पृष्ठांकन /Endorsement- Standard Fire and Special Perils Policy	
Policy Number : 501304112310000005	जारीकर्ता कार्यालय/**Issuing Office**
	कार्यालय कोड /Office Code : 501304
व्यवसाय स्त्रोत/ Business Source : 9000168216	कार्यालय पता / Office Address : KRISHNAGIRI BRANCH Third Floor, Anuradha Complex, Bangalore Road,Krishnagiri, Dist: Dharmapuri,Tamil Nadu - 635001. State Code: 33 , Tamil Nadu **GSTIN**: 33AAACN9967E1ZA eMail:
	विक्रिय चैनल संपर्क नम्बर/ Sales Channel Contact Number : 8668056446
	सह दलाल कोड / Co Broker Code:
विक्रिय चैनल का नाम/ Sales Channel Name : Mr R Divakar	कस्टमर केयर टॉल फ्री नंबर/**Customer Care Toll Free Number: 1800 345 0330**
	ईमेल/ **email:customer.support@nic.co.in**

नेशनल इन्श्योरेन्स
National Insurance
Trusted Since 1906

Consolidated Policy
Stamp Duty Paid By
Our Chennai Regional
Office Vide GO Rt No. 267
Dt 12.01.2015

ग्राहक का नाम/Customer Name: THE ADHIYAMAAN EDUCATIONAL AND RESEARCH INSTITUTIONS	ग्राहक आईडी/ Customer ID: 9563068963	पैन/ PAN:
पता/ Address: KRISHNAGIRI ROAD HOSUR KRISHNAGIRI DIST, City: HOSUR, District: KRISHNAGIRI, State: TAMIL NADU, PIN: 635109. Mobile: 9442855079	फोन/ Phone:	
	ई-मेल/ E-Mail: aeri_acen@yahoo.co.in	

Policy Effective from 00:00 hours, on 18/04/2023 **to midnight of** 17/04/2024

Premium:	₹ 1,75,000.00	Total SI:	₹70,00,00,000.00
CGST	₹ 15,750.00	Proposal Number and Date:	8800220418714706 Dt. 19/04/2022
SGST/UTGST	₹ 15,750.00		
IGST	₹ 0.00		
Kerala Flood Cess	₹ 0.00		
Less:GST_TDS	₹ 0.00		
Recoverable Stamp Duty:	₹ 0.00	Receipt Number:	501304812310000138
Total Amount:	₹ 2,06,500.00	Receipt Date:	11/04/2023
(Rupees Two Lakh Six Thousand Five Hundred Only.)		Co-Insurance Details:	N/A

Endorsement Effective from 00:00 hours,on 18/04/2023 **to midnight of** 17/04/2024

Additional Premium:	₹ 0.00	Insured's Request Date:	12/04/2023
CGST	₹ 0.00	Endorsement Number:	501304112382100002
SGST/UTGST	₹ 0.00		
IGST	₹ 0.00		
Kerala Flood Cess	₹ 0.00		
Less:GST_TDS	₹ 0.00		
Recoverable Stamp Duty:	₹ 0.00	Endorsement Issue Date:	12/04/2023
Total Amount :	₹ 0.00	Receipt Number:	N/A
(Rupees Zero Only.)		Receipt Date:	N/A

General / Common Information change

From 18/04/2023 to 17/04/2024

Subject otherwise to the Terms, Exclusion and Conditions of this Policy.

HYP INDIAN OVERSEAS BANK KUMUDEPALLI BO

NATIONAL INSURANCE CO.LTD. KRISHNAGIRI BRANCH

Printed on 12/04/2023 by ID: 71700, AID : 71700

ANANCHAPERUMAL MUTHUMONI

Digitally signed by ANANCHAPERUMAL MUTHUMONI
Date: 2025.03.15 08:49:48 +05'30'

नेशनल इन्श्योरेन्स कम्पनी लिमिटेड
National Insurance Company Limited
CIN:U10200WB1906GOI001713

कृष्णागिरि शाखाः अनुराधा कॉम्प्लेक्स, 333 बेंगलोर रोड, कृष्णागिरि-635 001.
Krishnagiri BO: Anuradha Complex, 333 Bangalore Road, Krishnagiri-635 001.
கிருஷ்ணகிரி கி.அ.: அனுராதா காம்ப்ளக்ஸ், 333 பெங்களூர் ரோடு, கிருஷ்ணகிரி-635 001.

