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UNITED INDIA INSURANCE COMPANY LIMITED

II/655 POST BOX 13 EAST NADA, GURUVAYUR GURUVAYUR, THRISSUR, KERALA
THRISSUR - 680101 KERALA
PHONE: (0487) 2556013 FAX: EMAIL:

SPECIAL CONTINGENCY POLICY
POLICY NO.:1018022618P114001682

PERIOD OF INSURANCE
From 00:00 hrs of 10/01/2019
To midnight of 09/01/2020

10/02/19

Insured
MS THE PRINCIPAL

SREEPATHY INSTITUTE OF MANANGMENT AND TECHNOLOGY
VAVANOOR P.O., KOOTANADU,
PALAKKAD
679533
KERALA

IMPORTANT NOTICE: KINDLY UPDATE YOUR AADHAAR NO. AND PAN/FORM 60. PLEASE IGNORE IF ALREADY UPDATED.

Agent Name : ABHILASH C P
Agent Code : AGD0002832
Mobile/Landline Number/Email : 9846777371

LET US JOIN THE FIGHT AGAINST CORRUPTION.
PLEASE TAKE THE PLEDGE AT <https://pledge.cvc.nic.in>

For any Information, Service Requests, Claim intimation and Grievances please write to 101802@uiic.co.in

REGD. & HEAD OFFICE, 24, WHITES ROAD, CHENNAI - 600014

Page 2 of 6



SPECIAL CONTINGENCY POLICY SCHEDULE

Policy Number	1018022618P114001682	Previous Policy No	1018022617P118503056
Insured Details	Name MS THE PRINCIPAL / 1495560715 Tel. (O) 2556013 Email preejapathysolomon@gmail.com Business/Occupation None	Tel. (R)	Mobile 994877371
Period Of Insurance	From 30/01/2019	To	Midnight of 09/01/2020

CO-INSURANCE DETAILS: UIC 101802 : 100%

Location of Property	Jurisdiction
Territory	
Earthquake Zone	
MOA AOV	

SECTION WISE PREMIUM DETAILS

Section No.	Cover Names	Description	Sum Insured ₹	Premium ₹
Section 4	Personal Accident		13500000	13,500.00
Section 6	Health		27000000	54,000.00
Total Premium				67,500.00

Special Conditions
 AS PER LIST FROM INSTITUTE. 1. 90 INDIVIDUAL EMPLOYEES COVERED UNDER PA-ACCIDENTAL DEATH/PERMANENT TOTAL DISABILITY - FOR RS. 1LAKH PER PERSON. 2. 90 INDIVIDUAL EMPLOYEES AS PER SCHEDULE SUBMITTED AGAINST DEATH AND HOSPITALISATION DUE TO ACCIDENT AS PER SWANTHAKA POLICY SCHEME B. 3. 60 INDIVIDUAL EMPLOYEES AGAINST HOSPITALISATION DUE TO SICKNESS AS PER UNIVERSAL HEALTH INSURANCE POLICY LIMITED TO RS. 20000/- PER PERSON PER YEAR AND RS. 15000/- PER ILLNESS. 4. 20 EMPLOYEES WITH FAMILY AS PER THE SCOTTI INSURANCE POLICY LIMITED TO RS. 300000/- PER PERSON PER YEAR AND RS. 15000/- PER ILLNESS. 5. 10 EMPLOYEES WITH FAMILY INCLUDING DEPENDENT PARENTS AS PER THE SCHEDULE SUBMITTED AGAINST HOSPITALISATION PER YEAR AND RS. 15000/- PER ILLNESS.

Premium in Words SIXTY-TWO THOUSAND ONE HUNDRED FIFTY-FOUR RUPEES ONLY

Coverage Details

Cover	Sum Insured (₹)	Premium (₹)
Accidental Hospitalization	13500000	13,500.00
Hospitalization Cover	27000000	54,000.00

PREMIUM COMPUTATION:	
Gross Premium:	67,500.00
Excess/Deductible:	0.00
Terraport:	0.00
Earthquake:	0.00

Agent: AGD00028332
Contact: 9846773771

Premium	62,150.00
CGST(9%)	5,594.00
SGST(9%)	5,594.00
Stamp duty	1
Total	73,347.00
Receipt Number	101101802181114675938
Receipt Date	30/01/2019

Dev Officer/Agent: AGD00028332

UW Remarks : AS PER LIST FROM INSTITUTE. 1. 90 INDIVIDUAL EMPLOYEES COVERED UNDER PA-ACCIDENTAL DEATH/PERMANENT TOTAL DISABILITY. FOR RS. 1LAKH PER PERSON. 2. 90 INDIVIDUAL EMPLOYEES AS PER SCHEDULE SUBMITTED AGAINST DEATH AND HOSPITALISATION DUE TO ACCIDENT AS PER SWAMITHAMA POLICY SCHEME B. 3. 60 INDIVIDUAL EMPLOYEES AGAINST HOSPITALISATION DUE TO SICKNESS AS PER UNIVERSAL HEALTH INSURANCE POLICY LIMITED TO RS. 30000/- PER PERSON PER YEAR AND RS 15000/-PER ILLNESS. 4. 20 EMPLOYEES WITH FAMILY AS PER THE SCHEDULE SUBMITTED AGAINST HOSPITALISATION DUE TO SICKNESS AS PER UNIVERSAL HEALTH INSURANCE POLICY LIMITED TO RS. 30000/- PER PERSON PER YEAR AND RS 15000/-PER ILLNESS. 5. 10 EMPLOYEES WITH FAMILY INCLUDING DEPENDENT PARENTS AS PER THE SCHEDULE SUBMITTED AGAINST HOSPITALISATION DUE TO SICKNESS AS PER UNIVERSAL HEALTH INSURANCE POLICY LIMITED TO RS. 30000/- PER PERSON PER YEAR AND RS 15000/-PER ILLNESS.

Customer GST/UIN No.:	Office GST No.:	Invoice No. & Date:
9971	32AAACJ555CJ25	2618114001682 & 30/01/2019

Anti Money Laundering Clause: In the event of a claim under the policy, exceeding ₹ 1 lakh or a claim for refund of premium exceeding ₹ 1 lakh, the insured will comply with the provisions of AML policy of the Company. The AML policy is available in all our operating offices as well as Company's web site.

Date of Proposal and Declaration : 10/01/2019

IN WITNESS WHEREOF, the undersigned being duly authorized has hereunto set his/her hand at BO GURUVAYUR 101802 on this 28th day of January, 2019.

