



ज्ञानगंगा सरोवरी

VISHAL JUNNAR SEVA MANDAL'S

## VISHAL INSTITUTE OF PHARMACEUTICAL EDUCATION & RESEARCH

Dr. S. L. Jadhav  
Principal

Ale, Tal. Junnar, Dist. Pune-412411 | Contact No. : 9892376014 | E-mail : vjrm.principal@gmail.com | Website: www.viperale.com

P.C.I. Inst. Code : PCI-2620 | D.T.E. Inst. Code : 6361 | University I.D. No. : CPHP012670

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



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VISHAL INSTITUTE OF PHARMACEUTICAL  
EDUCATION AND RESEARCH  
ALE TAL-JUNNAR DIST-PUNE 412411

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PRINCIPAL  
VISHAL INSTITUTE OF PHARMACEUTICAL  
EDUCATION AND RESEARCH  
ALE TAL-JUNNAR DIST-PUNE 412411

**Management Resolution for PF facility and PF details**

## विशाल जुन्नर सेवा मंडळ

नों. क्र.: एफ.-१३८१८ / मुंबई / १९९०

प्रशासकीय कार्यालय : बी-३, ससेक्स इंडस्ट्रियल इस्टेट, दादोजी कोंडदेव क्रॉस मार्ग, भायखळा, मुंबई-४०००२७.

दूरध्वनी : ६६५७१७११/२२/३३ फॅक्स: २३७१ २०१२

शैक्षणिक संकुल : आळे, ता. जुन्नर, जि. पुणे-४१२४११  
दूरध्वनी: (०२१३२) २६३२६४/२६२८४१  
फॅक्स: (०२१३२) २६२८४१



## VISHAL JUNNAR SEVA MANDAL

Reg. No. : F- 13818 (Mumbai)/1990

Administrative: B-3, Sussex Ind. Estate, D. K. Cross Marg Office Byculla, Mumbai-400 027

Tel. : 66571711 / 22 / 33 Fax : 23712012

Educational : Ale, Tal. Junnar, Dist. Pune-412411

Complex Tel. : (02132) 263264 / 262841

Fax : (02132) 262841

website : www.vjmale.com Email : vjmiop@gmail.com

Outward No. : VJSM/202

Date : / /202

### True Copy of Resolution

Date of meeting – 27/03/2005

Time – 11:00 a.m.

Type of Meeting : Monthly Meeting

Venue – Institute of Pharmacy, Ale.

Resolution No – 07

Sub – P.F. facility to the staff members.

In the said meeting of Board of Trustee's, Secretary Shri Dawal S. Daptare read out the report submitted by the P.F. consultant Shri Salian in respect of P.F. facility to staff members. Subject issue was discussed in depth considering all aspects angles. After detail discussion secretary Shri Dawal S. Daptare proposed the resolution for extending the P.F. facility to staff members as per provision's in P.F. act 1952, from next academic year 2005-2006 i.e. with effective from July 2005.

The resolution was seconded by Shri Rajendra K. Hadawale.

Res. Proposed by Shri Dawal S. Daptare.

Res. Seconded by Shri Rajendra K. Hadawale.

The resolution approved unanimously.

VISHAL JUNNAR SEVA MANDAL

PRESIDENT/SECRETARY



**EMPLOYEE'S PROVIDENT FUND**  
**ELECTRONIC CHALLAN CUM RETURN (ECR)**

|                                                                                               |                       |                                 |                    |
|-----------------------------------------------------------------------------------------------|-----------------------|---------------------------------|--------------------|
| Name of Establishment                                                                         | INSTITUTE OF PHARMACY |                                 |                    |
| Establishment Id                                                                              | PUPUN0122245000       | LIN                             | 1425302967         |
| Wage Month                                                                                    | MAR-2023              | Return Month                    | APR-2023           |
| Contribution Rate (%)                                                                         | 12                    | ECR Type                        | ECR                |
| Salary Disbursement Date                                                                      | 10-APR-2023           | Uploaded Date Time              | 11-APR-2023 17:08  |
| Exemption Status                                                                              | Unexempted            | TRRN Number                     |                    |
| Remarks                                                                                       | OK                    | ECR Id                          | 87467886           |
| Total Members                                                                                 | 62                    |                                 |                    |
| <b>Contribution and Remittance Details (In Rupees) :</b>                                      |                       |                                 |                    |
| Total EPF Contribution Remitted                                                               | 1,06,433              | Total EPS Contribution Remitted |                    |
| Total EPF-EPS Contribution Remitted                                                           | 32,523                | Total Refund Advance            |                    |
| <b>PMRPY Upfront Benefit Details (In Rupees) :</b>                                            |                       |                                 |                    |
| Total PMRPY Upfront EPF Amount                                                                | 0                     | Total PMRPY Upfront EPS Amount  |                    |
| PMRPY benefit remarks                                                                         | NA                    |                                 |                    |
| <b>ABRY Upfront Benefit Details (In Rupees) :</b>                                             |                       |                                 |                    |
| Total ABRY benefit Amount                                                                     | Employee EPF Share    | Employer EPS Share              | Employer EPF Share |
| ABRY benefit remarks                                                                          | 0                     | 0                               | 0                  |
| Establishment is not eligible for ABRY scheme benefit as scheme declaration is not submitted. |                       |                                 |                    |

Member Details :-

| Sl.No. | UAN          | Name as per                              |                                          | Wages  |        |        |        | Contribution Remitted |       |     |             | Refunds | PMRPY / ABRY Benefit |                |          | L<br>ti |
|--------|--------------|------------------------------------------|------------------------------------------|--------|--------|--------|--------|-----------------------|-------|-----|-------------|---------|----------------------|----------------|----------|---------|
|        |              | ECR                                      | UAN<br>Repository                        | Gross  | EPF    | EPS    | EDLI   | EE                    | EPS   | ER  | NCP<br>Days |         | Pension<br>Share     | ER PF<br>Share | EE Share |         |
| 1      | 100360086517 | MR.<br>SONAWANE<br>ABHJIT ASHOK          | ABHJEET<br>ASHOK<br>SONAWANE             | 61,592 | 15,000 | 15,000 | 15,000 | 1,800                 | 1,250 | 550 | 0           | 0       | -                    | -              | -        | -       |
| 2      | 101423846948 | MR.AKASH<br>SURESH KOLHE                 | AKASH<br>SURESH<br>KOLHE                 | 8,500  | 8,500  | 8,500  | 8,500  | 1,020                 | 708   | 312 | 0           | 0       | -                    | -              | -        | -       |
| 3      | 101694673480 | MS. AKSHADA<br>JANARDAN<br>HULAWALE      | AKSHADA<br>JANARDAN<br>HULAWALE          | 28,000 | 15,000 | 15,000 | 15,000 | 1,800                 | 1,250 | 550 | 0           | 0       | -                    | -              | -        | -       |
| 4      | 100350653604 | MR. SHINDE<br>ANANDA<br>SAHADU           | ANAND<br>SAHADU<br>SHINDE                | 20,938 | 15,000 | 15,000 | 15,000 | 1,800                 | 1,250 | 550 | 0           | 0       | -                    | -              | -        | -       |
| 5      | 101864894810 | MS. ANKITA<br>RAJENDRAKUM<br>AR JORVEKAR | ANKITA<br>RAJENDRAKUM<br>MAR<br>JORVEKAR | 35,000 | 15,000 | 15,000 | 15,000 | 1,800                 | 1,250 | 550 | 0           | 0       | -                    | -              | -        | -       |
| 6      | 101435813924 | Mrs.<br>ANURADHA<br>SAGAR TAJAVE         | ANURADHA<br>SAGAR<br>TAJAVE              | 54,260 | 15,000 | 15,000 | 15,000 | 1,800                 | 1,250 | 550 | 0           | 0       | -                    | -              | -        | -       |
| 7      | 101487150266 | Mrs. ASHLESHA<br>BHANUDAS<br>CHINCHAWADE | ASHLESHA<br>BHANUDAS<br>CHINCHAWADE      | 35,000 | 15,000 | 15,000 | 15,000 | 1,800                 | 1,250 | 550 | 0           | 0       | -                    | -              | -        | -       |
| 8      | 100502345606 | Mr. HADAWALE<br>ASHOK                    | ASHOK<br>SHANKAR<br>HADAWALE             | 15,780 | 15,000 | 15,000 | 15,000 | 1,800                 | 1,250 | 550 | 0           | 0       | -                    | -              | -        | -       |
| 9      | 101487149416 | Mrs. ASHWINI<br>PRASAD<br>GUNJAL         | ASHWINI<br>PRASAD<br>GUNJAL              | 32,000 | 15,000 | 15,000 | 15,000 | 1,800                 | 1,250 | 550 | 0           | 0       | -                    | -              | -        | -       |
| 10     | 101487152046 | Mrs. ASWINI<br>VITTHAL<br>KAWADE         | ASWINI<br>VITTHAL<br>KAWADE              | 32,000 | 15,000 | 15,000 | 15,000 | 1,800                 | 1,250 | 550 | 0           | 0       | -                    | -              | -        | -       |
| 11     | 101435815120 | Mrs. BABITA<br>RAVINDRA<br>ALHAT         | BABITA<br>RAVINDRA<br>ALHAT              | 49,620 | 15,000 | 15,000 | 15,000 | 1,800                 | 1,250 | 550 | 0           | 0       | -                    | -              | -        | -       |
| 12     | 100109666711 | Mr. BHAGUJI<br>DEVARAM<br>BANGAR         | BHAGUJI<br>DEVARAM<br>BANGAR             | 21,914 | 15,000 | 15,000 | 15,000 | 1,800                 | 1,250 | 550 | 0           | 0       | -                    | -              | -        | -       |
| 13     | 100110778165 | Mr. BHARAT<br>BHAU<br>CHAUDHARI          | BHARAT<br>BHAU<br>CHAUDHARI              | 23,080 | 15,000 | 15,000 | 15,000 | 1,800                 | 1,250 | 550 | 0           | 0       | -                    | -              | -        | -       |
| 14     | 100111599982 | Mr. BHASKAR<br>MATRE                     | BHASKAR<br>VITHOBA<br>MATRE              | 23,440 | 15,000 | 15,000 | 15,000 | 1,800                 | 1,250 | 550 | 0           | 0       | -                    | -              | -        | -       |
| 15     | 100130447969 | Mr. DATTATRAY<br>GANPAT<br>WALUNJ        | DATTATRAY<br>GANPAT<br>WALUNJ            | 39,696 | 15,000 | 15,000 | 15,000 | 1,800                 | 1,250 | 550 | 0           | 0       | -                    | -              | -        | -       |
| 16     | 100130407226 | MR. GUNJAL<br>DATTATRYA<br>KASHINATH     | DATTATRAY<br>GUNJAL<br>KASHINATH         | 24,480 | 15,000 | 15,000 | 15,000 | 1,800                 | 1,250 | 550 | 0           | 0       | -                    | -              | -        | -       |
| 17     | 101864894823 | MRS.<br>DHANASHRI<br>SURESH GITE         | DHANASHRI<br>SURESH GITE                 | 35,000 | 15,000 | 15,000 | 15,000 | 1,800                 | 1,250 | 550 | 0           | 0       | -                    | -              | -        | -       |

| Sl. No. | UAN          | Name as per                                   |                                   | Wages   |        |        |        | Contribution Remitted |       |     |          | Refunds | PMRPY / ABRY Benefit |             |          |
|---------|--------------|-----------------------------------------------|-----------------------------------|---------|--------|--------|--------|-----------------------|-------|-----|----------|---------|----------------------|-------------|----------|
|         |              | ECR                                           | UAN Repository                    | Gross   | EPF    | EPS    | EDLI   | EE                    | EPS   | ER  | NCP Days |         | Pension Share        | ER PF Share | EE Share |
| 18      | 100140870018 | Mr. DAYANESHWAR PIRAJI SHELKE                 | DAYANESHWAR PIRAJI SHELKE         | 19,300  | 15,000 | 15,000 | 15,000 | 1,800                 | 1,250 | 550 | 0        | 0       | -                    | -           | -        |
| 19      | 100142037898 | Mr. DUSHYANT DADABHAU GAIKWAD                 | DUSHYANT DADABHAU GAIKWAD         | 129,238 | 15,000 | 15,000 | 15,000 | 1,800                 | 1,250 | 550 | 0        | 0       | -                    | -           | -        |
| 20      | 100186055523 | Mr. GANESH ANIL KALE                          | GANESH ANIL KALE                  | 20,938  | 15,000 | 15,000 | 15,000 | 1,800                 | 1,250 | 550 | 0        | 0       | -                    | -           | -        |
| 21      | 100500316352 | Mr. KALE GANGARAM CHANDU KALE                 | GANGARAM CHANDU KALE              | 31,380  | 15,000 | 15,000 | 15,000 | 1,800                 | 1,250 | 550 | 0        | 0       | -                    | -           | -        |
| 22      | 100208251679 | MISS. LOBHE GAYATRI SHANKAR DHOBLE            | GAYATRI SHANKAR DHOBLE            | 76,450  | 15,000 | 15,000 | 15,000 | 1,800                 | 1,250 | 550 | 0        | 0       | -                    | -           | -        |
| 23      | 100269823222 | MISS. PATIL HEMLATA VASANT CHANDRAKANT SHINDE | HEMLATA VASANT CHANDRAKANT SHINDE | 23,440  | 15,000 | 15,000 | 15,000 | 1,800                 | 1,250 | 550 | 0        | 0       | -                    | -           | -        |
| 24      | 100176779202 | Mr. JITENDRA JAYSING DUMBRE                   | JITENDRA JAYSING DUMBRE           | 43,004  | 15,000 | 15,000 | 15,000 | 1,800                 | 1,250 | 550 | 0        | 0       | -                    | -           | -        |
| 25      | 101694673498 | MS. KALYANI JAYSING WAGHCHOURRE               | KALYANI JAYSING WAGHCHOURRE       | 15,000  | 15,000 | 15,000 | 15,000 | 1,800                 | 1,250 | 550 | 0        | 0       | -                    | -           | -        |
| 26      | 100194038646 | Mr. KIRAN DEVRAM WAGH                         | KIRAN DEVRAM WAGH                 | 0       | 0      | 0      | 0      | 0                     | 0     | 0   | 31       | 0       | -                    | -           | -        |
| 27      | 101435814900 | Mr. MAHENDRA PANDURANG PADEKAR                | MAHENDRA PANDURANG PADEKAR        | 25,320  | 15,000 | 15,000 | 15,000 | 1,800                 | 1,250 | 550 | 0        | 0       | -                    | -           | -        |
| 28      | 100217701442 | Mr. MANGAL CHAUDHARI                          | MANGAL CHAUDHARI                  | 47,400  | 15,000 | 15,000 | 15,000 | 1,800                 | 1,250 | 550 | 0        | 0       | -                    | -           | -        |
| 29      | 101487168500 | Mr. MANGESH BALASAHEB HOLE                    | MANGESH BALASAHEB HOLE            | 55,776  | 15,000 | 15,000 | 15,000 | 1,800                 | 1,250 | 550 | 0        | 0       | -                    | -           | -        |
| 30      | 100149085471 | Mr. MANOJ VITTHALRAO GADHAVE                  | MANOJ VITTHALRAO GADHAVE          | 75,914  | 15,000 | 15,000 | 15,000 | 1,800                 | 1,250 | 550 | 0        | 0       | -                    | -           | -        |
| 31      | 101864894604 | MS. MAYURI SANTOSHKUMAR HOLKAR                | MAYURI SANTOSHKUMAR HOLKAR        | 35,000  | 15,000 | 15,000 | 15,000 | 1,800                 | 1,250 | 550 | 0        | 0       | -                    | -           | -        |
| 32      | 101487117542 | Mrs. MONALI DILIP TAJANE                      | MONALI DILIP TAJANE               | 15,000  | 15,000 | 15,000 | 15,000 | 1,800                 | 1,250 | 550 | 0        | 0       | -                    | -           | -        |
| 33      | 101747638585 | MRS. NAYANA SHARAD GADHVE                     | NAYANA SHARAD GADHVE              | 35,000  | 15,000 | 15,000 | 15,000 | 1,800                 | 1,250 | 550 | 0        | 0       | -                    | -           | -        |
| 34      | 100843151019 | Mr. PRAMOD SURESH RAHINU                      | PRAMOD SURESH RAHINU              | 13,575  | 13,575 | 13,575 | 13,575 | 1,829                 | 1,131 | 498 | 0        | 0       | -                    | -           | -        |
| 35      | 101748207764 | MS. PRANAYA BHIMAJI INDORE                    | PRANAYA BHIMAJI INDORE            | 28,000  | 15,000 | 15,000 | 15,000 | 1,800                 | 1,250 | 550 | 0        | 0       | -                    | -           | -        |

| Sl. No. | UAN          | Name as per                 |                            | Wages  |        |        |        | Contribution Remitted |       |     |          |         | Refunds       |             | PMPRPY / ABRY Benefit |   |   |
|---------|--------------|-----------------------------|----------------------------|--------|--------|--------|--------|-----------------------|-------|-----|----------|---------|---------------|-------------|-----------------------|---|---|
|         |              | ECR                         | UAN Repository             | Gross  | EPF    | EPS    | EDLI   | EE                    | EPS   | ER  | NCP Days | Refunds | Pension Share | ER PF Share | EE Share              |   |   |
| 36      | 100500896450 | Mr. DHAWDE PRAVIN           | PRAVIN KALURAM DHAWDE      | 29,574 | 15,000 | 15,000 | 15,000 | 1,800                 | 1,250 | 550 | 0        | 0       | -             | -           | -                     | - | - |
| 37      | 101597536520 | MR RAHUL DHONDIRHAU PADEKAR | RAHUL DHONDIRHAU PADEKAR   | 0      | 0      | 0      | 0      | 0                     | 0     | 0   | 31       | 0       | -             | -           | -                     | - | - |
| 38      | 100294670776 | Mr. RAJENDRA HONAJI KUNJIR  | RAJENDRA HONAJI KUNJIR     | 52,230 | 15,000 | 15,000 | 15,000 | 1,800                 | 1,250 | 550 | 0        | 0       | -             | -           | -                     | - | - |
| 39      | 100303880623 | Mr. RAMCHANDRA GUNJAL       | RAMCHANDRA A SAHADU GUNJAL | 36,130 | 15,000 | 15,000 | 15,000 | 1,800                 | 1,250 | 550 | 0        | 0       | -             | -           | -                     | - | - |
| 40      | 100502160369 | Ms. RANJANA SHANKAR PAWAR   | RANJANA SHANKAR PAWAR      | 54,636 | 15,000 | 15,000 | 15,000 | 1,800                 | 1,250 | 550 | 0        | 0       | -             | -           | -                     | - | - |
| 41      | 100152112709 | Mr. RAVI UTTAM GAWARE       | RAVUUTTAM GAWARE           | 60,742 | 15,000 | 15,000 | 15,000 | 1,800                 | 1,250 | 550 | 0        | 0       | -             | -           | -                     | - | - |
| 42      | 101487146667 | Mrs. RESHMA JAYDIP THORAT   | RESHMA JAYDIP THORAT       | 30,000 | 15,000 | 15,000 | 15,000 | 1,800                 | 1,250 | 550 | 0        | 0       | -             | -           | -                     | - | - |
| 43      | 100501661455 | Mr. ROSHAN POPAT PADEKAR    | ROSHAN POPAT PADEKAR       | 14,868 | 14,868 | 14,868 | 14,868 | 1,784                 | 1,233 | 546 | 0        | 0       | -             | -           | -                     | - | - |
| 44      | 100391468130 | MISS. THORAT RUPALI MARUTI  | RUPALI AMOL HANDE          | 79,520 | 15,000 | 15,000 | 15,000 | 1,800                 | 1,250 | 550 | 0        | 0       | -             | -           | -                     | - | - |
| 45      | 100185031132 | Mr. SACHIN SUBHASH KADAM    | SACHIN SUBHASH KADAM       | 60,702 | 15,000 | 15,000 | 15,000 | 1,800                 | 1,250 | 550 | 0        | 0       | -             | -           | -                     | - | - |
| 46      | 100331872284 | Mr. SANDEEP ARJUN KURHADE   | SANDEEP ARJUN KURHADE      | 34,473 | 15,000 | 15,000 | 15,000 | 1,800                 | 1,250 | 550 | 0        | 0       | -             | -           | -                     | - | - |
| 47      | 101459168795 | Mr. SANDIP BABAN GUNJAL     | SANDIP BABAN GUNJAL        | 10,000 | 10,000 | 10,000 | 10,000 | 1,200                 | 833   | 367 | 0        | 0       | -             | -           | -                     | - | - |
| 48      | 100500137331 | Mr. SANDIP BALU PINGALE     | SANDIP BALU PINGALE        | 19,874 | 15,000 | 15,000 | 15,000 | 1,800                 | 1,250 | 550 | 0        | 0       | -             | -           | -                     | - | - |
| 49      | 101367186341 | Mr. SANGRAM POPAT SHETE     | SANGRAM POPAT SHETE        | 15,000 | 15,000 | 15,000 | 15,000 | 1,800                 | 1,250 | 550 | 0        | 0       | -             | -           | -                     | - | - |
| 50      | 100500379911 | Mr. SHANKAR DAMODAR AUTI    | SHANKAR DAMODAR AUTI       | 19,876 | 15,000 | 15,000 | 15,000 | 1,800                 | 1,250 | 550 | 0        | 0       | -             | -           | -                     | - | - |
| 51      | 101487168814 | Mr. SHANKAR MARUTI DHOBAL   | SHANKAR MARUTI DHOBAL      | 70,000 | 15,000 | 15,000 | 15,000 | 1,800                 | 1,250 | 550 | 0        | 0       | -             | -           | -                     | - | - |
| 52      | 101436100438 | Mrs. SHILPA SAVATA KOLHE    | SHILPA SAVATA KOLHE        | 53,986 | 15,000 | 15,000 | 15,000 | 1,800                 | 1,250 | 550 | 0        | 0       | -             | -           | -                     | - | - |
| 53      | 101218442956 | MRS. SONALI BAGAN PAWAR     | SONALI BAGAN PAWAR         | 35,000 | 15,000 | 15,000 | 15,000 | 1,800                 | 1,250 | 550 | 0        | 0       | -             | -           | -                     | - | - |
| 54      | 100388556606 | Mr. SUJIT TUKARAM TAMBE     | SUJIT TUKARAM TAMBE        | 60,702 | 15,000 | 15,000 | 15,000 | 1,800                 | 1,250 | 550 | 0        | 0       | -             | -           | -                     | - | - |

| Sl. No. | UAN          | Name as per                           |                                  | Wages    |        |        |        | Contribution Remitted |       |     |             | Refunds | PMRPY / ABRY Benefit |                |          | L<br>t |
|---------|--------------|---------------------------------------|----------------------------------|----------|--------|--------|--------|-----------------------|-------|-----|-------------|---------|----------------------|----------------|----------|--------|
|         |              | ECR                                   | UAN<br>Repository                | Gross    | EPF    | EPS    | EDLI   | EE                    | EPS   | ER  | NCP<br>Days |         | Pension<br>Share     | ER PF<br>Share | EE Share |        |
| 55      | 101865183286 | MRS. SUPRIYA<br>BALASAHEB<br>PHALLE   | SUPRIYA<br>BALASAHEB<br>PHALLE   | 35,000   | 15,000 | 15,000 | 15,000 | 1,800                 | 1,250 | 550 | 0           | 0       | -                    | -              | -        | -      |
| 56      | 100373548851 | Mr. SURESH<br>JADHAV                  | SURESH<br>JADHAV                 | 1,14,532 | 15,000 | 15,000 | 15,000 | 1,800                 | 1,250 | 550 | 0           | 0       | -                    | -              | -        | -      |
| 57      | 101435614688 | Mrs. TRUPTI<br>BHAGWANRAO<br>SHEVANTE | TRUPTI<br>BHAGWANRAO<br>SHEVANTE | 54,260   | 15,000 | 15,000 | 15,000 | 1,800                 | 1,250 | 550 | 0           | 0       | -                    | -              | -        | -      |
| 58      | 101559277239 | Mrs. TRUPTI<br>PRADIP<br>BHUBAL       | TRUPTI<br>PRADIP<br>BHUBAL       | 32,000   | 15,000 | 15,000 | 15,000 | 1,800                 | 1,250 | 550 | 0           | 0       | -                    | -              | -        | -      |
| 59      | 10024637929  | Mr. TUSHAR<br>CHANDAN<br>PADEKAR      | TUSHAR<br>CHANDAN<br>PADEKAR     | 21,914   | 15,000 | 15,000 | 5,000  | 1,800                 | 1,250 | 550 | 0           | 0       | -                    | -              | -        | -      |
| 60      | 100395110762 | Mr. UMESH<br>RAJARAM<br>KUMBHAR       | UMESH<br>RAJARAM<br>KUMBHAR      | 89,140   | 15,000 | 15,000 | 5,000  | 1,800                 | 1,250 | 550 | 0           | 0       | -                    | -              | -        | -      |
| 61      | 100407614571 | Mr. VINESH<br>KUNJAL                  | VINESH<br>KUNJAL                 | 33,680   | 15,000 | 15,000 | 5,000  | 1,800                 | 1,250 | 550 | 0           | 0       | -                    | -              | -        | -      |
| 62      | 100350857350 | Mr. YOGESH<br>SURESH<br>SHINDE        | YOGESH<br>SURESH<br>SHINDE       | 17,192   | 15,000 | 15,000 | 15,000 | 1,800                 | 1,250 | 550 | 0           | 0       | -                    | -              | -        | -      |

**Note:**

- 1) UANs are prefixed with Asterisk sign (\*) in case AADHAAR is not seeded /unverified
  - 2) EPS Contribution Remitted is prefixed with Hash sign (#) when Member's age is more than 58 years.
- Please ensure that this is the case of "Deferred Pension".