पंजीकृत एवं प्रधान कार्यालय: 3 मिडिलटन स्ट्रीट, कोलकाता 700 071.
Registered & Head Office: 3 Middleton Street, Kolkata 700 071.

पॉलिसी अनुसूची/ *Policy Schedule* - Standard Fire and Special Perils Policy

Policy Number: ***501304112310000005***	व्यवसाय स्त्रोत /*Business Source: 501304*
	विक्रय चैनल विवरण/***Sales Channel*** *Code: 9000168216*
जारीकर्ता कार्यालय/***Issuing Office***	नाम /*Name: Mr R Divakar Contact Number: 8668056446*
कार्यालय कोड /*Office Code: 501304*	सह दलाल कोड / *Co Broker Code:*
कार्यालय पता /*Office Address:* *KRISHNAGIRI BRANCH Third Floor, Anuradha Complex, Bangalore Road,Krishnagiri, Dist: Dharmapuri,Tamil Nadu - 635001.* *State Code: 33 , Tamil Nadu* ***GSTIN****: 33AAACN9967E1ZA* *Contact Number: 4343 232138* *Mobile Number: 0*	कस्टमर केयर टॉल फ्री नंबर/**Customer Care Toll Free Number: 1800 345 0330** ईमेल/ **email:customer.support@nic.co.in**

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ग्राहक का नाम /Customer Name: THE ADHIYAMAAN EDUCATIONAL AND RESEARCH INSTITUTIONS	ग्राहक आईडी /Customer ID: 9563068963	पैन /PAN:
पता/ Address: KRISHNAGIRI ROAD HOSUR KRISHNAGIRI DIST, City: HOSUR, District: KRISHNAGIRI, State: TAMIL NADU, PIN: 635109. Cell: 9442855079	फोन /Phone:	
	ई-मेल /E-Mail: aeri_acen@yahoo.co.in	

पॉलिसी: 18/04/2023 के 00:00 से 17/04/2024 की मध्य रात्रि तक प्रभावी **/Policy Effective from 00:00 hours, on 18/04/2023 to midnight of 17/04/2024**

प्रीमियम/ Premium	₹ 1,75,000.00	कवर नोट संख्या और तिथि/ Cover Note Number and Date	लागू नहीं/NA
CGST	₹ 15,750.00	प्रस्ताव संख्या और तिथि/ Proposal Number and Date	8800220418714706 Dt. 19/04/2022
SGST/UTGST	₹ 15,750.00		
IGST	₹ 0.00		
कम:जीएसटी_टीडीएस / Less:GST_TDS	₹ 0.00		
पुनर्प्राप्ति योग्य स्टाम्प ड्यूटी /Recoverable Stamp Duty	₹ 0.00	रसीद संख्या और तिथि/ Receipt Number and Date	501304812310000138 Dt. 11/04/2023
कुल /**Total Amount**	₹ 2,06,500.00	पिछली पॉलिसी संख्या और समाप्ती तिथि/ Previous Policy Number and Expiry Date	501304112210000003 and Dt.17/04/2023
(Rupees Two Lakh Six Thousand Five Hundred Only.)			

Location Name and Address:1-EXISTING BUILDING OF 72054.62 SQ MTS SF NO AS LIST ATTACHED MORANAPALLI CHENNATHUR AND THORAPALLI AGRAHARAM KRISHNAGIRI ROAD HOUSR,Tamil Nadu,Krishnagiri,Hosur,635109

Occupancy Code	1005	**Occupancy Description**	Schools / Colleges

संपत्ति का प्रकार **Type of property**	ब्लॉक में संपत्ति का विवरण **Description of the property in the block**	बीमा राशि **Sum Insured**
Building (Including Plinth & Foundation)	EXISTING BUILDING OF 72054.62 SQ MTRS AS ATTACHED IN THE LIST	70,00,00,000.00
Total Sum Insured		**70,00,00,000.00**
Total Sum Insured (in Words)	Rupees Seventy Crore Only.	