For and On behalf of
United India Insurance Co. Ltd

Duly Constituted Attorney(s)
Undersigned By - AMU29699 (BO UW CUM CASHIER)



Consolidated stamp fee paid as per GO (P) No.15 / 2018 / TD dt.14.02.2018

SPECIAL CONTINGENCY POLICY

WHEREAS the Insured described in the Schedule Hereto (hereinafter called the "Insured") by a proposal and declaration which shall be the basis of this contract, and is deemed to be incorporated herein has applied to UNITED INDIA INSURANCE COMPANY LIMITED (hereinafter called the "Company") for the insurance hereinafter contained and has paid or agreed to pay the premium stated in the said Schedule as consideration for such insurance during the period stated in the said Schedule or during any further period for which the Company may accept payment for the renewal or extension of this policy.

THE COMPANY HEREBY AGREES subject to the terms, conditions and exclusions herein contained or endorsed or otherwise expressed hereon that if the property described herein or any part thereof shall be LOST or damaged by the CONTINGENCIES stated herein at any time during the period of insurance stated herein or any subsequent period in respect of which the Insured shall have paid or agreed to pay and the Company shall have accepted or agreed to accept the premium required for the renewal thereof, the Company will pay to the insured the value at the time of happening of such loss, of the property so lost or the amount of such loss but not exceeding in any one period of insurance in respect of the several items specified herein the sum set opposite thereto respectively.

EXCEPTIONS

The Company shall not be liable in respect of :

- Loss or damage whether direct or indirect, occasioned by, happening through, or arising from any consequence of war, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power, riot, strike or civil commotion or looting or pilferage, fire, explosion, volcanic eruption, food, storm, tempest, typhoon, hurricane, tornado, cyclone or other similar convulsions of nature, and atmospheric disturbances.
- Damage caused by overloading or strain.
- Consequential loss, depreciation, wear and tear or mechanical breakdown.
- Loss or damage occurring whilst being used for racing or pace making.
- (a) Loss, destruction of, or damage to any property whatsoever or any loss or any expense whatsoever resulting or arising therefrom or any consequential loss.

(b) Any legal liability of whatsoever nature directly or indirectly caused by or contributed to by or arising from ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear weapons material

CONDITIONS

- NOTICE:** Every notice and communication to the Company required by this Policy shall be in writing to the office of the Company through which this insurance is effected.
- MISREPRESENTATION:** This policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, misdescription or non-disclosure of any material particular.
- REASONABLE CARE:** The Insured shall take all reasonable steps to safeguard the property insured against accident, loss or damage.
- CANCELLATION:** The Company may at any time cancel the Policy on grounds of misrepresentation, fraud, non-disclosure of material fact or non-cooperation by the insured by sending fifteen days notice in writing by Registered A/D to the insured at his last known address in which case the Company shall return to the insured a proportion of the last premium corresponding to the unexpired period of insurance if no claim has been paid under the policy. The insured may at any time cancel this policy and in such event the Company shall allow refund of premium at Company's short period rates provided no claim has occurred upto the date of cancellation.
The Policy may also be terminated at any time, at the request of the Insured in which case the Company will retain the premium for the period this Policy has been in force at the Company's customary short period scales of rates.
- CLAIMS PROCEDURE:** The Insured shall upon the occurrence of any event giving rise to or likely to give rise to a claim under this policy give immediate notice thereof to the Company and shall within 14 (Fourteen) days thereafter, furnish to the Company at his own expense detailed particulars of the amount of the loss or damage together with such explanations and evidence to substantiate the claim as the Company may reasonably require.
- CONTRIBUTION:** If at the time of the happening of any loss or damage covered by this policy there shall be existing any other insurance of any nature whatsoever covering the same property, whether effected by the Insured or not, then the Company shall not be liable to pay or contribute more than its rateable proportion of any loss or damage.
- FRAUD:** If any claim under this Policy shall be in any respect fraudulent or if any fraudulent means or devices are used by the Insured or any one acting on the insured's behalf to obtain any benefit under this Policy, all benefits and rights under the Policy shall be forfeited.
- INDemnITY:** The Company may at its option reinsure, replace or repair the property or premises lost or damaged or any

part thereof instead of paying the amount of loss or damage or may join with any other insurer in so doing but the Company shall not be bound to reinstatement exactly or completely but only as circumstances permit and in reasonably sufficient manner and in no case shall the Company be bound to expend more in reinstatement than it would have cost to reinstatement such property as it was at the time of the occurrence of such loss or damage not more than the sum insured by the Company thereon.

9. **AVERAGE:** If the property hereby insured shall at the time of any loss or damage be collectively of greater value than the sum insured thereon, then the Insured shall be considered as being his own insurer for the difference, and shall bear a rateable proportion of the loss or damage accordingly. Every item, if more than one, in the Policy, shall be separately subject to this condition.

10. **ARBITRATION:** If any difference arises as to the amount of any claim under this Policy, such difference shall independently of all other questions be referred to the decision of an Arbitrator to be appointed in writing by the parties in difference, or if they cannot agree upon a single Arbitrator, to the decision of two disinterested persons as Arbitrators, of whom one shall be appointed in writing by each of the parties within two calendar months after having been required to do so in writing by the other party. In case either party shall refuse or fail to appoint an Arbitrator within two calendar months after receipt of notice in writing requiring an appointment, the other party shall be at liberty to appoint a sole Arbitrator, and in case of disagreement between Arbitrators, the difference shall be referred to the decision of an Umpire who shall have been appointed by them in writing before entering on the reference and who shall sit with the Arbitrators and preside at their meetings. The death of any party shall not affect the authority or powers of the Arbitrator, Arbitrators or Umpire and in the event of the death of either or both of the Arbitrators or the Umpire, another shall in each case be appointed in his stead by the party or the Arbitrators (as the case may be) by whom the Arbitrator or Umpire so dying was appointed. The costs of the reference and of the award shall be in the discretion of the Arbitrator, Arbitrators or Umpire making the award.

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as hereinbefore provided, if the Company has disputed or not accepted liability under or in respect of this policy and it is also expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this policy that the award by such Arbitrator, Arbitrators or Umpire of the amount of the claim if disputed shall be first obtained.

OBSERVANCE OF TERMS AND CONDITIONS: The due observance and fulfillment of the terms, conditions and endorsements of this Policy in so far as they relate to anything to be done or complied with by the Insured, shall be a condition precedent to any liability of the Company to make any payment under this Policy.