PMRPY Benefit Not Given Remarks :-

| Reason Code | Reason Name                                     |
|-------------|-------------------------------------------------|
| EC10001     | ECR already filed for this member               |
| EC10002     | Parallel Employment: ECR already filed for this |
| EC10003     | Benefit already availed for this member         |
| EC10004     | Gross/EPF wages greater than 15,000/-           |
| EC10005     | Mismatch in EPF and EPS wages                   |
| EC10006     | Mismatch in Due and Remitted values             |
| EC10007     | UAN Deactivated                                 |

ABRY Benefit Not Given Remarks :-

| Reason Code | Reason Name                                                      |
|-------------|------------------------------------------------------------------|
| GK10001     | EPF wages are greater than or equal to 15,000/-                  |
| GK10002     | Mismatch in EPF and EPS wages                                    |
| GK10003     | EPF contribution remitted is greater than due remittance         |
| GK10004     | EPS contribution remitted is greater than due remittance         |
| GK10005     | (EPF - EPS) difference contribution remitted is greater than due |
| GK10006     | EPS contribution remitted is greater than due remittance         |
| GK10007     | Aadhaar not seeded                                               |

**Staff Insurance Policy Documents for 2021-22**

दि ओरिएण्टल इन्श्योरेंस कम्पनी लिमिटेड  
(भारत सरकार का उपक्रम)



THE ORIENTAL INSURANCE COMPANY LIMITED

(A Government Enterprise)  
Location: NOIDA  
Reason: Signing Policy for OICL

**GPA - NAMED POLICY SCHEDULE**  
**IRDA/NL-HLT/OIC/P-PV.1/457/13-14**

**Policy No.** : 131401/48/2022/510 **Prev. Policy No.** : 131401/48/2021/408  
**Cover Note No.** : - **Cover Note Date** : -  
**Insured's Code** : 40672619 **Issue Office code** : 131401  
**Insured's Name** : VISHAL JUNNER SEVA MANDAL **Issue Office Name** : BO THANE (GSTIN: 27AAACT0627R4ZW)  
**Address** : ON LIFE OF STAFF MEMBERS OF VISHAL INSTITUTE OF PHARMA EDUCATION & RESEARCH (VIPER) **Address** : GALA NO 1 GROUND FLOUR ABOVE HOUSE P.K. ROAD NEAR POOJA BLOOM BANK MULUND (WEST)  
**Tel./Fax/Email** : PUNE 412411 **MUMBAI MAHARASHTRA 400080**  
: / / 0 / NA **Tel./Fax/Email** : 25919260/25919257 // 25919257  
: / / 0 / NA **MITHLESH.CHAUBAY@orientalinsurance.co.in**  
: / / 0 / NA **e.co.in; 131401@orientalinsurance.co.in**

**Agent/Broker Details**

**Dev.Off.Code** : NA0000001663 ARUN P KATARIA  
**Agent/Broker** : BA0000023206 MAHENDRA T. SHINDE  
**Address** : 39/2828 ABHYUDAYA NAGAR KALACHOWKI BOMBAY 400 033, MUMBAI, MAHARASHTRA, 400033  
**Tel/Fax/Email** : 9322254800/9322254800/mdnshinde@redimail.com

**Period of Insurance** : FROM 00:00 ON 26/04/2021 TO MIDNIGHT OF 25/04/2022  
**Collection No & Dt** : DC\_I\_IND 9250000589 - 26/04/2021 **GST INVOICE NO** : 272035647 **UIN** : 0  
**Gross Premium** : 8,250 **GST** : 1486 **Stamp Duty** : 15 **Total** : 9,736  
**Co-insurance Details** : NIL

**Number of persons covered** : 33  
**Total Sum Insured** : 3300000  
**AOA Limit** : 300000

**Details of Insured Persons :**

| Sr. No. | Emp No./ ID No. | Name                      | Age | Sex | Section/Cover                                                                                | Sum Insured | Additional Covers            |
|---------|-----------------|---------------------------|-----|-----|----------------------------------------------------------------------------------------------|-------------|------------------------------|
| 1       | 1               | Gaikwad Dushyant Dadabhau | 49  | M   | Table of benefits III<br>Table of benefits I<br>Table of benefits IA<br>Table of benefits II | 1,00,000    | Medical Expenses Loading 25% |
|         |                 |                           |     |     |                                                                                              | 1,00,000    |                              |

**Place** : MUMBAI  
**Date** : 26/04/2021



IRDA-REGNO-556

For and on behalf of  
The Oriental Insurance Company Limited

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

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1. 1800118485 - Toll Free Number  
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Authorised Signatory

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(भारत सरकार का उपक्रम)



THE ORIENTAL INSURANCE COMPANY LIMITED  
(A Government of India Undertaking)

This Document is Digitally Signed

Signer: arti mathur  
Date: Mon, Apr 26, 2021 15:03:19 IST  
Location: NOISA  
Reason: Signing Policy for OICL

Attached to and forming part of policy number 131401/48/2022/510

|    |    |                            |      |                                                                                              |          |                                 |
|----|----|----------------------------|------|----------------------------------------------------------------------------------------------|----------|---------------------------------|
| 2  | 2  | Jadhav Suresh<br>Laxman    | 46 M | Table of benefits III<br>Table of benefits I<br>Table of benefits IA<br>Table of benefits II | 1,00,000 | Medical Expenses<br>Loading 25% |
|    |    |                            |      |                                                                                              | 1,00,000 |                                 |
| 3  | 3  | Kumbhar Umesh<br>Rajaram   | 54 M | Table of benefits III<br>Table of benefits I<br>Table of benefits IA<br>Table of benefits II | 1,00,000 | Medical Expenses<br>Loading 25% |
|    |    |                            |      |                                                                                              | 1,00,000 |                                 |
| 4  | 4  | Tambe Sujit Tukaram        | 37 M | Table of benefits III<br>Table of benefits I<br>Table of benefits IA<br>Table of benefits II | 1,00,000 | Medical Expenses<br>Loading 25% |
|    |    |                            |      |                                                                                              | 1,00,000 |                                 |
| 5  | 5  | Gaware Ravi Uttam          | 38 M | Table of benefits III<br>Table of benefits I<br>Table of benefits IA<br>Table of benefits II | 1,00,000 | Medical Expenses<br>Loading 25% |
|    |    |                            |      |                                                                                              | 1,00,000 |                                 |
| 6  | 6  | Lobhe Gayatri<br>Apparao   | 38 F | Table of benefits III<br>Table of benefits I<br>Table of benefits IA<br>Table of benefits II | 1,00,000 | Medical Expenses<br>Loading 25% |
|    |    |                            |      |                                                                                              | 1,00,000 |                                 |
| 7  | 7  | Sonawane Abhijeet<br>Ashok | 40 M | Table of benefits III<br>Table of benefits I<br>Table of benefits IA<br>Table of benefits II | 1,00,000 | Medical Expenses<br>Loading 25% |
|    |    |                            |      |                                                                                              | 1,00,000 |                                 |
| 8  | 8  | Kadam Sachin<br>Subhash    | 37 M | Table of benefits III<br>Table of benefits I<br>Table of benefits IA<br>Table of benefits II | 1,00,000 | Medical Expenses<br>Loading 25% |
|    |    |                            |      |                                                                                              | 1,00,000 |                                 |
| 9  | 9  | Gadhawe Manoj<br>Vithalrao | 39 M | Table of benefits III<br>Table of benefits I<br>Table of benefits IA<br>Table of benefits II | 1,00,000 | Medical Expenses<br>Loading 25% |
|    |    |                            |      |                                                                                              | 1,00,000 |                                 |
| 10 | 10 | Hole Mangesh<br>Balasaheb  | 34 M | Table of benefits III<br>Table of benefits I<br>Table of benefits IA<br>Table of benefits II | 1,00,000 | Medical Expenses<br>Loading 25% |
|    |    |                            |      |                                                                                              | 1,00,000 |                                 |
| 11 | 15 | Dhoble Shankar<br>Maruti   | 39 M | Table of benefits III<br>Table of benefits I<br>Table of benefits IA<br>Table of benefits II | 1,00,000 | Medical Expenses<br>Loading 25% |

Place : MUMBAI  
Date : 26/04/2021



For and on behalf of  
The Oriental Insurance Company Limited



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

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Attached to and forming part of policy number 131401/48/2021



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**THE ORIENTAL INSURANCE COMPANY LIMITED**  
(A Government of India Undertaking)  
Location: NOIDA  
Reason: Signing Policy for OICL

|    |    |                         |      |                                                                                              |  |          |                              |
|----|----|-------------------------|------|----------------------------------------------------------------------------------------------|--|----------|------------------------------|
| 11 |    |                         |      |                                                                                              |  | 1,00,000 |                              |
| 12 | 11 | Bansode Ashwini Sopan   | 32 M | Table of benefits III<br>Table of benefits I<br>Table of benefits IA<br>Table of benefits II |  | 1,00,000 | Medical Expenses Loading 25% |
| 13 | 12 | Kolhe Shilpa Savta      | 31 F | Table of benefits III<br>Table of benefits I<br>Table of benefits IA<br>Table of benefits II |  | 1,00,000 | Medical Expenses Loading 25% |
| 14 | 13 | Gandhi Anuja S.         | 28 F | Table of benefits III<br>Table of benefits I<br>Table of benefits IA<br>Table of benefits II |  | 1,00,000 | Medical Expenses Loading 25% |
| 15 | 14 | Thanange Somnath Ravaji | 34 M | Table of benefits III<br>Table of benefits I<br>Table of benefits IA<br>Table of benefits II |  | 1,00,000 | Medical Expenses Loading 25% |
| 16 | 16 | Dumbre Jitendra Jaysing | 39 M | Table of benefits III<br>Table of benefits I<br>Table of benefits IA<br>Table of benefits II |  | 1,00,000 | Medical Expenses Loading 25% |
| 17 | 17 | Walunj Dattatray Ganpat | 36 M | Table of benefits III<br>Table of benefits I<br>Table of benefits IA<br>Table of benefits II |  | 1,00,000 | Medical Expenses Loading 25% |
| 18 | 18 | Dhawade Pravin Kaluram  | 35 M | Table of benefits III<br>Table of benefits I<br>Table of benefits IA<br>Table of benefits II |  | 1,00,000 | Medical Expenses Loading 25% |
| 19 | 19 | Chatur Ranjana Sampat   | 42 F | Table of benefits III<br>Table of benefits I<br>Table of benefits IA<br>Table of benefits II |  | 1,00,000 | Medical Expenses Loading 25% |
| 20 | 20 | Shinde Anand Sahadu     | 42 M | Table of benefits III<br>Table of benefits I<br>Table of benefits IA<br>Table of benefits II |  | 1,00,000 | Medical Expenses Loading 25% |
| 21 | 21 | Shete Sangram Poapt     | 27 M | Table of benefits III<br>Table of benefits I<br>Table of benefits IA                         |  | 1,00,000 | Medical Expenses Loading 25% |

Place : MUMBAI  
Date : 26/04/2021



For and on behalf of  
The Oriental Insurance Company Limited



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THE ORIENTAL INSURANCE COMPANY LIMITED  
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This Document is Digitally Signed

Signer: arti mathur  
Date: Mon, Apr 26, 2021 15:03:19 IST  
Location: NOIDA  
Reason: Signing Policy for OICL

Attached to and forming part of policy number 131401/48/2022/510

|    |    |                          |      |                                                                                              |          |                                 |
|----|----|--------------------------|------|----------------------------------------------------------------------------------------------|----------|---------------------------------|
| 21 |    |                          |      | Table of benefits II                                                                         | 1,00,000 |                                 |
| 22 | 22 | Kale Ganesh Anil         | 34 M | Table of benefits III<br>Table of benefits I<br>Table of benefits IA<br>Table of benefits II | 1,00,000 | Medical Expenses<br>Loading 25% |
| 23 | 23 | Padekar Tushar Chandan   | 37 M | Table of benefits III<br>Table of benefits I<br>Table of benefits IA<br>Table of benefits II | 1,00,000 | Medical Expenses<br>Loading 25% |
| 24 | 32 | Kurhade Sandip Arjun     | 40 M | Table of benefits III<br>Table of benefits I<br>Table of benefits IA<br>Table of benefits II | 1,00,000 | Medical Expenses<br>Loading 25% |
| 25 | 24 | Bhagaji Devram Bangar    | 33 M | Table of benefits III<br>Table of benefits I<br>Table of benefits IA<br>Table of benefits II | 1,00,000 | Medical Expenses<br>Loading 25% |
| 26 | 25 | Gage Sujata Pandharinath | 40 F | Table of benefits III<br>Table of benefits I<br>Table of benefits IA<br>Table of benefits II | 1,00,000 | Medical Expenses<br>Loading 25% |
| 27 | 26 | Awate Shankar Damodar    | 46 M | Table of benefits III<br>Table of benefits I<br>Table of benefits IA<br>Table of benefits II | 1,00,000 | Medical Expenses<br>Loading 25% |
| 28 | 27 | Pingale Sandip Balu      | 30 M | Table of benefits III<br>Table of benefits I<br>Table of benefits IA<br>Table of benefits II | 1,00,000 | Medical Expenses<br>Loading 25% |
| 29 | 28 | Shinde Yogesh Suresh     | 31 M | Table of benefits III<br>Table of benefits I<br>Table of benefits IA<br>Table of benefits II | 1,00,000 | Medical Expenses<br>Loading 25% |
| 30 | 29 | Padekar Roshan Popat     | 37 M | Table of benefits III<br>Table of benefits I<br>Table of benefits IA<br>Table of benefits II | 1,00,000 | Medical Expenses<br>Loading 25% |
| 31 | 30 | Shelke Santosh Govind    | 30 M | Table of benefits III                                                                        | 1,00,000 | Medical Expenses<br>Loading 25% |

Place : MUMBAI  
Date : 26/04/2021



IRDA-REGNO-556

For and on behalf of  
The Oriental Insurance Company Limited



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Attached to and forming part of policy number 131401/48/20225510  
( भारत सरकार का अधिकार )



THE ORIENTAL INSURANCE COMPANY LIMITED  
(A Government of India Undertaking)  
Location: NOIDA  
Reason: Signing Policy for OICL

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|    |    |                      |      |                                                                                              |          |                                 |
|----|----|----------------------|------|----------------------------------------------------------------------------------------------|----------|---------------------------------|
| 31 |    |                      |      | Table of benefits I<br>Table of benefits IA<br>Table of benefits II                          | 1,00,000 |                                 |
| 32 | 31 | Wagh Kiran Devram    | 45 M | Table of benefits III<br>Table of benefits I<br>Table of benefits IA<br>Table of benefits II | 1,00,000 | Medical Expenses<br>Loading 25% |
| 33 | 33 | Rahinj Pramod Suresh | 34 M | Table of benefits III<br>Table of benefits I<br>Table of benefits IA<br>Table of benefits II | 1,00,000 | Medical Expenses<br>Loading 25% |
|    |    |                      |      |                                                                                              | 1,00,000 |                                 |

Place : MUMBAI  
Date : 26/04/2021



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THE ORIENTAL INSURANCE COMPANY LIMITED  
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Signer: arti mathur  
Date: Mon, Apr 26, 2021 15:03:19 IST  
Location: NOIDA  
Reason: Signing Policy for OICL

Attached to and forming part of policy number 131401/48/2022/510

Additional Details of Insured Persons :

| Sr.No. | Name | Occupation | Pre-existing Disabilities | Risk Group | Assignee Name | Share % |
|--------|------|------------|---------------------------|------------|---------------|---------|
|--------|------|------------|---------------------------|------------|---------------|---------|

Total Sum Insured in words : Indian Rupees Thirty-Three Lakhs Only  
Total Premium in words : Indian Rupees Nine Thousand Seven Hundred Thirty-Six Only

Term of Insurance: As per the Clauses written hereunder and/or attached herewith  
In case of any single accident, the liability under this policy shall be restricted to the AOA Limit specified in the Schedule.  
In the event of a claim under the policy exceeding Rs. 1 lac or a claim for refund of premium exceeding Rs. 1 lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating offices as well as Company's website.  
Where Loading for Medical Extension cover is 25%, the Policy is Extended to include payment of medical expenses due to accident upto 10% of the capital SI or 50% of the admissible PA claims amount or actual medical expenses incurred whichever shall be less

Excess : NIL

The insurance under this policy is subject to conditions, clauses, warranties, endorsements as per forms attached.

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

In witness whereof the undersigned being authorised by and on behalf of the Company has/have herein to set his/her hands at BO THANE (GSTIN: 27AACT0627R4ZW) on 26TH DAY OF APRIL 2021

Entered By : Rama Kant Singh  
Examined By : MITHLESH CHAUBAY

For and on behalf of  
The Oriental Insurance Company Limited



Policy Printed By : 170011

IP :

Policy Printed On : 26-APR-21 15:01:48

MAC :

Authorised Signatory

Place : MUMBAI  
Date : 26/04/2021



For and on behalf of  
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Attached to and forming part of policy number 131401/48/2022/510  
(भारत सरकार का उपक्रम)



THE ORIENTAL INSURANCE COMPANY LIMITED  
(A Government of India Undertaking)  
Location: NOIDA  
Reason: Signing Policy for OICL

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Relationship

|    |                                 |         |     |             |
|----|---------------------------------|---------|-----|-------------|
| 1  | Gaikwad<br>Dushyant<br>Dadabhau | SERVICE | NIL | NORMAL RISK |
| 2  | Jadhav<br>Suresh<br>Laxman      | SERVICE | NIL | NORMAL RISK |
| 3  | Kumbhar<br>Umesh<br>Rajaram     | SERVICE | NIL | NORMAL RISK |
| 4  | Tambe Sujit<br>Tukaram          | SERVICE | NIL | NORMAL RISK |
| 5  | Gaware Ravi<br>Uttam            | SERVICE | NIL | NORMAL RISK |
| 6  | Lobhe Gayatri<br>Apparao        | SERVICE | NIL | NORMAL RISK |
| 7  | Sonawane<br>Abhijeet<br>Ashok   | SERVICE | NIL | NORMAL RISK |
| 8  | Kadam<br>Sachin<br>Subhash      | SERVICE | NIL | NORMAL RISK |
| 9  | Gadhane<br>Manoj<br>Vithalrao   | SERVICE | NIL | NORMAL RISK |
| 10 | Hole Mangesh<br>Balasaheb       | SERVICE | NIL | NORMAL RISK |
| 11 | Dhoble<br>Shankar<br>Maruti     | SERVICE | NIL | NORMAL RISK |
| 12 | Bansode<br>Ashwini<br>Sopan     | SERVICE | NIL | NORMAL RISK |
| 13 | Kolhe Shilpa<br>Savta           | SERVICE | NIL | NORMAL RISK |
| 14 | Gandhi Anuja<br>S.              | SERVICE | NIL | NORMAL RISK |
| 15 | Thanange<br>Somnath<br>Ravaji   | SERVICE | NIL | NORMAL RISK |
| 16 | Dumbre<br>Jitendra<br>Jaysing   | SERVICE | NIL | NORMAL RISK |
| 17 | Walunj<br>Dattatray<br>Ganpat   | SERVICE | NIL | NORMAL RISK |
| 18 | Dhawade                         | SERVICE | NIL | NORMAL RISK |

Place : MUMBAI  
Date : 26/04/2021



IRDA-REGNO-556

For and on behalf of  
The Oriental Insurance Company Limited



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Authorised Signatory

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

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2. 011-33208485 - Non Toll Free Number

दि ओरिएण्टल इश्योरेंस कम्पनी लिमिटेड  
(भारत सरकार का उपक्रम)



THE ORIENTAL INSURANCE COMPANY LIMITED  
(A Government of India Undertaking)

This Document is Digitally Signed

Signer: arti mathur  
Date: Mon, Apr 26, 2021 15:03:19 IST  
Location: NOIDA  
Reason: Signing Policy for OICL

Attached to and forming part of policy number 131401/48/2022/510

|    |                              |         |     |             |
|----|------------------------------|---------|-----|-------------|
| 18 | Pravin<br>Kaluram            |         |     |             |
| 19 | Chatur<br>Ranjana<br>Sampat  | SERVICE | NIL | NORMAL RISK |
| 20 | Shinde Anand<br>Sahadu       | SERVICE | NIL | NORMAL RISK |
| 21 | Shete<br>Sangram<br>Poapt    | SERVICE | NIL | NORMAL RISK |
| 22 | Kale Ganesh<br>Anil          | SERVICE | NIL | NORMAL RISK |
| 23 | Padekar<br>Tushar<br>Chandan | SERVICE | NIL | NORMAL RISK |
| 24 | Kurhade<br>Sandip Arjun      | SERVICE | NIL | NORMAL RISK |
| 25 | Bhagaji<br>Devram<br>Bangar  | SERVICE | NIL | NORMAL RISK |
| 26 | Gage Sujata<br>Pandharinath  | SERVICE | NIL | NORMAL RISK |
| 27 | Awate<br>Shankar<br>Damodar  | SERVICE | NIL | NORMAL RISK |
| 28 | Pingale<br>Sandip Balu       | SERVICE | NIL | NORMAL RISK |
| 29 | Shinde<br>Yogesh<br>Suresh   | SERVICE | NIL | NORMAL RISK |
| 30 | Padekar<br>Roshan Popat      | SERVICE | NIL | NORMAL RISK |
| 31 | Shelke<br>Santosh<br>Govind  | SERVICE | NIL | NORMAL RISK |
| 32 | Wagh Kiran<br>Devram         | SERVICE | NIL | NORMAL RISK |
| 33 | Rahinj<br>Pramod<br>Suresh   | SERVICE | NIL | NORMAL RISK |