Cover Name	**Sum Insured**	**Premium**
SFSP Basic Cover	70,00,00,000.00	1,40,000.00

STFI Deletion: Yes
"Not withstanding anything stated herein to the contrary, it is hereby declared and agreed that there will be NO COVERAGE for Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Flood or Inundation [STFI] under the Policy as the same has been opted out by the Insured."

Additional Covers		
Additional Covers	**Sum Insured**	**Premium**
Earthquake (Fire & Shock)	70,00,00,000.00	35,000.00

Other Add on Covers (*Name and SI/Limit of covers opted only*)	
Cover Name	**Sum Insured/Limit**
Financier Name and Address:	Hypothecation,KOTAK MAHINDRA BANK,CHENNAI

पॉलिसी अनुसूची/ *Policy Schedule* - Standard Fire and Special Perils Policy	
Policy Number: ***501304112310000005***	व्यवसाय स्रोत /*Business Source: 501304*
	वितरण चैनल विवरण/***Sales Channel*** *Code: 9000168216*
जारीकर्ता कार्यालय/***Issuing Office***	नाम /*Name: Mr R Divakar Contact Number: 8668056446*
कार्यालय कोड /*Office Code: 501304*	सह दलाल कोड / *Co Broker Code:*
कार्यालय पता /*Office Address:* *KRISHNAGIRI BRANCH Third Floor, Anuradha Complex, Bangalore Road,Krishnagiri, Dist: Dharmapuri,Tamil Nadu - 635001.* *State Code: 33 , Tamil Nadu* ***GSTIN****: 33AAACN9967E1ZA* *Contact Number: 4343 232138* *Mobile Number: 0*	कस्टमर केयर टॉल फ्री नंबर/**Customer Care Toll Free Number: 1800 345 0330** ईमेल/ **email:customer.support@nic.co.in**

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Excess Clause as applicable for each and every Loss:

Standard Excess in Standard Fire and Special Perils Policy (except Dwellings with Individual owners)

1) Policies having Sum Insured up to INR 10 cr per location – 5% of claim amount subject to a minimum of INR 10,000/-
2) Policies having Sum Insured above INR 10 cr per location up to INR 100 cr per location - 5% of claim amount subject to a minimum of INR 25,000/-
3) Policies having Sum Insured above INR 100 cr and up to INR 1500 cr per location - 5% of claim amount subject to a minimum of INR 5 lakhs
4) Policies having Sum Insured above INR 1500 cr and up to INR 2500 cr per location - 5% of claim amount subject to a minimum of INR 25 lakhs
5) Policies having Sum Insured above INR 2500 cr per location - 5% of claim amount subject to a minimum of INR 50 lakhs
6) For Floater and Floater Declaration Stock policies the Minimum deductible will be 5% of the Claim amount subject to a minimum of INR 50,000/-

Excess Imposed(Higher): 100000

Excess for Policies of Power Plants (Excluding wind & solar) & Steel Plants having Sum Insured above INR 500 cr per location (each and every Loss)

1) 5 % of Claim amount subject to a minimum of INR 1.25 cr

Excess for Terrorism

1) Industrial Risk: 5% of claim amount subject to a minimum of INR 1,00,000/- and a maximum of INR 25,00,000/-
2) Non Industrial Risk: 1% of claim amount subject to a minimum of INR 25,000/- and a maximum of INR 10,00,000/-
3) Residential Risk: 1% of the claim amount subject to a minimum of INR 10,000/- and maximum of 5,00,000/-

खंडों, पृष्ठांकनों एवं वारंटी/ **List of Clauses, Endorsements, Warranties**	
क्लॉज सं./ **Clause No.**	विवरण/**Description**
700001116	Reinstatement Value Memorandum Clause (i.e if you want to fix the Sum Insured at today's new replacement/construction cost)
700001065	Agreed Bank Clause
700001126	STFI Deletion Clause

