00	27	29/11/1991	M	A	59		001					09/06/2018	Q011007200046	3,500.00				3,500.00
OMSHREE SHAM SAWANT	00035 - 00	29	23/02/1990	M	A	42		001					09/06/2018	Q011007200034	3,500.00				3,500.00
PRATEEK TYAGI	00042 - 00	26	25/12/1992	M	A	51		001					09/06/2018	Q011007200041	3,500.00				3,500.00
PRATNIK GOSWAMI	00016 - 00	28	20/10/1990	M	A	19		001					09/06/2018	Q011007200015	3,500.00				3,500.00
RAJNISH ANAND	00054 - 00	26	31/08/1992	M	A	72		001					09/06/2018	Q011007200053	3,500.00				3,500.00
RAVINDER PRATAP SINGH	00037 - 00	27	29/10/1991	M	A	44		001					09/06/2018	Q011007200036	3,500.00				3,500.00
RAVURI ANURAG	00029 - 00	26	02/10/1992	M	A	33		001					09/06/2018	Q011007200028	3,500.00				3,500.00
RISHAV RAJ	00055 - 00	26	12/07/1992	M	A	73		001					09/06/2018	Q011007200054	3,500.00				3,500.00
SAGNIK CHAKRABORTY	00010 - 00	27	30/08/1991	M	A	12		001					09/06/2018	Q011007200009	3,500.00				3,500.00

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MEMBER DETAILS																			
Name of Member	Member No.	Age	DOB	Sex	FC	EMP No.	MC	Plan No.	Plan No.	Plan No.	Plan No.	Bank Acct. No.	Effective Date	ID No.	Premium Details (INR)			Total Premium (INR)	
SAKSHAM GOYAL	00017 - 00	27	08/11/1991	M	A	20		001					09/06/2018	Q011007200016	3,500.00				3,500.00
SHEKHAR THANVI	00040 - 00	29	22/07/1989	M	A	47		001					09/06/2018	Q011007200039	3,500.00				3,500.00
SHIJIN C VARGHESE	00044 - 00	26	25/06/1992	M	A	54		001					09/06/2018	Q011007200043	3,500.00				3,500.00
SOHAM BISWAS	00008 - 00	28	19/12/1990	M	A	10		001					09/06/2018	Q011007200007	3,500.00				3,500.00
SOMNATH MUKHERJEE	00026 - 00	27	16/09/1991	M	A	29		001					09/06/2018	Q011007200025	3,500.00				3,500.00
SREERAM SAKKHARI	00033 - 00	25	22/06/1993	M	A	39		001					09/06/2018	Q011007200032	3,500.00				3,500.00
SRIKANTH S	00031 - 00	26	22/06/1992	M	A	36		001					09/06/2018	Q011007200030	3,500.00				3,500.00
SRIVATSAL BHEEMISSETTY	00006 - 00	25	06/02/1994	M	A	7		001					09/06/2018	Q011007200005	3,500.00				3,500.00
THAKUR YASH PRAMOD	00039 - 00	23	09/03/1996	M	A	46		001					09/06/2018	Q011007200038	3,500.00				3,500.00
THIMMAPURAM SAI SRIHARSHA	00041 - 00	28	13/10/1990	M	A	49		001					09/06/2018	Q011007200040	3,500.00				3,500.00
UTKARSH VATSHAL	00046 - 00	27	31/01/1992	M	A	58		001					09/06/2018	Q011007200045	3,500.00				3,500.00
VAIBHAV GUPTA	00019 - 00	29	06/01/1990	M	A	22		001					09/06/2018	Q011007200018	3,500.00				3,500.00
VATAN JANGRA	00020 - 00	25	01/03/1994	M	A	23		001					09/06/2018	Q011007200019	3,500.00				3,500.00
VINEED BIJU	00007 - 00	27	11/02/1992	M	A	9		001					09/06/2018	Q011007200006	3,500.00				3,500.00
VINEETH S	00030 - 00	29	28/02/1990	M	A	34		001					09/06/2018	Q011007200029	3,500.00				3,500.00
VISWANATH SHARABU	00036 - 00	27	27/01/1992	M	A	43		001					09/06/2018	Q011007200035	3,500.00				3,500.00
YIRRINKI ESWAR KRISHNA MUKESH	00048 - 00	25	11/05/1994	M	A	62		001					09/06/2018	Q011007200047	3,500.00				3,500.00
Total Premium (INR)															192,500.00				192,500.00