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UNITED INDIA INSURANCE COMPANY LIMITED

II/655 POST BOX 13 EAST NADA, GURUVAYUR GURUVAYUR, THRISSUR,
KERALA

THRISSUR - 680101 KERALA

PHONE: (0487) 2556013 FAX: EMAIL:

**SPECIAL CONTINGENCY POLICY
POLICY NO.:1018022617P118503006**

PERIOD OF INSURANCE
From 00:00 hrs of 04/01/2018
To midnight of 03/01/2019

Insured

MS THE PRINCIPAL

SREEPATHY INSTITUTE OF MANANGMENT AND TECHNOLOGY
VAVANOR P.O., KOOTANADU,
PALAKKAD
679533
KERALA

Agent Name : ABHILASH C P
Agent Code : AGD0002832
Mobile/Landline : 9846777371
Number/Email

LET US JOIN THE FIGHT AGAINST CORRUPTION.
PLEASE TAKE THE PLEDGE AT <https://pledge.cvc.nic.in>

For any Information, Service Requests, Claim intimation and Grievances please write to 101802@uiic.co.in

REGD. & HEAD OFFICE, 24, WHITES ROAD, CHENNAI - 600014
Website: <http://www.uiic.co.in>

Printed By : RAM22815 @ 22/03/2018 11:45:42 AM



SPECIAL CONTINGENCY POLICY SCHEDULE

Policy Number: **1018022617P118503006** Previous Policy No: **1018022616P118503005**
 Insured Details: **Manoj MS THE PRINCIPAL / 1490560715** Tel: (C): **92560013** Tel: (H):
 Email: **ksingh@hydroedge@gmail.com** Mobile: **9846772371**
 Business/Occupation Home: **Business/Occupation Home**
 Period Of Insurance: **From 00:00 Hrs of 04/01/2018 To Midnight of 03/01/2019**

CO-INSURANCE DETAILS: **UICC 101802 : 100%**

Location of Property:
 Territory:
 Earthquake Zone:
 AGA:AVY

SECTION WISE PREMIUM DETAILS

Section No.	Cover Names	Description	Sum Insured ₹	Premium ₹
Section 4	Personal Accident		14300000	14,300.00
Section 6	Health		33000000	66,000.00
Total				₹ 80,300.00

Special Conditions: **AS PER LIST FROM SCHOOL, 1. 107 INDIVIDUAL EMPLOYEES COVERED UNDER PA-ACCIDENTAL DEATH/PERMANENT TOTAL DISABILITY- FOR RS. 1LAKH PER PERSON. 2. 107 INDIVIDUAL EMPLOYEES AS PER SCHEDULE SUBMITTED AGAINST DEATH AND HOSPITALISATION DUE TO ACCIDENT AS PER SWANTHWAN POLICY SCHEME B, 3. 73 INDIVIDUAL EMPLOYEES AGAINST HOSPITALISATION DUE TO SICKNESS AS PER UNIVERSAL HEALTH INSURANCE POLICY LIMITED TO RS. 30000/- PER PERSON PER YEAR. 4. 33 EMPLOYEES WITH FAMILY AS PER THE SCHEDULE SUBMITTED AGAINST HOSPITALISATION DUE TO SICKNESS AS PER UNIVERSAL HEALTH INSURANCE POLICY LIMITED TO RS. 30000/- PER PERSON PER YEAR.**

Premium in Words: **SIXTY-TWO THOUSAND SEVEN HUNDRED EIGHTY-THREE RUPEES ONLY**

Coverage Details

Cover	Sum Insured(₹)	Premium(₹)
Accidental Hospitalization	14300000	14,300.00
Individual Cover	33000000	66,000.00

PREMIUM COMPUTATION:

Sum Insured	₹ 80,300.00
Rate (Per 1000/-)	0.00
Sum Insured	0.00
Rate (Per 1000/-)	0.00
Sum Insured	0.00

Premium	62,783.00
CGST (9%)	5,650.00
SGST (9%)	5,650.00
Stamp duty	1.00
Total	74,083.00
Receipt Number	10110180217118987529
Receipt Date	22/03/2018

Agent: **AGD00002832** Agent Code: **9846772371**
 Office Code: **AGD0002832**

UW Remarks : AS PER LIST FROM SCHOOL, 1. 107 INDIVIDUAL EMPLOYEES COVERED UNDER PA-ACCIDENTAL DEATH/PERMANENT TOTAL DISABILITY- FOR RS. 1LAKH PER PERSON. 2. 107 INDIVIDUAL EMPLOYEES AS PER SCHEDULE SUBMITTED AGAINST DEATH AND HOSPITALISATION DUE TO ACCIDENT AS PER SWANTHWAN POLICY SCHEME B, 3. 73 INDIVIDUAL EMPLOYEES AGAINST HOSPITALISATION DUE TO SICKNESS AS PER UNIVERSAL HEALTH INSURANCE POLICY LIMITED TO RS. 30000/- PER PERSON PER YEAR. 4. 33 EMPLOYEES WITH FAMILY AS PER THE SCHEDULE SUBMITTED AGAINST HOSPITALISATION DUE TO SICKNESS AS PER UNIVERSAL HEALTH INSURANCE POLICY LIMITED TO RS. 30000/- PER PERSON PER YEAR.

Customer GST No.:	9971	Office GST No.:	32MAACU5552C1Z5
SAC Code:		Invoice No. & Date:	2617118503006 & 22/03/2018
Amount Subject to Reverse Charges-NIL			

Anti Money Laundering Clause:- In the event of a claim under the policy exceeding ₹ 1 lakh or a claim for refund of premium exceeding ₹ 1 lakh, the insured will comply with the provisions of AML policy of the company. The AML policy is available in all our operating offices as well as Company's web site.

Date of Proposal and Declaration : 04/01/2018
 IN WITNESS WHEREOF, the undersigned being duly authorised has hereunto set his/her hand at BO GURUVAYUR, 101802 on this 09th day of March, 2018.

For and On behalf of
United India Insurance Co. Ltd.

Duly Authorized Attorney(s)
 Underwritten By - **NAM22815 (BO UNDERWRITER)**



Consolidated stamp fee paid as per G.O (P) No.15 / 2018 / TD dt.14.02.2018

SPECIAL CONTINGENCY POLICY

WHEREAS the Insured described in the Schedule hereto (hereinafter called the "Insured") by a proposal and declaration which shall be the basis of this contract and is deemed to be incorporated herein has applied to UNITED INDIA INSURANCE COMPANY LIMITED (hereinafter called the "Company") for the insurance hereinafter contained and has paid or agreed to pay the premium stated in the said Schedule as consideration for such insurance during the period stated in the said Schedule or during any further period for which the Company may accept payment for the renewal or extension of this policy.

