



POLICY SCHEDULE FOR STUDENTS SAFETY PACKAGE INSURANCE

UIN NUMBER - IRDAN190P0004201314

Insured's Name	: THE PRINCIPAL,SACRED HEART COLLEGE,THEVARA
<b>Insured's Details</b>	
Customer ID	: PO70338670
Address	: THEVARA COCHIN THEVARA ,KERALA, 682013
Phone No	:
E-mail/Fax	: /
PAN No	: AAFAS0446N
GSTIN/UIN	: NA / NA
<b>Issuing Office Details</b>	
Office Code	: ALUVA D.O. (760400)
Address	: KODUVATH SHOPPING COMPLEX SUB JAIL ROAD ,683101
Phone No	: 04842625203 / 04842626117
E-mail/Fax	: nia.760400@newindia.co.in /
S.Tax Regn. No	: AAACN4165CST178
GSTIN	: 32AAACN4165C4ZX
SAC	: 997139 (Other non-life insurance services excl RI)

<b>Policy Details</b>			
Policy Number	: 76040048252300000011	Business Source Code	
Period of Insurance	: From: 26/12/2025 06:00:00 PM To: 25/12/2026 11:59:59 PM	Dev.Off. level/Broker/Corp. Agent/Web Aggregator/CPSC User	: G Z PUTHENPEEDIKA - (1D4907461)
Date of Proposal	: 26-Dec-25	Agent/Bancassurance/S pecified Person	: Mrs. LYSSY VARGHESE (NIAAG00078578) LYSSY VARGHESE (SI00126599)
Prev. Policy no.	:	Phone No	: 9847632528 / .,
Client Type	: Non-Corporate	E-mail/Fax	: lycyvarghese kozhikkadan@gmail.com, /

Premium(₹)	GST(₹)	Total (₹)	Total (₹ in words)	Receipt No. & Date
378,305	68,094	4,46,399	RUPEES FOUR LAC FORTY-SIX THOUSAND THREE HUNDRED NINETY-NINE ONLY	7604008125000002554 8 - 30/12/25

No of Students	3720	Medical Expenses per student (Inclusive of OPD)	50000
Limit per student	200000	Special conditions	ACCIDENTAL DEATH & PTD 1LAKH PER STUDENT, BALANCE FEES DUE TO ACCIDENTAL DEATH OF FIRST EARNING PARENT UPTO 2 LAKHS, ACCIDENTAL HOSPITALISATION EXPENSES PER STUDENT 50000/(including ₹5000/-for OP treatment for accidental injury]
Limit per accident	100000		

No of parents	3720		
Total SI of Parents or Guardian for payment of Tuition and Hostel fees	744000000	Payment of tuition and hostel fee for remaining semesters in the students account with the institute in case the Parent/Guardian dies due to accident	200000

Details of Teaching and Non-Teaching staff

Policy No. : 76040048252300000011 Document generated by 37136 at 30/12/2025 16:31:00 Hours.

Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.

For redressal of your grievance, if any, you may approach any one of the following offices- 1. Policy issuing office 2. Regional office 3. Head office. In case, you are not satisfied with our own grievance redressal mechanism; you may also approach Insurance Ombudsman. For details of our office addresses and addresses of office of Insurance Ombudsman, please visit our website <http://newindia.co.in>.



SI No.	Name of Member	Age	Name of the Assignee	Risk Group	Medical Extension (Inclusive of OPD)	Table B Sum Insured	Table C Sum insured	Table D Sum Insured	Total Sum Insured
--------	----------------	-----	----------------------	------------	--------------------------------------	---------------------	---------------------	---------------------	-------------------

This policy shall be subject to STUDENTS SAFETY PACKAGE INSURANCE policy clauses attached herewith..

**Premium and GST Details**

	Rate of Tax	Amount in INR
Premium		₹ 3,78,305
SGST	9	34047
CGST	9	34047
IGST	0	0
KERALA FLOOD CESS	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 30th day of December,2025.

For and on behalf of  
The New India Assurance Company Limited

Date of Issue: 30/12/2025

Duly Constituted Attorney(s)

Mudrank\_\_\_\_\_Dt.\_\_\_\_\_consolidated Stamp Fees Paid by Pay Order Number\_\_\_\_\_vide receipt number\_\_\_\_\_dt.\_\_\_\_\_.

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 : 76040025P0023841

IRDA Registration Number: 190  
NIA PAN NUMBER: AAACN4165C