

(Affiated to University of Mumbai and Approved Bar Council of India)

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# Certificate Certifying Payment of Salary on First Day of the Month (A.Y. 2021-22)



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### Salary Certificate for the year 2021-22

This is to cerify that salary of all the employees has been successfully credited to their respective bank A/Cs for the year 2021-2022 as per the below table:-

Month	Date of Credit
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MAY 2021	02/06/2021
JUNE 2021	01/07/2021
JULY 2021	02/08/2021
AUGUST 2021	01/09/2021
SEPTEMBER 2021	01/10/2021
OCTOBER 2021	01/11/2021
NOVEMBER 2021	01/12/2021
DECEMBER 2021	01/01/2022
JANUARY 2022	01/02/2022
FEBRUARY 2022	02/03/2022
MARCH 2022	31/03/2022

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This is to certify that the teaching and non-teaching staff members of **Lala Lajpatrai College of Law, Mahalaxmi, Mumbai,** are provided with all types of leave in strict adherence to the guidelines set forth by the University Grants Commission (UGC). The College is committed to ensuring that all employees receive their entitled leave benefits as per the UGC norms.

This certificate is issued to affirm the College's dedication to employee welfare and compliance with the prescribed guidelines.

**Date:** 19.09.2023

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# Reimbursement of Expenses Incurred on Registration and Publications by Teachers

Dr. Smita Karve, Principal, Lala Lajpatrai College of Law 30<sup>th</sup> March 2020

To, Trustee, Lala Lajpatrai Institute, Mahalaxmi, Mumbai 400034

Subject: Reimbursement of Publication Fees for Research Article

Respected Trustee,

I hope this letter finds you well. I am writing to request the reimbursement of expenses related to the publication of my research article.

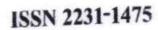
I have incurred an expense of Rs. 1000 as publication fees and an additional Rs. 149 for postage to receive the hard copy of the journal at JJTU, Rajasthan. These expenses were covered from my personal resources. I have attached a copy of the published article for your reference.

I kindly request that you consider reimbursing these expenses, totalling Rs. 1149, as they were directly related to my research and its dissemination. Your prompt attention to this matter would be greatly appreciated.

Thank you for your understanding and cooperation. I look forward to your positive response.

Sincerely,

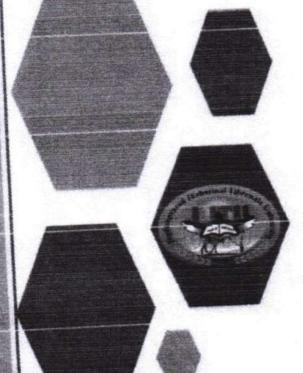
Dr. Smita Karve



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### Indian Legislation Promotes Women Empowerment: A study with reference to Indian Companies Act

Author's Name:- Vishal Mohan Gadhave and Dr. Smita Karve (Guide) Research Scholar of JJTU vishalgadhave1983@gmail.com

#### Abstract:-

It is observed that from the early stage, culture of Indian has often ruled by male person in the family. Female are not taking into consideration and they are subordinate to male. Now owing to time there has changed. In India different enactments are framed for giving

protection and particular position of female.

In the year 2013, Government has announced the new Companies Act, established with compulsory arrangement of female executive on panel of executives of recognized stock exchange and other organizations. As given under the new enactment it is mandatory for all organizations to comply with norms. This amendment in Companies Act brings female position as executive on panel of recognized stock exchange organization. This amendment has been carried out with object of changes in gender diversity on company panel of Various nations have considered different procedures for maximum demonstration of female on company top workplaces. This new enactment of Companies has made equality between male and female. This paper focuses that appointment of female executive on board made empowerment of female.

Keywords:- Panel of Executives, Companies Act, 2013, Female Executives, India

Introduction:-

The orthodox culture of Indian continuously restricted female from entering into the public places and female were considered as lower status as compared to male in the community. The journey of female was already decided in proper form. Due to lack of education and complete thoughtlessness in the primarily male dominated community, with the highest

comfort of male supremacy, male-female comparison guaranteed that

the status of women was pathetic even among the most advanced people. It is found that female was not getting similar position as to male due to that they were not allowed to taken active participation in management level. Although women support males and community for development and innovation in every important area of local and communal life, communal male-female partiality has hampered their own progress. Partiality on the basis of malefemale personality includes dissimilarity, omission, restraints or favorite based on malefemale personality, which has the object or effect of harming similarity before the law or similar security of the regulations or the appreciation, pleasure or application basic liberty onan similar ground.

### Objectives of Study:-

- 1. To understand the want of enablement of female.
- 2. To evaluate the alertness of enablement of female in India.
- To offer useful recommendations in the light of conclusions.
- 4. To measure and examine the depiction of female executives on panel of executives of Indian companies.

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In this paper an effort has been taken to examine the empowerment of female in India in context to Indian Companies Act. An author has opted secondary sources as a data collection like books, References from the Libraries, etc.

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Indian Perspective of Women on the Board of Directors:-In the year 1956 the Companies Enactment passed by legislature with covering all aspects related to the administration of the corporate governance with prior permission of the Central Government. As compared with the Companies Act, 1956 there are new provision introduced in new amended Act of 2013 like Corporate Social Responsibility, Cross Border Merger, conversion procedure, issue of preference shares, etc. One important feature of the new Companies Act, 2013 is that there must be at least one female on the panel of executives in specific class of organizations. The usefulness of the arrangement in the new amended enactment depends upon implementation and compliance as mentioned under the enactment. Every recognized stock exchange public organization will be having minimum thirty three percent of aggregate number of executive as independent executives. It says-

 Every organization will be having panel of executives including of individuals as executives and will have:-a in case of a public organization at least three executives, in case of a private organization two executives, and in case of One Person Company one executive and

b. a maximum of fifteen executives:-

It is given that an organization cannot appoint more than fifteen executive without passing particular resolution in board of directors meeting. It is further given that such class or classes of organizations as may be given will have at least one female executive. Therefore, another part of the section clearly states that there will be appointment of one female executive by different types of organizations. As specified by the Rules 2014 of the organization regarding selection and conditions for executive states variety of the organizations. As per the rule it is given that every recognized stock exchange organization will appoint one female executive within one year from the beginning of the second proviso to section 149(1) of the Act. Every public organization other than recognized stock exchange organization having a paid up share capital of rupees hundred crore or more or turnover of rupees three hundred crore or more as on last date of latest accounted monetary records will appoint one female executive within one year.

## Global Outlook of Female Executives on Board:-

Without any legal order or provision, Organizations in India are opposed to provide sufficient demonstration to female on their panel of executive although there is shortage of qualified female to appoint in company offices. Worldwide there are different nations who have taken

initiatives for appointment of female on panel of executives and also have taken precautions to change female representation in their panel. There is momentous rise in the status of female on company panel as it is declared forty percent allocation for female executive in Iceland and Norway. It is observed that allocation of female is also in other nations like Israel, Belgium. In other nations it is voluntary arrangement or follows or explain type norm.

Nations like America and Australia also have accepted that there is a need of appoint of female on panel of executives which will lead to empowerment of female. It is compulsory in America that every organization has to show female percentage on the board of directors or whether they have appointed female executives in their board. But it is observed that the process of female contribution of female in board has been reduced.

#### Women Directors in India:-

- Bala Deshpande, Managing Director, New Enterprise Associates India
- Ms. Vishakha Mulye, Executive Director, ICICI Bank Limited
- Dr. AshaBhandarker, Shareholder Director, United Bank of India
- Dr. Purnima Gupta, Director, State Bank of India
- Director KakuNakhate, President and Country Head (India), Bank of America Merrill Lynch
- AnuradhaRao, Public Interest Director, National Stock Exchange of India
- Ms.PadmajaChunduru, Managing Director & Chief Executive Officer, Indian Bank
- RenukaRamnath, Founder, Managing Director and CEO at Multiples Alternate Asset Management
- NainaLalKidwai, Group General Manager and Country Head of HSBC India.
- RenuSudKarnad, Additional Non-Executive Director of HDFC
- Smt Ketaki Bhagwati, Independent Non-Executive Director, Axis Bank
- Ms. Revathylyer, Director, National Bank for Agriculture and Rural Development (NABARD)

#### Need of Women on board:-

- Professionals consider that female executive in an organizations can work more efficiently with risk.
- Female can have good skill to understand the problems of workers, customers, members and other participants in the organization.
- Female have a tendency to concentrate on lengthy predictions.
- Female executive Sizemore comfortable to understand the requirement of female than men which will promote popular goods and facilities
- Research indicates that there is need of three female executives to modify panel room in corporate level.
- The monetary performance of the organization will change in three comprehensive views like profit on equity and profit on sales and profit on invested capital

#### Conclusion & Suggestions:-

Female is the need of time but also creates good image in terms of better governance. There should be more contribution of female in panel of executives at corporate level and more contribution in different activities in the organization. Without having female executive on panel of corporate will show that existence of glass ceiling through which female are not