THE COMPANY HEREBY AGREES subject to the terms, conditions and exclusions herein contained or endorsed or otherwise expressed hereon that if the property described herein or any part thereof shall be LOST or damaged by the CONTINGENCES stated herein at any time during the period of insurance stated herein or any subsequence period in respect of which the Insured shall have paid or agreed to pay and the Company shall have accepted or agreed to renew the premium required for the renewal thereof, the Company will pay to the Insured the value at the time of happening of such loss, of the property so lost or the amount of such damage but not exceeding in any one period of insurance in respect of the several items specified herein the sum set opposite thereto respectively.

EXCEPTIONS

The Company shall not be liable in respect of:

1. Loss or damage whether direct or indirect, occasioned by, happening through, or arising from any consequence of war, act of foreign enemy, hostilities (whether war be declared or not), civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot, strike or civil commotion or looting or pillage in connection therewith or confiscation or detention by the order of any Government or Public Authority, Earthquake, Volcanic eruption, flood, storm, tempest, typhoon, hurricane, tornado, cyclone or other similar convulsions of nature, and atmospheric disturbances.
2. Damage caused by overloading or strain.
3. Consequential loss, depreciation, wear and tear or mechanical breakdown.
4. Loss or damage occurring whilst being used for racing or pace making.
5. (a) Loss, destruction of, or damage to any property whatsoever or any loss or any expense whatsoever resulting or arising therefrom or any consequential loss.

(b) Any legal liability of whatsoever nature directly or indirectly caused by or contributed to by or arising from ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear weapons material

CONDITIONS

1. **NOTICE:** Every notice and communication to the Company required by this Policy shall be in writing to the office of the Company through which this insurance is effected.
2. **MISDESCRIPTION:** This policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, misdescription or non-disclosure of any material particular.
3. **REASONABLE CARE:** The Insured shall take all reasonable steps to safeguard the property insured against accident, loss or damage.
4. **CANCELLATION:** The Company may at any time cancel the Policy on grounds of misrepresentation, fraud, non-disclosure of material fact or non-cooperation by the Insured by sending fifteen days notice in writing by Registered A/D to the Insured at his last known address in which case the Company shall return to the Insured a proportion of the last premium corresponding to the unexpired period of insurance if no claim has been paid under the policy. The Insured may at any time cancel this policy and in such event the Company shall allow refund of premium at Company's short period rates provided no claim has occurred upto the date of cancellation.

The Policy may also be terminated at any time at the request of the Insured in which case the Company will retain the premium for the period this Policy has been in force at the Company's customary short period scales of rates.

5. **CLAIMS PROCEDURE:** The Insured shall upon the occurrence of any event giving rise to or likely to give rise to a claim under this policy give immediate notice thereof to the Company and shall within 14 (Fourteen) days thereafter furnish to the Company at his own expense detailed particulars of the amount of the loss or damage together with such explanations and evidence to substantiate the claim as the Company may reasonably require.
6. **CONTRIBUTION:** If at the time of the happening of any loss or damage covered by this policy there shall be existing any other insurance of any nature whatsoever covering the same property, whether effected by the Insured or not, then the Company shall not be liable to pay or contribute more than its rateable proportion of any loss or damage.
7. **FRAUD:** If any claim under this Policy shall be in any respect fraudulent or if any fraudulent means or devices are used by the Insured or any one acting on the Insured's behalf to obtain any benefit under this Policy, all benefits and rights under the Policy shall be forfeited.
8. **INDEMNITY:** The Company may at its option, reinsure, replace or repair the property or premises lost or damaged or any part thereof instead of paying the amount of loss or damage or may join with any other insurer in so doing but the Company shall not be bound to reinsure exactly or completely but only as circumstances permit and in reasonably sufficient manner and in no case shall the Company be bound to expend more in reinsuring than it would have cost to reinsure such property as it was at the time of the occurrence of such loss or damage not more than the sum insured by the Company thereon.

AVERAGE: If the property hereby insured shall at the time of any loss or damage be collectively of greater value than the sum insured thereon, then the Insured shall be considered as being his own insurer for the difference, and shall bear a rateable proportion of the loss or damage accordingly. Every item, if more than one, in the Policy, shall be separately subject to this condition.

ARBITRATION: If any difference arises as to the amount of any claim under this Policy, such difference shall be referred to the decision of an Arbitrator to be appointed in writing by the parties, or if they cannot agree upon a single Arbitrator, to the decision of two disinterested persons as Arbitrators, or if they cannot agree upon two Arbitrators within two calendar months after receipt of notice in writing from either party shall refuse or fail to appoint an Arbitrator within two calendar months after receipt of notice in writing from either party, the difference shall be referred to the decision of an Umpire to be appointed in writing by the other party. In case either party shall refuse or fail to appoint an Umpire within two calendar months after receipt of notice in writing from either party, the difference shall be and who shall sit with the Arbitrator, Arbitrator, and in case of disagreement between Arbitrators, the difference shall be referred to the decision of an Umpire to be appointed in writing by the other party. The death of any party shall not affect the authority or powers of the Arbitrator, Arbitrators or Umpire and in the event of the death of either or both of the Arbitrators or the Umpire, another shall be appointed in writing by the party or the Arbitrators (as the case may be) by whom the Arbitrator, Arbitrators or Umpire was appointed. The costs of the reference and of the award shall be in the discretion of the Arbitrator, Arbitrators or Umpire making the award.

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as hereinbefore provided, if the Company has disputed or not accepted liability under or in respect of this policy and it is also expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this policy that the award by such Arbitrator, Arbitrators or Umpire of the amount of the claim if disputed shall be first obtained.

OBSERVANCE OF TERMS AND CONDITIONS: The due observance and fulfilment of the terms, conditions and endorsements of this Policy in so far as they relate to anything to be done or complied with by the Insured, shall be a condition precedent to any liability of the Company to make any payment under this Policy.