जिसकी गवाही में दिनि/ माह /वर्ष को उपरोक्त उल्लेखित कार्यालय पते पर अधोहस्ताक्षरी को विधिवत अधिकृत किया जा रहा है उसके हाथ निर्धारित किए जाएं। यह अनुसूची, संलग्न पॉलिसी, खण्ड, पृष्ठांकन और पॉलिसी शब्दों, जो कंपनी वेबसाईट ***https://nationalinsurance.nic.co.in*** पर उपलब्ध है, को एक अनुबंध के रुप में एक साथ पढ़ा जाए तथा कोई भी शब्द या अभिव्यक्ति जिसिके लिए यह विशिष्ट अर्थ पॉलिसी या अनुसूची के किसी भी हिस्से में संलग्न किया गया हो, एक ही अर्थ वहन करेगा चाहे जहाँ भी उल्लेखित हो। यह आश्वासन दिया जाता है कि प्रीमियम चेक के अस्वीकृति के मामले में, यह दस्तावेज स्वतः प्राथमिकता निरिस्त हो जाएगी। ***/IN WITNESS WHEREOF****, the undersigned being duly authorized hereunto set his/ her hand at the office address mentioned above, this* **11/April/2023.***This schedule, the attached policy, the clauses, the endorsements and policy wordings as available in the website* ***https://nationalinsurance.nic.co.in*** *shall be read together as one contract and any word or expression to which the specific meaning has been attached in any part of this policy or of the schedule shall bear the same meaning wherever it may appear. It is warranted that* ***IN CASE OF DISHONOUR OF THE PREMIUM CHEQUE, THIS DOCUMENT STANDS AUTOMATICALLY CANCELLED 'AB-INITIO'***

इंश्योरेन्सइंडियालिमिटिड Ombudsman Details: Office of the Insurance Ombudsman,Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, Chennai- 600 018.
Tel.: 044 - 24333668 / 24335284
Email: bimalokpal.chennai@cioins.co.in

कृते नेशनल इन्श्योरेन्स कंपनी

सटांप ड्यूटी/ Stamp Duty: (₹ 0.25)

For and on behalf of National Insurance Company Limited

अधिकृत हस्ताक्षरकर्ता/ ***Authorized Signatory***

TAX INVOICE

Invoice Serial No: 30568F3P00000005 **Invoice Date:** 11/04/2023

Details of Supplier:
National Insurance Company Limited.,
KRISHNAGIRI BRANCH Third Floor, Anuradha Complex, Bangalore Road,Krishnagiri, Dist: Dharmapuri,Tamil Nadu - 635001
State : 33 , Tamil Nadu
GSTIN No : 33AAACN9967E1ZA

नेशनल इन्श्योरेन्स
National Insurance
Trusted Since 1906

Details Of Receiver : THE ADHIYAMAAN EDUCATIONAL AND RESEARCH INSTITUTIONS
Address : KRISHNAGIRI ROAD HOSUR KRISHNAGIRI DIST
City : HOSUR,
District: KRISHNAGIRI,
State: TAMIL NADU,
PIN: 635109.

Place Of Supply State : Tamil Nadu
State Code : 33
GSTIN No : NA

सैक कोड/ SAC Code	सेवा का वविरण/ Description of Service	कुल/Total(₹)	छूट/ Discount	टैक्स योग्य/ मूल्य/Taxable Value(₹)	सीजीएसटी की राशि CGST		एसजीएसटी/यूटीजीएसटी/ SGST/UTGST		आईजीएसटी/IGST		केरला बाढ़ उपकर/Kerala Flood Cess
					दर/Rate	राशि Amount(₹)	दर/Rate	राशि Amount(₹)	दर/Rate	राशि Amount(₹)	राशि/Amount(₹)
997139	Other non-life insurance services (excluding reinsurance services)	1,75,000	0%	1,75,000	9%	15,750	9%	15,750	0%	0	0
TOTAL		1,75,000		1,75,000		15,750		15,750		0	0

कुल इनवॉयस मूल्य (अंकों में)Total Invoice Value (In figures) :
₹ 2,06,500

कुल इनवॉयस मूल्य (शब्दों में)Total Invoice Value (In words) : रूपए/Rupees
Two Lakh Six Thousand Five Hundred
केवल/Only.

