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

POLICY SCHEDULE FOR PROFESSIONAL INDEMNITY INSURANCE (Medical Establishment)

Insured's Name	:	M/S J.S.S. HOSPITAL			
Insured's Details			**Issuing Office Details**		
Customer ID	:	6E3519825	Office Code	:	THE NEW INDIA ASSURANCE CO. LTD., MYSORE DO II (672400)
Address	:	RAMANUJA ROAD , MYSORE Dist. : MYSORE, Karnataka MYSORE ,KARNATAKA, 570004	Address	:	13/2,II MAIN,TEMPLE STREET, VV MOHALLA MYSORE,570002
Phone No	:	2563845,	Phone No	:	08212513934 / 08212463055 / 8212332417
E-mail/Fax	:	umajssh@gmail.com, /	E-mail/Fax	:	nia.672400@newindia.co.in / 08212332417
PAN No	:	AAATJ1930E	S.Tax Regn. No	:	AAACN4165CST178
GSTIN/UIN	:	29AAATJ1930E1ZX / NA	GSTIN	:	29AAACN4165C2ZM
	:		SAC	:	997139 (Other non-life insurance services excl RI)

Policy Details					
Policy Number	:	67240036180200000048	Business Source Code		
Period of Insurance	:	From: 24/08/2018 12:00:01 AM To: 23/08/2019 11:59:59 PM	Dev.Off. level/Broker	:	M/s. DIRECT BUSINESS - (1D7821982)
Date of Proposal	:	24-Aug-18	Agent/Bancassurance	:	
Prev. Policy no.	:	67240036170200000025	Phone No	:	NA / 9164055807
Client Type	:	Corporate	E-mail/Fax	:	/ harshul.ban@gmail.com, / /

Premium(₹)	GST(₹)	Total (₹)	Total:(₹ in words)	Receipt No. & Date
215216	38738	253954	RUPEES TWO LAC FIFTY-THREE THOUSAND NINE HUNDRED FIFTY-FOUR ONLY	672400811800000696 8 - 23/08/18

Details of Risks Covered Under Policy:

Retroactive Dates	Date	Jurisdiction	Territory	AOA	AOY
Policy Retroactive Date	25/08/1992	India	NA	12500000	50000000

Description of Business	Address of Business Premises	Compulsory Excess	Voluntary Excess
HOSPITAL	RAMANUJA ROAD, MYSORE	100000	0

Details of Business	Address of Business Premises	No of Qualified Person	No of Administrative Staff	Compulsory Excess	Voluntary Excess
HOSPITAL	RAMANUJA ROAD, MYSORE	0	0	100000	0

Total Annual Fees/Wages Payable	Compulsory Excess	Details of Business	Address of Business Premises	Voluntary Excess
0	100000	HOSPITAL	RAMANUJA ROAD, MYSORE	0

Category of Establishment	Unqualified Staff Covered	No of Members	Compulsory Excess	Voluntary Excess
Hospital	No	NA	100000	0

Sl.No.	Type of Service			
	Details of Business	Address of Business Premises	Professional Category	Excess	Voluntary Excess
	HOSPITAL	RAMANUJA ROAD, MYSORE	NA	0	0

Extensions under the Policy

Name of the Extension	Sub limit of the Extension	Deductibles of the Extension

Signature Not Verified
Digitally signed by Srinivasan Vaideeswaran
Date: 2018.08.23 17:53:07 IST

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Amount & Percentage of Deductible Type/for Extension	Value
Special Conditions	RETRO ACTIVE DATE FOR 25LACS:1CRORE IS 25/08/1992;RETRO ACTIVE DATE FOR 1CRORE:4CRORES IS 24/08/2014 AS PER PROFESSIONAL INDEMNITY INSURANCE(MEDICAL ESTABLISHMENT) CLAUSE AS ATTACHED
Special Exclusions	NA

This Policy shall be subject to PROFESSIONAL INDEMNITY INSURANCE policy clauses attached herewith

Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 215216.00
SGST	9	19369
CGST	9	19369
IGST	0	0

In witness whereof the undersigned being duly authorised by the Insurers and on behalf of the Insurers has (have) hereunder set his (their) hand(s)
on this 23rd day of August,2018.

For and on behalf of
The New India Assurance Company Limited

Date of Issue: 23/08/2018

Duly Constituted Attorney(s)

Stamp Duty under the Policy is ₹1/-.

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

Tax Invoice No : 6724003602000048

IRDA Registration Number: 190