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UNITED INDIA INSURANCE COMPANY LIMITED

II/655 POST BOX 13 EAST NADA, GURUVAYUR
THRISSUR - 680101 KERALA
PHONE: (0487) 2556013 FAX: EMAIL:

SPECIAL CONTINGENCY POLICY
POLICY NO.:1018022615P115178205

PERIOD OF INSURANCE
From 00:00 hrs of 03/01/2016
To midnight of 02/01/2017

Insured
THE PRINCIPAL
SREEPATHY INSTITUTE OF MANANGMENT AND TECHNOLOGY
VAVANOOR P.O., KOOTANADU,
PALAKKAD
679533
KERALA

Agent Name : ABHILASH C P
Agent Code : AGD0002832
Mobile/Landline Number : 9846777371 /

REGD. & HEAD OFFICE, 24, WHITES ROAD, CHENNAI - 600014
Website: <http://www.uiic.co.in>, Email - info@uiic.co.in



SPECIAL CONTINGENCY POLICY SCHEDULE

Policy Number: **101802615P115178205** Previous Policy No: _____
 Insured Details: Name: **THE PRINCIPAL / 1495560715** Tel.(R): _____ Fax: _____
 Tel.(O): **2556013** Email: _____
 Business/Occupation Name: _____
 Period Of Insurance: From **09:00 Hrs of 03/01/2016** To **Midnight of 02/01/2017**

CO-INSURANCE DETAILS: **UIIC 101802 : 100%**

Location of Property: _____
 Territory: _____ Jurisdiction: _____
 Earthquake Zone: _____
 MOA: **MOY**

SECTION WISE PREMIUM DETAILS

Section No.	Cover Names	Description	Sum Insured ₹	Premium ₹
Section 4	Personal Accident		16,050,000.00	22,710.75
Section 6	Health		1,050,000.00	42,000.00
Total				₹ 64,710.75

Special Conditions: AS PER LIST FROM SCHOOL. 1. 107 INDIVIDUAL EMPLOYEES COVERED UNDER PA-ACCIDENTAL DEATH, PERMANENT TOTAL DISABILITY- FOR RS. 1LAKH PER PERSON. 2. 107 INDIVIDUAL EMPLOYEES AS PER SCHEDULE SUBMITTED AGAINST DEATH AND HOSPITALISATION DUE TO ACCIDENT AS PER DEATH AND HOSPITALISATION DUE TO ACCIDENT AS PER SWANTHWANA POLICY SCHEME B. 3. 72 INDIVIDUAL EMPLOYEES AGAINST HOSPITALISATION DUE TO SICKNESS AS PER UNIVERSAL HEALTH INSURANCE POLICY LIMITED TO RS. 30000/- PER PERSON PER YEAR. 4. 35 EMPLOYEES WITH FAMILY AS PER THE SCHEDULE SUBMITTED AGAINST HOSPITALISATION DUE TO SICKNESS AS PER UNIVERSAL HEALTH INSURANCE POLICY LIMITED TO RS. 30000/- PER PERSON PER YEAR.

Premium in Words: **SIXTY-FOUR THOUSAND SEVEN HUNDRED FOUR RUPEES ONLY.**

Coverage Details

Cover	Sum Insured(₹)	Premium(₹)
Accidental Hospitalization	16,050,000.00	22,710.75
Hospitalization Cover	1,050,000.00	42,000.00

PREMIUM COMPUTATION:

Gross Premium:	₹ 64,710.75
Excess/Deductible:	0.00
Terrarium:	0.00
Earthquake:	0.00

Agent: AGD0002832
 Contact: 9846773711

Premium	₹ 64,704.00
Service tax(Including Swachh Bharat Cess @ 0.5%)	₹ 9,382.00
Stamp duty	₹ 1.00
Total	₹ 74,086.00
Receipt Number	10210180215107530830
Receipt Date	01/01/2016
S Tax Regn. No.	AAACU5552CS1001
Dev Officer/Agent:	AGD0002832
Cover Note No:	
Cover Note Date:	

UW Remarks : AS PER LIST FROM SCHOOL. 1. 107 INDIVIDUAL EMPLOYEES COVERED UNDER PA-ACCIDENTAL DEATH, PERMANENT TOTAL DISABILITY- FOR RS. 1LAKH PER PERSON. 2. 107 INDIVIDUAL EMPLOYEES AS PER SCHEDULE SUBMITTED AGAINST DEATH AND HOSPITALISATION DUE TO ACCIDENT AS PER SWANTHWANA POLICY SCHEME B. 3. 72 INDIVIDUAL EMPLOYEES AGAINST HOSPITALISATION DUE TO SICKNESS AS PER UNIVERSAL HEALTH INSURANCE POLICY LIMITED TO RS. 30000/- PER PERSON PER YEAR. 4. 35 EMPLOYEES WITH FAMILY AS PER THE SCHEDULE SUBMITTED AGAINST HOSPITALISATION DUE TO SICKNESS AS PER UNIVERSAL HEALTH INSURANCE POLICY LIMITED TO RS. 30000/- PER PERSON PER YEAR.

Anti Money Laundering Clause:- In the event of a claim under the policy exceeding ₹ 1 lakh or a claim for refund of premium exceeding ₹ 1 lakh, the insured will comply with the provisions of AML policy of the company. The AML policy is available in all our operating offices as well as Company's web site.

Date of Proposal and Declaration : 03/01/2016

IN WITNESS WHEREOF, the undersigned being duly authorised has hereunto set his/her hand at BO GURUVAYUR 101802 on this 23rd day of February, 2016.

For and On behalf of
United India Insurance Co. Ltd.
 Duly Constituted Attorney(s)



SPECIAL CONTINGENCY POLICY

WHEREAS the Insured described in the Schedule hereto (hereinafter called the "Insured") by a proposal and declaration which shall be the basis of this contract and is deemed to be incorporated herein has applied to UNITED INDIA INSURANCE COMPANY LIMITED (hereinafter called the "Company") for the insurance hereinafter contained and has paid or agreed to pay the premium stated in the said Schedule as consideration for such insurance during the period stated in the said Schedule or during any further period for which the Company may accept payment for the renewal or extension of this policy.

THE COMPANY HEREBY AGREES subject to the terms, conditions and exclusions herein contained or endorsed or otherwise expressed herein that if the property described herein or any part thereof shall be LOST or damaged by the CONTINGENCIES stated herein at any time during the period of insurance stated herein or any subsequent period in respect of which the Insured shall have paid or agreed to pay and the Company shall have accepted or agreed to accept the premium required for the renewal thereof, the Company will pay to the Insured the value at the time of happening of such loss, of the property so lost or the amount of such damage but not exceeding in any one period of insurance in respect of the several items specified herein the sum set opposite thereto respectively.