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allowed to appear at the top management level of the organization. Due to introduction of Companies Act, 2013 power of female has become more strengthen on panel of company. Currently few companies have implemented the new provision under the Companies Act, 2013.If there are more interference in the Companies Act will make more change. Therefore the burden of proof lies upon the board members that they have to make more appointment of female executive on the board. It is serious for companies that require to follow with the enactment, to have better appreciative of the duties and accountability in ensuring compliance with the Act

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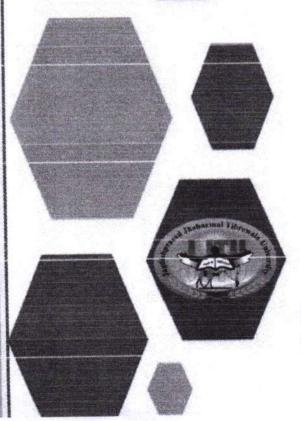


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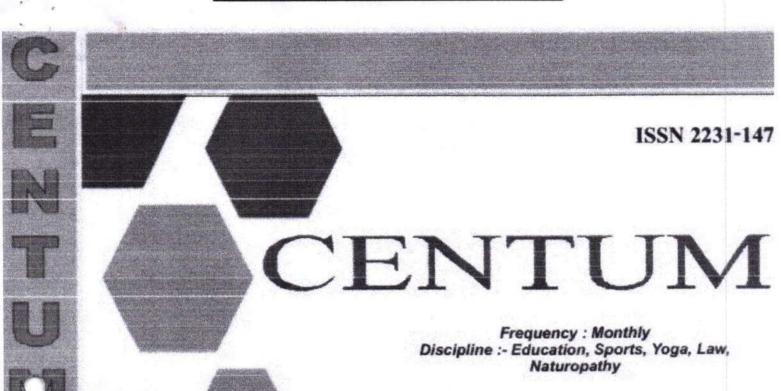
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Author's Name:- Vishal Mohan Gadhave and Dr. Smita Karve (Guide)
Research Scholar of JJTU
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- · AnuradhaRao, Public Interest Director, National Stock Exchange of India
- Ms.PadmajaChunduru, Managing Director & Chief Executive Officer, Indian Bank
- RenukaRamnath, Founder, Managing Director and CEO at Multiples Alternate Asset Management
- NainaLalKidwai, Group General Manager and Country Head of HSBC India.
- RenuSudKarnad, Additional Non-Executive Director of HDFC
- Smt Ketaki Bhagwati, Independent Non-Executive Director, Axis Bank
- Ms. Revathylyer, Director, National Bank for Agriculture and Rural Development (NABARD)

#### Need of Women on board:-

- Professionals consider that female executive in an organizations can work more efficiently with risk.
- Female can have good skill to understand the problems of workers, customers, members and other participants in the organization.
- · Female have a tendency to concentrate on lengthy predictions.
- Female executive Sizemore comfortable to understand the requirement of female than men which will promote popular goods and facilities
- Research indicates that there is need of three female executives to modify panel room in corporate level.
- The monetary performance of the organization will change in three comprehensive views like profit on equity and profit on sales and profit on invested capital

#### Conclusion & Suggestions:-

Female is the need of time but also creates good image in terms of better governance. There should be more contribution of female in panel of executives at corporate level and more contribution in different activities in the organization. Without having female executive on panel of corporate will show that existence of glass ceiling through which female are not

allowed to appear at the top management level of the organization. Due to introduction of Companies Act, 2013 power of female has become more strengthen on panel of company. Currently few companies have implemented the new provision under the Companies Act, 2013. If there are more interference in the Companies Act will make more change. Therefore the burden of proof lies upon the board members that they have to make more appointment of female executive on the board. It is serious for companies that require to follow with the enactment, to have better appreciative of the duties and accountability in ensuring compliance with the Act

#### References:-

- 1.H.L. KAILA, WOMEN, WORK AND FAMILY (Rawat Publications 1st ed. 2005).
- 2.WOMEN AND LEADERSHIP: THE STATE OF PLAY AND STRATEGIES FOR CHANGE (Deborah L. Rhode & Barbara Kellerman eds., Jossey-Bass, 1st ed. 2007).
- 3.KalpanaBardhan, Women: Work, Welfare and Status. Forces of Tradition and Change in India, 20(50) ECONPOLITWKLY, 2207-2220 (Dec. 14, 1985).
- 4. National Legal Services Authority v. Union of India and Ors. (2014) 5 S.C.C. 538, available at http://supremecourtofindia.nic.in/outtoday/wc40012.pdf, 19 (2014).
- 5.Dr. E. Raju, Gender Discrimination in India, 2(5) IOSR J. E. F. 55, 55-65 (2014).
- 6.SiriTerjesen, Ruth Sealy & Val Singh, Women Directors on Corporate Boards: A Review and Research Agenda, 17(3) CORPORATE GOVERNANCE: AN INTERNATIONAL REVIEW, 320-337, (2009).
- 7.A. RAMAIYA, A.RAMAIYA"S GUIDE TO THE COMPANIES ACT
- 8. The Companies Act, 2013, S.149 (1).
- 9.The Companies (Appointment and Qualification of Directors) Amendment Rules, 2014
   10.Companies Bare Act 2013.

## Lala Lajpat Rai College of Law

DEBIT VOUCHER

PARTICULARS	RUPEES	PS.
Ammount Reimbursed to Dr. smita Karve Fore Publication Feez Rs. 2000/- amd Postage Rs. 2491-	11491	
TOTAL	11491-	
	Haro only	
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### LALA LAJPATRAI COLLEGE OF LAW, MUMBAI - 400 034.

#### SCHEDULES FOR THE YEAR 2019-2020

PREVIOUS YEAR (RS.)	SR. NO.	SCH.NO.3 - ADMINSTRATIVE AND OTHER EXPENSES DR.	RS.
19,452.00	1	A.C.MACHINE AMC	53,401.00
1,920.25	2	BANK CHARGES	1,915.73
70,919.00	3	CLEANING CHARGES	73,786.00
82,500.00	4	COMPUTER AMC A/C	-
5,869.00	5	COMPUTER EXPENSES	14,416.00
1,15,300.00	6	CONVEYANCE EXPENSES	1,20,000.00
714.00	7	CULTURAL ACTIVITY	•
35,600.00	8	FEES REGULARATORY AUTHORITY	32,000.00
22,053.00	9	INTERNET EXPENSES	65,459.00
14,588.00	10	MISCELLANEOUS EXPENSES	31,330.00
10,478.00	11	READING ROOM EXPENSES	59,571.00
2,926.00	12	FIRE FIGHT SERVICE	566.00
22,443.00	13	SERVICE CONTRACT	1,23,439.00
13,679.00	14	SOFTWARE DEVELOPMENT EXPENSES	62,662.00
2,235.00	15	STAFF WELFARE EXPENSES	1,149.00
9,198.00	16	TELEPHONE EXPENSES	27,593.00
17,891.00	17	WATER CHARGES	53,673.00
7,860.20	18	GROUP INSURANCE FEES	284.00
87	19	TRAVELLING EXPENSES	4,645.00
	20	PRINTING & STATIONERY	65,650.00
-	21	REFRESHMENT EXPENSES	3,685.00
4,55,625.45			7,95,224.73

PREVIOUS YEAR (RS.)	SR. NO.	to the interest of the property of the propert	RS.
716.00	1	SPORTS & CULTURAL CONTRIBUTION	-
1,800.00	2	UNIV ELIGIBILITY FEE	1,800.00
590.00	3	E CHARGES	620.00
5,950.00	4	E-SUVIDHA	6,000.00
2,260.00	5	VICE CHANCELLOR'S FUND	-
1,200.00	6	NSS FEES	1,160.00
12,516.00			9,580.00





(Affiated to University of Mumbai and Approved Bar Council of India)

Lala Lajpatrai Marg, Mahalaxmi, Mumbai - 400 034. Tel.: 2354 8240 / 2354 8241 • Fax: 2353 2896 E-mail: principal.llcl@gmail.com • Gram: LAJCOL

## **PF Contribution**



(Affiated to University of Mumbai and Approved Bar Council of India)

Lala Lajpatrai Marg, Mahalaxmi, Mumbai - 400 034. Tel.: 2354 8240 / 2354 8241 • Fax: 2353 2896 E-mail: principal.llcl@gmail.com • Gram: LAJCOL

#### **Certificate of Provident Fund (PF) Contribution**

This is to certify that the following employees have been provided Provident Fund (PF) Facility by the College Trust:

	LALA LAJPATRAI COLLEGE OF LAW					
	PROVIDEND FUND (UAN NO.)					
NON TEACHING STAFF						
SR. NO.	NAME OF THE EMPLOYEE PROVIDEND FUND (UAN NO.)					
1	Mrs. Rashmi Kadam	101713275150				
2	Ms. Swaranjali Sarvanje	101713275121				
3	Mr. Kapil Solanki	100649235579				
4	Mr. Pramod Kamble	101713275132				
5	Mr. Prafull Suryavanshi	100649156807				
6	Mr. Shrikant Salve	100858541246				

Date: 19.09.2023

PRINCIPARINCIPAL
Lala Lajpatrai College of Law
Lala Lajpatrai Marg,

Mumbai - 400 034.