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**BILLING STATEMENT -
MEMBERSHIP LISTING**

Original
Service Tax Registration No. : AADCB2008DST001

INDIAN INSITUTE OF MANAGEMENT NAGPUR

Policy No. : GHS/Q0110072/82 ()

SUMMARY

Plan No.	Description	No. of Members	No. of Spouse	No. of Children	Total
001	SELF	55			55
	Total	55			55

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Continuation Page 4

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NEW BUSINESS
POLICY SCHEDULE
Original

POLICY INFORMATION		Policy No. : GHS/Q0110072/82 () GROUP HEALTH POLICY INDIA
Source	:	(02) 82000035 Prudent Insurance Brokers Pvt. Ltd.
Insured	:	INDIAN INSITUTE OF MANAGEMENT NAGPUR (15135290) : 1 VNIT CAMPUS SOUTH AMBAZARI ROAD AMBAZARI NAGPUR-440010 NAGPUR
Period Of Insurance	:	From 09/06/2018 To 08/06/2019
Transaction Number	:	00001
Effective Date	:	09/06/2018
Issue Date	:	15/06/2018
Bill Frequency	:	ANNUAL
PLAN APPLICATION		
SELF	:	Plan 001 - HOSP

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NEW BUSINESS
 POLICY SCHEDULE
 Original

Service Tax Registration No. : AADCB2008DST001

INDIAN INSITUTE OF MANAGEMENT NAGPUR							Policy No. : GHS/Q0110072/82 ()
Schedule of Annual Premium (INR)							
Plan No.	Product	Member	Member & Spouse	Member & Child	Member & Family	Description	
001	HOSP	3,500.00	3,500.01	3,500.01	3,500.02	HOSPITALISATION & SURGICAL	

Continuation Page 2

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NEW BUSINESS
 POLICY SCHEDULE
 Original

INDIAN INSITUTE OF MANAGEMENT NAGPUR		Policy No. : GHS/Q0110072/82 ()		
BENEFIT SCHEDULE (INR)				
Cover	Plan No		Plan No	
	Benefit Limit & Basis	Reimburse(%) / Diductible	Benefit Limit & Basis	Reimburse(%) / Diductible
Plan Level Limit	HOSP001 200000			
AMBULANCE CHARGES	- Rs./Life 1000			
CATRACT TREATMENT	- Rs./Visit As Charged			
DIAGNOSTIC SERVICES	As Charged			
DRUGS AND PHARMACY	As Charged			
HOSPITAL MISC SERVICES	As Charged			
INTENSIVE CARE UNIT	5000			
NURSING CHARGES	- Rs./Day As Charged			
IN-HOSP PHYSICIANS' VISITS	As Charged			
POS HOSPITALISATION OF 60 DAYS	As Charged			
PRE HOSPITALISATION OF 30 DAYS	As Charged			
HOSPITAL ROOM & BOARD	5000			
SURGEON'S/SURGICAL FEES	- Rs./Day As Charged			
WAIVER OF PREEXISTING DISEASE	As Charged			

Continuation Page 3

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NEW BUSINESS
POLICY SCHEDULE
Original