EXCEPTIONS

The Company shall not be liable in respect of:

1. Loss or damage whether direct or indirect, occasioned by, happening through, or arising from any consequence of war, act of foreign enemy, hostilities (whether declared or not), civil war, mutiny, rebellion, insurrection, military or usurped power, riot, strike or civil commotion or looting or pillage in connection therewith or confiscation or detention by the order of any Government or Public Authority, Earthquake, Volcanic eruption, flood, storm, tempest, typhoon, hurricane, tornado, cyclone or other similar convulsions of nature, and atmospheric disturbances.
2. Damage caused by overloading or strain.
3. Consequential loss, depreciation, wear and tear or mechanical breakdown.
4. Loss or damage occurring whilst being used for racing or pace making.
5. (a) Loss, destruction of, or damage to any property whatsoever or any loss or any expense whatsoever resulting or arising therefrom or any consequential loss.

(b) Any legal liability of whatsoever nature directly or indirectly caused by or contributed to by or arising from ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear weapons material.

CONDITIONS

1. **NOTICE:** Every notice and communication to the Company required by this Policy shall be in writing to the office of the Company through which this insurance is effected.
2. **MISDESCRIPTION :** This policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, misdescription or non-disclosure of any material particular.
3. **REASONABLE CARE:** The Insured shall take all reasonable steps to safeguard the property insured against accident, loss or damage.
4. **CANCELLATION :** The Company may at any time cancel the Policy on grounds of misrepresentation, fraud, non-disclosure of material fact or non-cooperation by the Insured by sending fifteen days notice in writing by Registered A/D to the Insured at his last known address in which case the Company shall return to the Insured a proportion of the last premium corresponding to the unexpired period of insurance if no claim has been paid under the policy. The Insured may at any time cancel this policy and in such event the Company shall allow refund of premium at Company's short period rates provided no claim has occurred upto the date of cancellation.
The Policy may also be terminated at any time at the request of the Insured in which case the Company will retain the premium for the period this Policy has been in force at the Company's customary short period scales of rates.
5. **CLAIMS PROCEDURE:** The Insured shall upon the occurrence of any event giving rise to or likely to give rise to a claim under this policy give immediate notice thereof to the Company and shall within 14 (fourteen) days thereafter furnish to the Company at his own expense detailed particulars of the amount of the loss or damage together with such explanations and evidence to substantiate the claim as the Company may reasonably require.
6. **CONTRIBUTION:** If at the time of the happening of any loss or damage covered by this policy there shall be existing any other insurance of any nature whatsoever covering the same property, whether effected by the Insured or not, then the Company shall not be liable to pay or contribute more than its fairable proportion of any loss or damage.
7. **FRAUD:** If any claim under this Policy shall be in any respect fraudulent or if any fraudulent means or devices are used under the Policy shall be forfeited.
8. **INDemnITY:** The Company may at its option reimburse, replace or repair the property or premises lost or damaged or any part thereof instead of paying the amount of loss or damage or may join with any other insurer in so doing but the Company shall not be bound to reimburse exactly or completely but only as circumstances permit and in reasonably sufficient manner and in no case shall the Company be bound to expend more in reinstatement than it would have cost to reinstate such property as it was at the time of the occurrence of such loss or damage not more than the sum insured by the Company thereon.

9. **AVERAGE:** If the property hereby insured shall at the time of any loss or damage be collectively of greater value than the sum insured thereon, then the Insured shall be considered as being his own insurer for the difference, and shall bear a rateable proportion of the loss or damage accordingly. Every item, if more than one, in the Policy, shall be separately subject to this condition.

10. **ARBITRATION:** If any difference arises as to the amount of any claim under this Policy, such difference shall independently of all other questions be referred to the decision of an Arbitrator to be appointed in writing by the parties in difference, or if they cannot agree upon a single Arbitrator, to the decision of two arbitrators after having been required of whom one shall be appointed in writing by each of the parties within two calendar months after the date of the dispute, and of whom one shall be appointed by the other party. In case either party shall refuse or fail to appoint an Arbitrator within two calendar months after receipt of notice in writing requiring an appointment, the other party shall be at liberty to appoint a sole Arbitrator, and in case of disagreement between Arbitrators, the difference shall be referred to the decision of an Umpire who shall have been appointed by them in writing before entering on the reference and the powers of the Arbitrator, and preside at their meetings. The death of any party shall not affect the authority or powers of the Arbitrator, and Arbitrators or Umpire and in the event of the death of either or both of the Arbitrators or Umpire, another shall be appointed in the stead of the party or the Arbitrators (as the case may be) by whom the Arbitrator or Umpire or each case be appointed in the stead of the party or the Arbitrators (as the case may be) by whom the Arbitrator or Umpire so dying was appointed. The costs of the reference and of the award shall be in the discretion of the Arbitrator, Arbitrators or Umpire making the award.

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as hereinbefore provided, if the Company has disputed or not accepted liability under or in respect of this policy and it is also expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this policy that the award by such Arbitrator, Arbitrators or Umpire of the amount of the claim if disputed shall be first obtained.

OBSERVANCE OF TERMS AND CONDITIONS: The due observance and fulfillment of the terms, conditions and endorsements of this Policy in so far as they relate to anything to be done or complied with by the Insured, shall be a condition precedent to any liability of the Company to make any payment under this Policy.



EMPLOYEES' STATE INSURANCE CORPORATION
Return of Declaration Form
Regulation 14

Name & Address of Factory or Establishment

SREEPATHY INSTITUTE OF MANAGEMENT AND TECHNOLOGY
VAVNNOOR
KOOTTANAD

Employer's Code No.

54000236660001304

I send herewith Declaration Forms in respect of the employees mentioned below. I hereby declare that every person employed as an employee within the meaning of Section 2(9) of the Employees' State Insurance Act, 1948 on in this factory or establishment and in respect of a remuneration not exceeding Rs. 15,000/- (excluding remuneration for overtime work) per month has been included in this list (excepting only those in respect of whom declaration forms have been sent to the Corporation in the past).