Place : MUMBAI  
Date : 26/04/2021



IRDA-REGNO-558

For and on behalf of  
The Oriental Insurance Company Limited



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Free No. 1800 11 8485 and 011-2608485. ओरिएण्टल हाऊस, पो. बॉ. नं. 7037, ए-25/27, आसफ अली रोड, नई दिल्ली-110 002

Regd. Office : ORIENTAL HOUSE, P.B. No. 7037, A-25/27, Asaf Ali Road, New Delhi - 110 002

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

Page 8 of 8

GENL - 500 Eastern - 800 485 x 500 = 4 00 000 sheets / January, 2021 (S.S. Manjha 80,050) 1 1800118485 - Toll Free Number  
www.orientalinsurance.org.in 2 011-33268485 - Non Toll Free Number

दि ओरिएण्टल इश्योरेंस कम्पनी लिमिटेड  
(भारत सरकार का उपक्रम)



THE ORIENTAL INSURANCE COMPANY LIMITED  
(A Government of India Undertaking)

The Oriental Insurance Company Ltd.  
BO : MULUND, MUMBAI GALA NO 1 GROUND FLOUR AROTO HOUSE, P.K.ROAD NEAR POOJA BLOOD BANK  
MULUND (WEST), , MUMBAI, 400080  
GST NO : 27AAACT0627R4ZW

RECEIPT

| Office Code & Name                                                                                                                                                                                      | : 131401 - BO THANE                                              | Bank Code      | : 9100(C-131401-01) |                          |                |               |                                        |          |         |               |           |                           |             |                   |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|----------------|---------------------|--------------------------|----------------|---------------|----------------------------------------|----------|---------|---------------|-----------|---------------------------|-------------|-------------------|------------------------|
| Collection No.                                                                                                                                                                                          | : 51-01/9250000589                                               | Posted Doc No. | : 9250000589        |                          |                |               |                                        |          |         |               |           |                           |             |                   |                        |
| Collection Date                                                                                                                                                                                         | : 26/04/2021 10:26                                               | Posted Doc Dt  | : 26/04/2021        |                          |                |               |                                        |          |         |               |           |                           |             |                   |                        |
| Received with thanks From Sh./Smt./ M/o.                                                                                                                                                                | : VIGI IAL JUNNER SEVA MANDAL                                    |                |                     |                          |                |               |                                        |          |         |               |           |                           |             |                   |                        |
| The Sum of                                                                                                                                                                                              | : Indian Rupees Twenty-Five Thousand Nine Hundred Sixty-Two Only |                |                     |                          |                |               |                                        |          |         |               |           |                           |             |                   |                        |
| Towards the following                                                                                                                                                                                   | : Premium collections                                            |                |                     |                          |                |               |                                        |          |         |               |           |                           |             |                   |                        |
| Sl No.                                                                                                                                                                                                  | Dept. Code                                                       | Policy No.     | Policy Status       | End/Retn/Decl/ Claim No. | Dev. Off. Code | Source Code   | Amount Collected                       | C/D Code | GL Code | SL Code       | Pay Mode  | Bank Name                 | Bank Branch | Instrument No.    | Instr. Dt./CC Exp. Dt. |
| 1                                                                                                                                                                                                       | 48                                                               | 2022/509       | New Policy          |                          | NA0000001663   | BA00000023206 | 5,310.00                               | C        | 5083    | AA00000000001 | DC_I_IN D | Bank of Maharashtra (BOM) |             | MAHBH211 13608460 | 23/04/2021             |
| 2                                                                                                                                                                                                       | 48                                                               | 2022/507       | New Policy          |                          | NA0000001663   | BA00000023206 | 4,720.00                               | C        | 5083    | AA00000000001 | DC_I_IN D | Bank of Maharashtra (BOM) |             | MAHBH211 13608460 | 23/04/2021             |
| 3                                                                                                                                                                                                       | 48                                                               | 2022/508       | New Policy          |                          | NA0000001663   | BA00000023206 | 6,196.00                               | C        | 5083    | AA00000000001 | DC_I_IN D | Bank of Maharashtra (BOM) |             | MAHBH211 13608460 | 23/04/2021             |
| 4                                                                                                                                                                                                       | 48                                                               | 2022/510       | New Policy          |                          | NA0000001663   | BA00000023206 | 9,736.00                               | C        | 5083    | AA00000000001 | DC_I_IN D | Bank of Maharashtra (BOM) |             | MAHBH211 13608460 | 23/04/2021             |
| Total                                                                                                                                                                                                   |                                                                  |                |                     |                          |                |               | 25,962.00                              |          |         |               |           |                           |             |                   |                        |
| GST                                                                                                                                                                                                     | : Rs. 3962                                                       |                |                     |                          |                |               |                                        |          |         |               |           |                           |             |                   |                        |
| GST NO Of Insured                                                                                                                                                                                       | : 0                                                              |                |                     |                          |                |               | FOR THE ORIENTAL INSURANCE COMPANY LTD |          |         |               |           |                           |             |                   |                        |
| GST NO Of Insured                                                                                                                                                                                       | : 0                                                              |                |                     |                          |                |               |                                        |          |         |               |           |                           |             |                   |                        |
| GST NO Of Insured                                                                                                                                                                                       | : 0                                                              |                |                     |                          |                |               |                                        |          |         |               |           |                           |             |                   |                        |
| GST NO Of Insured                                                                                                                                                                                       | : 0                                                              |                |                     |                          |                |               |                                        |          |         |               |           |                           |             |                   |                        |
| Policy type / Zone                                                                                                                                                                                      | : GPA -NAMED<br>GPA -NAMED<br>GPA -NAMED<br>GPA -NAMED           |                |                     |                          |                |               |                                        |          |         |               |           |                           |             |                   |                        |
| Note : For Payment by cheque, receipt will be valid subject to realisation of Cheque<br>CIN: U66010DL1947GOI007158 - IRDA Regn:-No: 556 - All the amounts mentioned in this report are in Indian Rupees |                                                                  |                |                     |                          |                |               |                                        |          |         |               |           |                           |             |                   |                        |

पंजीकृत कार्यालय : ओरिएण्टल हाउस, पो. बॉ. नं. 7037, ए-25/27, आसफ अली रोड, नई दिल्ली - 110 002.  
Regd. Office : ORIENTAL HOUSE, P.B. No. 7037, A-25/27, Asaf Ali Road, New Delhi - 110 002.

GENL - 54

Eastern - 800 pkts x 500' = 4,00,000 sheets / March - 2020 (S. S. Maplitho 80 gsm)  
www.orientalinsurance.org.in CIN - "U66010DL1947GOI007158"

1. 1800118485 - Toll Free Number  
2. 011-33208485 - Non Toll Free Number

**Staff Insurance Policy Documents for 2020-21**

दि ओरिएण्टल इश्योरेंस कम्पनी लिमिटेड  
(भारत सरकार का उपक्रम)



THE ORIENTAL INSURANCE COMPANY LIMITED

(A Government of India Undertaking)  
Location: NOIDA  
Reason: Signing Policy for OICL

**GPA - NAMED POLICY SCHEDULE**  
IRDA/NL-HLT/OIC/P-P/V.1/457/13-14

**Policy No.** : 131401/48/2021/408 **Prev. Policy No.** : -  
**Cover Note No.** : - **Cover Note Date** : -  
**Insured's Code** : 40672619 **Issue Office code** : 131401  
**Insured's Name** : VISHAL JUNNER SEVA MANDAL  
(GSTIN: 0) **Issue Office Name** : BO THANE (GSTIN:  
27AAACT0627R4ZW)  
**Address** : ON LIFE OF STAFF MEMBERS OF  
VISHAL INSTITUTE OF PHARMA  
EDUCATION & RESEARCH  
(VIPER)  
**Address** : GALA NO 1 GROUND FLOUR AROTO  
HOUSE  
P.K. ROAD NEAR POOJA BLOOD BANK  
MULUND (WEST)  
**PUNE 412411** **MUMBAI MAHARASHTRA 400080**  
**Tel./Fax/Email** : / / 0 / NA **Tel./Fax/Email** : 25919260/25919257 / / 25919257 /  
ramakant.singh@orientalinsurance.co.in;  
131401@orientalinsurance.co.in

**Agent/Broker Details**  
**Dev. Off. Code** : NA0000001663 ARUN P KATARIA  
**Agent/Broker** : BA0000023206 MAHENDRA T. SHINDE  
**Address** : 39, 2828 ABHYUDAYA NAGAR KALACHOWKI BOMBAY 400  
033, MUMBAI, MAHARASHTRA, 400033  
**Tel/Fax/Email** : 9322254800/9322254800/mdnshinde@redimail.com

**Period of Insurance** : FROM 11:46 ON 22/04/2020 TO MIDNIGHT OF 21/04/2021  
**Collection No & Dt** : CHQ 9250000497 - 22/04/2020 **GST INVOICE NO** : 271935043 **UIN** : 0  
**Gross Premium** : 10,250 **GST** : 1846 **Stamp Duty** : 15 **Total** : 12,096  
**Co-insurance Details** : NIL

**Number of persons covered** : 41  
**Total Sum Insured** : 4100000  
**AOA Limit** : 300000

**Details of Insured Persons :**

| No. | Emp No./<br>ID No. | Name                         | Age | Sex | Section/Cover         | Sum Insured | Additional Covers               |
|-----|--------------------|------------------------------|-----|-----|-----------------------|-------------|---------------------------------|
| 1   | 1                  | Gaikwad Dushyant<br>Dadabhau | 48  | M   | Table of benefits III | 1,00,000    | Medical Expenses<br>Loading 25% |
| 2   | 2                  | Jadhav Suresh<br>Laxman      | 45  | M   | Table of benefits III | 1,00,000    | Medical Expenses<br>Loading 25% |
| 3   | 3                  | Kumbhar Umesh                | 53  | M   | Table of benefits III | 1,00,000    | Medical Expenses                |

**Place** : MUMBAI  
**Date** : 22/04/2020



For and on behalf of  
The Oriental Insurance Company Limited



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

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

Authorised Signatory

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

Page 1 of 7

IRDA Regn. No. 556, New Delhi and have selected policies online at www.orientalinsurance.org.

Regd. Office : ORIENTAL HOUSE, P.B. No. 7037, A-25/27, Asaf Ali Road, New Delhi - 110 002.

GENL - 54

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www.orientalinsurance.org.in CIN - "U66010DL1947GOI007158"

1. 1800118485 - Toll Free Number  
2. 011-33208485 - Non Toll Free Number

दि ओरिएण्टल इश्योरेंस कम्पनी लिमिटेड  
(भारत सरकार का उपक्रम)



THE ORIENTAL INSURANCE COMPANY LIMITED

(A Government of India Undertaking)  
Location: NOIDA, India  
Reason: Signing Policy for OICL

**GPA - NAMED POLICY SCHEDULE**  
IRDA/NL-HLT/OIC/P-P/V.1/457/13-14

**Policy No.** : 131401/48/2021/408 **Prev. Policy No.** : -  
**Cover Note No.** : - **Cover Note Date** : -  
**Insured's Code** : 40672619 **Issue Office code** : 131401  
**Insured's Name** : VISHAL JUNNER SEVA MANDAL (GSTIN: 0) **Issue Office Name** : BO THANE (GSTIN: 27AAACT0627R4ZW)  
**Address** : ON LIFE OF STAFF MEMBERS OF VISHAL INSTITUTE OF PHARMA EDUCATION & RESEARCH (VIPER) **Address** : GALA NO 1 GROUND FLOUR AROTO HOUSE P.K. ROAD NEAR POOJA BLOOD BANK MULUND (WEST)  
**PUNE 412411** **MUMBAI MAHARASHTRA 400080**  
**Tel./Fax/Email** : / / 0 / NA **Tel./Fax/Email** : 25919260/25919257 / 25919257 / ramakant.singh@orientalinsurance.co.in; 131401@orientalinsurance.co.in

**Agent/Broker Details**

**Dev. Off. Code** : NA0000001663 ARUN P KATARIA  
**Agent/Broker** : BA0000023206 MAHENDRA T. SHINDE  
**Address** : 39, 2828 ABHYUDAYA NAGAR KALACHOWKI BOMBAY 400 033, MUMBAI, MAHARASHTRA, 400033  
**Tel/Fax/Email** : 9322254800/9322254800/mdnshinde@redimail.com

**Period of Insurance** : FROM 11:46 ON 22/04/2020 TO MIDNIGHT OF 21/04/2021  
**Collection No & Dt** : CHQ 9250000497 - 22/04/2020 **GST INVOICE NO** : 271935043 **UIN** : 0  
**Gross Premium** : 10,250 **GST** : 1846 **Stamp Duty** : 15 **Total** : 12,096  
**Co-insurance Details** : NIL

**Number of persons covered** : 41  
**Total Sum Insured** : 4100000  
**AOA Limit** : 300000

**Details of Insured Persons :**

| No. | Emp No./ ID No. | Name                      | Age | Sex | Section/Cover         | Sum Insured | Additional Covers            |
|-----|-----------------|---------------------------|-----|-----|-----------------------|-------------|------------------------------|
| 1   | 1               | Gaikwad Dushyant Dadabhau | 48  | M   | Table of benefits III | 1,00,000    | Medical Expenses Loading 25% |
| 2   | 2               | Jadhav Suresh Laxman      | 45  | M   | Table of benefits III | 1,00,000    | Medical Expenses Loading 25% |
| 3   | 3               | Kumbhar Umesh             | 53  | M   | Table of benefits III | 1,00,000    | Medical Expenses             |

**Place** : MUMBAI  
**Date** : 22/04/2020



For and on behalf of  
The Oriental Insurance Company Limited



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

Authorised Signatory

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

Page 1 of 7

IRDA Regn. No. 556 New Delhi and New Delhi selected policies online at www.orientalinsurance.co.in

Regd. Office : ORIENTAL HOUSE, P.B. No. 7037, A-25/27, Asaf Ali Road, New Delhi - 110 002.

GENL - 54

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www.orientalinsurance.org.in CIN - "U66010DL1947GOI007158"

1. 1800118485 - Toll Free Number  
2. 011-33208485 - Non Toll Free Number

दि ओरिएण्टल इश्योरेंस कम्पनी लिमिटेड  
(भारत सरकार का उपक्रम)



THE ORIENTAL INSURANCE COMPANY LIMITED  
(A Government of India Undertaking)  
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Attached to and forming part of policy number 131401/48/2021/408

Signer: ATUL JERATH  
Date: Tue, Jun 16, 2020 16:04:42 IST  
Location: NOIDA  
Reason: Signing Policy for OICL

|    |    |                          |      |                       |          |                  |
|----|----|--------------------------|------|-----------------------|----------|------------------|
| 3  |    | Rajaram                  |      |                       | 1,00,000 | Loading 25%      |
| 4  | 4  | Tambe Sujit Tukaram      | 36 M | Table of benefits III | 1,00,000 | Medical Expenses |
|    |    |                          |      |                       | 1,00,000 | Loading 25%      |
| 5  | 5  | Gaware Ravi Uttam        | 37 M | Table of benefits III | 1,00,000 | Medical Expenses |
|    |    |                          |      |                       | 1,00,000 | Loading 25%      |
| 6  | 6  | Lobhe Gayatri Apparao    | 37 F | Table of benefits III | 1,00,000 | Medical Expenses |
|    |    |                          |      |                       | 1,00,000 | Loading 25%      |
| 7  | 7  | Sonawane Abhijeet Ashok  | 39 M | Table of benefits III | 1,00,000 | Medical Expenses |
|    |    |                          |      |                       | 1,00,000 | Loading 25%      |
| 8  | 8  | Kadam Sachin Subhash     | 36 M | Table of benefits III | 1,00,000 | Medical Expenses |
|    |    |                          |      |                       | 1,00,000 | Loading 25%      |
| 9  | 9  | Gadhane Manoj Vitthalrao | 38 M | Table of benefits III | 1,00,000 | Medical Expenses |
|    |    |                          |      |                       | 1,00,000 | Loading 25%      |
| 10 | 10 | Hole Mangesh Balasaheb   | 33 M | Table of benefits III | 1,00,000 | Medical Expenses |
|    |    |                          |      |                       | 1,00,000 | Loading 25%      |
| 11 | 11 | Dhoble Shankar Maruti    | 38 M | Table of benefits III | 1,00,000 | Medical Expenses |
|    |    |                          |      |                       | 1,00,000 | Loading 25%      |
| 12 | 12 | Bansode Ashwini Sopan    | 31 M | Table of benefits III | 1,00,000 | Medical Expenses |
|    |    |                          |      |                       | 1,00,000 | Loading 25%      |
| 13 | 13 | Kolhe Shilpa Savta       | 30 F | Table of benefits III | 1,00,000 | Medical Expenses |
|    |    |                          |      |                       | 1,00,000 | Loading 25%      |
| 14 | 14 | Gandhi Anuja S.          | 27 F | Table of benefits III | 1,00,000 | Medical Expenses |
|    |    |                          |      |                       | 1,00,000 | Loading 25%      |
| 15 | 15 | Chordiya Bhakti Dipak    | 25 F | Table of benefits III | 1,00,000 | Medical Expenses |
|    |    |                          |      |                       | 1,00,000 | Loading 25%      |
| 16 | 16 | Thanange Somnath Ravaji  | 33 M | Table of benefits III | 1,00,000 | Medical Expenses |
|    |    |                          |      |                       | 1,00,000 | Loading 25%      |
| 17 | 17 | Patel Salim Gafur        | 29 M | Table of benefits III | 1,00,000 | Medical Expenses |
|    |    |                          |      |                       | 1,00,000 | Loading 25%      |
| 18 | 18 | Belhekar Jayesh Shivaji  | 28 M | Table of benefits III | 1,00,000 | Medical Expenses |
|    |    |                          |      |                       | 1,00,000 | Loading 25%      |
| 19 | 19 | Changediya Bhavna Sanjay | 23 F | Table of benefits III | 1,00,000 | Medical Expenses |
|    |    |                          |      |                       | 1,00,000 | Loading 25%      |
| 20 | 20 | Thorat Kiran Ravindra    | 30 M | Table of benefits III | 1,00,000 | Medical Expenses |
|    |    |                          |      |                       | 1,00,000 | Loading 25%      |
| 21 | 21 | Undre Priti Balasaheb    | 26 F | Table of benefits III | 1,00,000 | Medical Expenses |
|    |    |                          |      |                       | 1,00,000 | Loading 25%      |
| 22 | 22 | Dumbre Jitendra Jaysing  | 38 M | Table of benefits III | 1,00,000 | Medical Expenses |
|    |    |                          |      |                       | 1,00,000 | Loading 25%      |
| 23 | 23 | Walunj Dattatray Ganpat  | 35 M | Table of benefits III | 1,00,000 | Medical Expenses |
|    |    |                          |      |                       | 1,00,000 | Loading 25%      |
| 24 | 24 | Dhawade Pravin Kaluram   | 34 M | Table of benefits III | 1,00,000 | Medical Expenses |
|    |    |                          |      |                       | 1,00,000 | Loading 25%      |
| 25 | 25 | Chatur Ranjana           | 41 F | Table of benefits III | 1,00,000 | Medical Expenses |

Place : MUMBAI  
Date : 22/04/2020



IRDA-REGNO-556

For and on behalf of  
The Oriental Insurance Company Limited



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In case of any query regarding the Policy please call Toll Free No. 1800 11 8485 and 1800 11 8486.

Read Office : ORIENTAL HOUSE, P.B. No. 7037, A-25/27, Asaf Ali Road, New Delhi - 110 002.

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

Page 2 of 7

GENL - 54 Eastern - 800 ppts x 500 = 4,00,000 sheets / October - 2019 (S. S. Manliho 80 gsm)  
www.orientalinsurance.org.in L 1800118485 - Toll Free Number  
CIN - U66010DL1947GOI007158 2. 011-33206483 - Non Toll Free Number

दि ओरिएण्टल इन्शुरेंस कम्पनी लिमिटेड  
Attached to and forming part of policy number 131401/48/2021/488



THE ORIENTAL INSURANCE COMPANY LIMITED  
(A Government of India Undertaking)  
Location: NOIDA  
Reason: Signing Policy for OICL

This Document is Digitally Signed

|    |    |                          |      |                       |          |                  |
|----|----|--------------------------|------|-----------------------|----------|------------------|
| 25 |    | Sampat                   |      |                       | 1,00,000 | Loading 25%      |
| 26 | 26 | Shinde Anand Sahadu      | 41 M | Table of benefits III | 1,00,000 | Medical Expenses |
|    |    |                          |      |                       | 1,00,000 | Loading 25%      |
| 27 | 27 | Shete Sangram Poapt      | 26 M | Table of benefits III | 1,00,000 | Medical Expenses |
|    |    |                          |      |                       | 1,00,000 | Loading 25%      |
| 28 | 28 | Kale Ganesh Anil         | 33 M | Table of benefits III | 1,00,000 | Medical Expenses |
|    |    |                          |      |                       | 1,00,000 | Loading 25%      |
| 29 | 29 | Padekar Tushar Chandan   | 36 M | Table of benefits III | 1,00,000 | Medical Expenses |
|    |    |                          |      |                       | 1,00,000 | Loading 25%      |
| 30 | 30 | Kurhade Sandip Arjun     | 39 M | Table of benefits III | 1,00,000 | Medical Expenses |
|    |    |                          |      |                       | 1,00,000 | Loading 25%      |
| 31 | 31 | Bhagaji Devram Bangar    | 32 M | Table of benefits III | 1,00,000 | Medical Expenses |
|    |    |                          |      |                       | 1,00,000 | Loading 25%      |
| 32 | 32 | Gage Sujata Pandharinath | 39 F | Table of benefits III | 1,00,000 | Medical Expenses |
|    |    |                          |      |                       | 1,00,000 | Loading 25%      |
| 33 | 33 | Gunjal Sandesh Janardhan | 21 F | Table of benefits III | 1,00,000 | Medical Expenses |
|    |    |                          |      |                       | 1,00,000 | Loading 25%      |
| 34 | 34 | Awate Shankar Damodar    | 45 M | Table of benefits III | 1,00,000 | Medical Expenses |
|    |    |                          |      |                       | 1,00,000 | Loading 25%      |
| 35 | 35 | Pingale Sandip Balu      | 29 M | Table of benefits III | 1,00,000 | Medical Expenses |
|    |    |                          |      |                       | 1,00,000 | Loading 25%      |
| 36 | 36 | Shinde Yogesh Suresh     | 30 M | Table of benefits III | 1,00,000 | Medical Expenses |
|    |    |                          |      |                       | 1,00,000 | Loading 25%      |
| 37 | 37 | Padekar Roshan Popat     | 36 M | Table of benefits III | 1,00,000 | Medical Expenses |
|    |    |                          |      |                       | 1,00,000 | Loading 25%      |
| 38 | 38 | Shelke Santosh Govind    | 29 M | Table of benefits III | 1,00,000 | Medical Expenses |
|    |    |                          |      |                       | 1,00,000 | Loading 25%      |
| 39 | 39 | Walunj Shubham Shyam     | 22 M | Table of benefits III | 1,00,000 | Medical Expenses |
|    |    |                          |      |                       | 1,00,000 | Loading 25%      |
| 40 | 40 | Wagh Kiran Devram        | 44 M | Table of benefits III | 1,00,000 | Medical Expenses |
|    |    |                          |      |                       | 1,00,000 | Loading 25%      |
| 41 | 41 | Rahinj Pramod Suresh     | 33 M | Table of benefits III | 1,00,000 | Medical Expenses |
|    |    |                          |      |                       | 1,00,000 | Loading 25%      |

Place : MUMBAI  
Date : 22/04/2020



IRDA-REGNO-556

For and on behalf of  
The Oriental Insurance Company Limited

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

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

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

IRDA Regn. No. 556. Now you can buy and renew selected policies online at [www.orientalinsurance.org](http://www.orientalinsurance.org).

