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

Personal Accident Insurance ((Group(Unnamed)))
UIN NUMBER - IRDAN190P0003201314

Insured Name	:	ISHARJYOT DEGREE COLLEGE FOR WOMEN

Insured's Details			Issuing Office Details		
Customer ID	:	POC6239858	Office Code	:	SHAHABAD (353603)
Address	:	URNAI ROAD, PEHOWA KURUKSHETRA ,HARYANA, 136128	Address	:	SHAHABAD ,132135
Phone No	:	XXXXXX2094	Phone No	:	01744240760
E-mail/Fax	:	IJDC.PEHOWA@GMAIL.COM, /	E-mail/Fax	:	nia.353603@newindia.co.in /
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178
GSTIN/UIN	:	NA / NA	GSTIN	:	06AAACN4165C2ZU
	:		SAC	:	997133 (Accident and health insurance services)

Policy Details

Policy Number	:	35360342250100000087	Business Source Code		
Period of Insurance	:	From:03/10/2025 05:29:39 PM To: 02/10/2026 11:59:59 PM	Dev.Off level./Broker/Corp. Agent/IMF/POS/Web Aggregator	:	DIRECT BUSINESS - (1D7836069)
Date of Proposal	:	03-Oct-25	Agent/Bancassurance/Specified Person/CPSC User	:	Mr. DEEPAK SHARMA (NIAAG00183870) DEEPAK SHARMA (SI00282536)
Prev. Policy no.	:		Phone No	:	9416848465 / NA /
Client Type	:	Non-Corporate	E-mail/Fax	:	shrideepaksharma33@gmail.com, / / /
Staff Discount	:	No	Type of Cover	:	NA

Premium:	GST:	Total (₹)	Stamp Duty	Rupees (In words)	Receipt No. & Date:
₹ 22,950	₹ 4,132	₹ 27,082	₹13	RUPEES TWENTY-SEVEN THOUSAND EIGHTY-TWO ONLY	3536038125000000 5722 - 03/10/25

Benefits under the Policy: GROUP UNNAMED

Number of Persons								101-1000		
Sl. No	No of Person	Cadre	Sum Insured per person	Total Sum Insured	Risk Group	Excess	Medical Extension	War & Allied Cover opted		
								Sum Insured	Country	Type of Period
1	306	306 STUDENTS	250000	76500000	Risk Group I	0	No	0	NA	NA

Table Details: (Group(Unnamed))

Sl.No	Table A		Table B		Table C		Table D	
	Table A	Sum Insured	Table B	Sum Insured	Table C	Sum Insured	Table D	Sum Insured
1	No	0	No	0	Yes	250000	No	0

Sl.No	Special Conditions
1	AS PER POLICY TERMS & CONDITIONS.

Premium and GST Details	Rate of Tax	Amount In INR
Premium		₹ 22,950

Signature Not Verified
Digitally signed by CHARU KUKREJA
Date: 2025.10.03

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SGST		
CGST	9	2066
IGST	9	2066
	0	0

The Policy Shall be subject to PERSONAL ACCIDENT INSURANCE ((Group(Unnamed))) policy clauses attached herewith IN WITNESS WHEREOF the undersigned duly authorized hereinto set his hand

Place:-
Date:-

For and on behalf of
The New India Assurance Company Limited

(NIRMAL SINGH)
[BUSINESS MANAGER]

Duly Constituted Attorney(s)

Mudrank_____Dt._____consolidated Stamp Fees Paid by Pay Order Number_____vide receipt number_____dt._____.

Stamp Duty under the Policy is ₹

We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

Tax Invoice No : 35360325P0009419

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C