(Affiated to University of Mumbai and Approved Bar Council of India)

Lala Lajpatrai Marg, Mahalaxmi, Mumbai - 400 034. Tel.: 2354 8240 / 2354 8241 • Fax: 2353 2896 E-mail: principal.llel@gmail.com • Gram: LAJCOL

## **Medical Insurance**



(Affiated to University of Mumbai and Approved Bar Council of India)

Lala Lajpatrai Marg, Mahalaxmi, Mumbai - 400 034. Tel.: 2354 8240 / 2354 8241 • Fax: 2353 2896 E-mail: principal.llcl@gmail.com • Gram: LAJCOL

#### **Certificate of Mediclaim for Staff**

This is to certify that the following employees have been provided free mediclaim by the Trust to the extent of Rs. 100000:

	LALA LAJPATRAI COLLEGE OF LAW					
	Mediclaim Policy period 28/07/2021 to 27/07/2022 (F.Y. 2021 - 2022)					
	NON TEACHING STAFF					
SR. NO.	NAME OF THE EMPLOYEE	POLICY NUMBER	SUM INSURED			
1	Mrs.Rashmi Kadam	11190034219500001602	RS.1,00,000/-			
2	Ms. Swaranjali Sarvanje	11190034219500001605	RS.1,00,000/-			
3	Mr. Kapil Solanki	11190034219500001608	RS.1,00,000/-			
4	Mr. Pramod Kamble	11190034219500001615	RS.1,00,000/-			
5	Mr. Prafull Suryavanshi	11190034219500001617	RS.1,00,000/-			
6	Mr. Shrikant Salve	11190034219500001629'	RS.1,00,000/-			

**Date:** 19.09.2023

PRINCIPAL Lala Lajpatrai College of Law Lala Lajpatrai Marg, Mumbai - 400 034.

Signature Not Verified





#### **New India Mediclaim Policy**

UIN: NIAHLIP21277V042021

#### **Policy Schedule**

Current Policy No Previous Policy No		11190034229500001586	Current Policy Period		From:28/07/2022 12:00:01 AM To:27/07/2023 11:59:59 PM
		11190034219500001602	Previous Policy Period		28-JUL-21 to 27-JUL-22
		Policyhold	er's Details		
Policyholder Name	RASH	MI RAJENDRA KADAM	Customer ID PO16		111403
			PAN Card No		
			Mobile No/Phone No		
Policyholder's address	CO.OF NAGA DOME	ANESH DEP P.HUG.SOC.,LTD., VISHNU R, DEENDAYAL CROSS ROAD, BIVALI(WEST) BUNAGAR ,MAHARASHTRA, 2	Email id		
			Name of the Nominee	MR. R	AJENDRA S. KADAM
			Relation with the Policy holder	Spous	se
			GSTIN	NA	
		Policy Issuing Office a	nd Intermediary Details		
Office Name and Code	ASIAN	BUILIDING III (111900)	Office Contact No	22615	753 / 22613674
Office Email Id	nia.11	1900@newindia.co.in	Development Officer		ANDESH T MADHAVI 698849)
			Name of the Agent/Intermediary		/IJAYA PADMAKAR MAHULKAR G00090313)
Office Address	RKM	ARD ÉSTATE,	Contact No. of Agent/Intermediary	98205	14091 / 9820514091
			E-mail id of Intermediary	vpmal sande	nulkar@gmail.com, sh_madhavi@yahoo.com,
Regional Office	MUME	BAI RO-I (110000)	GSTIN	27AA	ACN4165C3ZP
Regional Contact No	02224	620301/02222660470	SAC	99713 servic	33 (Accident and health insurance es)

Details Of TPA (Notice or Communication to be given in respect of claim)

Details Of TPA (Notice of Communication to be given in respect of claim)						
Name of the TPA	FAMILY HEALTH PLAN INSURANCE TPA LTD.	-				
Email-id of the TPA			GROUND FLOOR, SRINILAYA – CYBER SPAZIO, ROAD NO 2, BANJARA HILLS, HYDERABAD – 500034,,			
Toll Free / Contact No of the TPA	914023555353 18001037519 /					
Fax of TPA	914023541400					

Highlights of New India Mediclaim Policy*							
* Automatic reinstatement of Sum Insured for 5 Lakhs Sum Insured & above.	* Room rent and ICU Charges at 1% and 2% of Sum Insured per day respectively.						
* Health Check Up for every block of 3 claim free years up to a maximum of ₹ 5,000/	* Hospital Cash up to 1% of Sum Insured.						
* Day one baby cover.	* Ambulance charges up to 1% of Sum Insured.						
* Cumulative Bonus for claim free year.	* Midterm inclusion of newly married spouse.						
* Optional Cover I: No Proportionate Deduction.	* Cataract claims, up to 20% of Sum Insured or ₹ 50,000 whichever less, for each eye.						
* Optional Cover II: Maternity Expenses Benefit for Sum Insured 5 Lakhs and Above.	* Ayurvedic / Homoeopathic / Unani treatments are covered up to 25% of the Sum Insured.						
* Optional Cover III: Revision in Limit of Cataract (For 8 Lakhs & above Sum Insured).	* For Pre Existing Diseases Waiting period is 48 Months as per clause 4.1 of the policy document.						

VAIDESMARAN Date: 202.5 07.25 Policy No.: 11190034229500001586Document generated by AG\_0104849 at 25/07/2022 16:54:34 Hours.

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

Give your valuable feedback on https://www.newindia.co.in/portal/policyFeedbackGen.

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



* Optional Cover IV: For a Voluntary Co-Pay of 20% - (15% discount on premium).	$\mbox{*}$ For specified diseases waiting period is 24 months as per clause 4.3.1 of the policy document.

\* Please refer to policy document for detailed terms and conditions.

#### Important

- \*1.Date of Inception of first policy is the date from which the policyholder has been continuously obtaining health insurance cover in India from any of the insurers without break subject to portability guidelines.
- 2.Enhanced Sum Insured under the policy will be subject to policy clauses 4.1,4.2 and 4.3
- 3. PED and specified diseases waiting periods for each of the merged policy shall be reckoned as per its date of inception of first policy.
- \* Please visit https://www.newindia.co.in for the list of network hospitals providing cashless facility. If network hospital is not available in your city/location, please contact the concerned TPA." You are also requested to share your policy details when you visit the network hospital.

	Insured Persons details (Cumulative Bonus Buffer is applicable for 1 L Sum Insured persons.)											
S. No Name of the insued (Member ID) Date of birth(Age) Sex Relation Sum insured Cumulative Bonus Buffer of first policy Pre Existing Dis								Pre Existing Disease				
1	Rashmi Rajendra Kadam(PO1611 1403)	04/07/1976( 46)	F	Proposer	100000	30000	10/07/2012					

Optional Cover Table						
Policy Level - Optional Cover - 1 (No Proportionate Deduction)	Not Opted	Member Level - Optional Cover - III (Revision in Cataract Limit)	Not Opted			
Member Level - Optional Cover - II (Maternity Benefit)	Not Opted	Policy Level - Optional Cover - IV (Voluntary Co-pay of 20%)	Not Opted			

	Premium Details										
SI. No.	Name of Insured	Basic Premium	Premium for Optional Cover I	Premium for Optional Cover II	Premium for Optional Cover III		scount for ional Cover IV	Disc	ount	Total Premium	
1	RASHMI RAJENDRA KADAM	4872	0	0	0		0 0		)	4872	
	Total Gross Premium(Without GST)									4872	
							CGST(@9	%)		438	
	SGST(@9%)									438	
Net Pre	let Premium in Words(RUPEES FIVE THOUSAND SEVEN HUNDRED FORTY-EIGHT ONLY) IGST									0	
	Total GST									876	
	Net Premium(With GST)									5748	

	Previous Year Policy Details										
SI. No.	Previous Policy No	Name of Insured	From Date	To Date	Sum Insured	Pre-existing Diseases	Claim Amount				
1	111900342095 00001450	RASHMI RAJENDRA KADAM	28/07/2020	27/07/2021	100000	NA	0				
2	111900342195 00001602	RASHMI RAJENDRA KADAM	28/07/2021	27/07/2022	100000	NA	0				

<sup>\*</sup>This Policy is subject to terms and conditions of New India Mediclaim.

In WITNESS WHEREOF, the undersigned being duly authorized by the Insurers and on behalf of the Insurers has(have) hereunder set his/her(their) hand(s) on this 28th day of July 2022.