Regd. Office : ORIENTAL HOUSE, P.B. No. 7037, A-25/27, Asaf Ali Road, New Delhi - 110 002.

GENL - 54

Eastern - 800 ppts x 500 = 4,00,000 sheets / October - 2019 (S. S. Maplitho 80 gsm)  
[www.orientalinsurance.org.in](http://www.orientalinsurance.org.in) CIN - "U66010DL1947GOI007158"

1. 1800118485 - Toll Free Number  
2. 011-33208485 - Non Toll Free Number



Authorised Signatory

Page 3 of 7

दि ओरिएण्टल इश्योरेंस कम्पनी लिमिटेड  
Attached to and forming part of policy number 131401/48/2021/488



THE ORIENTAL INSURANCE COMPANY LIMITED

(A Government of India Undertaking)  
Location: NOIDA  
Reason: Signing Policy for OICL

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Relationship

|    |                                 |         |     |             |
|----|---------------------------------|---------|-----|-------------|
| 1  | Gaikwad<br>Dushyant<br>Dadabhau | SERVICE | NIL | NORMAL RISK |
| 2  | Jadhav<br>Suresh<br>Laxman      | SERVICE | NIL | NORMAL RISK |
| 3  | Kumbhar<br>Umesh<br>Rajaram     | SERVICE | NIL | NORMAL RISK |
| 4  | Tambe Sujit<br>Tukaram          | SERVICE | NIL | NORMAL RISK |
| 5  | Gaware Ravi<br>Uttam            | SERVICE | NIL | NORMAL RISK |
| 6  | Lobhe Gayatri<br>Apparao        | SERVICE | NIL | NORMAL RISK |
| 7  | Sonawane<br>Abhijeet<br>Ashok   | SERVICE | NIL | NORMAL RISK |
| 8  | Kadam<br>Sachin<br>Subhash      | SERVICE | NIL | NORMAL RISK |
| 9  | Gadhav<br>Manoj<br>Vitthalrao   | SERVICE | NIL | NORMAL RISK |
| 10 | Hole Mangesh<br>Balasaheb       | SERVICE | NIL | NORMAL RISK |
| 11 | Dhoble<br>Shankar<br>Maruti     | SERVICE | NIL | NORMAL RISK |
| 12 | Bansode<br>Ashwini<br>Sopan     | SERVICE | NIL | NORMAL RISK |
| 13 | Kolhe Shilpa<br>Savta           | SERVICE | NIL | NORMAL RISK |
| 14 | Gandhi Anuja<br>S.              | SERVICE | NIL | NORMAL RISK |
| 15 | Chordiya<br>Bhakti Dipak        | SERVICE | NIL | NORMAL RISK |
| 16 | Thanange<br>Somnath<br>Ravaji   | SERVICE | NIL | NORMAL RISK |
| 17 | Patel Salim<br>Gafur            | SERVICE | NIL | NORMAL RISK |
| 18 | Belhekar<br>Jayesh Shivaji      | SERVICE | NIL | NORMAL RISK |
| 19 | Changediya                      | SERVICE | NIL | NORMAL RISK |

Place : MUMBAI  
Date : 22/04/2020



IRDA-REGNO-886

For and on behalf of  
The Oriental Insurance Company Limited

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Policy document duly stamped will be sent by post.

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Free No. 1800 11 8485 and 011 33208485.

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

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GENL - 54

Eastern - 800 ppts x 500 = 4,00,000 sheets / October - 2019 (S. S. Maplitho 80 gsm)  
www.orientalinsurance.org.in

CIN - "U66010DL1947GOI007158"

1. 1800118485 - Toll Free Number  
2. 011-33208485 - Non Toll Free Number



Page 5 of 7

दि ओरिएण्टल इश्योर्स कम्पनी लिमिटेड  
(भारत सरकार का उपक्रम)



THE ORIENTAL INSURANCE COMPANY LIMITED  
(A Government of India Undertaking)  
This Document is Digitally Signed

Attached to and forming part of policy number 131401/48/2021/408

Signer: ATUL JERATH  
Date: Tue, Jun 08, 2020 16:04:42 IST  
Location: NOIDA  
Reason: Signing Policy for OICL

|    |                          |         |     |             |
|----|--------------------------|---------|-----|-------------|
| 19 | Bhavna Sanjay            |         |     |             |
| 20 | Thorat Kiran Ravindra    | SERVICE | NIL | NORMAL RISK |
| 21 | Undre Priti Balasaheb    | SERVICE | NIL | NORMAL RISK |
| 22 | Dumbre Jitendra Jaysing  | SERVICE | NIL | NORMAL RISK |
| 23 | Walunj Dattatray Ganpat  | SERVICE | NIL | NORMAL RISK |
| 24 | Dhawade Pravin Kaluram   | SERVICE | NIL | NORMAL RISK |
| 25 | Chatur Ranjana Sampat    | SERVICE | NIL | NORMAL RISK |
| 26 | Shinde Anand Sahadu      | SERVICE | NIL | NORMAL RISK |
| 27 | Shete Sangram Poapt      | SERVICE | NIL | NORMAL RISK |
| 28 | Kale Ganesh Anil         | SERVICE | NIL | NORMAL RISK |
| 29 | Padekar Tushar Chandan   | SERVICE | NIL | NORMAL RISK |
| 30 | Kurhade Sandip Arjun     | SERVICE | NIL | NORMAL RISK |
| 31 | Bhagaji Devram Bangar    | SERVICE | NIL | NORMAL RISK |
| 32 | Gage Sujata Pandharinath | SERVICE | NIL | NORMAL RISK |
| 33 | Gunjal Sandesh Janardhan | SERVICE | NIL | NORMAL RISK |
| 34 | Awate Shankar Damodar    | SERVICE | NIL | NORMAL RISK |
| 35 | Pingale Sandip Balu      | SERVICE | NIL | NORMAL RISK |
| 36 | Shinde Yogesh Suresh     | SERVICE | NIL | NORMAL RISK |
| 37 | Padekar Roshan Popat     | SERVICE | NIL | NORMAL RISK |
| 38 | Shelke Santosh           | SERVICE | NIL | NORMAL RISK |

Place : MUMBAI  
Date : 22/04/2020



IRDA-REGNO-558

For and on behalf of  
The Oriental Insurance Company Limited



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In case of any query regarding the Policy please call Toll

Free No. 1800 11 8485 and 011-23204835. ओरिएण्टल हाउस, पो. बॉ. नं. 7037, ए-25/27, आसफ अली रोड, नई दिल्ली-110 002.

Regd. Office : ORIENTAL HOUSE, P.B. No. 7037, A-25/27, Asaf Ali Road, New Delhi - 110 002.

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

Page 6 of 7

GENL - 541. Ex. Reg. - 800 ptxx-500 = 4,00,000 sheets / October, 2019 / S. S. Manjhi to 80 (am). 1. 1800118485 - Toll Free Number  
www.orientalinsurance.org.in 2. 011-33208485 - Non Toll Free Number  
CIN - "U66010DL1947GOI007158"

1. 1800118485 - Toll Free Number  
2. 011-33208485 - Non Toll Free Number

CIN - "U66010DL1947GOI007158"

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www.orientalinsurance.org.in

Attached to and forming part of policy number 19169148/2020/48 (801/1202/37/169148/2020/48)  
Head Office : ORIENTAL HOUSE, P.B. No. 7037, U-25/27, अमरावती रोड, नई दिल्ली - 110 002.  
Signer: ATUL JERATH  
Date: Tue, Jun 16, 2020 16:04:42 IST  
Location: NOIDA  
Reason: Signing Policy for OICL

|    |                      |         |     |             |
|----|----------------------|---------|-----|-------------|
| 38 | Govind               |         |     |             |
| 39 | Walunj Shubham Shyam | SERVICE | NIL | NORMAL RISK |
| 40 | Wagh Kiran Devram    | SERVICE | NIL | NORMAL RISK |
| 41 | Rahinj Pramod Suresh | SERVICE | NIL | NORMAL RISK |

Place : MUMBAI  
Date : 22/04/2020



IRDA-REGNO-556

For and on behalf of  
The Oriental Insurance Company Limited

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THE ORIENTAL INSURANCE COMPANY LIMITED  
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वि ओरिएण्टल इश्योरेंस कम्पनी लिमिटेड

(महाराष्ट्र शासन द्वारा प्रमाणित)

Authorised Signatory

Page 7 of 7



**Staff Insurance Policy documents for 2019-20**

दि ओरिएण्टल इश्योरेंस कम्पनी लिमिटेड  
(भारत सरकार का उपक्रम)



THE ORIENTAL INSURANCE COMPANY LIMITED  
(A Government of India Undertaking)

IRDA/NL-HLT/OIC/P-PV.1/457/13-14

Signer: ATUL JERATH  
Date: 24/03/2019 09:45:15  
Reason: Signing Policy for OICL

|                |                                                                                            |                   |                                                                                                            |
|----------------|--------------------------------------------------------------------------------------------|-------------------|------------------------------------------------------------------------------------------------------------|
| Policy No.     | : 131401/48/2019/8961                                                                      | Prev.Policy No.   | : -                                                                                                        |
| Cover Note No. | : -                                                                                        | Cover Note Date   | : -                                                                                                        |
| Insured's Code | : 40672619                                                                                 | Issue Office code | : 131401                                                                                                   |
| Insured's Name | : VISHAL JUNNER SEVA MANDAL<br>(GSTIN: 0)                                                  | Issue Office Name | : BO THANE (GSTIN: 27AAACT0627R4ZW)                                                                        |
| Address        | : ON LIFE OF STAFF MEMBERS OF<br>INSTITUTE OF PHARMACY FOR<br>EDUCATION AND RESEARCH; ALE. | Address           | : GALA NO 1 GROUND FLOOR AROTO<br>HOUSE<br>P.K.ROAD NEAR POOJA BLOOD BANK<br>MULUND (WEST)                 |
| Tel./Fax/Email | : PUNE 412411<br>: / / 0 / NA                                                              | Tel./Fax/Email    | : MUMBAI MAHARASHTRA 4000080<br>: 25919260/25919257 / 25919257<br>: ramakant.singh@orientalinsurance.co.in |

**Agent/Broker Details**

Dev.Off.Code : NA0000001663 ARUN P KATARIA

Agent/Broker : BA0000023206 MAHENDRA T.SHINDE

Address : 39/2828 ABHYUDAYA NAGAR KALACHOWKI BOMBAY 400  
033,MUMBAI,MAHARASHTRA,400033

Tel/Fax/Email : 9322254800/9322254800/mdnshinde@redimail.com

Period of Insurance : FROM 00:00 ON 27/03/2019 TO MIDNIGHT OF 26/03/2020

Collection No & Dt : CHQ 9250012866 - 26/03/2019 GST INVOICE NO :271711456662 UIN :0

Gross Premium : 10,500 GST : 1890 Stamp Duty : 10 Total : 12,390

Co-insurance Details : NIL

Number of persons covered : 42

Total Sum Insured : 4200000

AOA Limit : 200000

**Details of Insured Persons :**

| Sr. No. | Emp No./ ID No. | Name                         | Age | Sex | Section/Cover         | Sum Insured | Additional Covers            |
|---------|-----------------|------------------------------|-----|-----|-----------------------|-------------|------------------------------|
| 1       | 3001            | Mr Gaikwad Dushyant Dadabhau | 47  | M   | Table of benefits III | 1,00,000    | Medical Expenses Loading 25% |
| 2       | 3002            | Mr Jadhav Suresh Laxman      | 44  | M   | Table of benefits III | 1,00,000    | Medical Expenses Loading 25% |
| 3       | 3003            | Mr Kumbhar Umesh Rajaram     | 52  | M   | Table of benefits III | 1,00,000    | Medical Expenses Loading 25% |

Place : MUMBAI  
Date : 24/03/2019



IRDA-REGNO-556

For and on behalf of  
The Oriental Insurance Company Limited



Atul Sahai  
General Manager

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CIN: U66010DL1947GOI007158 All the Amounts mentioned in this policy are in Indian Rupees Eastern - 800 pkts x 500 = 4,00,000 sheets / December - 2018 (S. S. Maplino 80 gsm)

GEN-54

www.orientalinsurance.org

CIN: U66010DL1947GOI007158

1. 1800118485 - Toll Free Number  
2. 011-33208485 - Non Toll Free Number  
www.orientalinsurance.org

सकारी अधिकार का उपयोग  
दि 08-01-2018 द्वारा प्राप्त  
दि 10-02-2018 संशोधित सचिव का मुद्रांक  
संशोधित नं. सीएसडी/15/18-3972/18  
Consolidated Stamp duly as per Government Notification  
No. Muzrak 2017 / CI 97 / 18  
Paid vide CRAS-DEFACE No. 00032704052018 DL 10-03-2018  
Certificate No. CSRD / 161 / 2016 / 3972 / 18

Attached to and forming part of policy number 131401/48/2019/2897  
**दि ओरिएण्टल इश्योरस कम्पनी लिमिटेड**  
 (भारत सरकार का उपक्रम)



THE ORIENTAL INSURANCE COMPANY LIMITED  
 (A Government of India Undertaking)

Signer: ATUL JERATH  
 Director, ASICA  
 Underwriting Policy of OICL

|    |      |                               |      |                       |          |                  |  |
|----|------|-------------------------------|------|-----------------------|----------|------------------|--|
| 3  |      |                               |      |                       |          |                  |  |
| 4  | 3004 | Mr Tambe Sujit Tukaram        | 35 M | Table of benefits III | 1,00,000 | Medical Expenses |  |
| 5  | 3005 | Mr Gaware Ravi Uttam          | 36 M | Table of benefits III | 1,00,000 | Loading 25%      |  |
| 6  | 3006 | Miss Lobhe Gayatri Apparao    | 36 F | Table of benefits III | 1,00,000 | Medical Expenses |  |
| 7  | 3007 | Mr Sonawane Abhijeet Ashok    | 38 M | Table of benefits III | 1,00,000 | Loading 25%      |  |
| 8  | 3008 | Mr Kadam Sachin Subhash       | 35 M | Table of benefits III | 1,00,000 | Medical Expenses |  |
| 9  | 3009 | Mr Gadhave Manoj Vitthalrao   | 37 M | Table of benefits III | 1,00,000 | Loading 25%      |  |
| 10 | 3010 | Mr Hole Mangesh Balasaheb     | 32 M | Table of benefits III | 1,00,000 | Medical Expenses |  |
| 11 | 3011 | Miss Mendhekar Seema Yuvraj   | 27 F | Table of benefits III | 1,00,000 | Loading 25%      |  |
| 12 | 3012 | Miss Phalke Pallavi Laxman    | 30 F | Table of benefits III | 1,00,000 | Medical Expenses |  |
| 13 | 3013 | Miss Bansode Ashwini Sopan    | 30 F | Table of benefits III | 1,00,000 | Loading 25%      |  |
| 14 | 3014 | Miss Kolhe Shilpa Savta       | 29 F | Table of benefits III | 1,00,000 | Medical Expenses |  |
| 15 | 3015 | Miss Gandhi Anuja             | 26 F | Table of benefits III | 1,00,000 | Loading 25%      |  |
| 16 | 3016 | Miss Chordiya Bhakti Dipak    | 24 F | Table of benefits III | 1,00,000 | Medical Expenses |  |
| 17 | 3017 | Miss Phalle Supriya Balasaheb | 25 F | Table of benefits III | 1,00,000 | Loading 25%      |  |
| 18 | 3018 | Mr Thanange Somnath Ravaji    | 32 M | Table of benefits III | 1,00,000 | Medical Expenses |  |
| 19 | 3019 | Mr Patel Salim Gafur          | 28 M | Table of benefits III | 1,00,000 | Loading 25%      |  |
| 20 | 3020 | Mr Belhekar Jayesh Shivaji    | 27 M | Table of benefits III | 1,00,000 | Medical Expenses |  |
| 21 | 3021 | Miss Lende Lalita Kamlakar    | 30 F | Table of benefits III | 1,00,000 | Loading 25%      |  |
| 22 | 3022 | Mr Dumbre Jitendra Jaysing    | 37 M | Table of benefits III | 1,00,000 | Medical Expenses |  |
| 23 | 3023 | Mr Walunj Dattatray Ganpat    | 34 M | Table of benefits III | 1,00,000 | Loading 25%      |  |
| 24 | 3024 | Mr Dhawade Pravin Kaluram     | 32 M | Table of benefits III | 1,00,000 | Medical Expenses |  |
| 25 | 3025 | Miss Chatur Ranjana           | 40 F | Table of benefits III | 1,00,000 | Loading 25%      |  |

Place : MUMBAI  
 Date : 24/03/2019



IRDA-REGNO-556



For and on behalf of  
 The Oriental Insurance Company Limited

Atul Sahai

General Manager

Authorised Signatory

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

Regd. Office : ORIENTAL HOUSE, P.B. No. 7037, A-25/27, Asaf Ali Road, New Delhi - 110 002.

CIN: U66010DL1947GOI007158 All the Amounts mentioned in this policy are in Indian Rupee Eastern - 800 pkts x 500 = 4,00,000 sheets / December - 2018 (S. S. Maplitho 80 gsm)

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Page 2 of 7  
 1. 1800118485 - Toll Free Number  
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Attached to and forming part of policy number 131401/48/2019/158  
**द ओरिएण्टल इश्योरस कम्पनी लिमिटेड**  
 (भारत सरकार का उपक्रम)



**THE ORIENTAL INSURANCE COMPANY LIMITED**  
 (A Government of India Undertaking)

Signer: ATUL JERATH  
 24/03/2019 09:45 IST  
 Policy No. 131401/48/2019/158

|    |      |                               |      |                       |  |          |                  |
|----|------|-------------------------------|------|-----------------------|--|----------|------------------|
| 25 |      | Sampat                        |      |                       |  | 1,00,000 | Loading 25%      |
| 26 | 3026 | Mr Shinde Anand Sahadu        | 40 M | Table of benefits III |  | 1,00,000 | Medical Expenses |
| 27 | 3027 | Mr Shete Sangram Poapt        | 25 M | Table of benefits III |  | 1,00,000 | Loading 25%      |
| 28 | 3028 | Miss Hadwale P S              | 31 F | Table of benefits III |  | 1,00,000 | Medical Expenses |
| 29 | 3029 | Miss Thikekar Varsha D        | 33 F | Table of benefits III |  | 1,00,000 | Loading 25%      |
| 30 | 3030 | Mr Kale Ganesh Anil           | 32 M | Table of benefits III |  | 1,00,000 | Medical Expenses |
| 31 | 3031 | Mr Padekar Tushar Chandan     | 35 M | Table of benefits III |  | 1,00,000 | Loading 25%      |
| 32 | 3032 | Mr Dawkar surekha Mohan       | 37 M | Table of benefits III |  | 1,00,000 | Medical Expenses |
| 33 | 3033 | Mr Bhagaji Devram Bangar      | 31 M | Table of benefits III |  | 1,00,000 | Loading 25%      |
| 34 | 3034 | Miss Gage Sujata Pandharinath | 38 F | Table of benefits III |  | 1,00,000 | Medical Expenses |
| 35 | 3035 | Mr Gunjal Sandesh Janardhan   | 20 M | Table of benefits III |  | 1,00,000 | Loading 25%      |
| 36 | 3036 | Mr Awate Shankar Damodar      | 44 M | Table of benefits III |  | 1,00,000 | Medical Expenses |
| 37 | 3037 | Mr Pingale Sandip Balu        | 28 M | Table of benefits III |  | 1,00,000 | Loading 25%      |
| 38 | 3038 | Mr Shinde Yogesh Suresh       | 29 M | Table of benefits III |  | 1,00,000 | Medical Expenses |
| 39 | 3039 | Mr Padekar Roshan Popat       | 35 M | Table of benefits III |  | 1,00,000 | Loading 25%      |
| 40 | 3040 | Mr Shelke Santosh Govind      | 28 M | Table of benefits III |  | 1,00,000 | Medical Expenses |
| 41 | 3041 | Mr walunj Shubham Shyam       | 21 M | Table of benefits III |  | 1,00,000 | Loading 25%      |
| 42 | 3042 | Mr Wagh Kiran Devram          | 43 M | Table of benefits III |  | 1,00,000 | Medical Expenses |
|    |      |                               |      |                       |  | 1,00,000 | Loading 25%      |

Place : MUMBAI  
 Date : 24/03/2019



IRDA-REGNO-556

For and on behalf of  
 The Oriental Insurance Company Limited



Atul Sahai

General Manager

Authorised Signatory

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Regd. Office : ORIENTAL HOUSE, P.B. No. 7037, A-25/27, Asaf Ali Road, New Delhi - 110 002.

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

GENL-54

IRDA Regd. No. 131401/48/2019/158 Eastern - 800 pkts x 500 = 4,00,000 sheets / December - 2018 (S. S. Maplino 80 gsm)

Page 3 of 7  
 1. 1800118485 - Toll Free Number  
 2. 011-33208485 - Non Toll Free Number



Signer: ATUL JERATH  
Date: 26 JUN 2019 9:45 IST  
Location: NOIDA  
Reason: Signing Policy for OICL

| Sr.No. | Name | Occupation | Pre-existing Disabilities | Risk Group | Assignee Name | Share % |
|--------|------|------------|---------------------------|------------|---------------|---------|
|--------|------|------------|---------------------------|------------|---------------|---------|

Total Sum Insured in words : Indian Rupees Forty-Two Lakhs Only  
Total Premium in words : Indian Rupees Twelve Thousand Three Hundred Ninety Only

Term of Insurance: As per the Clauses written hereunder and/or attached herewith  
In case of any single accident, the liability under this policy shall be restricted to the AOA Limit specified in the Schedule.  
In the event of a claim under the policy exceeding Rs. 1 lac or a claim for refund of premium exceeding Rs. 1 lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating offices as well as Company's website.  
Where Loading for Medical Extension cover is 25%, the Policy is Extended to include payment of medical expenses due to accident upto 10% of the capital SI or 50% of the admissible PA claims amount or actual medical expenses incurred whichever shall be less

Excess : NIL

The insurance under this policy is subject to conditions, clauses, warranties, endorsements as per forms attached.