रिवर्स चार्ज के अधीन टैक्स की राशि Amount of Tax Subject to Reverse Charge : No

E.&.O.E

कृते नेशनल इन्श्योरेन्स कंपनी लिमिटिड/ *For and on behalf of National Insurance Company Limited*

अधिकृत हस्ताक्षरकर्ता/ *Authorized Signatory*

वसूली रसीद/Collection Receipt

Trusted Since 1906

जारीकर्ता कार्यालय कोड/Issuing Office Code : 501304

जारीकर्ता कार्यालय का नाम व पता/Name and Address of Issuing Office :

KRISHNAGIRI BRANCH Third Floor, Anuradha Complex, Bangalore Road,Krishnagiri, Dist: Dharmapuri,Tamil Nadu - 635001

राज्य कोड/State Code : 33 ,राज्य का नाम/State Name : Tamil Nadu

जीएसटीआईएन/GSTIN : 33AAACN9967E1ZA

संपर्क संख्या/Contact Number : 4343 232138

रसीद सं./Receipt No :	स्क्रॉल सं. (यदि कोई हो)/Scroll No(If any) :
501304812310000138	
रसीद की तिथि व समय/Receipt Date & Time : 11/04/2023. 15:59 hours	स्क्रॉल तिथि (यदि कोई हो)/Scroll Date(If any) :

श्री The.ADHIYAMAAN EDUCATIONAL AND RESEARCH INSTITUTIONS से चेक द्वारा जमा के रूप में रूपये Rs. 2,06,500.00 निम्नलिखित लेनदेन के अनुसार धन्यवाद सहित प्राप्त हुआ।

Received with thanks from The.ADHIYAMAAN EDUCATIONAL AND RESEARCH INSTITUTIONS a sum of Rs. 2,06,500.00 (Rupees Two Lakh Six Thousand Five Hundred Only) by way of Cheque towards the following transactions.

भुगतान विवरण/Paymode Details :

भुगतान मोड का नाम/Paymode Name : Cheque

उपकरण संख्या/Instrument Number :	उपकरण तिथि/Instrument Date : 03/04/2023
951902	
बैंक का नाम (यदि कोई हो)/Bank Name(If any) : Indian Overseas Bank	बैंक शाखा (यदि कोई हो)/Bank Branch(If any) : IOB-Kumudapalli

क्र. सं./ S. No	विभाग/ Dept	पॉलिसी/ पृष्ठांकन Policy/Endorsement		व्यव. श्रोत कोड/ Biz Source Code	व्यव.का वर्ग/ विवरण / Class of Business/Narration	राशि रू./ Amount Rs.
	लेन-देन कोड/ Tr Cd	वर्ष/ Year	संख्या/ Number	विक्रय चैनेल/ Sales Channel	लेखा विवरण/ Account Description	
1	11	2023	501304112310000005	501304	Standard Fire and Special Perils Policy	
	16			9000168216	Direct Premium	
					CGST	1,75,000.00
					SGST	15,750.00
					Total	15,750.00
						2,06,500.00

रोकड़िया/Cashier :

कृते नेशनल इन्श्योरेन्स कं. लि./For National Insurance Co. Ltd,

प्राधिकृत हस्ताक्षरकर्ता/Authorised Signatory

चेक द्वारा भुगतान किए जाने की स्थिति में रसीद चेक द्वारा भुगतान की प्राप्ति के बाद ही जारी किया जाएगा। सभी पत्राचारों में उपरोक्त वर्णित पॉलिसी जारी करनेवाले कार्यालय के पते पर दस्तावेज संख्या व पॉलिसी का वर्ष तथा संख्या उद्धृत किया जाना चाहिए। जब राशि 5000/- रूपए या उससे अधिक होगी तो राजस्व टिकट चिपकाया जाना आवश्यक होगा।