Place

Local Office

Date

20/1/2021

Designation

SI No	Employee Name	Insurance No.	From Date.	To Date.	Exemption Status.	Registration Date
1	A VISHNU NAMBOODIRI	5403760313	--	--	NO	28-04-2017
2	AJITHA P M	5403918533	--	--	NO	27-02-2020
3	ANJALI P	5403917384	--	--	NO	17-02-2020
4	BABU K C	5403773772	--	--	NO	30-06-2017
5	BABU M	5403782766	--	--	NO	03-08-2017
6	CHANDRASEKHARAN C P	5403763458	--	--	NO	16-05-2017
7	DHANYA P	5403760625	--	--	NO	29-04-2017

SI No	Employee Name	Insurance No.	From Date.	To Date.	Exemption Status.	Registration Date
8	DHANYA T N	5403759453	--	--	NO	21-04-2017
9	DILIPKUMAR K N	5403760588	--	--	NO	29-04-2017
10	DIVYA LAKSHMI P	5403761551	--	--	NO	08-05-2017
11	DIVYA M	5403759435	--	--	NO	21-04-2017
12	DURGALAKSHMI K M	5403917262	--	--	NO	15-02-2020
13	GANGA P	5403917401	--	--	NO	17-02-2020
14	GEETHA T P	5403760619	--	--	NO	29-04-2017
15	GIREESH C	5403760622	--	--	NO	29-04-2017
16	GOPALAKRISHNAN P	5403766580	--	--	NO	31-05-2017
17	HARI C N	5403761612	--	--	NO	08-05-2017
18	JISHNU B H	5403917410	--	--	NO	17-02-2020
19	JISHNU NAMBOODIRIPAD	5403759441	--	--	NO	21-04-2017
20	JYOTHI K K	5403918518	--	--	NO	27-02-2020
21	KESAVAN M P	5403773306	--	--	NO	29-06-2017
22	KRISHNANKUTTY K V	5403759439	--	--	NO	21-04-2017
23	LAKSHMI	5403917418	--	--	NO	17-02-2020

SI No	Employee Name	Insurance No.	From Date.	To Date.	Exemption Status.	Registration Date
24	M PRABATH	5403838157	--	--	NO	08-08-2018
25	MANIKANDAN P V	5403773299	--	--	NO	29-06-2017
26	MANOJKUMAR T K	5403760875	--	--	NO	04-05-2017
27	MINI O P	5403759447	--	--	NO	21-04-2017
28	NARAYANAN P V	5403761388	--	--	NO	06-05-2017
29	PRADEEP M	5403761394	--	--	NO	06-05-2017
30	PRADEEPKUMAR K	5403762067	--	--	NO	10-05-2017
31	PRASIDH E PRAKASH	5403918526	--	--	NO	27-02-2020
32	RAJANI C	5403773302	--	--	NO	29-06-2017
33	RAJITHA M R	5403761549	--	--	NO	08-05-2017
34	REJEESH P N	5403761555	--	--	NO	08-05-2017
35	RESHMA C	5403917408	--	--	NO	17-02-2020
36	ROSHINI T MOHAN	5403917399	--	--	NO	17-02-2020
37	SADANANDAN M T	5403761578	--	--	NO	08-05-2017
38	SARITHA T S	5403761597	--	--	NO	08-05-2017
39	SASIKUMAR K	5403760604	--	--	NO	29-04-2017

SI No	Employee Name	Insurance No.	From Date.	To Date.	Exemption Status.	Registration Date
40	SHIBU K	5403760483	--	--	NO	28-04-2017
41	SINI M	5403917407	--	--	NO	17-02-2020
42	SREEDEV S N	5403918530	--	--	NO	27-02-2020
43	SUHAS K N	5403760351	--	--	NO	28-04-2017
44	SUKUMARAN M P	5403760627	--	--	NO	29-04-2017
45	SUMESH S	5403760603	--	--	NO	29-04-2017
46	SUNITHA T	5403759438	--	--	NO	21-04-2017
47	SURAJKUMAR E S	5403761540	--	--	NO	08-05-2017
48	VASUDEVAN E S	5403761560	--	--	NO	08-05-2017
49	VENU E	5403759446	--	--	NO	21-04-2017
50	VISHNU K V	5403759448	--	--	NO	21-04-2017

Monthly Contribution Details (Contractor-wise) for the month of Dec-2020

Employer Code :54000236660001304

Employer Name :SREEPATHY INSTITUTE OF

MANAGEMENT AND TECHNOLOGY

S.No	Employee IP Number	Employee Name	Days Worked	Monthly Wages	Is Disable	Reason	IP Contribution
Name : SREEPATHY INSTITUTE OF MANAGEMENT AND TECHNOLOGY-							
1	5403759435	DIVYA M	31	14730.00	-	-	111.00
2	5403759438	SUNITHA T	31	11250.00	-	-	85.00
3	5403759439	KRISHNANKUTTY K V	31	13830.00	-	-	104.00
4	5403759441	JISHNU NAMBOODIRIPA	31	19675.00	-	-	148.00
5	5403759446	VENU E	31	20740.00	-	-	156.00
6	5403759447	MINI O P	31	13950.00	-	-	105.00
7	5403759448	VISHNU K V	31	7840.00	-	-	59.00
8	5403759453	DHANYA T N	31	13950.00	-	-	105.00
9	5403760313	A VISHNU NAMBOODIRI	31	14185.00	-	-	107.00
10	5403760351	SUHAS K N	31	13535.00	-	-	102.00
11	5403760483	SHIBU K	31	13950.00	-	-	105.00
12	5403760588	DILIPKUMAR K N	31	15052.00	-	-	113.00
13	5403760603	SUMESH S	31	13140.00	-	-	99.00
14	5403760604	SASIKUMAR K	0	0.00	-	On Leave	0.00
15	5403760619	GEETHA T P	31	9350.00	-	-	71.00
16	5403760622	GIREESH C	31	9350.00	-	-	71.00
17	5403760625	DHANYA P	31	7100.00	-	-	54.00
18	5403760627	SUKUMARAN M P	31	9600.00	-	-	72.00
19	5403760875	MANOJKUMAR T K	31	13950.00	-	-	105.00
20	5403761388	NARAYANAN P V	31	9350.00	-	-	71.00
21	5403761394	PRADEEP M	31	12385.00	-	-	93.00
22	5403761540	SURAJKUMAR E S	31	18409.00	-	-	139.00
23	5403761549	RAJITHA M R	31	13210.00	-	-	100.00
24	5403761551	DIVYA LAKSHMI P	31	12385.00	-	-	93.00
25	5403761555	REJEESH P N	31	9350.00	-	-	71.00
26	5403761560	VASUDEVAN E S	31	11650.00	-	-	88.00
27	5403761578	SADANANDAN M T	31	9350.00	-	-	71.00
28	5403761597	SARITHA T S	31	13980.00	-	-	105.00
29	5403761612	HARI C N	31	13750.00	-	-	104.00
30	5403762067	PRADEEPKUMAR K	0	0.00	-	On Leave	0.00
31	5403763458	CHANDRASEKHARAN C F	0	0.00	-	On Leave	0.00
32	5403766580	GOPALAKRISHNAN P	0	0.00	-	On Leave	0.00
33	5403773299	MANIKANDAN P V	0	0.00	-	On Leave	0.00
34	5403773302	RAJANI C	0	0.00	-	On Leave	0.00
35	5403773306	KESAVAN M P	0	0.00	-	On Leave	0.00