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

In witness whereof the undersigned being authorised by and on behalf of the Company has/have herein to set his/their hands at BO THANE (GSTIN: 27AAACT0627R4ZW) on 24TH DAY OF MARCH 2019

Entered By : MS. RAJALAKSHMI R.  
Examined By : Rama Kant Singh

For and on behalf of  
The Oriental Insurance Company Limited

Policy Printed By : 170011

IP :

Policy Printed On : 26-MAR-19 17:20:18

MAC :

Atul Sahai  
General Manager  
Authorised Signatory

Place : MUMBAI  
Date : 24/03/2019



For and on behalf of  
The Oriental Insurance Company Limited

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Atul Sahai

In case of any query regarding the Policy please call Toll

General Manager

In case of any query regarding the Policy please call Toll Free No. 1800 11 8485 and 011-23220485. **Regd. Office :** ORIENTAL HOUSE, P.B. No. 7037, A-25/27, Asaf Ali Road, New Delhi - 110 002.

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

Page 4 of 7

1. 1800118485 - Toll Free Number

2. 011-33208485 - Non Toll Free Number

GEN4□□54

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Page 4 of 7

Non Toll Free Number

Attached to and forming part of policy number 131401/48/2019/158  
**द ओरिएण्टल इश्योरस कम्पनी लिमिटेड**  
 (भारत सरकार का उपक्रम)



**THE ORIENTAL INSURANCE COMPANY LIMITED**  
 (A Government of India Undertaking)

Signer: ATUL JERATH  
 20/03/2019 9:45 IS1  
 Policy No. 131401/48/2019/158  
 Issuing Policy for OICL

**Relationship**

|    |                                     |         |     |             |
|----|-------------------------------------|---------|-----|-------------|
| 1  | Mr Gaikwad<br>Dushyant<br>Dadabhau  | SERVICE | Nil | NORMAL RISK |
| 2  | Mr Jadhav<br>Suresh<br>Laxman       | SERVICE | Nil | NORMAL RISK |
| 3  | Mr Kumbhar<br>Umesh<br>Rajaram      | SERVICE | Nil | NORMAL RISK |
| 4  | Mr Tambe<br>Sujit Tukaram           | SERVICE | Nil | NORMAL RISK |
| 5  | Mr Gaware<br>Ravi Uttam             | SERVICE | Nil | NORMAL RISK |
| 6  | Miss Lobhe<br>Gayatri<br>Apparao    | SERVICE | Nil | NORMAL RISK |
| 7  | Mr Sonawane<br>Abhijeet<br>Ashok    | SERVICE | Nil | NORMAL RISK |
| 8  | Mr Kadam<br>Sachin<br>Subhash       | SERVICE | Nil | NORMAL RISK |
| 9  | Mr Gadhave<br>Manoj<br>Vithalrao    | SERVICE | Nil | NORMAL RISK |
| 10 | Mr Hole<br>Mangesh<br>Balasaheb     | SERVICE | Nil | NORMAL RISK |
| 11 | Miss<br>Mendhekar<br>Seema Yuvraj   | SERVICE | Nil | NORMAL RISK |
| 12 | Miss Phalke<br>Pallavi<br>Laxman    | SERVICE | Nil | NORMAL RISK |
| 13 | Miss<br>Bansode<br>Ashwini<br>Sopan | SERVICE | Nil | NORMAL RISK |
| 14 | Miss Kolhe<br>Shilpa Savta          | SERVICE | Nil | NORMAL RISK |
| 15 | Miss Gandhi<br>Anuja                | SERVICE | Nil | NORMAL RISK |
| 16 | Miss<br>Chordiya<br>Bhakti Dipak    | SERVICE | Nil | NORMAL RISK |
| 17 | Miss Phalle<br>Supriya              | SERVICE | Nil | NORMAL RISK |

Place : MUMBAI  
 Date : 24/03/2019



IRDA-REGNO-556

For and on behalf of  
 The Oriental Insurance Company Limited

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

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Page 5 of 7

Attached to and forming part of policy number 131401/48/2018  
 दि आरिएण्टल इश्योरस कम्पनी लिमिटेड  
 (भारत सरकार का उपक्रम)



THE ORIENTAL INSURANCE COMPANY LIMITED  
 (A Government of India Undertaking)

Signer: ATUL JERATH  
 Location: MUMBAI  
 Date: 20/03/2019  
 Time: 9:45 IST

|    |                       |     |  |             |
|----|-----------------------|-----|--|-------------|
| 17 | Balasaheb             |     |  |             |
| 18 | Mr Thanange SERVICE   | Nil |  | NORMAL RISK |
|    | Somnath Ravaji        |     |  |             |
| 19 | Mr Patel SERVICE      | Nil |  | NORMAL RISK |
|    | Salim Gafur           |     |  |             |
| 20 | Mr Belhekar SERVICE   | Nil |  | NORMAL RISK |
|    | Jayesh Shivaji        |     |  |             |
| 21 | Miss Lende SERVICE    | Nil |  | NORMAL RISK |
|    | Lalita Kamalakar      |     |  |             |
| 22 | Mr Dumbre SERVICE     | Nil |  | NORMAL RISK |
|    | Jitendra Jaysing      |     |  |             |
| 23 | Mr Walunj SERVICE     | Nil |  | NORMAL RISK |
|    | Dattatray Ganpat      |     |  |             |
| 24 | Mr Dhawade SERVICE    | Nil |  | NORMAL RISK |
|    | Pravin Kaluram        |     |  |             |
| 25 | Miss Chatur SERVICE   | Nil |  | NORMAL RISK |
|    | Ranjana Sampat        |     |  |             |
| 26 | Mr Shinde SERVICE     | Nil |  | NORMAL RISK |
|    | Anand Sahadu          |     |  |             |
| 27 | Mr Shete SERVICE      | Nil |  | NORMAL RISK |
|    | Sangram Poapt         |     |  |             |
| 28 | Miss SERVICE          | Nil |  | NORMAL RISK |
|    | Hadwale P S           |     |  |             |
| 29 | Miss Thikekar SERVICE | Nil |  | NORMAL RISK |
|    | Varsha D              |     |  |             |
| 30 | Mr Kale SERVICE       | Nil |  | NORMAL RISK |
|    | Ganesh Anil           |     |  |             |
| 31 | Mr Padekar SERVICE    | Nil |  | NORMAL RISK |
|    | Tushar Chandan        |     |  |             |
| 32 | Mr Dawkar SERVICE     | Nil |  | NORMAL RISK |
|    | surekha Mohan         |     |  |             |
| 33 | Mr Bhagaji SERVICE    | Nil |  | NORMAL RISK |
|    | Devram Bangar         |     |  |             |
| 34 | Miss Gage SERVICE     | Nil |  | NORMAL RISK |
|    | Sujata Pandharinath   |     |  |             |
| 35 | Mr Gunjal SERVICE     | Nil |  | NORMAL RISK |
|    | Sandesh Janardhan     |     |  |             |

Place : MUMBAI  
 Date : 24/03/2019



IRDA-REGNO-558



For and on behalf of  
 The Oriental Insurance Company Limited

Atul Sahai

General Manager

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CIN: U66010DL1947GOI007158 All the Amounts mentioned in this policy are in Indian Rupee  
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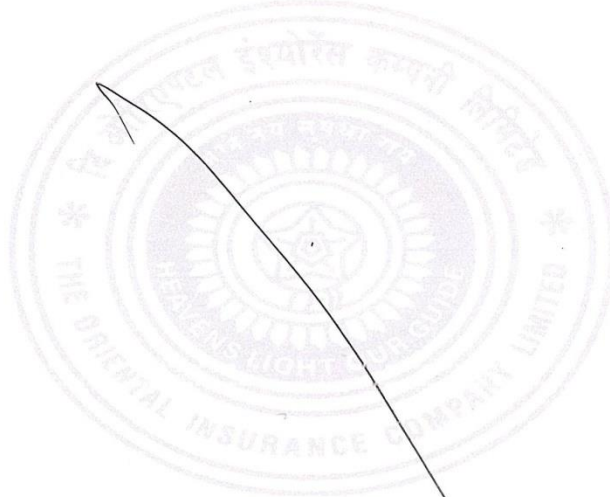
Attached to and forming part of policy number 131401/48/2019/8891  
दि ओरिएण्टल इश्योरस कम्पनी लिमिटेड  
(भारत सरकार का उपक्रम)



THE ORIENTAL INSURANCE COMPANY LIMITED  
(A Government of India Undertaking)

Signer: ATUL JERATH  
Date: 24/03/2019 09:45 IST  
Policy No: 131401/48/2019/8891

|    |                                |         |     |             |
|----|--------------------------------|---------|-----|-------------|
| 36 | Mr Awate<br>Shankar<br>Damodar | SERVICE | Nil | NORMAL RISK |
| 37 | Mr Pingale<br>Sandip Balu      | SERVICE | Nil | NORMAL RISK |
| 38 | Mr Shinde<br>Yogesh<br>Suresh  | SERVICE | Nil | NORMAL RISK |
| 39 | Mr Padekar<br>Roshan Popat     | SERVICE | Nil | NORMAL RISK |
| 40 | Mr Shelke<br>Santosh<br>Govind | SERVICE | Nil | NORMAL RISK |
| 41 | Mr walunj<br>Shubham<br>Shyam  | SERVICE | Nil | NORMAL RISK |
| 42 | Mr Wagh<br>Kiran Devram        | SERVICE | Nil | NORMAL RISK |



Place : MUMBAI  
Date : 24/03/2019



IRDA-REGNO-555

For and on behalf of  
The Oriental Insurance Company Limited



Atul Sahai

General Manager

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**Staff Insurance Policy Documents for 2018-19**

This document is digitally signed

Signer: ATUL JERATH

Date: Tuesday, 27/03/2018 4:58 PM

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(भारत सरकार का उपक्रम)



THE ORIENTAL INSURANCE COMPANY LIMITED  
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GPA - NAMED POLICY SCHEDULE  
IRDA/NL-HLT/OIC/P-PV/1457/13-14

Policy No. : 131401/48/2018/9571 Prev. Policy No. : 131401/48/2017/9236  
Cover Note No. : - Cover Note Date : -  
Insured's Code : 40672619 Issue Office code : 131401  
Insured's Name : VISHAL JUNNER SEVA MANDAL Issue Office Name : BO THANE (GSTIN:  
(GSTIN: 0) 27AAACT0627R4ZW)  
Address : ON LIFE OF STAFF MEMBERS OF Address : GALA NO 1 GROUND FLOUR APTO  
INSTITUTE OF PHARMACY FOR HOUSE  
EDUCATION AND RESEARCH; ALE. P.K. ROAD NEAR POOJA BLOOD BANK  
MULUND (WEST)  
Tel. /Fax /Email : PUNE 412411 MUMBAI MAHARASHTRA 400089  
: / / 0 / NA : 25919260/25919257 // 25919257  
ramakant.singh@orientalinsurance.co.in

Agent/Broker Details

Dev. Off. Code : NA0000001663 ARUN P KATARIA  
Agent/Broker : BA0000023206 MAHENDRA T. SHINDE  
Address : 39, 2828 ABHYUDAYA NAGAR KALACHOWKI BOMBAY 400  
033, MUMBAI, MAHARASHTRA, 400033  
Tel/Fax/Email : 9322254800/9322254800//mdnshinde@redimail.com

Period of Insurance : FROM 00:00 ON 27/03/2018 TO MIDNIGHT OF 26/03/2019  
Collection No & Dt : CHQ 925C013931 - 27/03/2018 GST INVOICE NO : 271610398596 UIN : 0  
Gross Premium : 11,270 GST : 2028 Stamp Duty : 25 Total : 13,298  
Co-insurance Details : NIL

Number of persons covered : 45  
Total Sum Insured : 4500000  
AOA Limit : 100000

Details of Insured Persons :

| Sr. No. | Emp No./ ID No. | Name                      | Age | Sex | Section/Cover                                                                                | Sum Insured | Additional Covers               |
|---------|-----------------|---------------------------|-----|-----|----------------------------------------------------------------------------------------------|-------------|---------------------------------|
| 1       | 1               | GAIKWAD DUSHYANT DADABHAU | 47  | M   | Table of benefits I<br>Table of benefits IA<br>Table of benefits II<br>Table of benefits III | 1,00,000    | Medical Expenses<br>Loading 25% |
| 2       | 6               | KUMBHAR UMESH             | 51  | M   | Table of benefits I                                                                          | 1,00,000    | Medical Expenses                |

Place : MUMBAI  
Date : 27/03/2018



For and on behalf of  
The Oriental Insurance Company Limited

Atul Sahai  
General Manager

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संकायी अधिनियम क्र. मुंबई 2017 / सी. ऑर-ए / ए-1  
दि 09-01-2018 द्वारा मुंबई नं. 0000354/4201718  
दि 27-03-2018 को दिनांक 27-03-2018 को मुद्रांकन किया  
Consolidated Stamp दस्तावेज के Government Notification  
No. Mulund 2017/18, आ. नं. 1201718, दि. 27-03-2018  
Paid vide GHS-DEFENCE No. 2000009/1201718, दि. 27-03-2018

Attached to and forming part of policy number 131401/48/2016/9571

दिए ऑरिएण्टल इश्योरस कम्पनी लिमिटेड  
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|    |    |                           |      |                                                                                              |                      |                                 |
|----|----|---------------------------|------|----------------------------------------------------------------------------------------------|----------------------|---------------------------------|
| 2  |    | RAJARAM                   |      | Table of benefits I<br>Table of benefits II<br>Table of benefits III                         | 1,00,000<br>1,00,000 | Loading 25%                     |
| 3  | 31 | AWATE SHANKAR<br>DAMODAR  | 43 M | Table of benefits I<br>Table of benefits IA<br>Table of benefits II<br>Table of benefits III | 1,00,000<br>1,00,000 | Medical Expenses<br>Loading 25% |
| 4  | 5  | GAWARE RAVI<br>UTTAM      | 35 M | Table of benefits I<br>Table of benefits IA<br>Table of benefits II<br>Table of benefits III | 1,00,000<br>1,00,000 | Medical Expenses<br>Loading 25% |
| 5  | 32 | PINGALE SANDIP<br>BALU    | 27 M | Table of benefits I<br>Table of benefits IA<br>Table of benefits II<br>Table of benefits III | 1,00,000<br>1,00,000 | Medical Expenses<br>Loading 25% |
| 6  | 33 | SHINDE YOGESH<br>SURESH   | 28 M | Table of benefits I<br>Table of benefits IA<br>Table of benefits II<br>Table of benefits III | 1,00,000<br>1,00,000 | Medical Expenses<br>Loading 25% |
| 7  | 34 | DATE NILESH<br>VITTHAL    | 26 M | Table of benefits I<br>Table of benefits IA<br>Table of benefits II<br>Table of benefits III | 1,00,000<br>1,00,000 | Medical Expenses<br>Loading 25% |
| 8  | 35 | PADEKAR ROSHAN<br>POPAT   | 34 M | Table of benefits I<br>Table of benefits IA<br>Table of benefits II<br>Table of benefits III | 1,00,000<br>1,00,000 | Medical Expenses<br>Loading 25% |
| 9  | 36 | SHELKE SANTOSH G          | 27 M | Table of benefits I<br>Table of benefits IA<br>Table of benefits II<br>Table of benefits III | 1,00,000<br>1,00,000 | Medical Expenses<br>Loading 25% |
| 10 | 2  | Dr SUBIRKUMAR<br>BANERJEE | 73 M | Table of benefits I<br>Table of benefits IA<br>Table of benefits II<br>Table of benefits III | 1,00,000<br>1,00,000 | Medical Expenses<br>Loading 25% |
| 11 | 3  | JADHAV SURESH<br>LAXMAN   | 43 M | Table of benefits I<br>Table of benefits IA<br>Table of benefits II<br>Table of benefits III | 1,00,000<br>1,00,000 | Medical Expenses<br>Loading 25% |

Place : MUMBAI  
Date : 27/03/2018



IRDA-REGNO-555

For and on behalf of  
The Oriental Insurance Company Limited

*Atul Sahai*  
Atul Sahai  
General Manager

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THE ORIENTAL INSURANCE COMPANY LIMITED  
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|    |    |                          |      |                                                                                              |                              |          |
|----|----|--------------------------|------|----------------------------------------------------------------------------------------------|------------------------------|----------|
| 12 | 7  | LOBHE GAYATRI APPARAO    | 35 F | Table of benefits I<br>Table of benefits IA<br>Table of benefits II<br>Table of benefits III | Medical Expenses Loading 25% | 1,00,000 |
| 13 | 8  | SONAWANE ABHIKJEET ASHOK | 37 M | Table of benefits I<br>Table of benefits IA<br>Table of benefits II<br>Table of benefits III | Medical Expenses Loading 25% | 1,00,000 |
| 14 | 9  | KADAM SACHIN SUBHASH     | 34 M | Table of benefits I<br>Table of benefits IA<br>Table of benefits II<br>Table of benefits III | Medical Expenses Loading 25% | 1,00,000 |
| 15 | 10 | GADHAVE MANOJ VITTHALRAO | 36 M | Table of benefits I<br>Table of benefits IA<br>Table of benefits II<br>Table of benefits III | Medical Expenses Loading 25% | 1,00,000 |
| 16 | 11 | HOLE MANGESH BALASAHEB   | 31 M | Table of benefits I<br>Table of benefits IA<br>Table of benefits II<br>Table of benefits III | Medical Expenses Loading 25% | 1,00,000 |
| 17 | 15 | DESHMUKH DHANNAJAY BABAN | 32 F | Table of benefits I<br>Table of benefits IA<br>Table of benefits II<br>Table of benefits III | Medical Expenses Loading 25% | 1,00,000 |
| 18 | 12 | Miss SY MENDHEKAR        | 26 F | Table of benefits I<br>Table of benefits IA<br>Table of benefits II<br>Table of benefits III | Medical Expenses Loading 25% | 1,00,000 |
| 19 | 13 | BHANSODE ASHWINI SOPAN   | 29 F | Table of benefits I<br>Table of benefits IA<br>Table of benefits II<br>Table of benefits III | Medical Expenses Loading 25% | 1,00,000 |
| 20 | 14 | KOLHE SHILPA SAVTA       | 28 F | Table of benefits I<br>Table of benefits IA<br>Table of benefits II<br>Table of benefits III | Medical Expenses Loading 25% | 1,00,000 |
| 21 | 16 | Miss PL PHALKE           | 28 F | Table of benefits I<br>Table of benefits IA<br>Table of benefits II<br>Table of benefits III | Medical Expenses Loading 25% | 1,00,000 |

Place : MUMBAI  
 Date : 27/03/2018



IRDA-REGNO-556

For and on behalf of  
 The Oriental Insurance Company Limited

Atul Sahai  
 General Manager



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 (भारत सरकार का उपक्रम)



**THE ORIENTAL INSURANCE COMPANY LIMITED**  
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|    |    |                               |      |                                                                                              |  |          |                                 |
|----|----|-------------------------------|------|----------------------------------------------------------------------------------------------|--|----------|---------------------------------|
| 21 |    |                               |      |                                                                                              |  | 1,00,000 |                                 |
| 22 | 17 | Dr SM DHOBAL                  | 36 M | Table of benefits I<br>Table of benefits IA<br>Table of benefits II<br>Table of benefits III |  | 1,00,000 | Medical Expenses<br>Loading 25% |
| 23 | 18 | DUMBRE JITENDRA<br>JAYSING    | 36 M | Table of benefits III<br>Table of benefits I<br>Table of benefits IA<br>Table of benefits II |  | 1,00,000 | Medical Expenses<br>Loading 25% |
| 24 | 19 | WALUNJ<br>DATTATRAY<br>GANPAT | 33 M | Table of benefits III<br>Table of benefits I<br>Table of benefits IA<br>Table of benefits II |  | 1,00,000 | Medical Expenses<br>Loading 25% |
| 25 | 20 | DHAWADE PRAVIN<br>KALURAM     | 31 M | Table of benefits III<br>Table of benefits I<br>Table of benefits IA<br>Table of benefits II |  | 1,00,000 | Medical Expenses<br>Loading 25% |
| 26 | 21 | CHATUR RANJANA<br>SAMPAT      | 39 F | Table of benefits III<br>Table of benefits I<br>Table of benefits IA<br>Table of benefits II |  | 1,00,000 | Medical Expenses<br>Loading 25% |
| 27 | 22 | SHINDE ANAND<br>SAHADU        | 39 M | Table of benefits III<br>Table of benefits I<br>Table of benefits IA<br>Table of benefits II |  | 1,00,000 | Medical Expenses<br>Loading 25% |
| 28 | 23 | TEMGIRE PG                    | 30 F | Table of benefits III<br>Table of benefits I<br>Table of benefits IA<br>Table of benefits II |  | 1,00,000 | Medical Expenses<br>Loading 25% |
| 29 | 24 | THIKEKAR VARSHA<br>D          | 32 F | Table of benefits III<br>Table of benefits I<br>Table of benefits IA<br>Table of benefits II |  | 1,00,000 | Medical Expenses<br>Loading 25% |
| 30 | 25 | KALE GANESH ANIL              | 31 M | Table of benefits III<br>Table of benefits I<br>Table of benefits IA<br>Table of benefits II |  | 1,00,000 | Medical Expenses<br>Loading 25% |
| 31 | 26 | PADEKAR TUSHAR<br>CHANDAN     | 34 F | Table of benefits III<br>Table of benefits I<br>Table of benefits IA                         |  | 1,00,000 | Medical Expenses<br>Loading 25% |

Place : MUMBAI  
 Date : 27/03/2018



IRDA-REGNO-355

For and on behalf of  
 The Oriental Insurance Company Limited

Atul Sahai  
 General Manager



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

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 (भारत सरकार का उपक्रम)



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 (A Government of India Undertaking)

|    |    |                            |      |                                                                                              |          |                              |
|----|----|----------------------------|------|----------------------------------------------------------------------------------------------|----------|------------------------------|
| 31 |    |                            |      | Table of benefits II                                                                         | 1,00,000 |                              |
| 32 | 27 | GUNJAL DATTATRAY KASHINATH | 35 F | Table of benefits III<br>Table of benefits I<br>Table of benefits IA<br>Table of benefits II | 1,00,000 | Medical Expenses Loading 25% |
| 33 | 28 | BHAGAJI DEVRAM BANGAR      | 30 M | Table of benefits III<br>Table of benefits I<br>Table of benefits IA<br>Table of benefits II | 1,00,000 | Medical Expenses Loading 25% |
| 34 | 29 | GAGE SUJATA PANDHARINATH   | 37 F | Table of benefits III<br>Table of benefits I<br>Table of benefits IA<br>Table of benefits II | 1,00,000 | Medical Expenses Loading 25% |
| 35 | 30 | NIMSE DILIP BHAGAJI        | 28 M | Table of benefits III<br>Table of benefits I<br>Table of benefits IA<br>Table of benefits II | 1,00,000 | Medical Expenses Loading 25% |
| 36 | 4  | TAMBE SUJIT TUKARAM        | 34 M | Table of benefits III<br>Table of benefits I<br>Table of benefits IA<br>Table of benefits II | 1,00,000 | Medical Expenses Loading 25% |
| 37 | 37 | BELHEKAR J.S.              | 26 M | Table of benefits III                                                                        | 1,00,000 | Medical Expenses Loading 25% |
| 38 | 38 | AHER S.D.                  | 28 M | Table of benefits III                                                                        | 1,00,000 | Medical Expenses Loading 25% |
| 39 | 39 | JADHAV R.N.                | 26 M | Table of benefits III                                                                        | 1,00,000 | Medical Expenses Loading 25% |
| 40 | 40 | PATHARE S.D.               | 23 M | Table of benefits III                                                                        | 1,00,000 | Medical Expenses Loading 25% |
| 41 | 41 | MISS LENDE L.K.            | 29 F | Table of benefits III                                                                        | 1,00,000 | Medical Expenses Loading 25% |
| 42 | 42 | PATEL S.G.                 | 27 M | Table of benefits III                                                                        | 1,00,000 | Medical Expenses Loading 25% |
| 43 | 43 | GANDHI A.S.                | 25 M | Table of benefits III                                                                        | 1,00,000 | Medical Expenses Loading 25% |
| 44 | 44 | MISS DAWKHAR S.M.          | 36 F | Table of benefits III                                                                        | 1,00,000 | Medical Expenses Loading 25% |
| 45 | 45 | SHINGOTE T.S.              | 22 M | Table of benefits III                                                                        | 1,00,000 | Medical Expenses Loading 25% |

Place : MUMBAI  
 Date : 27/03/2018



IRDA-REGNO-555

For and on behalf of  
 The Oriental Insurance Company Limited

*Atul Sahai*

Atul Sahai  
 General Manager



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Read Office : ORIENTAL HOUSE, P.B. No. 7037, A-25/27, Asaf Ali Road, New Delhi - 110 002.