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



at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20

Date of Issue: 25/07/2022

- Spanned

(Mr. ASHWIN PANCHAI) [Sr.DVISIONAL MANAGER]

FOR AND ON BEHALF OF THE NEW INDIA ASSURANCE COMPANY LIMITED DULY CONSTITUTED ATTORNEY(S)



Insurer Office Code	:	ASIAN BUILIDING III (111900)
Address	:	GROUND FLOOR, ASIAN BUILDING, 17, R K MARG, BALLARD ESTATE, ,400001
Telephone	:	22615753 / 22613674
Fax	:	22612876

#### **New India Mediclaim**

#### PREMIUM CERTIFICATE FOR THE PURPOSE OF DEDUCTION UNDER SECTION 80 D OF INCOME TAX ( AMENDMENT ) ACT 1986

This is to certify that Mr./Mrs. RASHMI RAJENDRA KADAM has paid ₹ 5748 towards premium for New India Mediclaim for the period  $28/07/2022\ 12:00:01\ AM$  to  $27/07/2023\ 11:59:59\ PM$ 

Policy no.	:	11190034229500001586
Receipt no. & date	:	11190081220000015038 25/07/2022

Date of Issue: 25/07/2022

- Paulol

(Mr. ASHWIN PANCHAI) [Sr.DVISIONAL MANAGER]

Authorized Signatory For and on behalf of The New India Assurance Company Limited

(Note: This certificate must be surrendered to the Insurance Company for issuance of fresh certificate in case of cancellation of the policy or any alteration in the Insurance affecting the premium)

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



#### **IMPORTANT**

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

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

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

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

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

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

Tax Invoice No: 11190022E0006812

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C





#### New India Mediclaim Policy

UIN: NIAHLIP21277V042021

#### **Policy Schedule**

Current Policy No		11190034229500001584	Current Policy Period		From:28/07/2022 12:00:01 AM To:27/07/2023 11:59:59 PM	
Previous Policy No		11190034219500001605	Previous Policy Period		28-JUL-21 to 27-JUL-22	
		Policyhold	lder's Details			
Policyholder Name	SWAR	ANJALI NILESH SARVANJE	Customer ID	PO16	114855	
			PAN Card No			
			Mobile No/Phone No			
Policyholder's address	RAĴA	AWANCHAYA CO-HSG - SOC, BHAU DESAI MARG, MUMBAI	Email id			
	MUME	BAI ,MAHARASHTRA, 400025				
			Name of the Nominee	_	SH N. SARVANJE HUSBAND	
			Relation with the Policy holder	Spous	se	
			GSTIN	NA		
		Policy Issuing Office a	nd Intermediary Details			
Office Name and Code	ASIAN	BUILIDING III (111900)	Office Contact No	22615	753 / 22613674	
Office Email Id	nia.11	1900@newindia.co.in	Development Officer		ANDESH T MADHAVI 698849)	
			Name of the Agent/Intermediary		/IJAYA PADMAKAR MAHULKAR G00090313)	
Office Address	RKM	ARD ÉSTATE,	Contact No. of Agent/Intermediary	98205	14091 / 9820514091	
			E-mail id of Intermediary	vpmal sande	nulkar@gmail.com, sh_madhavi@yahoo.com,	
Regional Office	MUME	BAI RO-I (110000)	GSTIN	27AA	ACN4165C3ZP	
		620301/02222660470	SAC	99713 servic	3 (Accident and health insurance es)	

Details Of TPA (Notice or Communication to be given in respect of claim)

Name of the TPA	FAMILY HEALTH PLAN INSURANCE TPA LTD.	
Email-id of the TPA		GROUND FLOOR, SRINILAYA – CYBER SPAZIO, ROAD NO 2, BANJARA HILLS, HYDERABAD – 500034,,
Toll Free / Contact No of the TPA	914023555353 18001037519 /	
Fax of TPA	914023541400	

Highlights of New India Mediclaim Policy*							
* Automatic reinstatement of Sum Insured for 5 Lakhs Sum Insured & above.	* Room rent and ICU Charges at 1% and 2% of Sum Insured per day respectively.						
* Health Check Up for every block of 3 claim free years up to a maximum of ₹ 5,000/	* Hospital Cash up to 1% of Sum Insured.						
* Day one baby cover.	* Ambulance charges up to 1% of Sum Insured.						
* Cumulative Bonus for claim free year.	* Midterm inclusion of newly married spouse.						
* Optional Cover I: No Proportionate Deduction.	* Cataract claims, up to 20% of Sum Insured or ₹ 50,000 whichever less, for each eye.						
* Optional Cover II: Maternity Expenses Benefit for Sum Insured 5 Lakhs and Above.	* Ayurvedic / Homoeopathic / Unani treatments are covered up to 25% of the Sum Insured.						
* Optional Cover III: Revision in Limit of Cataract (For 8 Lakhs & above Sum Insured).	* For Pre Existing Diseases Waiting period is 48 Months as per clause 4.1 of the policy document.						
* Optional Cover IV: For a Voluntary Co-Pay of 20% - (15% discount on premium).	* For specified diseases waiting period is 24 months as per clause 4.3.1 of the policy document.						

ARAN Policy No.: 11190034229500001584Document generated by AG\_0104849 at 25/07/2022 16:51:26 Hours. Fregd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.

Give your valuable feedback on https://www.newindia.co.in/portal/policyFeedbackGen.

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



#### \* Please refer to policy document for detailed terms and conditions.

#### **Important**

\*1.Date of Inception of first policy is the date from which the policyholder has been continuously obtaining health insurance cover in India from any of the insurers without break subject to portability guidelines.

2.Enhanced Sum Insured under the policy will be subject to policy clauses 4.1,4.2 and 4.3

- 3. PED and specified diseases waiting periods for each of the merged policy shall be reckoned as per its date of inception of first policy.
- \* Please visit https://www.newindia.co.in for the list of network hospitals providing cashless facility. If network hospital is not available in your city/location, please contact the concerned TPA." You are also requested to share your policy details when you visit the network hospital.

	Insured Persons details (Cumulative Bonus Buffer is applicable for 1 L Sum Insured persons.)											
S. No Name of the insued (Member ID) Date of birth(Age) Sex Relation Sum insured Cumulative Bonus Buffer *Date of inception of first policy								Pre Existing Disease				
1	Swaranjali Nilesh Sarvanje(PO161 14855)	14/05/1988( 34)	F	Proposer	100000	30000	10/07/2012					

Optional Cover Table					
Policy Level - Optional Cover - 1 (No Proportionate Deduction)	Not Opted	Member Level - Optional Cover - III (Revision in Cataract Limit)	Not Opted		
Member Level - Optional Cover - II (Maternity Benefit)	Not Opted	Policy Level - Optional Cover - IV (Voluntary Co-pay of 20%)	Not Opted		

	Premium Details									
SI. No.	Name of Insured	Basic Premium	Premium for Optional Cover I	Premium for Optional Cover II	Premium for Optional Cover III		scount for ional Cover IV	nal Cover		Total Premium
1	SWARANJALI NILESH SARVANJE	2843	0	0	0		0	(	)	2843
	Total Gross Premium(Without GST)									2843
	CGST(@9%)								256	
	SGST(@9%)								256	
Net Pr	et Premium in Words(RUPEES THREE THOUSAND THREE HUNDRED FIFTY-FIVE ONLY) IGST 0							0		
	Total GST						Т		512	
	Net Premium(With GST)							3355		

	Previous Year Policy Details								
SI. No.	Previous Policy No	Name of Insured	From Date	To Date	Sum Insured	Pre-existing Diseases	Claim Amount		
1	111900342095 00001452	SWARANJALI NILESH SARVANJE	28/07/2020	27/07/2021	100000	NA	0		
2	111900342195 00001605	SWARANJALI NILESH SARVANJE	28/07/2021	27/07/2022	100000	NA	0		

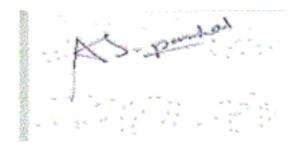
<sup>\*</sup>This Policy is subject to terms and conditions of New India Mediclaim.

		ersigned being duly a 8th day of July 2022.		Insurers and on behalf of the Insurers has(have) hereunder set
at	this	day of	20	

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



Date of Issue: 25/07/2022



(Mr. ASHWIN PANCHAI) [Sr.DVISIONAL MANAGER]

FOR AND ON BEHALF OF THE NEW INDIA ASSURANCE COMPANY LIMITED DULY CONSTITUTED ATTORNEY(S)



Insurer Office Code	: ASIAN BUILIDING III (111900)	
Address	Address : GROUND FLOOR, ASIAN BUILDING, 17, MARG, BALLARD ESTATE, ,400001	
Telephone	:	22615753 / 22613674
Fax	-:-	22612876

#### **New India Mediclaim**

#### PREMIUM CERTIFICATE FOR THE PURPOSE OF DEDUCTION UNDER SECTION 80 D OF INCOME TAX ( AMENDMENT ) ACT 1986

This is to certify that Mr./Mrs. SWARANJALI NILESH SARVANJE has paid ₹ 3355 towards premium for New India Mediclaim for the period 28/07/2022 12:00:01 AM to 27/07/2023 11:59:59 PM

Policy no.	:	11190034229500001584
Receipt no. & date	:	11190081220000015035 25/07/2022

Date of Issue: 25/07/2022

A Spandal

(Mr. ASHWIN PANCHAI) [Sr.DVISIONAL MANAGER]

Authorized Signatory For and on behalf of The New India Assurance Company Limited

(Note: This certificate must be surrendered to the Insurance Company for issuance of fresh certificate in case of cancellation of the policy or any alteration in the Insurance affecting the premium)