INDIAN INSTITUTE OF MANAGEMENT NAGPUR	Policy No. : GHS/Q0110072/82 ()
POLICY ENDORSEMENT	
Transaction No. : 00001	Effective Date : 09/06/2018
CONDITIONS: 01. Type of Cover: NON FLOATER Policy sum assured for the plan 001 Rs. 200000/- 02. Family definition SELF Family size 1 03. Maximum age for children under the policy 23 years Maximum age admissible under the policy 80 years 04. Pre & post hospitalisation condition COVERED UPTO 30 DAYS AND 60 DAYS RESPECTIVELY 05. Pre existing disease covered from day one 06. Waiting period applicable (1st year / 2nd year / 3rd year) waived off 07. 30 days waiting period is not applicable waived off 08. Room rent conditions ROOM RENT IS RESTRICTED AS FOLLOWS : For Non ICU 1% of S.I or Rs. 5000, whichever is less and for ICU/CCU : 2% of S.I or Rs. 5000, whichever is less. 09. Maternity is not covered. 10. 9 MONTHS waiting period is not waived off. 11. Baby day one cover as part of Maternity S.I is not applicable. 12. Baby day one cover as part of Family floater S.I is not applicable. 13. Pre and post natal charges NOT APPLICABLE 14. Day care treatment COVERED AS PER POLICY WORDINGS 15. Ambulance charges COVERED UPTO RS. 1000 PER INCIDENT 16. No Capping for Cataract Surgery- At Actuals In case of Multifocal lens, implants will be paid up to 20% of lens cost only within the cataract limit 17. LASIK SURGERY (Eye related Surgery) Covered if power greater than +/- 7.5 18. Corporate buffer amount INR 0 19. Mid term addition and deletion Mid-term addition will be allowed in case of Natural additions only, subject to intimation received within 45 days. Addition for new employees and his/her dependent (as per the family definition mentioned) would be allowed within 45 days from date of joining of the employee, marriage or birth respectively. Deletion of employees and his/her dependent (as per the family definition mentioned) should be intimated within 45 days from date of leaving. 20. Addition / Deletion of lives	

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NEW BUSINESS
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INDIAN INSITUTE OF MANAGEMENT NAGPUR

Policy No. : **GHS/Q0110072/82 ()**

POLICY ENDORSEMENT

Premium to be charged on pro rata basis for addition and deletion. in case there is a claim, premium will not be refunded for the claimant (insured and family).

21. Congential Internal Disease COVERED UNDER THE POLICY

22. Congential External Disease EXCLUDED UNDER THE POLICY

1. No Individual (employee or dependant) can be covered more than once in policy

2. Any change in demography /Sum insured will warrant a revision in Quote/Rates

3. In case of new joinee, name of the employee along with family details needs to be submitted in one go

4. Change in sum insured for employees as well as dependants is not allowed after policy inception or during midterm

5. All insurable members in the group to be insured under the policy, selection of employees or dependants is not allowed

6. Members already employed but not declared by the employer at the time of providing quote shall not be covered subsequently after commencement of policy

7. In case of claims, all cases should be intimated to Bharti AXA General Insurance within 48 hours from the date of admission

8. No continuity benefit would be offered from group (GMC) to Individual (Retail) policies. However, proposals received from members covered under this Group policy for conversion to Retail plan vide *Portability guideline shall be dealt with as per laid down guideline

9. Claim documents need to be submitted either to insurnace company or service provider, as mention in the policy, within 30 days from the date of discharge. Post hospitalization claim can be submitted after completion of post hospitalizatopn period within 30 days

23. Standard exclusion under the policy

Lasik Surgery, stem cell, Robotic surgery , Infertility and related ailment including Male sterility, treatment on trial/experimental basis , Admin/registration/Miscellaneous/Service charges, Expenses on fitting of external prothesis , holter monitoring /Sleep study, any device/instrument/machine contributing/replacing the function of an external organ are outside the scope of the policy.. However, any LIFE supporting device, which needs to be placed inside the body , and is as advised by a Medical practisioner and is mandatorily required for doing the job / role of an organ, is included in the policy , .

Issued by - **INB0799** On **15/06/2018**

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BHARTI AXA GENERAL INSURANCE COMPANY LTD

Continuation Page 5

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NEW BUSINESS
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INDIAN INSITUTE OF MANAGEMENT NAGPUR

Policy No. : **GHS/Q0110072/82 ()**

POLICY ENDORSEMENT

24. Declined List

Please note this quote will not be valid in the event that the insurance is to be provided to doctors, medical or paramedical staff, hospital establishments/clinics/diagnostic centres, lawyers, bar associations,all armed forces involving military, paramilitary activities & police forces, housing societies, gym members and health club members, all type of cooperative societies, community based associations or trusts, multi -level marketing companies, media groups, sports groups, shipping company with onshore / off shore employees, AIR crew, deck cadets, groups/corporate involving in hazardous activities and employees on contract basis

25. TPA NAME: MAI

26. All other terms and conditions shall be as per standard group mediclaim policy

BHARTI AXA GENERAL INSURANCE COMPANY LTD



Authorized Signatory

IMPORTANT :

This Schedule should be read in conjunction with the Terms and Conditions of the Policy.