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

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GENL-54

1. 800 11 8485 - Toll Free Number  
 2. 011-23209445 - Toll Free Number

CIN - U66010DL1947GOI007158

1. 1800118485 - Toll Free Number  
 2. 011-23209445 - Toll Free Number

Attached to and forming part of policy number 131401/48/2016/9577  
दि ओरिएण्टल इश्योरस कम्पनी लिमिटेड  
(भारत सरकार का उपक्रम)



THE ORIENTAL INSURANCE COMPANY LIMITED  
(A Government of India Undertaking)



Place : MUMBAI  
Date : 27/03/2018



IRDA-REGNO-555

For and on behalf of  
The Oriental Insurance Company Limited

*Atul Sahai*

Atul Sahai  
General Manager



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1. 1800118485 - Toll Free Number  
2. 011-33208485 - Non Toll Free Number

Attached to and forming part of policy number 131401/48/2018/9571  
दि ओरिएण्टल इश्योरस कम्पनी लिमिटेड  
Additional Details of Insured Persons



THE ORIENTAL INSURANCE COMPANY LIMITED  
(A Government of India Undertaking)

| Sr.No. | Name | Occupation | Pre-existing Disabilities | Risk Group | Assignee Name | Share % |
|--------|------|------------|---------------------------|------------|---------------|---------|
|--------|------|------------|---------------------------|------------|---------------|---------|

Total Sum Insured in words : Indian Rupees Forty-Five Lakhs Only  
Total Premium in words : Indian Rupees Thirteen Thousand Two Hundred Ninety-Eight Only

Term of Insurance: As per the Clauses written hereunder and/or attached herewith  
In the event of a claim under the policy exceeding Rs. 1 lac or a claim for refund of premium exceeding Rs. 1 lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating offices as well as Company's website.  
Where Loading for Medical Extension cover is 25%, the Policy is Extended to include payment of medical expenses due to accident upto 10% of the capital SI or 50% of the admissible PA claims amount or actual medical expenses incurred whichever shall be less  
In case of any single accident, the liability under this policy shall be restricted to the AOA Limit specified in the Schedule.

Excess : NIL

The insurance under this policy is subject to conditions, clauses, warranties, endorsements as per forms attached.

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

In witness whereof the undersigned being authorised by and on behalf of the Company has/have herein to set his/their hands at BO THANE (GSTIN: 27AAACT0627R4ZW) on 27TH DAY OF MARCH 2018

Entered By : Vinod Kumar  
Examined By : Rama Kant Singh

For and on behalf of  
The Oriental Insurance Company Limited

Atul Sahai  
General Manager  
Authorised Signatory

Policy Printed By : P10\_DEMO

IP :

Policy Printed On : 27-MAR-18 17:01:33

MAC :

Place : MUMBAI  
Date : 27/03/2018



IRDA-REGNO-556

For and on behalf of  
The Oriental Insurance Company Limited

Atul Sahai  
General Manager  
Authorised Signatory



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1. 1800118485 - Toll Free Number  
SUZ-2018-189 Non Toll Free Number

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 (भारत सरकार का उपक्रम)



**THE ORIENTAL INSURANCE COMPANY LIMITED**  
 (A Government of India Undertaking)

**Relationship**

|    |                           |         |     |             |                               |        |
|----|---------------------------|---------|-----|-------------|-------------------------------|--------|
| 1  | GAIKWAD DUSHYANT DADABHAU | SERVICE | NIL | NORMAL RISK | GAIKWAD DUSHYANT 100 DADABHAU | Spouse |
| 2  | KUMBHAR UMESH RAJARAM     | SERVICE | Nil | NORMAL RISK | GAIKWAD DUSHYANT 100 DADABHAU | Spouse |
| 3  | AWATE SHANKAR DAMODAR     | SERVICE | Nil | NORMAL RISK | GAWARE RAVI 100 UTTAM         | Spouse |
| 4  | GAWARE RAVI UTTAM         | SERVICE | Nil | NORMAL RISK | AWATE SHANKAR 100 DAMODAR     | Spouse |
| 5  | PINGALE SANDIP BALU       | SERVICE | Nil | NORMAL RISK | TAMBE SUJIT 100 TUKARAM       | Spouse |
| 6  | SHINDE YOGESH SURESH      | SERVICE | Nil | NORMAL RISK | PINGALE SANDIP 100 BALU       | Spouse |
| 7  | DATE NILESH VITTHAL       | SERVICE | Nil | NORMAL RISK | SHINDE YOGESH 100 SURESH      | Spouse |
| 8  | PADEKAR ROSHAN POPAT      | SERVICE | Nil | NORMAL RISK | DATE NILESH 100 VITTHAL       | Spouse |
| 9  | SHELKE SANTOSH G          | SERVICE | Nil | NORMAL RISK | PADEKAR ROSHAN 100 POPAT      | Spouse |
| 10 | Dr SUBIRKUMAR R BANERJEE  | SERVICE | Nil | NORMAL RISK | SHELKE SANTOSH G 100          | Spouse |
| 11 | JADHAV SURESH LAXMAN      | SERVICE | Nil | NORMAL RISK | Dr SUBIRKUMAR 100 BANERJEE    | Spouse |
| 12 | LOBHE GAYATRI APPARAO     | SERVICE | Nil | NORMAL RISK | JADHAV SURESH 100 LAXMAN      | Spouse |
| 13 | SONAWANE ABHIKJEET ASHOK  | SERVICE | Nil | NORMAL RISK | LOBHE GAYATRI 100 APPARAO     | Spouse |
| 14 | KADAM SACHIN SUBHASH      | SERVICE | Nil | NORMAL RISK | SONAWANE 100 ABHIKJEET ASHOK  | Spouse |
| 15 | GADHAVE MANOJ VITTHALRAO  | SERVICE | Nil | NORMAL RISK | KADAM SACHIN 100 SUBHASH      | Spouse |
| 16 | HOLE MANGESH BALASAHEB    | SERVICE | Nil | NORMAL RISK | GADHAVE MANOJ 100 VITTHALRAO  | Spouse |
|    |                           |         |     |             | HOLE MANGESH 100 BALASAHEB    | Spouse |

Place : MUMBAI  
 Date : 27/03/2018



IRDA-REGNO-555

For and on behalf of  
 The Oriental Insurance Company Limited

*Atul Sahai*

Atul Sahai  
 General Manager

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

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|    |                            |         |     |             |                            |     |        |
|----|----------------------------|---------|-----|-------------|----------------------------|-----|--------|
| 17 | DESHMUKH DHANNAJAY BABAN   | SERVICE | Nil | NORMAL RISK | KOLHE SHILPA SAVTA         | 100 | Spouse |
| 18 | Miss SY MENDHEKAR          | SERVICE | Nil | NORMAL RISK | DESHMUKH DHANNAJAY BABAN   | 100 | Spouse |
| 19 | BHANSODE ASHWINI SOPAN     | SERVICE | Nil | NORMAL RISK | Miss SY MENDHEKAR          | 100 | Spouse |
| 20 | KOLHE SHILPA SAVTA         | SERVICE | Nil | NORMAL RISK | BHANSODE ASHWINI SOPAN     | 100 | Spouse |
| 21 | Miss PL PHALKE             | SERVICE | Nil | NORMAL RISK | Miss PL PHALKE             | 100 | Spouse |
| 22 | Dr SM DHOBAL               | SERVICE | Nil | NORMAL RISK | Dr SM DHOBAL               | 100 | Spouse |
| 23 | DUMBRE JITENDRA JAYSING    | SERVICE | Nil | NORMAL RISK | DUMBRE JITENDRA JAYSING    | 100 | Spouse |
| 24 | WALUNJ DATTATRAY GANPAT    | SERVICE | Nil | NORMAL RISK | WALUNJ DATTATRAY GANPAT    | 100 | Spouse |
| 25 | DHAWADE PRAVIN KALURAM     | SERVICE | Nil | NORMAL RISK | DHAWADE PRAVIN KALURAM     | 100 | Spouse |
| 26 | CHATUR RANJANA SAMPAT      | SERVICE | Nil | NORMAL RISK | CHATUR RANJANA SAMPAT      | 100 | Spouse |
| 27 | SHINDE ANAND SAHADU        | SERVICE | Nil | NORMAL RISK | SHINDE ANAND SAHADU        | 100 | Spouse |
| 28 | TEMGIRE PG                 | SERVICE | Nil | NORMAL RISK | TEMGIRE PG                 | 100 | Spouse |
| 29 | THIKEKAR VARSHA D          | SERVICE | Nil | NORMAL RISK | THIKEKAR VARSHA D          | 100 | Spouse |
| 30 | KALE GANESH ANIL           | SERVICE | Nil | NORMAL RISK | KALE GANESH ANIL           | 100 | Spouse |
| 31 | PADEKAR TUSHAR CHANDAN     | SERVICE | Nil | NORMAL RISK | PADEKAR TUSHAR CHANDAN     | 100 | Spouse |
| 32 | GUNJAL DATTATRAY KASHINATH | SERVICE | Nil | NORMAL RISK | GUNJAL DATTATRAY KASHINATH | 100 | Spouse |
| 33 | BHAGAJI DEVRAM BANGAR      | SERVICE | Nil | NORMAL RISK | BHAGAJI DEVRAM BANGAR      | 100 | Spouse |
| 34 | GAGE SUJATA PANDHARINATH   | SERVICE | Nil | NORMAL RISK | GAGE SUJATA PANDHARINATH   | 100 | Spouse |
| 35 | NIMSE DILIP                | SERVICE | Nil | NORMAL RISK | NIMSE DILIP BHAGAJI        | 100 | Spouse |

Place : MUMBAI  
 Date : 27/03/2018



IRDA-REGNO-555

For and on behalf of  
 The Oriental Insurance Company Limited

*Atul Sahai*

Atul Sahai  
 General Manager



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|    |             |         |     |             |               |     |        |
|----|-------------|---------|-----|-------------|---------------|-----|--------|
| 35 | BHAGAJI     |         |     |             |               |     |        |
| 36 | TAMBE       | SERVICE | NIL | NORMAL RISK | KUMBHAR UMESH | 100 | Spouse |
|    | SUJIT       |         |     |             | RAJARAM       |     |        |
|    | TUKARAM     |         |     |             |               |     |        |
| 37 | BELHEKAR    | SERVICE | NIL | NORMAL RISK |               |     |        |
|    | J.S.        |         |     |             |               |     |        |
| 38 | AHER S.D.   | SERVICE | NIL | NORMAL RISK |               |     |        |
| 39 | JADHAV R.N. | SERVICE | NIL | NORMAL RISK |               |     |        |
| 40 | PATHARE     | SERVICE | NIL | NORMAL RISK |               |     |        |
|    | S.D.        |         |     |             |               |     |        |
| 41 | MISS LENDE  | SERVICE | NIL | NORMAL RISK |               |     |        |
|    | L.K.        |         |     |             |               |     |        |
| 42 | PATEL S.G.  | SERVICE | NIL | NORMAL RISK |               |     |        |
| 43 | GANDHI A.S. | SERVICE | NIL | NORMAL RISK |               |     |        |
| 44 | MISS        | SERVICE | NIL | NORMAL RISK |               |     |        |
|    | DAWKHAR     |         |     |             |               |     |        |
|    | S.M.        |         |     |             |               |     |        |
| 45 | SHINGOTE    | SERVICE | NIL | NORMAL RISK |               |     |        |
|    | T.S.        |         |     |             |               |     |        |

Place : MUMBAI  
Date : 27/03/2018



IRDA-REGNO-556

For and on behalf of  
The Oriental Insurance Company Limited

*Atul Sahai*

Atul Sahai  
General Manager



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**Sample Leave Forms**

## Casual Leave

|                                                                                                                                                                                                                                   |                                                 |                                                   |                    |                                                       |        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------------|--------------------|-------------------------------------------------------|--------|
|  <b>VISHAL JUNNAR SEVA MANDALS</b><br><b>VISHAL INSTITUTE OF PHARMACEUTICAL EDUCATION AND RESEARCH</b><br>ALE, TAL - JUNNAR, DIST - PUNE 412411. |                                                 |                                                   |                    |                                                       |        |
| ADMN/STAFF/DI/07                                                                                                                                                                                                                  | Department : Administration                     |                                                   |                    |                                                       |        |
| REV :01                                                                                                                                                                                                                           | <b>LEAVE FORM</b>                               |                                                   |                    |                                                       |        |
| DATE : 24/12/2019                                                                                                                                                                                                                 |                                                 |                                                   |                    |                                                       |        |
| APPLICATION FOR <u>CASUAL / MEDICAL / EARN / OTHER-</u> <u>C.L.</u> LEAVE                                                                                                                                                         |                                                 |                                                   |                    |                                                       |        |
| NAME OF APPLICANT : <u>DR./ MR/ MISS/ MRS</u> <u>Hole M.B.</u>                                                                                                                                                                    |                                                 |                                                   |                    |                                                       |        |
| DESIGNATION: <u>Asst. prof.</u>                                                                                                                                                                                                   |                                                 |                                                   |                    |                                                       |        |
| LEAVE APPLIED FOR <u>1 day</u> DAYS FROM <u>24/01/2020</u> TO <u>24/01/2020</u>                                                                                                                                                   |                                                 |                                                   |                    |                                                       |        |
| REASON FOR LEAVE: <u>for ph.D. purpose to Hyderabad.</u>                                                                                                                                                                          |                                                 |                                                   |                    |                                                       |        |
| CONTACT ADDRESS (DURING LEAVE PERIOD): <u>Hyderabad (TNRVH)</u>                                                                                                                                                                   |                                                 |                                                   |                    |                                                       |        |
| CONTACT NO: <u>9890837978</u>                                                                                                                                                                                                     |                                                 |                                                   |                    |                                                       |        |
| DATE: <u>23/01/2020</u> <span style="float: right;">SIGN. OF APPLICANT <u>[Signature]</u></span>                                                                                                                                  |                                                 |                                                   |                    |                                                       |        |
| TYPE OF LEAVE                                                                                                                                                                                                                     | YEARLY                                          | USED                                              | BALANCE AT PRESENT | SANCTIONED                                            | REMARK |
| CASUAL                                                                                                                                                                                                                            | 10                                              | 0                                                 | 10                 | 1                                                     |        |
| MEDICAL                                                                                                                                                                                                                           |                                                 |                                                   |                    |                                                       |        |
| EARN                                                                                                                                                                                                                              |                                                 |                                                   |                    |                                                       |        |
| OTHER                                                                                                                                                                                                                             |                                                 |                                                   |                    |                                                       |        |
| <b>LOAD ARRANGMENT</b>                                                                                                                                                                                                            |                                                 |                                                   |                    |                                                       |        |
| DAY & DATE                                                                                                                                                                                                                        | PERIOD CLASS                                    | SUBJECT                                           | NAME OF SUBSTITUTE | SIGNATURE OF SUBSTITUTE                               |        |
| 24/01/2020<br>Friday                                                                                                                                                                                                              | P.A. IV<br>Theory<br>Ph.D. p.m.<br>(12.00-1.00) | pharm Analysis<br><u>IV</u>                       | Bansode AS.        | <u>[Signature]</u>                                    |        |
| SIGNATURE OF DEALING CLERK <u>[Signature]</u><br>23/01/2020                                                                                                                                                                       |                                                 | SIGNATURE OF ACADEMIC INCHARGE <u>[Signature]</u> |                    | SIGNATURE OF SANCTIONING AUTHORITY <u>[Signature]</u> |        |

## Medical Leave

|                                                                                                                                                                                                                                                       |                                        |                                                                                                             |                                                                                                                            |                              |        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|------------------------------|--------|
|  <b>VISHAL JUNNAR SEVA MANDALS</b><br><b>VISHAL INSTITUTE OF PHARMACEUTICAL EDUCATION AND RESEARCH</b><br>ज्ञानगंगा घरोघरी<br>ALE, TAL - JUNNAR, DIST - PUNE 412411. |                                        |                                                                                                             |                                                                                                                            |                              |        |
| ADMN/STAFF/DI/07                                                                                                                                                                                                                                      | Department : Administration            |                                                                                                             |                                                                                                                            |                              |        |
| REV :00                                                                                                                                                                                                                                               | <b>LEAVE FORM</b>                      |                                                                                                             |                                                                                                                            |                              |        |
| DATE : 19/06/2017                                                                                                                                                                                                                                     |                                        |                                                                                                             |                                                                                                                            |                              |        |
| APPLICATION FOR CASUAL / MEDICAL / EARN / OTHER- <u>m.l</u> LEAVE                                                                                                                                                                                     |                                        |                                                                                                             |                                                                                                                            |                              |        |
| NAME OF APPLICANT :DR./ MR/ MISS / MRS <u>Kolhe S.S</u>                                                                                                                                                                                               |                                        |                                                                                                             |                                                                                                                            |                              |        |
| DESIGNATION: <u>Asst. Profenor</u>                                                                                                                                                                                                                    |                                        |                                                                                                             |                                                                                                                            |                              |        |
| LEAVE APPLIED FOR <u>two</u> DAYS FROM <u>9 / 1 / 20 18</u> TO <u>10 / 1 / 20 18</u>                                                                                                                                                                  |                                        |                                                                                                             |                                                                                                                            |                              |        |
| REASON FOR LEAVE : <u>Health problem</u>                                                                                                                                                                                                              |                                        |                                                                                                             |                                                                                                                            |                              |        |
| CONTACT ADDRESS (DURING LEAVE PERIOD) : <u>9096302762-</u>                                                                                                                                                                                            |                                        |                                                                                                             |                                                                                                                            |                              |        |
| DATE : <u>12 / 1 / 2017</u> <span style="float: right;"><u>ssk6ly</u><br/>SIGN. OF APPLICANT</span>                                                                                                                                                   |                                        |                                                                                                             |                                                                                                                            |                              |        |
| TYPE OF LEAVE                                                                                                                                                                                                                                         | YEARLY                                 | USED                                                                                                        | BALANCE AT PRESENT                                                                                                         | SANCTIONED                   | REMARK |
| CASUAL                                                                                                                                                                                                                                                | <u>70</u>                              | -                                                                                                           | <u>10</u>                                                                                                                  | <u>2</u>                     |        |
| MEDICAL                                                                                                                                                                                                                                               | <u>10</u>                              | -                                                                                                           | <u>10</u>                                                                                                                  | <u>2</u>                     |        |
| EARN                                                                                                                                                                                                                                                  |                                        |                                                                                                             |                                                                                                                            |                              |        |
| OTHER                                                                                                                                                                                                                                                 |                                        |                                                                                                             |                                                                                                                            |                              |        |
| <b>LOAD ARRANGMENT</b>                                                                                                                                                                                                                                |                                        |                                                                                                             |                                                                                                                            |                              |        |
| DAY & DATE                                                                                                                                                                                                                                            | PERIOD CLASS                           | SUBJECT                                                                                                     | NAME OF SUBSTITUTE                                                                                                         | SIGNATURE OF SUBSTITUTE      |        |
| <u>9/1/18</u><br><u>10/1/18</u>                                                                                                                                                                                                                       | <u>11:00-12:00</u><br><u>2:30-5:30</u> | <u>No load</u><br><u>Natural drug technology</u><br><u>Natural Product, Comm</u><br><u>Industry requir.</u> | <u>Deshmudh</u><br><u>Sir</u><br><u>Mr. Patel</u><br><u>Sir</u>                                                            | <u>Handwritten Signature</u> |        |
| <br>SIGNATURE OF DEALING CLERK                                                                                                                                     |                                        |                                                                                                             | <br>SIGNATURE OF SANCTIONING AUTHORITY |                              |        |

# श्री निर्मल

## दातांचा दवाखाना



डॉ. एम. डी. गाडेकर

B.D.S. (Pune)

Reg. No. A-27189

Mob. 9637104454

वेळ - सकाळी १० ते सायं. ७ वा.

आळेफाटा, एस.टी. स्टॅण्डजवळ, साई बेकरीच्या पाठीमागे, ता. जुन्नर, जि. पुणे - ४१२४११.

### उपचार Treatment Provided

- Implants Placement  
कृत्रिम दंतरोपण करणे
- Root Canal treatment  
दातांच्या नसेचे उपचार
- Metal/Ceramic Crown  
कृत्रिम फिक्स दात बसवणे
- Orthodontic Treatment  
वेडे वाकडे/पुढे आलेले  
दात सरळ करणे
- Gums Treatment  
हिरड्यांचे उपचार व शस्त्रक्रिया
- Wisdom Tooth Surgery  
अकलदाढेची शस्त्रक्रिया
- Children Dentistry  
लहान मुलांचे दातांचे उपचार
- Fixed Denture  
अत्याधुनिक फिक्स कवळी
- Ultrasonic Teeth Cleaning  
अल्ट्रासोनीक मशिनिद्वारे  
दात स्वच्छ करणे
- Smile Designing &  
Cosmetic Treatment  
दंत सौंदर्यवर्धक उपचार

पेशंटचे नाव Mrs. Shilpa Kolhe Date: ११/११/१८-१०/११/१८

वय : २१ वर्षे वजन : ५२ कि. B.P.:

R

This is to certify that  
my Patient Mrs. Kolhe Shilpa  
is under my supervision for  
the dental treatment (Root Canal)  
due to this she can not  
attend the College. So please  
Consider She.  
Treatment date - ११/११/१८ - १०/११/१८

*(Signature)*

डॉ. एम. डी. गाडेकर

B.D.S. (Pune)

Reg. No: A-27189

Mob: 9637104454

☐ दिवसांनी येताना हा कागद बरोबर आणावा.