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



#### **IMPORTANT**

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

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

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

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

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

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

Tax Invoice No: 11190022E0006810

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C

Signature Not Verified





#### New India Mediclaim Policy

UIN: NIAHLIP21277V042021

#### **Policy Schedule**

Current Policy No		11190034229500001580	Current Policy Period		From:28/07/2022 12:00:01 AM To:27/07/2023 11:59:59 PM
Previous Policy No		11190034219500001608	Previous Policy Period		28-JUL-21 to 27-JUL-22
		Policyhold	er's Details		
Policyholder Name	KAPIL	GUNVANT SOLANKI	Customer ID	PO35	834309
			PAN Card No		
			Mobile No/Phone No	XXXX	(XX8618
Policyholder's address	NAGA COLO	SADBHAVANA R,REYNALDS ROAD, M.B.P.T. NY, WADALA- EAST, MUMBAI	Email id	kapil.solanki18@yahoo.in,	
	MUME	BAI ,MAHARASHTRA, 400037	Name of the Nominee	MR. G	SUNVANT A. SOLANKI
			Relation with the Policy holder	Fathe	r
			GSTIN	NA	
		Policy Issuing Office a	nd Intermediary Details		
Office Name and Code	ASIAN	I BUILIDING III (111900)	Office Contact No	22615753 / 22613674	
Office Email Id	nia.11	1900@newindia.co.in	Development Officer	Mr. SANDESH T MADHAVI (1D13698849)	
			Name of the Agent/Intermediary		IJAYA PADMAKAR MAHULKAR G00090313)
Office Address	GROUND FLOOR, ASIAN BUILDING, 17, R K MARG, BALLARD ESTATE, ,400001		Contact No. of Agent/Intermediary	9820514091 / 9820514091	
			E-mail id of Intermediary	vpmal sande	nulkar@gmail.com, sh_madhavi@yahoo.com,
Regional Office	MUME	BAI RO-I (110000)	GSTIN	27AAACN4165C3ZP	
Regional Contact No	02224	620301/02222660470	SAC	99713 servic	3 (Accident and health insurance es)
	Details	Of TPA (Notice or Communic	cation to be given in re	spect o	of claim)
		Y HEALTH PLAN INSURANCE			•

Email-id of the TPA			GROUND FLOOR, SRINILAYA – CYBER SPAZIO, ROAD NO 2, BANJARA HILLS, HYDERABAD – 500034,,					
Toll Free / Contact No of the TPA	914023555353 18001037519 /							
Fax of TPA	914023541400							
Highlights of New India Mediclaim Policy*								
* Automatic reinstatement of Sur	m Incured for 5 Lakhe Sum Incured & above	* Poom rent and ICLI Charges a	t 1% and 2% of Sum Insured per day					

Highlights of New India Mediclaim Policy*								
* Automatic reinstatement of Sum Insured for 5 Lakhs Sum Insured & above.	* Room rent and ICU Charges at 1% and 2% of Sum Insured per day respectively.							
* Health Check Up for every block of 3 claim free years up to a maximum of ₹ 5,000/	* Hospital Cash up to 1% of Sum Insured.							
* Day one baby cover.	* Ambulance charges up to 1% of Sum Insured.							
* Cumulative Bonus for claim free year.	* Midterm inclusion of newly married spouse.							
* Optional Cover I: No Proportionate Deduction.	* Cataract claims, up to 20% of Sum Insured or ₹ 50,000 whichever less, for each eye.							
* Optional Cover II: Maternity Expenses Benefit for Sum Insured 5 Lakhs and Above.	* Ayurvedic / Homoeopathic / Unani treatments are covered up to 25% of the Sum Insured.							
* Optional Cover III: Revision in Limit of Cataract (For 8 Lakhs & above Sum Insured).	* For Pre Existing Diseases Waiting period is 48 Months as per clause 4.1 of the policy document.							



* Optional Cover IV: For a Voluntary Co-Pay of 20% - (15% discount on premium).	* For specified diseases waiting period is 24 months as per clause 4.3.1 of the policy document.

\* Please refer to policy document for detailed terms and conditions.

#### **Important**

- \*1.Date of Inception of first policy is the date from which the policyholder has been continuously obtaining health insurance cover in India from any of the insurers without break subject to portability guidelines.
- 2.Enhanced Sum Insured under the policy will be subject to policy clauses 4.1,4.2 and 4.3
- 3. PED and specified diseases waiting periods for each of the merged policy shall be reckoned as per its date of inception of first policy.
- \* Please visit https://www.newindia.co.in for the list of network hospitals providing cashless facility. If network hospital is not available in your city/location, please contact the concerned TPA." You are also requested to share your policy details when you visit the network hospital.

	Insured Persons details (Cumulative Bonus Buffer is applicable for 1 L Sum Insured persons.)										
S. No	5. No Name of the insued Date of Sex Relation Sum insured Cumulative *Date of (Member ID) birth(Age) *Pate of first sum of the insured birth(Age) *Pate of first sum of the insured (Member ID) birth(Age) *Pate of first sum of the insured (Member ID) birth(Age) *Pate of first sum of the insured (Member ID) birth(Age) *Pate of first sum of the insured (Member ID) birth(Age) *Pate of first sum of the insured (Member ID) birth(Age) *Pate of first sum of the insured (Member ID) birth(Age) *Pate of first sum of the insured (Member ID) birth(Age) *Pate of first sum of the insured (Member ID) birth(Age) *Pate of first sum of the insured (Member ID) birth(Age) *Pate of first sum of the insured (Member ID) birth(Age) *Pate of first sum of the insured (Member ID) birth(Age) *Pate of first sum of the insured (Member ID) birth(Age) *Pate of first sum of the insured (Member ID) birth(Age) *Pate of first sum of the insured (Member ID) birth(Age) *Pate of first sum of the insured (Member ID) *Pate of first sum of the insured (Member ID) *Pate of first sum of the insured (Member ID) *Pate of first sum of the insured (Member ID) *Pate of first sum of the insured (Member ID) *Pate of first sum of the insured (Member ID) *Pate of first sum of the insured (Member ID) *Pate of first sum of the insured (Member ID) *Pate of first sum of the insured (Member ID) *Pate of first sum of the insured (Member ID) *Pate of first sum of the insured (Member ID) *Pate of first sum of first sum of the insured (Member ID) *Pate of first sum of first su							Pre Existing Disease			
1	Kapil Gunvant Solanki(PO3583 4309)		M	Proposer	100000	0	28/07/2015				

Optional Cover Table								
Policy Level - Optional Cover - 1 (No Proportionate Deduction)	Not Opted	Member Level - Optional Cover - III (Revision in Cataract Limit)	Not Opted					
Member Level - Optional Cover - II (Maternity Benefit)	Not Opted	Policy Level - Optional Cover - IV (Voluntary Co-pay of 20%)	Not Opted					

Premium Details												
SI. No.	Name of Insured	Basic Premium	Premium for Optional Cover I	Premium for Optional Cover II	Premium for Optional Cover III		iscount for tional Cover IV	Discount		Total Premium		
1	KAPIL GUNVANT SOLANKI	2843	0	0	0		0		0 0		)	2843
	Total Gross Premium(Without GST)									2843		
CGST(@9%)								%)		256		
SGST(@9%)								%)	256			
Net Pre	Net Premium in Words(RUPEES THREE THOUSAND THREE HUNDRED FIFTY-FIVE ONLY) IGST									0		
	Total GST									512		
							Net Premium GST)	(With		3355		

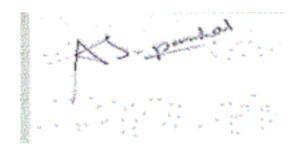
	Previous Year Policy Details										
SI. No.	Previous Policy No	Name of Insured	From Date	To Date	Sum Insured	Pre-existing Diseases	Claim Amount				
1	111900342095 00001456	KAPIL GUNVANT SOLANKI	28/07/2020	27/07/2021	100000	NA	0				
2	111900342195 00001608	KAPIL GUNVANT SOLANKI	28/07/2021	27/07/2022	100000	NA	0				

<sup>\*</sup>This Policy is subject to terms and conditions of New India Mediclaim.

