



POLICY SCHEDULE
Janata Personal Accident (Group) Insurance
IRDA/NL-HLT/OIC/P-P/V.1/25/14-15

| | |
|---|---|
| Policy No : 462500/47/2026/11 Cover Note No : Insured's Code : 193269212 Insured's Name : ADARSH COLLEGE OF ENGINEERING (GSTIN:) Address : 52 STAFF MEMBERS JPA POLICY NH 216 CHEBROLU, GOLLAPROLU MANDAL EASTGODAVARI ANDHRA PRADESH 533449 Tele/Fax/Email : / / 0 / NA | Prev Policy No : Cover Note Date : Issue Office Code : 462500 Issue Office Name : BO SURYARAO PETA KAKINADA (GSTIN: 37AAACT0627R4ZV) Address : D.No.12-2-32, 1st Floor Dantuvuri Street, Suryarao Peta KAKINADA 533001 East Godavari Dist ANDHRA PRADESH 533001 Tele/Fax/Email : 0884-2375106 / 2387458 / / 462500@orientalinsurance.co.in |
|---|---|

Agent/Broker Details

Dev.Off.Code : NY0000001443 K V SUBRAHMANYAM
Agent/Broker : BA0000117378 DVK
Address : D.NO.16-26-2/IA, VENKATESWARA NAGAR,, KAKINADA., EASTGODAVARI, ANDHRA PRADESH, 533003
Tel/Fax/Email : 9704059995/08842359995/damisetty@rediffmail.com

Period of Insurance: FROM 00:00 ON 11/06/2025 TO MIDNIGHT OF 10/06/2026

Collection No & Dt : DC_I_IND 9054000910 - 10/06/2025 **GST INVOICE NO** : 372434726 **UIN** : 0
Gross Premium : 3,120 : 0 **Stamp Duty** : 75 **Total** : 3,120

Risk Information

| S no | No of Persons | Sum Insured Per Person | Total Sum Insured |
|------|---------------|------------------------|-------------------|
| 1 | 52 | 1,00,000 | 52,00,000 |

Details of Insured Persons is as per the enclosed list .

SCHEDULE OF PREMIUM

| Description | Sum Insured | Premium |
|--------------------------------|-------------|----------|
| Janata Personal Accident Cover | 52,00,000 | 3,120.00 |
| TOTAL PREMIUM | | 3,120.00 |
| STAMP DUTY | | 75.00 |
| TOTAL AMOUNT | | 3,120.00 |

Total Sum Insured In Words : Indian Rupees Fifty-Two Lakhs Only

Total Premium In Words : Indian Rupees Three Thousand One Hundred Twenty Only

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

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

Place :

Date : 10/06/2025



IRDA-REGNO-556



Attached to and forming part of policy number 462500/47/2026/11

In the event of a claim under the policy exceeding Rs.1lac or a claim for refund of premium exceeding Rs1lac,the insured will comply with the provisions of the AML policy of the Company.The AML policy is available in all our operaing Offices as well as company's website.

The total number of 52 Staff members names of insureds , their date of birth,addresses, names of nominee are as per schedule lodged with the insurance company i.e insurer ; The sum insured of each student is Rs.1,00,000/- only
Maximum Liability Per Insured Under This Policy Under Any Circumstances Shall Be Limited To Sum Insured Set Forth Against Respective Individual Insured

Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void 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 SURYARAO PETA KAKINADA (GSTIN: 37AAACT0627R4ZV) on 10TH DAY OF JUNE 2025

Entered By : SAIDA KOTIPIRA MOGAL

Examined By : kadubandi pavani

Policy Printed By : 650838

IP :

Policy Printed On : 10-JUN-25 17:06:15

MAC :

Digitally Signed

By

Authorised Signatory

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

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

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

IRDA Regn. No. 556 - Now you can buy and renew selected policies online at www.orientalinsurance.org.in and through other digital platforms including Whatsapp (Send "Hi" to  9560711200)

Place :

Date : 10/06/2025



IRDA-REGNO-556



POLICY SCHEDULE

Janata Personal Accident (Group) Insurance

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

Policy No : 462500/47/2026/4

Cover Note No :

Insured's Code : 193269212

Insured's Name : ADARSH COLLEGE OF
ENGINEERING (GSTIN: 0)

Address : 54 EMPLOYEES JPA POLICY
NH 216 CHEBROLU, GOLLAPROLU
MANDAL

EASTGODAVARI ANDHRA PRADESH
533449

Tele/Fax/Email : / / 0 / NA

Prev Policy No :

Cover Note Date :

Issue Office Code : 462500

Issue Office Name : BO SURYARAO PETA KAKINADA (GSTIN:
37AAACT0627R4ZV)

Address : D.No.12-2-32, 1st Floor
Dantuvuri Street, Suryarao Peta
KAKINADA 533001 East Godavari Dist
ANDHRA PRADESH 533001

Tele/Fax/Email : 0884-2375106 / 2387458 / /
462500@orientalinsurance.co.in

Agent/Broker Details

Dev.Off.Code : NY0000001443 K V SUBRAHMANYAM

Agent/Broker : BA0000117378 DVK

Address : D.NO.16-26-2/IA, VENKATESWARA NAGAR,, KAKINADA,, EASTGODAVARI, ANDHRA
PRADESH, 533003

Tel/Fax/Email : 9704059995/08842359995/damisetty@rediffmail.com

Period of Insurance: FROM 00:00 ON 12/04/2025 TO MIDNIGHT OF 11/04/2026

Collection No & Dt : DC_I_IND 9054000177 - 11/04/2025

GST INVOICE NO : 37245162

UIN : 0

Gross Premium : 3,240

: 0

Stamp Duty : 100

Total : 3,240

Risk Information

| S no | No of Persons | Sum Insured Per Person | Total Sum Insured |
|------|---------------|------------------------|-------------------|
| 1 | 54 | 1,00,000 | 54,00,000 |

Details of Insured Persons is as per the enclosed list .

SCHEDULE OF PREMIUM

| Description | Sum Insured | Premium |
|--------------------------------|-------------|----------|
| Janata Personal Accident Cover | 54,00,000 | 3,240.00 |
| TOTAL PREMIUM | | 3,240.00 |
| STAMP DUTY | | 100.00 |
| TOTAL AMOUNT | | 3,240.00 |

Total Sum Insured In Words : Indian Rupees Fifty-Four Lakhs Only

Total Premium In Words : Indian Rupees Three Thousand Two Hundred Forty Only

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

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

Place :

Date : 11/04/2025



IRDA-REGNO-556



Attached to and forming part of policy number 462500/47/2026/4

In the event of a claim under the policy exceeding Rs.1lac or a claim for refund of premium exceeding Rs1lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating Offices as well as company's website.

The total number of 54 EMPLOYEES names of insureds, their date of birth, addresses, names of nominee are as per schedule lodged with the insurance company i.e insurer; The sum insured of each student is Rs.1,00,000/- only.
Maximum Liability Per Insured Under This Policy Under Any Circumstances Shall Be Limited To Sum Insured Set Forth Against Respective Individual Insured

Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void 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 SURYARAO PETA KAKINADA (GSTIN: 37AACT0627R4ZV) on 11TH DAY OF APRIL 2025

Entered By : K V SUBRAHMANYAM

Examined By : Ms DAMODARAM SANDHYA

Policy Printed By : 650838

IP :

Policy Printed On : 11-APR-25 16:45:16

MAC :

Digitally Signed
By
Authorised Signatory

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

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

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

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Place :

Date : 11/04/2025



IRDA-REGNO-556