वरील औषधे मिळण्याचे ठिकाण -

ॐ कार मेडीकल अँड जनरल स्टोअर्स, आळेफाटा, मो. ९८९०९६५५४४

# Duty Leave

|                                                                                                                                           |                                           |                                                                                                                                                         |                    |                                    |                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------------------------|-----------------------------------|
|  <p>ज्ञानगंगा घरोघरी<br/>ISO 9001:2015<br/>CERTIFIED</p> |                                           | <p>VISHAL JUNNAR SEVA MANDALS</p> <p><b>VISHAL INSTITUTE OF PHARMACEUTICAL EDUCATION AND RESEARCH</b></p> <p>ALE, TAL - JUNNAR, DIST - PUNE 412411.</p> |                    |                                    |                                   |
| ADMN/STAFF/DI/07                                                                                                                          |                                           | Department : Administration                                                                                                                             |                    |                                    |                                   |
| REV :01                                                                                                                                   |                                           | LEAVE FORM                                                                                                                                              |                    |                                    |                                   |
| DATE : 24/12/2019                                                                                                                         |                                           |                                                                                                                                                         |                    |                                    |                                   |
| APPLICATION FOR CASUAL / MEDICAL / EARN / OTHER- <u>OD</u> LEAVE                                                                          |                                           |                                                                                                                                                         |                    |                                    |                                   |
| NAME OF APPLICANT :DR./ MR/ MISS / MRS <u>Dhobale G.S</u>                                                                                 |                                           |                                                                                                                                                         |                    |                                    |                                   |
| DESIGNATION: <u>Associate Professor</u>                                                                                                   |                                           |                                                                                                                                                         |                    |                                    |                                   |
| LEAVE APPLIED FOR <u>two</u> DAYS FROM <u>14/ 2 /2020</u> TO <u>15/ 2 /2020</u>                                                           |                                           |                                                                                                                                                         |                    |                                    |                                   |
| REASON FOR LEAVE : <u>Seminars at Amrutvahini COP, Sangamner</u>                                                                          |                                           |                                                                                                                                                         |                    |                                    |                                   |
| CONTACT ADDRESS (DURING LEAVE PERIOD) : <u>9975556865 and Alkapate</u>                                                                    |                                           |                                                                                                                                                         |                    |                                    |                                   |
| CONTACT NO :                                                                                                                              |                                           |                                                                                                                                                         |                    |                                    |                                   |
| DATE : <u>13/ 2 /2020</u>                                                                                                                 |                                           |                                                                                                                                                         |                    |                                    |                                   |
|                                                                                                                                           |                                           |                                                                                                                                                         |                    |                                    | SIGN. OF APPLICANT                |
| TYPE OF LEAVE                                                                                                                             | YEARLY                                    | USED                                                                                                                                                    | BALANCE AT PRESENT | SANCTIONED                         | REMARK                            |
| CASUAL                                                                                                                                    |                                           |                                                                                                                                                         |                    |                                    | Seminar<br>at Amrutvahini<br>COP. |
| MEDICAL                                                                                                                                   |                                           |                                                                                                                                                         |                    |                                    |                                   |
| EARN                                                                                                                                      |                                           |                                                                                                                                                         |                    |                                    |                                   |
| OTHER                                                                                                                                     |                                           |                                                                                                                                                         |                    |                                    | OD                                |
| LOAD ARRANGMENT                                                                                                                           |                                           |                                                                                                                                                         |                    |                                    |                                   |
| DAY & DATE                                                                                                                                | PERIOD CLASS                              | SUBJECT                                                                                                                                                 | NAME OF SUBSTITUTE | SIGNATURE OF SUBSTITUTE            |                                   |
| <u>14/2/2020</u><br><u>Sat</u>                                                                                                            | <u>Medichem II</u><br><u>3.30-4.30</u>    | <u>Medichem II</u>                                                                                                                                      | <u>Hulema</u>      | <u>[Signature]</u>                 |                                   |
| <u>15/2/2020</u>                                                                                                                          | <u>Medichem II</u><br><u>(Pra Bhatbh)</u> | <u>Medichem II</u>                                                                                                                                      | <u>Hulema</u>      | <u>[Signature]</u>                 |                                   |
| SIGNATURE OF DEALING CLERK                                                                                                                |                                           | SIGNATURE OF ACADEMIC INCHARGE                                                                                                                          |                    | SIGNATURE OF SANCTIONING AUTHORITY |                                   |



Amrutvahini Sheti & Shikshan Vikas Sanstha's

## AMRUTVAHINI COLLEGE OF PHARMACY

Amrutnagar, Sangamner, Dist. Ahmednagar (Maharashtra)



### Certificate

Dr./ Mr./ Mrs./ Ms. .... **Dhobale Gayatri S.** .....  
has participated as a Delegate in the  
Savitribai Phule Pune University sponsored Two days National Conference on

### "Modern Analytical Tools in Pharmaceutical Research"

held at Amrutvahini College of Pharmacy, Sangamner on 14<sup>th</sup> & 15<sup>th</sup> Feb. 2020

and delivered "Oral Presentation" entitled .....

Dr. V. S. More

Co-ordinator

Dr. M. J. Chavan

Principal & Convener

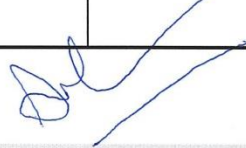


B. Pharm Program  
Accredited by NBA

**Study Leave**

|                                                                                                              |                                                         |                                                                                                                                                 |                                                       |                         |        |
|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------|--------|
| <br><b>ज्ञानगंगा घरोघरी</b> |                                                         | <b>VISHAL JUNNAR SEVA MANDALS</b><br><b>VISHAL INSTITUTE OF PHARMACEUTICAL EDUCATION AND RESEARCH</b><br>ALE, TAL - JUNNAR, DIST - PUNE 412411. |                                                       |                         |        |
| <b>ADMN/STAFF/DI/07</b><br><b>REV :00</b><br><b>DATE : 19/06/2017</b>                                        | <b>Department : Administration</b><br><b>LEAVE FORM</b> |                                                                                                                                                 |                                                       |                         |        |
| APPLICATION FOR <u>CASUAL / MEDICAL / EARN / OTHER-</u> <u>Study</u> LEAVE                                   |                                                         |                                                                                                                                                 |                                                       |                         |        |
| NAME OF APPLICANT : <u>DR./ MR/ M/SS / M/RS . Kadam G.S.</u>                                                 |                                                         |                                                                                                                                                 |                                                       |                         |        |
| DESIGNATION: <u>Asst. Prof.</u>                                                                              |                                                         |                                                                                                                                                 |                                                       |                         |        |
| LEAVE APPLIED FOR <u>01</u> DAYS FROM <u>16 / 03 /2018</u> TO <u>- / - /20 -</u>                             |                                                         |                                                                                                                                                 |                                                       |                         |        |
| REASON FOR LEAVE : <u>Personal</u>                                                                           |                                                         |                                                                                                                                                 |                                                       |                         |        |
| CONTACT ADDRESS (DURING LEAVE PERIOD) : <u>9766137168</u>                                                    |                                                         |                                                                                                                                                 |                                                       |                         |        |
| DATE : <u>15 / 03 /2018</u>                                                                                  |                                                         |                                                                                                                                                 | SIGN. OF APPLICANT <u>CP</u>                          |                         |        |
| TYPE OF LEAVE                                                                                                | YEARLY                                                  | USED                                                                                                                                            | BALANCE AT PRESENT                                    | SANCTIONED              | REMARK |
| CASUAL                                                                                                       |                                                         |                                                                                                                                                 |                                                       |                         |        |
| MEDICAL                                                                                                      |                                                         |                                                                                                                                                 |                                                       |                         |        |
| <u>Study</u><br>EARN                                                                                         | <u>24</u>                                               | <u>-</u>                                                                                                                                        | <u>24</u>                                             | <u>01</u>               |        |
| OTHER                                                                                                        |                                                         |                                                                                                                                                 |                                                       |                         |        |
| <b>LOAD ARRANGMENT</b>                                                                                       |                                                         |                                                                                                                                                 |                                                       |                         |        |
| DAY & DATE                                                                                                   | PERIOD CLASS                                            | SUBJECT                                                                                                                                         | NAME OF SUBSTITUTE                                    | SIGNATURE OF SUBSTITUTE |        |
| <u>16/3/18</u>                                                                                               | <u>10.00 am</u><br><u>12.45</u>                         | <u>P.O.C.-IV</u><br><u>Batch-A</u>                                                                                                              | <u>Mr S. Gupta</u>                                    | <u>[Signature]</u>      |        |
|                                                                                                              |                                                         |                                                                                                                                                 |                                                       |                         |        |
| SIGNATURE OF DEALING CLERK <u>[Signature]</u>                                                                |                                                         |                                                                                                                                                 | SIGNATURE OF SANCTIONING AUTHORITY <u>[Signature]</u> |                         |        |

# Earn Leave

|  <p>ISO 9001 : 2015<br/>CERTIFIED</p> |                     | <p>VISHAL JUNNAR SEVA MANDALS</p> <p><b>VISHAL INSTITUTE OF PHARMACEUTICAL EDUCATION AND RESEARCH</b></p> <p>ALE, TAL - JUNNAR, DIST - PUNE 412411.</p> |                    |                                                                                                                             |        |
|------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------------------------------------------------------------------|--------|
| ADMN/STAFF/DI/07                                                                                                       |                     | Department : Administration                                                                                                                             |                    |                                                                                                                             |        |
| REV : 01                                                                                                               |                     | LEAVE FORM                                                                                                                                              |                    |                                                                                                                             |        |
| DATE : 24/12/2019                                                                                                      |                     |                                                                                                                                                         |                    |                                                                                                                             |        |
| APPLICATION FOR <u>CASUAL / MEDICAL / EARN / OTHER</u> <u>E.L.</u> LEAVE                                               |                     |                                                                                                                                                         |                    |                                                                                                                             |        |
| NAME OF APPLICANT : <u>DR. / MR / MISS / MRS</u> <u>Khalunji D.G.</u>                                                  |                     |                                                                                                                                                         |                    |                                                                                                                             |        |
| DESIGNATION : <u>Accountant.</u>                                                                                       |                     |                                                                                                                                                         |                    |                                                                                                                             |        |
| LEAVE APPLIED FOR <u>One</u> DAYS FROM <u>11 / 02 / 2020</u> TO <u>11 / 02 / 2020</u>                                  |                     |                                                                                                                                                         |                    |                                                                                                                             |        |
| REASON FOR LEAVE : <u>personal.</u>                                                                                    |                     |                                                                                                                                                         |                    |                                                                                                                             |        |
| CONTACT ADDRESS (DURING LEAVE PERIOD) : <u>Vadgaon Anand.</u>                                                          |                     |                                                                                                                                                         |                    |                                                                                                                             |        |
| CONTACT NO : <u>9096157384.</u>                                                                                        |                     |                                                                                                                                                         |                    |                                                                                                                             |        |
| DATE : <u>10/02/2020</u>                                                                                               |                     |                                                                                                                                                         |                    |                                                                                                                             |        |
| <br>SIGN. OF APPLICANT             |                     |                                                                                                                                                         |                    |                                                                                                                             |        |
| TYPE OF LEAVE                                                                                                          | YEARLY              | USED                                                                                                                                                    | BALANCE AT PRESENT | SANCTIONED                                                                                                                  | REMARK |
| CASUAL                                                                                                                 |                     |                                                                                                                                                         |                    |                                                                                                                             |        |
| MEDICAL                                                                                                                |                     |                                                                                                                                                         |                    |                                                                                                                             |        |
| EARN                                                                                                                   | <u>24</u>           | <u>6</u>                                                                                                                                                | <u>18</u>          | <u>1</u>                                                                                                                    |        |
| OTHER                                                                                                                  |                     |                                                                                                                                                         |                    |                                                                                                                             |        |
| LOAD ARRANGMENT                                                                                                        |                     |                                                                                                                                                         |                    |                                                                                                                             |        |
| DAY & DATE                                                                                                             | PERIOD CLASS        | SUBJECT                                                                                                                                                 | NAME OF SUBSTITUTE | SIGNATURE OF SUBSTITUTE                                                                                                     |        |
| <u>11/02/2020</u>                                                                                                      | <u>Office Work.</u> |                                                                                                                                                         | <u>Dumbre J.J.</u> |                                        |        |
| <br>SIGNATURE OF DEALING CLERK      |                     | <br>SIGNATURE OF ACADEMIC INCHARGE                                   |                    | <br>SIGNATURE OF SANCTIONING AUTHORITY |        |

# Maternity Leave

|                                                                                                                        |              |                                                                                                                                                         |                    |                                                                |                                                |
|------------------------------------------------------------------------------------------------------------------------|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------------------------------------------------------|------------------------------------------------|
|  <p>ISO 9001 : 2015<br/>CERTIFIED</p> |              | <p>VISHAL JUNNAR SEVA MANDALS</p> <p><b>VISHAL INSTITUTE OF PHARMACEUTICAL EDUCATION AND RESEARCH</b></p> <p>ALE, TAL - JUNNAR, DIST - PUNE 412411.</p> |                    |                                                                |                                                |
| <p>ADMN/STAFF/DI/07</p> <p>REV :01</p> <p>DATE : 24/12/2019</p>                                                        |              | <p>Department : Administration</p> <p><b>LEAVE FORM</b></p>                                                                                             |                    |                                                                |                                                |
| <p>APPLICATION FOR CASUAL / MEDICAL / EARN / OTHER- <u>maternity</u> LEAVE</p>                                         |              |                                                                                                                                                         |                    |                                                                |                                                |
| <p>NAME OF APPLICANT :DR./ MR/ MISS / MRS <u>Kolhe Shilpa S.</u></p>                                                   |              |                                                                                                                                                         |                    |                                                                |                                                |
| <p>DESIGNATION: <u>Asst. Profenor.</u></p>                                                                             |              |                                                                                                                                                         |                    |                                                                |                                                |
| <p>LEAVE APPLIED FOR <u>110</u> DAYS FROM <u>12/5/2020</u> TO <u>31/8/2020</u></p>                                     |              |                                                                                                                                                         |                    |                                                                |                                                |
| <p>REASON FOR LEAVE: <u>maternity leave</u></p>                                                                        |              |                                                                                                                                                         |                    |                                                                |                                                |
| <p>CONTACT ADDRESS (DURING LEAVE PERIOD): <u>9096302762</u></p>                                                        |              |                                                                                                                                                         |                    |                                                                |                                                |
| <p>CONTACT NO: <u>9096302762</u></p>                                                                                   |              |                                                                                                                                                         |                    |                                                                |                                                |
| <p>DATE: <u>1/9/2020</u></p>                                                                                           |              |                                                                                                                                                         |                    |                                                                | <p><u>skolhe</u></p> <p>SIGN. OF APPLICANT</p> |
| TYPE OF LEAVE                                                                                                          | YEARLY       | USED                                                                                                                                                    | BALANCE AT PRESENT | SANCTIONED                                                     | REMARK                                         |
| CASUAL                                                                                                                 | 10           | 7½                                                                                                                                                      | 2½                 | 2½                                                             |                                                |
| MEDICAL                                                                                                                | 10           | 0                                                                                                                                                       | 10                 | 10                                                             |                                                |
| M.L. previous EARN Balance                                                                                             | 7½           | 0                                                                                                                                                       | 7½                 | 7½                                                             |                                                |
| OTHER maternity leave                                                                                                  | 90           | 0                                                                                                                                                       | 90                 | 90                                                             |                                                |
| <p><b>LOAD ARRANGMENT</b> <u>110</u></p>                                                                               |              |                                                                                                                                                         |                    |                                                                |                                                |
| DAY & DATE                                                                                                             | PERIOD CLASS | SUBJECT                                                                                                                                                 | NAME OF SUBSTITUTE | SIGNATURE OF SUBSTITUTE                                        |                                                |
|                                                                                                                        |              | Work from Home except 12/5/20 to 16/5/2020.                                                                                                             |                    |                                                                |                                                |
| <p><u>skolhe</u></p> <p>SIGNATURE OF DEALING CLERK</p>                                                                 |              | <p><u>W</u></p> <p>SIGNATURE OF ACADEMIC INCHARGE</p>                                                                                                   |                    | <p><u>skolhe</u></p> <p>SIGNATURE OF SANCTIONING AUTHORITY</p> |                                                |

11  
31  
36  
20  
92

Application .

31/5/2020.

To,  
The Principal,  
V. I. P. E. R., Alk.  
Date :- 31/05/2020

Sub :- Maternity leave application

Respected Sir,

I am ms. kolhe shilpa S. working as a Asst. Profenor in our Institute. I am seeking for maternity leave as suggested by doctor for the months, starting from 12-May 2020 to 30-Aug. 2020.

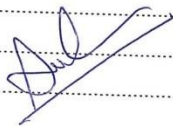
I Request you to please approve my maternity leave as per our policy.

Thanking You.

Yours Truly

skolle

(ms. kolhe Shilpa S.)  
Pharmacognosy  
Dept.





# मोरया हॉस्पिटल व प्रसुती गृह

ओपीडी वेळ : सकाळी. १० ते दुपारी २ वा. आणि संध्या. ६ ते ८ वाजे पर्यंत. रविवार संध्याकाळी बंद.

डॉ. प्रदिप विलास यादव

एम.एस. (स्त्रीरोग) स्त्रीरोग प्रसुती तज्ञ  
Reg.No-I-59611-A | Mob-9960889247

12/09/2021

To,

Whom so ever it may concern,

This is to certify that Mrs. Gadge Shipra Seena  
age 31yr / female was admitted in moraya hospital  
& maternity home Alephata from 12/5/2020 to 14/05/2020  
She is Gravida 05 & multipara 04 semi oligohydramnion  
& labor in progress.  
Her FPNB & Episiotomy was done on 12/5/2020.  
She delivered female baby at 5:18pm weight - 2.750kg  
baby cried well.

Please see firm maternity leave as per rule.  
dated from 12/5/2020 - 29/08/2020  
Thank you.



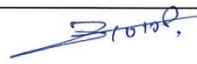
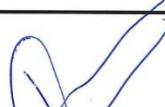
Dr. Pradip Yadav  
MS  
I-59611-A

☐ दिवसांनी येताना हा कागद सोबत आणावा.  
औषधांचे दुष्परीणाम दिसल्यास औषध त्वरीत बंद करून ताबडतोब डॉक्टरांना भेटावे

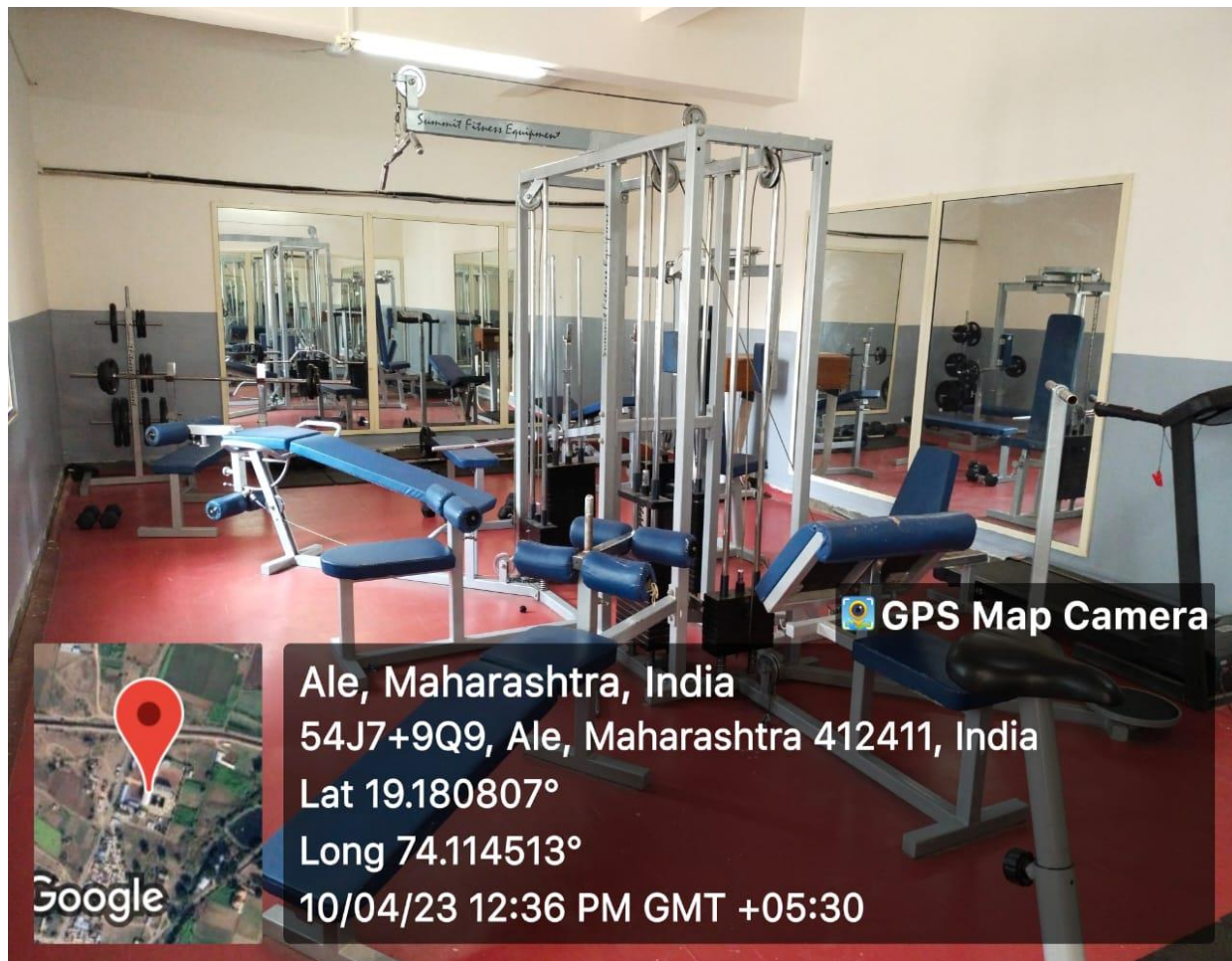
गट नं-१५ (बेंदमळा) मातोश्री फिटनेस क्लब व मारुती शोरूमच्या मागे, ओतुर रोड, आळेफाटा.