In WITNESS WH his/her(their) ha	EREOF,the undersigi and(s) on this 28th d	ned being duly authori ay of July 2022.	zed by the Insurers and o	n behalf of the Insure	ers has(have) hereunder set
at	this	day of	_ 20		



Date of Issue: 25/07/2022



(Mr. ASHWIN PANCHAI) [Sr.DVISIONAL MANAGER]

FOR AND ON BEHALF OF THE NEW INDIA ASSURANCE COMPANY LIMITED DULY CONSTITUTED ATTORNEY(S)



Insurer Office Code	:	ASIAN BUILIDING III (111900)
Address	:	GROUND FLOOR, ASIAN BUILDING, 17, R K MARG, BALLARD ESTATE, ,400001
Telephone	:	22615753 / 22613674
Fax	:	22612876

#### **New India Mediclaim**

#### PREMIUM CERTIFICATE FOR THE PURPOSE OF DEDUCTION UNDER SECTION 80 D OF INCOME TAX ( AMENDMENT ) ACT 1986

This is to certify that Mr./Mrs. KAPIL GUNVANT SOLANKI has paid ₹ 3355 towards premium for New India Mediclaim for the period  $28/07/2022\ 12:00:01\ AM$  to  $27/07/2023\ 11:59:59\ PM$ 

Policy no.	:	11190034229500001580
Receipt no. & date	:	11190081220000015024 25/07/2022

Date of Issue: 25/07/2022

A Spandal

(Mr. ASHWIN PANCHAI)
[Sr.DVISIONAL MANAGER]

Authorized Signatory For and on behalf of The New India Assurance Company Limited

(Note: This certificate must be surrendered to the Insurance Company for issuance of fresh certificate in case of cancellation of the policy or any alteration in the Insurance affecting the premium)



#### **IMPORTANT**

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

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

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

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

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

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

Tax Invoice No: 11190022E0006806

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C

Signature Not Verified\_\_\_





#### New India Mediclaim Policy

UIN: NIAHLIP21277V042021

#### **Policy Schedule**

Current Policy No		11190034229500001573	Current Policy Period		From:28/07/2022 12:00:01 AM To:27/07/2023 11:59:59 PM
Previous Policy No		11190034219500001615	Previous Policy Period 28-JUL-21 to 27-JUL-22		
		Policyholo	ler's Details		
Policyholder Name	PRAM	1OD DHARMA KAMBLE	Customer ID	PO16	109844
			PAN Card No		
			Mobile No/Phone No		
Policyholder's address		HARTH NAGAR, CHAWL NO.B-1, M NO.16, DR. A.B. ROAD, WORLI	Email id		
	миме	BAI ,MAHARASHTRA, 400018			
			Name of the Nominee	MRS.	VARSHA P. KAMBLE
			Relation with the Policy holder	Spous	se
			GSTIN	NA	
		Policy Issuing Office a	and Intermediary Details		
Office Name and Code	ASIAN	N BUILIDING III (111900)	Office Contact No	22615753 / 22613674	
Office Email Id	nia.11	1900@newindia.co.in	Development Officer		ANDESH T MADHAVI 698849)
			Name of the Agent/Intermediary		/IJAYA PADMAKAR MAHULKAR G00090313)
Office Address	RKM	ARD ÉSTATE,	Contact No. of Agent/Intermediary	98205	14091 / 9820514091
			E-mail id of Intermediary	vpmal sande	nulkar@gmail.com, sh_madhavi@yahoo.com,
Regional Office	MUME	BAI RO-I (110000)	GSTIN	27AA	ACN4165C3ZP
Regional Contact No	02224	620301/02222660470	SAC	99713 servic	3 (Accident and health insurance es)
	Details	Of TPA (Notice or Communi	cation to be given in re	spect o	of claim)
Name of the TPA		Y HEALTH PLAN INSURANCE			
E 2 . 1 . 1 . 1 . TD 4				0001	

	otalie of 1171 (110tice of community	ation to be given in ree	poor or diairri)
Name of the TPA	FAMILY HEALTH PLAN INSURANCE TPA LTD.	_	
Email-id of the TPA			GROUND FLOOR, SRINILAYA – CYBER SPAZIO, ROAD NO 2, BANJARA HILLS, HYDERABAD – 500034,,
Toll Free / Contact No of the TPA	914023555353 18001037519 /		
Fax of TPA	914023541400		

Highlights of New India Mediclaim Policy*						
* Automatic reinstatement of Sum Insured for 5 Lakhs Sum Insured & above.	* Room rent and ICU Charges at 1% and 2% of Sum Insured per day respectively.					
* Health Check Up for every block of 3 claim free years up to a maximum of ₹ 5,000/	* Hospital Cash up to 1% of Sum Insured.					
* Day one baby cover.	* Ambulance charges up to 1% of Sum Insured.					
* Cumulative Bonus for claim free year.	* Midterm inclusion of newly married spouse.					
* Optional Cover I: No Proportionate Deduction.	* Cataract claims, up to 20% of Sum Insured or ₹ 50,000 whichever less, for each eye.					
* Optional Cover II: Maternity Expenses Benefit for Sum Insured 5 Lakhs and Above.	* Ayurvedic / Homoeopathic / Unani treatments are covered up to 25% of the Sum Insured.					
* Optional Cover III: Revision in Limit of Cataract (For 8 Lakhs & above Sum Insured).	* For Pre Existing Diseases Waiting period is 48 Months as per clause 4.1 of the policy document.					

Digitally stored by SRINUX SAN VAIDESLARAN Date: 2022.07.25 Policy No.: 11190034229500001573Document generated by AG\_0104849 at 25/07/2022 10:20.30 110310.

Policy No.: 11190034229500001573Document generated by AG\_0104849 at 25/07/2022 10:20.30 110310.

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



* Optional Cover IV: For a Voluntary Co-Pay of 20% - (15% discount on premium).	$\ ^*$ For specified diseases waiting period is 24 months as per clause 4.3.1 of the policy document.

\* Please refer to policy document for detailed terms and conditions.

#### Important

- \*1.Date of Inception of first policy is the date from which the policyholder has been continuously obtaining health insurance cover in India from any of the insurers without break subject to portability guidelines.
- 2.Enhanced Sum Insured under the policy will be subject to policy clauses 4.1,4.2 and 4.3
- 3. PED and specified diseases waiting periods for each of the merged policy shall be reckoned as per its date of inception of first policy.
- \* Please visit https://www.newindia.co.in for the list of network hospitals providing cashless facility. If network hospital is not available in your city/location, please contact the concerned TPA." You are also requested to share your policy details when you visit the network hospital.

	Insured Persons details (Cumulative Bonus Buffer is applicable for 1 L Sum Insured persons.)							
S. No	Name of the insued (Member ID)	Date of birth(Age)	Sex	Relation	Sum insured	Cumulative Bonus Buffer	*Date of inception of first policy	Pre Existing Disease
1	Pramod Dharma Kamble(PO1610 9844)	27/06/1976( 46)	М	Proposer	100000	30000	10/07/2012	

Optional Cover Table						
Policy Level - Optional Cover - 1 Not Opted Member Level - Optional Cover - III Not C (No Proportionate Deduction) (Revision in Cataract Limit)						
Member Level - Optional Cover - II (Maternity Benefit)	Not Opted	Policy Level - Optional Cover - IV (Voluntary Co-pay of 20%)	Not Opted			

	Premium Details									
SI. No.	Name of Insured	Basic Premium	Premium for Optional Cover I	Premium for Optional Cover II	Premium for Optional Cover III		iscount for tional Cover IV	Disc	ount	Total Premium
1	1 PRAMOD 4872 0 0 0 O DHARMA KAMBLE							C	)	4872
	Total Gross Premium(Without GST)								4872	
	CG							%)		438
	SGST(@9%)							%)	438	
Net Pre	Net Premium in Words(RUPEES FIVE THOUSAND SEVEN HUNDRED FORTY-EIGHT ONLY)  IGST							0		
	Total GST						Т		876	
							Net Premium GST)	(With		5748

	Previous Year Policy Details							
SI. No.	Previous Policy No	Name of Insured	From Date	To Date	Sum Insured	Pre-existing Diseases	Claim Amount	
1	111900342095 00001462	PRAMOD DHARMA KAMBLE	28/07/2020	27/07/2021	100000	NA	0	
2	111900342195 00001615	PRAMOD DHARMA KAMBLE	28/07/2021	27/07/2022	100000	NA	0	

<sup>\*</sup>This Policy is subject to terms and conditions of New India Mediclaim.

In WITNESS WHEREOF, the undersigned being duly authorized by the Insurers and on behalf of the Insurers has(have) hereunder set his/her(their) hand(s) on this 28th day of July 2022.



at \_\_\_\_\_ this \_\_\_\_ day of \_\_\_\_ 20

Date of Issue: 25/07/2022

A pounded

(Mr. ASHWIN PANCHAI) [Sr.DVISIONAL MANAGER]

FOR AND ON BEHALF OF THE NEW INDIA ASSURANCE COMPANY LIMITED DULY CONSTITUTED ATTORNEY(S)



Insurer Office Code	:	ASIAN BUILIDING III (111900)
Address	:	GROUND FLOOR, ASIAN BUILDING, 17, R K MARG, BALLARD ESTATE, ,400001
Telephone	:	22615753 / 22613674
Fax	:	22612876

#### **New India Mediclaim**

#### PREMIUM CERTIFICATE FOR THE PURPOSE OF DEDUCTION UNDER SECTION 80 D OF INCOME TAX ( AMENDMENT ) ACT 1986

This is to certify that Mr./Mrs. PRAMOD DHARMA KAMBLE has paid ₹ 5748 towards premium for New India Mediclaim for the period 28/07/2022 12:00:01 AM to 27/07/2023 11:59:59 PM

Policy no.	:	11190034229500001573
Receipt no. & date	:	11190081220000015013 25/07/2022

Date of Issue: 25/07/2022

A Spanned

(Mr. ASHWIN PANCHAI) [Sr.DVISIONAL MANAGER]

Authorized Signatory For and on behalf of The New India Assurance Company Limited

(Note: This certificate must be surrendered to the Insurance Company for issuance of fresh certificate in case of cancellation of the policy or any alteration in the Insurance affecting the premium)