Issued by - **INB0799** On **15/06/2018**

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BHARTI AXA GENERAL INSURANCE COMPANY LTD

Continuation Page 6

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ENDORSEMENT
Original

POLICY INFORMATION		Policy No. : GHS/Q0110072/82 () GROUP HEALTH POLICY INDIA
Source	: (02) 82000035 Prudent Insurance Brokers Pvt. Ltd.	
Insured	: INDIAN INSITUTE OF MANAGEMENT NAGPUR (15135290) : 1 VNIT CAMPUS SOUTH AMBAZARI ROAD AMBAZARI NAGPUR-440010 NAGPUR	
Period Of Insurance	: From 09/06/2018 To 08/06/2019	
Transaction Number	: 00001	
Effective Date	: 09/06/2018	
POLICY ENDORSEMENT		
CONDITIONS: 01. Type of Cover: NON FLOATER Policy sum assured for the plan 001 Rs. 200000/- 02. Family definition SELF Family size 1 03. Maximum age for children under the policy 23 years Maximum age admissible under the policy 80 years 04. Pre & post hospitilisation condition COVERED UPTO 30 DAYS AND 60 DAYS RESPECTIVELY 05. Pre existing disease covered from day one 06. Waiting period applicable (1st year / 2nd year / 3rd year) waived off 07. 30 days waiting period is not applicable waived off 08. Room rent conditions ROOM RENT IS RESTRICTED AS FOLLOWS : For Non ICU 1% of S.I or Rs. 5000, whichever is less and for ICU/CCU : 2% of S.I or Rs. 5000, whichever is less. 09. Maternity is not covered. 10. 9 MONTHS waiting period is not waived off. 11. Baby day one cover as part of Maternity S.I is not applicable. 12. Baby day one cover as part of Family floater S.I is not applicable. 13. Pre and post natal charges NOT APPLICABLE 14. Day care treatment COVERED AS PER POLICY WORDINGS 15. Ambulance charges COVERED UPTO RS. 1000 PER INCIDENT 16. No Capping for Cataract Surgery- At Actuals In case of Multifocal lens, implants will be paid up to 20% of lens cost only within the cataract limit 17. LASIK SURGERY (Eye related Surgery) Covered if power greater than +/- 7.5		

INDIAN INSTITUTE OF MANAGEMENT NAGPUR

Policy No. : **GHS/Q0110072/82 ()**

POLICY ENDORSEMENT

18. Corporate buffer amount INR 0
19. Mid term addition and deletion
Mid-term addition will be allowed in case of Natural additions only, subject to intimation received within 45 days. Addition for new employees and his/her dependent (as per the family definition mentioned) would be allowed within 45 days from date of joining of the employee, marriage or birth respectively. Deletion of employees and his/her dependent (as per the family definition mentioned) should be intimated within 45 days from date of leaving.
20. Addition / Deletion of lives
Premium to be charged on pro rata basis for addition and deletion. in case there is a claim, premium will not be refunded for the claimant (insured and family).
21. Congenital Internal Disease COVERED UNDER THE POLICY
22. Congenital External Disease EXCLUDED UNDER THE POLICY
1. No Individual (employee or dependant) can be covered more than once in policy
2. Any change in demography /Sum insured will warrant a revision in Quote/Rates
3. In case of new joinee, name of the employee along with family details needs to be submitted in one go
4. Change in sum insured for employees as well as dependants is not allowed after policy inception or during midterm
5. All insurable members in the group to be insured under the policy, selection of employees or dependants is not allowed
6. Members already employed but not declared by the employer at the time of providing quote shall not be covered subsequently after commencement of policy
7. In case of claims, all cases should be intimated to Bharti AXA General Insurance within 48 hours from the date of admission
8. No continuity benefit would be offered from group (GMC) to Individual (Retail) policies. However, proposals received from members covered under this Group policy for conversion to Retail plan vide *Portability guideline shall be dealt with as per laid down guideline
9. Claim documents need to be submitted either to insurance company or service provider, as mention in the policy, within 30 days from the date of discharge. Post hospitalization claim can be submitted after completion of post hospitalization period within 30 days
23. Standard exclusion under the policy
Lasik Surgery, stem cell, Robotic surgery , Infertility and related ailment including Male sterility, treatment on trial/experimental basis , Admin/registration/Miscellaneous/Service charges, Expenses on fitting of external prothesis , holter monitoring /Sleep study, any device/instrument/machine contributing/replacing the function of an external organ are outside the scope of the policy.. However, any LIFE