हॉस्पिटल संपर्क - 02132-295130 / 6890603680

## Compensatory Leave

|                                                                                                                                                                                            |                                                                                                                                                        |                                                                                                                       |                    |                                                                                                                             |                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| <br>ज्ञानगंगा घरोघरी<br>ISO 9001 : 2015<br>CERTIFIED                                                      | <b>VISHAL JUNNAR SEVA MANDALS</b><br><b>VISHAL INSTITUTE OF PHARMACEUTICAL EDUCATION AND RESEARCH</b><br><b>ALE, TAL - JUNNAR, DIST - PUNE 412411.</b> |                                                                                                                       |                    |                                                                                                                             |                                 |
| <b>ADMN/STAFF/DI/07</b><br><b>REV :01</b><br><b>DATE : 24/12/2019</b>                                                                                                                      | <b>Department : Administration</b><br><b>LEAVE FORM</b>                                                                                                |                                                                                                                       |                    |                                                                                                                             |                                 |
| APPLICATION FOR <u>CASUAL / MEDICAL / EARN / OTHER-</u> <u>C.O.</u> LEAVE                                                                                                                  |                                                                                                                                                        |                                                                                                                       |                    |                                                                                                                             |                                 |
| NAME OF APPLICANT :DR./ MR/ MISS / MRS<br><u>Thangar S.R.</u>                                                                                                                              |                                                                                                                                                        |                                                                                                                       |                    |                                                                                                                             |                                 |
| DESIGNATION:<br><u>Assistant professor</u>                                                                                                                                                 |                                                                                                                                                        |                                                                                                                       |                    |                                                                                                                             |                                 |
| LEAVE APPLIED FOR <u>1</u> DAYS FROM <u>10/02/2020</u> TO <u>10/02/2020</u>                                                                                                                |                                                                                                                                                        |                                                                                                                       |                    |                                                                                                                             |                                 |
| REASON FOR LEAVE : <u>cricket match.</u>                                                                                                                                                   |                                                                                                                                                        |                                                                                                                       |                    |                                                                                                                             |                                 |
| CONTACT ADDRESS (DURING LEAVE PERIOD) : <u>Hiwari Basar</u>                                                                                                                                |                                                                                                                                                        |                                                                                                                       |                    |                                                                                                                             |                                 |
| CONTACT NO : <u>9665643233</u>                                                                                                                                                             |                                                                                                                                                        |                                                                                                                       |                    |                                                                                                                             |                                 |
| DATE : <u>10/2/2020</u> <div style="text-align: right;"> <br/>         SIGN. OF APPLICANT       </div> |                                                                                                                                                        |                                                                                                                       |                    |                                                                                                                             |                                 |
| TYPE OF LEAVE                                                                                                                                                                              | YEARLY                                                                                                                                                 | USED                                                                                                                  | BALANCE AT PRESENT | SANCTIONED                                                                                                                  | REMARK                          |
| CASUAL                                                                                                                                                                                     |                                                                                                                                                        |                                                                                                                       |                    |                                                                                                                             | Cricket tournament at veladghat |
| MEDICAL                                                                                                                                                                                    |                                                                                                                                                        |                                                                                                                       |                    |                                                                                                                             |                                 |
| EARN                                                                                                                                                                                       |                                                                                                                                                        |                                                                                                                       |                    |                                                                                                                             | PDVVPFS                         |
| OTHER                                                                                                                                                                                      | <u>1</u>                                                                                                                                               | <u>0</u>                                                                                                              | <u>1</u>           | <u>1</u>                                                                                                                    |                                 |
| <b>LOAD ARRANGMENT</b>                                                                                                                                                                     |                                                                                                                                                        |                                                                                                                       |                    |                                                                                                                             |                                 |
| DAY & DATE                                                                                                                                                                                 | PERIOD CLASS                                                                                                                                           | SUBJECT                                                                                                               | NAME OF SUBSTITUTE | SIGNATURE OF SUBSTITUTE                                                                                                     |                                 |
| <u>10/02/20</u>                                                                                                                                                                            | <u>Third Year B-pharm.</u>                                                                                                                             | <u>pharmacology - III</u>                                                                                             | <u>Hare Sir</u>    |                                        |                                 |
| <u>10/02/20</u>                                                                                                                                                                            | <u>Fifth Year B-pharm.</u>                                                                                                                             | <u>pharmacology - IV</u><br><u>Part C</u>                                                                             | <u>Gavane Sir</u>  |                                        |                                 |
| <br>SIGNATURE OF DEALING CLERK                                                                          |                                                                                                                                                        | <br>SIGNATURE OF ACADEMIC INCHARGE |                    | <br>SIGNATURE OF SANCTIONING AUTHORITY |                                 |

## Gymnasium for Healthy Life



  
**PRINCIPAL**  
VISHAL INSTITUTE OF PHARMACEUTICAL  
EDUCATION AND RESEARCH  
ALE TAL-JUNNAR DIST-PUNE 412411

## **Policy Document for Financial Assistance to Staff**



**VISHAL JUNNAR SEVA MANDAL'S**  
**VISHAL INSTITUTE OF PHARMACEUTICAL**  
**EDUCATION AND RESEARCH**

**Dr. S. L. Jadhav**  
I/C Principal

Ale, Tal - Junnar, Dist - Pune, 412411. | Contact No. 9730003179 | E-mail : vjasm.principal@gmail.com | Website : www.vjasmale.com  
A.I.C.T.E. Inst. I.D. : 1-4428021 | D.T.E. Inst. Code. : PH-6361,MP-6361 | University ID No. : CPHP012670 | P.C.I. Inst. Code : 32/610, 60/610

Ref No. : VJSM / VIPER / 20 - /

Date : 03/10/2017

**POLICY DOCUMENT FOR FINANCIAL ASSISTANCE TO FACULTY**

**Aim:**

1. To promote faculty for publishing research papers and poster presentations in national and international seminars.
2. To support the faculty for attending workshops/FDP for extension of teaching- learning activities to benefit the students.
3. To encourage faculty to broaden their research activities.

**Policy:**

1. To benefit the financial assistance, faculty shall apply in advance with the relevant program documents.
2. The academic and administrative workload shall be adjusted before applying for the same.
3. The fulltime faculty of the institute is provided with the financial assistance for attending seminars / workshops/FDP etc. (Only TA and Registration fees for the said event shall be paid).
4. There shall not be any DA paid to faculty for attending such program, instead the duty leave shall be granted for the said period of program.
5. In case the event is local i.e. within 30 km from college premises, only registration fees (No TA) for the event shall be granted.
6. The payment shall be made to faculty, only on producing valid receipts of the registration fees and TA forms along with application of the staff sanctioned by principal.
7. The faculty receiving research patent shall be granted up to 50% of fees as a financial assistance for the same, on producing relevant receipts sanctioned by principal.
8. The principal reserves right to change any of the above clauses at any time without intimation.

  
**PRINCIPAL**

Page 1 of 1

VISHAL INSTITUTE OF PHARMACEUTICAL  
EDUCATION AND RESEARCH  
ALE TAL-JUNNAR DIST-PUNE 412411

**Resolution for fee concession in sister institute**

## विशाल जुन्नर सेवा मंडळ

नों. क्र. : एफ.-१३८९८ / मुंबई / १९९०

**प्रशासकीय कार्यालय** : बी-३, ससेक्स इंडस्ट्रियल इस्टेट, दादोजी कोंडदेव क्रॉस मार्ग, भायखळा, मुंबई-४०००२७.  
**दूरध्वनी** : ६६५७९७९९/२२/३३ **फॅक्स** : २३७९ २०९२

**शैक्षणिक संकुल** : आळे, ता. जुन्नर, जि. पुणे-४१२४१९  
**दूरध्वनी** : (०२१३२) २६३२६४/२६२८४९  
**फॅक्स** : (०२१३२) २६२८४९



## VISHAL JUNNAR SEVA MANDAL

Reg. No. : F- 13818 (Mumbai)/1990

**Administrative Office** : B-3, Sussex Ind. Estate, D. K. Cross Marg  
Byculla, Mumbai-400 027  
Tel. : 66571711 / 22 / 33 Fax : 23712012

**Educational Complex** : Ale, Tal. Junnar, Dist. Pune-412411  
Tel. : (02132) 263264 / 262841  
Fax : (02132) 262841

website : www.vjmale.com Email : vjmiop@gmail.com

Outward No. : VJSM/202

Date : / /202

### True copy of resolution

**Date of meeting** – 04/06/2017

**Time** – 11:00 a.m.

**Type of Meeting** : Monthly Meeting

**Venue** – Educational Complex, Ale.

**Resolution No** – 08

**Sub** – Regarding concession in Fees for Pupil of employees of an Organization admitted in V J international English Medium School, Kandali, Tal Junnar Dist Pune.

In the said meeting, Shri Laxman B. Korde put the proposal regarding 50% concession in Fees for Pupil of employees of an Organization, admitted in V. J. International English Medium School, Kandali, Tal Junnar Dist Pune w.e.f. Academic Year 2017-18.

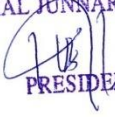
After detail discussion all the members approved the proposal & its requirements. Shri Ashok P. Sonawane seconded the resolution.

Res. Proposed by Shri Laxman Korde

Res. Seconded by Shri Ashok P. Sonawane.

The resolution approved unanimously.

VISHAL JUNNAR SEVA MANDAL

  
PRESIDENT/SECRETARY

**Letter regarding sanction of Loan at Discounted Interest Rates**

## विशाल जुन्नर सेवा मंडळ

नों. क्र. : एफ. - १३८१८ / मुंबई / १९९०

**प्रशासकीय कार्यालय :** बी-३, ससेक्स इंडस्ट्रियल इस्टेट, दादोजी कौंडदेव क्रॉस मार्ग, भायखळा, मुंबई - ४०००२७.  
दूरध्वनी: ६६५७१७११/२२/३३ फॅक्स: २३७१ २०१२

**शैक्षणिक संकुल :** आळे, ता. जुन्नर, जि. पुणे - ४१२४११  
दूरध्वनी: (०२१३२) २६३२६४ / २६२८४९  
फॅक्स: (०२१३२) २६२८४९



ज्ञानगंगा धरोघरी

## VISHAL JUNNAR SEVA MANDAL

Reg. No. : F- 13818 (Mumbai / 1990)

**Administrative:** B-3, Sussex Ind. Estate, D. K. Cross Marg Office  
Byculla, Mumbai - 400 027.  
Tel. : 66571711 / 22 / 33 Fax : 23712012

**Educational:** Ale, Tal. Junnar, Dist. Pune - 412411  
Complex  
Tel. : (02132) 263264 / 262841  
Fax : (02132) 262841

Website : www.vjsmale.com

E-mail : vjsmiop@gmail.com

Outward No. : VJSM / 2021 / 2215

Date : 27/10/2021

प्रति,

अध्यक्ष / सचिव,

विशाल जुन्नर सह. पतपेढी मर्या,

मुंबई.

विषय : संस्थेच्या कर्मचा-यांना विशेष सवलतीच्या व्याज दरात कर्ज मिळणोबाबत ...

महोदय,

वरील विषयास अनुसरून विशाल जुन्नर सह. पतपेढीच्या कर्मचा-यांना विशेष सवलतीच्या व्याज दरात गृह कर्ज, वैयक्तिक कर्ज इ. दिले जाते.

विशाल जुन्नर सेवा मंडळ ही विशाल जुन्नर सह. पतपेढीची भगिनी संस्था असून विशाल जुन्नर सेवा मंडळ संचलित शैक्षणिक संस्थेतील कर्मचा-यांना विशेष सवलतीच्या व्याज दरात कर्ज उपलब्ध करून देण्यात यावे ही विनंती.

आ. विश्वासु,

अध्यक्ष

विशाल जुन्नर सेवा मंडळ (मुंबई)  
आळे, ता. जुन्नर, जि. पुणे.

# hal Junnar ri Patpedhi Ltd., Mumbai

Regd. No. BOM / R.S.R. / 928-1979

Lead Office : B/3, Sussex Ind. Estate,  
Road, Byculia (E), Mumbai - 400027.

Tel. : 6657 1711 / 22 / 33

Email: viunnnar@gmail.com

जि.क्र.:विजुसप/२१२६/२०२१-२२



समृद्धीसाठी सहकार

## विशाल जुन्नर सहकारी पतपेढी मर्यादित, मुंबई

रजि. नं. बी.ओ.एम./आर.एस.आर./९२८/१९७९

मुख्यालय : बी-३, ससुक्स इंडस्ट्रीयल इस्टेट,

दादोजी कौंडदेव क्रांस मार्ग, मायलळा (पूर्व), मुंबई - ४०० ०२७.

फोन : ६६५७१ १७११/२२/३३

Website : www.vishaljunnarpatpedhi.com

दिनांक : २६/१२/२०२१

प्रति,

मा. अध्यक्ष

विशाल जुन्नर सेवा मंडळ (मुंबई)

आळे, ता.जुन्नर, जि.पुणे

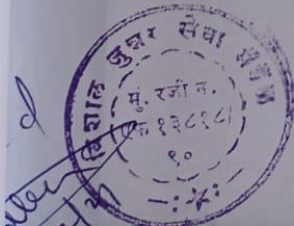
**विषय :-** संस्थेच्या कर्मचाऱ्यांना विशेष सवलतीच्या व्याजदरात कर्ज मिळणेबाबत.  
**संदर्भ :-** आपले पत्र Outword No.VJSM/2021-22/15 Dated 27/10/2021.

आपणांस या पत्राद्वारे कळविण्यात येते की, विशाल जुन्नर सेवा मंडळ संचलित डी.फार्मसी व बी फार्मसी महाविद्यालय व शाळा यामधील कर्मचाऱ्यांना विशेष सवलतीच्या व्याजदरात नवीन गृहकर्ज व गहाण कर्ज सुविधा देण्याबाबत संचालक मंडळ सभा क्र.१८ दिनांक १७/११/२०२१ रोजीच्या सभेत खालील नियम व अटीच्या अधिन राहून मान्यता देण्यात आली आहे. तरी सदर कर्ज नियमावली खालीलप्रमाणे :-

१. कर्मचाऱ्याची उत्पन्न क्षमता व वय विचारात घेऊन कर्ज मंजूर केले जाईल.
२. कर्मचारी विशाल जुन्नर सेवा मंडळाचा स्थायी कर्मचारी असावा व त्याची सर्विस कमीत कमी १ वर्ष झालेली असावी.
३. कर्जाचा हप्ता हा पगारातून कपात करून संस्थेस जमा करण्याची तसेच कर्ज थकीत झाल्यास वसूल करून देण्याची जबाबदारी विशाल जुन्नर सेवा मंडळाची राहिल.
४. कर्जास एक जामिनदार हा विशाल जुन्नर सेवा मंडळाचा कायम कर्मचारी व एक बाहेरील सभासद घेणे आवश्यक राहिल.
५. विशाल जुन्नर सेवा मंडळाच्या कर्मचाऱ्यांना एकत्रित कर्ज मर्यादा रु.२.०० कोटीपर्यंत राहिल.
६. कर्जाचे गहाण खत व कर्ज बोजा नोंद करून द्यावे लागेल.
७. इतर नियम व अटी सभासद घतरारण कर्जाच्या लागू राहतील.
८. कर्ज मर्यादा, परतफेड कालावधी व व्याजदर खालीलप्रमाणे :-

| कर्ज प्रकार   | कर्ज मर्यादा     | कालावधी   | व्याजदर |
|---------------|------------------|-----------|---------|
| नवीन गृह कर्ज | रु.२५ लाखापर्यंत | १८० महिने | ९.५०%   |
| गहाण कर्ज     | रु.२५ लाखापर्यंत | १२० महिने | ११.००%  |

९. संस्थेने वेळोवेळी नियमात बदल केल्यास ते संबंधितांवर बंधनकारक राहतील.



प्रभारी कार्यलक्षी संचालक  
विशाल जुन्नर सहकारी पतपेढी मर्यादित

## **Sample Promotion Letters**

## विशाल जुन्नर सेवा मंडळ

नों. क्र. : एफ.-१३८१८ / मुंबई / १९९०

प्रशासकीय कार्यालय : बी-३, सुसेक्स इंडस्ट्रियल इस्टेट, कान्ही कॉम्प्लेक्स जवळ  
मार्ग, भायखळा, मुंबई-४०००२६.  
दूरध्वनी : ६६५८९९९९/२२/३३ फॅक्स : २३७१ २३९२

शैक्षणिक : आळे, ताल. जुन्नर, जि. पुणे-४१२४११  
संगणक : दूरध्वनी : (०२१३२) २६३२६४/२६२८४९  
फॅक्स : (०२१३२) २६२८४९



शानमंगा वटोपरी

## VISHAL JUNNAR SEVA MANDAL

Reg. No. : F- 13818 (Mumbai)/1990

Administrative: B-3, Sussex Ind. Estate, D. K. Cross Marg  
Office : Byculla, Mumbai-400 027  
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Educational : Ale, Tal. Junnar, Dist. Pune-412411  
Complex : Tel. : (02132) 263264 / 262841  
Fax : (02132) 262841

website : www.vjmale.com Email : vjniop@gmail.com

Outward No. : VJSM/202 - /

Date : / /202

Ref No. : VJSM/VIPER/APP/2022-23/AO - 37

DATE : 27-10-2022

### PROMOTION ORDER

To,

Dr. Gayatri Shankar Dhobale,

Shingave Pargaon, Tal - Ambegaon, Dist - Pune.

Sub : Promotion to the post of Professor in Pharmaceutical Chemistry.

Madam,

In response to your application dated 14-10-2022 regarding promotion as Professor in Pharmaceutical Chemistry, I am pleased to inform you that the Management has decided to promote you on the post of Professor in Pharmaceutical Chemistry for B. Pharm Course at Vishal Junnar Seva Mandals Vishal Institute of Pharmaceutical Education And Research, Ale, Tal Junnar Dist Pune in the Scale of Pay band Rs. 37400-67000 with AGP Rs. 10000 with effect from 01-11-2022.

Your appointment is subject to the following terms & condition:

1. Your services will be governed by the Maharashtra University Act 1994, Statutes, Code of conduct, Ordinances and Rules and regulations laid down by the University of Pune and state government from time to time.
2. The post is reserved for Open category since you belong to the said category you are appointed on full time on Regular basis on probation for one year from date of joining.
3. You will be paid basic pay of Rs. 41700.00 per month in the scale indicated above. You will also be entitled to G.P., Dearness Allowance, House Rent Allowance & C.L.A. at the rates prescribed by the state Govt. time to time. Your appointment and salary shall be subject to approval by S.P. Pune University, Pune and Pharmacy Council of India, New Delhi as the case may be.
4. Your appointment is subject to the minimum numbers of students and the workload prescribed for the post.
5. You shall submit the original as well as the certified true copies of relevant testimonials such as Birth date Certificate, Mark sheet, Experience Certificate (if any) etc. before joining your duties.
6. In case you accept the appointment you shall have to execute deed of Contract of Service as prescribed in the statutes at the time of joining the duties.

7. You will be allowed to join the duties on producing -

- a) Two Passport size photographs
- b) Character certificates from two eminent Persons one of them should be Government Gazetted officers
- c) Discharge Certificate from previous employers. ( If any)

8. You shall undergo medical examinations by the approved Medical officer or by the civil Surgeon at the place of your duty, within three months from the date of joining the duties. The appointment shall be provisional & conditional, pending submission of medical certificate stating that you are free from any contagious disease & that you are physically fit for employment on the staff of the college / Institutions.

9. You are required to give correct mailing address as soon as you join the duties & any change in the address. Given earlier should be communicated to the principal. It will be presumed that any letter send by Registered post Acknowledged duly signed by you.

10. You will not conduct or engage yourself in any private tuitions or private coaching classes.

11. You will not engage yourself in any other job, paid full-time, part-time or otherwise during the continues of your service, without the permission of the competent authority / Management.

12. Your Services are transferable to any other college / institute run by the management.

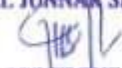
13. Your appointment may be terminated, at any time; by either side / party by giving one month notice if time spent in service is more than six months.

14. If you are found absent continuously more than 30 days without permission your services will stand terminated automatically. If you are found guilty of violation of any terms or conditions management has provided for in the statues. During the period of your service you shall not directly or indirectly do such things which are subversive to the interest of the society / University / Institute / College / Student.

15. You have to communicate your acceptance to the management / college / institution within seven days from the date of receive of this order of appointment, failing which your appointment is liable to be cancelled.

Yours faithfully

VISHAL JUNNA SEVA MANDAL



PRESIDENT / SECRETARY

Copy for information to

1. Principal, Vishal Inst. Of Pharma. Edu. & Research Ale,  
The joining report of the candidates should be sent to the central office immediately
2. The Accountant (for pay clerk)
3. Personal File of the candidate concerned
4. University / DTE

## विशाल जुन्नर सेवा मंडळ

नों. क्र. : एस.-१३८१८ / मुंबई / १९९०

**प्रशासकीय कार्यालय** : बी-३, ससेक्स इंडस्ट्रियल इस्टेट, डाटाजी कोडदेव जॉय  
मार्ग, मादखळा, मुंबई-४०००२६.  
दूरध्वनी : ६५५८९९९९/२२/३३ फॅक्स : २३७९ २०९२

**शैक्षणिक संस्थान** : जगाडे, ता. जुन्नर, जि. पुणे-४१२४११  
दूरध्वनी : (०२१३२) २६३२६४/२६२८४९  
फॅक्स : (०२१३२) २६२८४९



## VISHAL JUNNAR SEVA MANDAL

Reg. No. : F- 13818 (Mumbai)/1990

**Administrative Office** : B-3, Sussex Ind. Estate, D. K. Cross Marg  
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Tel. : (02132) 263264 / 262841  
Fax : (02132) 262841

website : www.vjmale.com Email : vjmiop@gmail.com

Outward No. : VJSM/202 - /

Date : / / 202

Ref No. : VJSM/VIPER/APP/2022-23/AO - 36

DATE : 27-10-2022

### PROMOTION ORDER

To,  
Mr. Ravi Uttam Gaware,  
Godhawani, Tal - Shrirampur, Dist - Ahamadnagar.

Sub : Promotion to the post of Associate Professor in Pharmaceutics.

Sir,

In response to your application dated 13-10-2022 regarding promotion as Associate Professor in Pharmaceutics, I am pleased to inform you that the Management has decided to promote you on the post of Associate Professor in Pharmaceutics for B. Pharm Course at Vishal Junnar Seva Mandals Vishal Institute of Pharmaceutical Education And Research, Ale, Tal Junnar Dist Pune in the Scale of Pay band Rs. 37400-67000 with AGP Rs. 9000 with effect from 01-11-2022.

Your appointment is subject to the following terms & condition:

1. Your services will be governed by the Maharashtra University Act 1994, Statues, Code of conduct, Ordinances and Rules and regulations laid down by the University of Pune and state government from time to time.
2. The post is reserved for Open category since you belong to the said category you are appointed on full time on Regular basis on probation for one year from date of joining.
3. You will be paid basic pay of Rs. 37400.00 per month in the scale indicated above. You will also be entitled to G.P, Dearness Allowance, House Rent Allowance & C.L.A. at the rates prescribed by the state Govt. time to time. Your appointment and salary shall be subject to approval by S.P. Pune University, Pune and Pharmacy Council of India, New Delhi as the case may be.
4. Your appointment is subject to the minimum numbers of students and the workload prescribed for the post.
5. You shall submit the original as well as the certified true copies of relevant testimonials such as Birth date Certificate, Mark sheet, Experience Certificate (If any) etc. before joining your duties.
6. In case you accept the appointment you shall have to execute deed of Contract of Service as prescribed in the statues at the time of joining the duties.

7. You will be allowed to join the duties on producing -

- a) Two Passport size photographs
- b) Character certificates from two eminent Persons one of them should be Government Gazzeted officers
- c) Discharge Certificate from previous employers. ( if any)

8. You shall undergo medical examinations by the approved Medical officer or by the civil Surgeon at the place of your duty, within three months from the date of joining the duties. The appointment shall be provisional & conditional, pending submission of medical certificate stating that you are free from any contagious disease & that you are physically fit for employment on the staff of the college / Institutions.

9. You are required to give correct mailing address as soon as you join the duties & any change in the address. Given earlier should be communicated to the principal. It will be presumed that any letter send by Registered post Acknowledged duly signed by you.

10. You will not conduct or engage yourself in any private tuitions or private coaching classes.

11. You will not engage yourself in any other job, paid full-time, part-time or otherwise during the continues of your service, without the permission of the competent authority / Management.

12. Your Services are transferable to any other college / institute run by the management.

13. Your appointment may be terminated, at any time; by either side / party by giving one month notice if time spent in service is more than six months.

14. If you are found absent continuously more than 30 days without permission your services will stand terminated automatically. If you are found guilty of violation of any terms or conditions management has provided for in the statues. During the period of your service you shall not directly or indirectly do such things which are subversive to the interest of the society / University / Institute / College / Student.

15. You have to communicate your acceptance to the management / college / institution within seven days from the date of receive of this order of appointment, failing which your appointment is liable to be cancelled.

Yours faithfully

VISHAL JUNNA SEVA MANDAL



PRESIDENT/SECRETARY

Copy for information to

1. Principal, Vishal Inst. Of Pharma, Edu. & Research Ale.  
The joining report of the candidates should be sent to the central office immediately
2. The Accountant (for pay clerk)
3. Personal File of the candidate concerned
4. University / DTE