#### **IMPORTANT**

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

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

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

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

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

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

Tax Invoice No: 11190022E0006798

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C





#### New India Mediclaim Policy

UIN: NIAHLIP21277V042021

#### **Policy Schedule**

Current Policy No		11190034229500001571	Current Policy Period		From:28/07/2022 12:00:01 AM To:27/07/2023 11:59:59 PM
Previous Policy No		11190034219500001617	Previous Policy Period	s Policy Period 28-JUL-21 to 27-JUL-	
		Policyhold	er's Details		
		RAFULL DASHRATH AVANSHI	Customer ID	PO22	114626
			PAN Card No		
			Mobile No/Phone No	XXXX	XX4352
		Email id			
	МОМЕ	BAI ,MAHARASHTRA, 400001			
			Name of the Nominee		DASHRATH .M. 'AVASHIFATHAR
			Relation with the Policy holder	Fathe	r
			GSTIN	NA	
		Policy Issuing Office a	nd Intermediary Details		
Office Name and Code	ASIAN	BUILIDING III (111900)	Office Contact No	22615	5753 / 22613674
Office Email Id	nia.11	1900@newindia.co.in	Development Officer		ANDESH T MADHAVI 698849)
			Name of the Agent/Intermediary		/IJAYA PADMAKAR MAHULKAR G00090313)
Office Address	RKM	ARD ESTATE,	Contact No. of Agent/Intermediary	98205	514091 / 9820514091
			E-mail id of Intermediary	vpmal sande	hulkar@gmail.com, esh_madhavi@yahoo.com,
Regional Office	MUME	BAI RO-I (110000)	GSTIN	27AA	ACN4165C3ZP
Regional Contact No	02224	620301/02222660470	SAC	99713 servic	33 (Accident and health insurance es)

Details Of TPA (Notice or Communication to be given in respect of claim)

	<u> </u>	3	
Name of the TPA	FAMILY HEALTH PLAN INSURANCE TPA LTD.		
Email-id of the TPA			GROUND FLOOR, SRINILAYA – CYBER SPAZIO, ROAD NO 2, BANJARA HILLS, HYDERABAD – 500034,,
Toll Free / Contact No of the TPA	914023555353 18001037519 /		
Fax of TPA	914023541400		

Highlights of New India Mediclaim Policy*							
* Automatic reinstatement of Sum Insured for 5 Lakhs Sum Insured & above.	* Room rent and ICU Charges at 1% and 2% of Sum Insured per day respectively.						
* Health Check Up for every block of 3 claim free years up to a maximum of ₹ 5,000/	* Hospital Cash up to 1% of Sum Insured.						
* Day one baby cover.	* Ambulance charges up to 1% of Sum Insured.						
* Cumulative Bonus for claim free year.	* Midterm inclusion of newly married spouse.						
* Optional Cover I: No Proportionate Deduction.	* Cataract claims, up to 20% of Sum Insured or ₹ 50,000 whichever less, for each eye.						
* Optional Cover II: Maternity Expenses Benefit for Sum Insured 5 Lakhs and Above.	* Ayurvedic / Homoeopathic / Unani treatments are covered up to 25% of the Sum Insured.						



	* For Pre Existing Diseases Waiting period is 48 Months as per clause 4.1 of the policy document.
	* For specified diseases waiting period is 24 months as per clause 4.3.1 of the policy document.
	* Please refer to policy document for detailed terms and conditions.

#### Important

- \*1.Date of Inception of first policy is the date from which the policyholder has been continuously obtaining health insurance cover in India from any of the insurers without break subject to portability guidelines.
- 2.Enhanced Sum Insured under the policy will be subject to policy clauses 4.1,4.2 and 4.3
- 3. PED and specified diseases waiting periods for each of the merged policy shall be reckoned as per its date of inception of first policy.
- \* Please visit https://www.newindia.co.in for the list of network hospitals providing cashless facility. If network hospital is not available in your city/location, please contact the concerned TPA." You are also requested to share your policy details when you visit the network hospital.

	Insured Persons details (Cumulative Bonus Buffer is applicable for 1 L Sum Insured persons.)										
S. No Name of the insued Date of (Member ID) Dirth(Age)			Sex	Relation	Sum insured	Cumulative Bonus Buffer	*Date of inception of first policy	Pre Existing Disease			
1	Mr. Prafull Dashrath Suryavanshi(PO 22114626)	08/06/1992( 30)	М	Proposer	100000	0	08/07/2013				

Optional Cover Table						
Policy Level - Optional Cover - 1 (No Proportionate Deduction)	Not Opted	Member Level - Optional Cover - III (Revision in Cataract Limit)	Not Opted			
Member Level - Optional Cover - II (Maternity Benefit)	Not Opted	Policy Level - Optional Cover - IV (Voluntary Co-pay of 20%)	Not Opted			

	Premium Details									
SI. No.	Name of Insured	Basic Premium	Premium for Optional Cover I	Premium for Optional Cover II	Premium for Optional Cover III	Discount for Optional Cover IV	Disco	ount	Total Premium	
1	MR. PRAFULL DASHRATH SURYAVANSH I	2843	0	0	0	0	0	0 2843		
	Total Gross Premium(Without GST)								2843	
						CGST(@9	%)		256	
	SGST(@9%)								256	
Net Pr	Net Premium in Words(RUPEES THREE THOUSAND THREE HUNDRED FIFTY-FIVE ONLY)  IGST								0	
			Total GS	Т		512				
						Net Premium GST)	(With		3355	

	Previous Year Policy Details										
SI. No.	Previous Policy No	Name of Insured	From Date	To Date	Sum Insured	Pre-existing Diseases	Claim Amount				
1	111900342095 00001464	MR. PRAFULL DASHRATH SURYAVANS HI	28/07/2020	27/07/2021	100000	NA	0				
2	111900342195 00001617	MR. PRAFULL DASHRATH SURYAVANS HI	28/07/2021	27/07/2022	100000	NA	0				

<sup>\*</sup>This Policy is subject to terms and conditions of New India Mediclaim.



		dersigned being duly at 28th day of July 2022.		surers and on behalf of the Insurers has(have) hereunder set
a+	+hic	dov. of	20	

Date of Issue: 25/07/2022

A Spandol

(Mr. ASHWIN PANCHAI) [Sr.DVISIONAL MANAGER]

FOR AND ON BEHALF OF THE NEW INDIA ASSURANCE COMPANY LIMITED DULY CONSTITUTED ATTORNEY(S)



Insurer Office Code	:	ASIAN BUILIDING III (111900)
Address		GROUND FLOOR, ASIAN BUILDING, 17, R K MARG, BALLARD ESTATE, ,400001
Telephone	:	22615753 / 22613674
Fax	:	22612876

#### **New India Mediclaim**

#### PREMIUM CERTIFICATE FOR THE PURPOSE OF DEDUCTION UNDER SECTION 80 D OF INCOME TAX ( AMENDMENT ) ACT 1986

This is to certify that Mr./Mrs. MR. PRAFULL DASHRATH SURYAVANSHI has paid  $\stackrel{?}{_{\sim}}$  3355 towards premium for New India Mediclaim for the period 28/07/2022 12:00:01 AM to 27/07/2023 11:59:59 PM

Policy no.	:	11190034229500001571
Receipt no. & date	:	11190081220000015010 25/07/2022

Date of Issue: 25/07/2022

- Pandol

(Mr. ASHWIN PANCHAI) [Sr.DVISIONAL MANAGER]

Authorized Signatory For and on behalf of The New India Assurance Company Limited

(Note: This certificate must be surrendered to the Insurance Company for issuance of fresh certificate in case of cancellation of the policy or any alteration in the Insurance affecting the premium)



#### **IMPORTANT**

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

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

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

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

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

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

Tax Invoice No: 11190022E0006796

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C





#### New India Mediclaim Policy

UIN: NIAHLIP21277V042021

#### **Policy Schedule**

Current Policy No		11190034229500001557	Current Policy Period		From:28/07/2022 12:00:01 AM To:27/07/2023 11:59:59 PM	
Previous Policy No		11190034219500001629	Previous Policy Period		28-JUL-21 to 27-JUL-22	
		Policyhold	er's Details			
Policyholder Name	SHRIK	KANT SALVE	Customer ID	PO432	202995	
			PAN Card No			
			Mobile No/Phone No			
COL <sup>i</sup> MUM		SADBHAVNA NAGAR, B.P.T. NY, WADALA(EAST) BAI BAI ,MAHARASHTRA, 400037	Email id			
		· · · · · · · · · · · · · · · · · · ·	Name of the Nominee	SUSH	MA SALVE	
			Relation with the Policy holder	Spous	е	
			GSTIN	NA		
		Policy Issuing Office a	and Intermediary Details			
Office Name and Code	ASIAN	I BUILIDING III (111900)	Office Contact No	22615	753 / 22613674	
Office Email Id	nia.11	1900@newindia.co.in	Development Officer		ANDESH T MADHAVI 698849)	
					IJAYA PADMAKAR MAHULKAR G00090313)	
RKI		JND FLOOR, ASIAN BUILDING, 17, ARG, ARD ESTATE, D1	Contact No. of Agent/Intermediary		9820514091 / 9820514091	
			E-mail id of Intermediary	vpmah sande	nulkar@gmail.com, sh_madhavi@yahoo.com,	
Regional Office	MUME	BAI RO-I (110000)	GSTIN	ZTIN 27AAACN4165C3ZP		
Regional Contact No	02224	620301/02222660470	SAC	997133 (Accident and health insurance services)		