Issued by - **INB0799** On **15/06/2018**

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BHARTI AXA GENERAL INSURANCE COMPANY LTD
1 st Floor, Suma House Plot
No-94/7, Bhandarkar Road,
Erandwane, Pune - 411004.
Tel: 020-41463000 Fax: 020-41463001
Email: customer.service@bharti-axagi.co.in

ENDORSEMENT
Original

INDIAN INSTITUTE OF MANAGEMENT NAGPUR

Policy No. : **GHS/Q0110072/82 ()**

POLICY ENDORSEMENT

supporting device, which needs to be placed inside the body, and is as advised by a Medical practitioner and is mandatorily required for doing the job / role of an organ, is included in the policy, .

24. Declined List

Please note this quote will not be valid in the event that the insurance is to be provided to doctors, medical or paramedical staff, hospital establishments/clinics/diagnostic centres, lawyers, bar associations, all armed forces involving military, paramilitary activities & police forces, housing societies, gym members and health club members, all type of cooperative societies, community based associations or trusts, multi-level marketing companies, media groups, sports groups, shipping company with onshore / off shore employees, AIR crew, deck cadets, groups/corporate involving in hazardous activities and employees on contract basis

25. TPA NAME: MAI

26. All other terms and conditions shall be as per standard group mediclaim policy

BHARTI AXA GENERAL INSURANCE COMPANY LTD



Authorized Signatory

IMPORTANT :

This Schedule should be read in conjunction with the Terms and Conditions of the Policy.

Issued by - **INB0799** On **15/06/2018**

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BHARTI AXA GENERAL INSURANCE COMPANY LTD

Continuation Page 3

1st Floor, Ferns Icon, Survey No.28, Doddanekundi, Bangalore - 560037. INDIA. IRDA Regn. No.139
Tel: 91 80 40260100 Fax: 80 40260101 Email: customer.service@bharti-axagi.co.in

TAX INVOICE U/S 28 OF GST ACT, 2016

Supplier's Name : **BHARTI AXA GENERAL INSURANCE COMPANY LTD**
 Supplier's address : 1 st Floor,Suma House Plot
 No-94/7,Bhanderkar Road,
 Erandwane,Pune - 411004.
 Tel:020-41463000 Fax:020-41463001
 Email: customer.service@bharti-axagi.co.in

GSTIN of Supplier : **27AADCB2008D1ZC**

Sold To
 Buyer Name : **INDIAN INSITUTE OF MANAGEMENT NAGPUR** Invoice No. : **GB00305814**
 Date : **15/06/2018**

Buyer Address : **1 VNIT CAMPUS SOUTH
 AMBAZARI ROAD
 AMBAZARI
 NAGPUR-440010
 NAGPUR**

Contact Number :
 Email Id :

Location of Recipient (State) : **27 -Maharashtra** Location of Supply (State) : **27 -Maharashtra**

GSTIN of the buyer/ Unique ID : **UNREGISTERED**

Sr. No.	Description	SAC	Gross Value	IGST		CGST		SGST		Total Value
				Rate	Amount	Rate	Amount	Rate	Amount	
1	Q0110072/00001 HOSP/001	997133	192,500.00	0.00	0.00	9.00	17,325.00	9.00	17,325.00	227,150.00
Total Amount Due										227,150.00

Total Invoice Value (In figures) 227,150.00

Total Invoice Value (In words) Rupees Two Lakhs Twenty-Seven Thousand One Hundred Fifty Only

Remarks, if any

For Bharti Axa General Insurance Co. Ltd.



Authorised Signatory