Details Of TPA (Notice or Communication to be given in respect of claim)

Name of the TPA	FAMILY HEALTH PLAN INSURANCE TPA LTD.	
Email-id of the TPA		GROUND FLOOR, SRINILAYA – CYBER SPAZIO, ROAD NO 2, BANJARA HILLS, HYDERABAD – 500034,,
Toll Free / Contact No of the TPA	914023555353 18001037519 /	
Fax of TPA	914023541400	

Highlights of New India Mediclaim Policy*						
* Automatic reinstatement of Sum Insured for 5 Lakhs Sum Insured & above.	* Room rent and ICU Charges at 1% and 2% of Sum Insured per day respectively.					
* Health Check Up for every block of 3 claim free years up to a maximum of ₹ 5,000/	* Hospital Cash up to 1% of Sum Insured.					
* Day one baby cover.	* Ambulance charges up to 1% of Sum Insured.					
* Cumulative Bonus for claim free year.	* Midterm inclusion of newly married spouse.					
* Optional Cover I: No Proportionate Deduction.	* Cataract claims, up to 20% of Sum Insured or ₹ 50,000 whichever less, for each eye.					
* Optional Cover II: Maternity Expenses Benefit for Sum Insured 5 Lakhs and Above.	* Ayurvedic / Homoeopathic / Unani treatments are covered up to 25% of the Sum Insured.					
* Optional Cover III: Revision in Limit of Cataract (For 8 Lakhs & above Sum Insured).	* For Pre Existing Diseases Waiting period is 48 Months as per clause 4.1 of the policy document.					
* Optional Cover IV: For a Voluntary Co-Pay of 20% - (15% discount on premium).	* For specified diseases waiting period is 24 months as per clause 4.3.1 of the policy document.					

VAIDESMARAN Date: 202.5 07.25 Policy No.: 11190034229500001557Document generated by AG\_0104849 at 25/07/2022 15:14:17 Hours.

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

Give your valuable feedback on https://www.newindia.co.in/portal/policyFeedbackGen.



#### \* Please refer to policy document for detailed terms and conditions.

#### **Important**

\*1.Date of Inception of first policy is the date from which the policyholder has been continuously obtaining health insurance cover in India from any of the insurers without break subject to portability guidelines.

2.Enhanced Sum Insured under the policy will be subject to policy clauses 4.1,4.2 and 4.3

- 3. PED and specified diseases waiting periods for each of the merged policy shall be reckoned as per its date of inception of first policy.
- \* Please visit https://www.newindia.co.in for the list of network hospitals providing cashless facility. If network hospital is not available in your city/location, please contact the concerned TPA." You are also requested to share your policy details when you visit the network hospital.

	Insured Persons details (Cumulative Bonus Buffer is applicable for 1 L Sum Insured persons.)									
S. No Name of the insued Date of (Member ID) Date of birth(Age)			Sex	Relation	Sum insured	Cumulative Bonus Buffer	*Date of inception of first policy	Pre Existing Disease		
1	Shrikant Salve(PO43202 995)	3/12/1984(3 7)	М	Proposer	100000	0	28/07/2016			

Optional Cover Table						
Policy Level - Optional Cover - 1 (No Proportionate Deduction)	Not Opted	Member Level - Optional Cover - III (Revision in Cataract Limit)	Not Opted			
Member Level - Optional Cover - II (Maternity Benefit)	Not Opted	Policy Level - Optional Cover - IV (Voluntary Co-pay of 20%)	Not Opted			

	Premium Details									
SI. No.	Name of Insured	Basic Premium	Premium for Optional Cover I	Premium for Optional Cover II	Premium for Optional Cover III		iscount for tional Cover IV		ount Total Premium	
1	SHRIKANT SALVE	3010	0	0	0		0 0		)	3010
							Total Gro Premium(Wi GST)			3010
	CGST(@9%)								271	
							SGST(@9	%)		271
Net Pre	Net Premium in Words(RUPEES THREE THOUSAND FIVE HUNDRED FIFTY-TWO ONLY)						IGST			0
							Total GS	Т		542
	Net Premium(With GST)								3552	

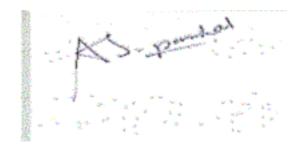
	Previous Year Policy Details									
SI. No. Previous Policy Name of Insured From Date To Date Sum Insured Pre-existing Claim Diseases							Claim Amount			
1	111900342095 00001478	SHRIKANT SALVE	28/07/2020	27/07/2021	100000	NA	0			
2	111900342195 00001629	SHRIKANT SALVE	28/07/2021	27/07/2022	100000	NA	0			

<sup>\*</sup>This Policy is subject to terms and conditions of New India Mediclaim.

		ndersigned being duly au 28th day of July 2022.		nsurers and on behalf of	f the Insurers has(have) hereunder s	et
at	this	day of	20			



Date of Issue: 25/07/2022



(Mr. ASHWIN PANCHAI) [Sr.DVISIONAL MANAGER]

FOR AND ON BEHALF OF THE NEW INDIA ASSURANCE COMPANY LIMITED DULY CONSTITUTED ATTORNEY(S)



Insurer Office Code	:	ASIAN BUILIDING III (111900)
Address	:	GROUND FLOOR, ASIAN BUILDING, 17, R K MARG, BALLARD ESTATE, ,400001
Telephone	:	22615753 / 22613674
Fax	:	22612876

#### **New India Mediclaim**

#### PREMIUM CERTIFICATE FOR THE PURPOSE OF DEDUCTION UNDER SECTION 80 D OF INCOME TAX ( AMENDMENT ) ACT 1986

This is to certify that Mr./Mrs. SHRIKANT SALVE has paid ₹ 3552 towards premium for New India Mediclaim for the period  $28/07/2022\ 12:00:01\ AM$  to  $27/07/2023\ 11:59:59\ PM$ 

Policy no.	:	11190034229500001557
Receipt no. & date	:	11190081220000014968 25/07/2022

Date of Issue: 25/07/2022

- Pandol

(Mr. ASHWIN PANCHAI) [Sr.DVISIONAL MANAGER]

Authorized Signatory For and on behalf of The New India Assurance Company Limited

(Note: This certificate must be surrendered to the Insurance Company for issuance of fresh certificate in case of cancellation of the policy or any alteration in the Insurance affecting the premium)



#### **IMPORTANT**

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

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

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

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

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

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

Tax Invoice No: 11190022E0006773

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C



# LALA LAJPATRAI COLLEGE OF LAW

(Affiated to University of Mumbai and Approved Bar Council of India)

Lala Lajpatrai Marg, Mahalaxmi, Mumbai - 400 034. Tel.: 2354 8240 / 2354 8241 • Fax: 2353 2896 E-mail: principal.llcl@gmail.com • Gram: LAJCOL

**Interest Free Loan** 



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#### **Certificate of Interest Free Loan to Staff**

This is to certify that the College has provided interest free loan to the following employees as per the loan demand submitted by the staff member:

	LALA LAJPATRAI COLLEGE OF LAW							
	NON TEACHING STAFF							
SR. NO.	NAME OF THE EMPLOYEE	Amount of Loan	Date					
1	Mr. Pramod Kamble	25000	02/08/2021					

Date: 19.09.2023

PRINCIPAL

Lala Lajpatrai College of Law Lala Lajpatrai Marg, Mumbai - 400 034.

### LALA LAJPATRAI COLLEGE OF LAW (From 1-Apr-2019)

Lala Lajpatrai Marg, Mahalaxmi, Mumbai - 400 034.

#### **ADVANCE**

Ledger Account

1-Apr-2021 to 31-Mar-2022

					Page 1
Date	Particulars	Vch Type	Vch No.	Debit	Credit
2-8-2021	Cr C.B.I.S.B. A/C NO. 3024593728  CHQ. NO.603426 BEING AMT.  PAID TO PRAMOD KAMBLE AS  ADVANCE	Payment	53	25,000.00	
D	r Closing Balance		- - -	25,000.00 <b>25,000.00</b>	25,000.00 <b>25,000.00</b>



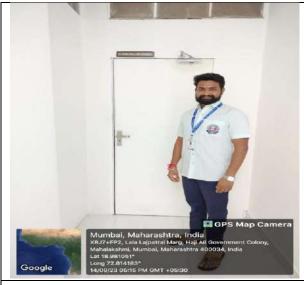
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## **Other Welfare Measures**

### **Other Welfare Initiatives for Staff**





**Uniforms for Staff** 

Accessories for Cleaning Staff





Birthday Celebration for Staff

Birthday Celebration for Staff



Independence Day Celebration



**Celebration of Cultural Events**