Monthly Contribution Details (Contractor-wise) for the month of Dec-2020

Employer Code :54000236660001304

Employer Name :SREPATHY INSTITUTE OF
MANAGEMENT AND TECHNOLOGY

S.No	Employee IP Number	Employee Name	Days Worked	Monthly Wages	Is Disable	Reason	IP Contribution
36	5403773772	BABU K C	0	0.00	-	On Leave	0.00
37	5403782766	BABU M	31	13115.00	-	-	99.00
38	5403838157	M PRABATH	31	13980.00	-	-	105.00
39	5403917262	DURGALAKSHMI K M	31	15250.00	-	-	115.00
40	5403917384	ANJALI P	31	15758.00	-	-	119.00
41	5403917399	ROSHINI T MOHAN	31	15250.00	-	-	115.00
42	5403917401	GANGA P	31	15250.00	-	-	115.00
43	5403917407	SINI M	31	16000.00	-	-	121.00
44	5403917408	RESHMA C	31	15000.00	-	-	113.00
45	5403917410	JISHNU B H	31	15100.00	-	-	114.00
46	5403917418	LAKSHMI	0	0.00	-	On Leave	0.00
47	5403918518	JYOTHI K K	31	18000.00	-	-	135.00
48	5403918526	PRASIDH E PRAKASH	31	19000.00	-	-	143.00
49	5403918530	SREEDEV S N	31	7700.00	-	-	58.00
50	5403918533	AJITHA P M	0	0.00	-	On Leave	0.00
Total Monthly Wages :				538,399.00	Total IP Contribution :		4,059.00

Total IP Contribution	Total Employer Contribution	Total Contribution	Total Government Contribution	Total Monthly Wages
4,059.00	17,498.00	21,557.00	0.00	538,399.00

-- End of Report --

Search

UAN	<input type="text"/>	Member ID	KR	KKD	0023803	000	0000000
Name	<input type="text"/>	Email Id	<input type="text"/>				
Joining Date Between	From Date <input type="text"/> And Till Date <input type="text"/>						
58 Years Completed Between	From Date <input type="text"/> And Till Date <input type="text"/>						

KYC,e-Nomination available KYC,e-Nomination Not available

Operator Type :

AADHAAR OR PAN OR Bank OR eNomination

Search

Cancel (/epfo/estbReports/dashBoardActiveMember?_HDIV_STATE_=14-62-96388CE5A982E4CD9E42855BB9CA8E3A)

Active Member Details

Export To 

(/epfo/estbReports/activeMembersCsv?memberId=&uan=&name=&emailId=&fromDate=&toDate=&yearsFromDate=&yearsToDate=&isAllKycPresent=N&option=O&isAadhaar=Y&isPan=Y&isBank=Y&isEnomination=Y&_HDIV_STATE_=14-63-96388CE5A982E4CD9E42855BB9CA8E3A)

	UAN	Member ID	Name	Gender	DoB	DoJ	Father's / Husband's Name	Relation	Marital Status	Mobile	Email ID	AADHAAR	PAN	Bank Account No, IFSC Code	Nominatio Filed
1	10135022 8222	KRKKD00238030 000010071	Mr. DILIP KUMAR K N	MALE	16-MAY- 1970	01- AUG- 2018	NARAYANAN NAMBOODIRI	FATHE R	MARRI ED	9447840 223	dilipkumar.kn@ simat.ac.in	XXXX XXXX 2736	NOT AVAILABLE	3104738XXXX IFSC:SBIN00132 22	NO
2	10114007 9216	KRKKD00238030 000010068	Mr. BABU K C	MALE	30-MAY- 1970	01-MAR- 2017	CHATHU	FATHE R	MARRI ED	9846298 450	NOT AVAILABLE	NOT AVAILABLE	NOT AVAILABLE	6720343XXXX IFSC:SBTR0000 249	NO

3	10114007 9180	KRKKD00238030 000010065	Mr. PRADEEPKUMAR K	MALE	27-MAY-1991	01-MAR-2017	NANDAGOPALAN K	FATHER	UN-MARRIED	9946898 188	NOT AVAILABLE	NOT AVAILABLE	NOT AVAILABLE	8288010000XXX X IFSC:BARBOVJV AVA	NO
4	10107478 3881	KRKKD00238030 000010063	Mr. SURAJ KUMAR E S	MALE	01-MAY-1993	01-MAR-2017	SUBRAMANIYAN E M	FATHER	UN-MARRIED	9744641 138	surajkumaresk allur@gmail.com	XXXX XXXX 3617	NOT AVAILABLE	3613232XXXX IFSC:SBIN00132 22	NO
5	10107478 3875	KRKKD00238030 000010062	Mr. REJEESH P N	MALE	11-DEC-1986	01-MAR-2017	NEELAKANDAN P C	FATHER	UN-MARRIED	9747165 321	pnrejeesh86@gmail.com	XXXX XXXX 2964	NOT AVAILABLE	3616371XXXX IFSC:SBIN00132 22	NO
6	10107478 3852	KRKKD00238030 000010060	Mr. VISHNU K V	MALE	27-APR-1993	01-MAR-2017	MUKUNDAN K V	FATHER	UN-MARRIED	9400776 796	vishnuv08@gmail.com	XXXX XXXX 6367	XXWPV129XX	3309673XXXX IFSC:SBIN00132 22	NO
7	10107478 2033	KRKKD00238030 000010058	Mr. VASUDEVAN E S	MALE	18-SEP-1983	01-MAR-2017	E A SREEKUMAR	FATHER	UN-MARRIED	9847218 207	vasudevan.es@ simat.ac.in	XXXX XXXX 0307	NOT AVAILABLE	3613231XXXX IFSC:SBIN00132 22	NO
8	10114007 9200	KRKKD00238030 000010067	Mr. CHANDRA SEKHARAN C P	MALE	21-MAY-1969	01-MAR-2017	APPUKUTTAN	FATHER	MARRIED	9645930 219	NOT AVAILABLE	XXXX XXXX 7648	NOT AVAILABLE	8288010000XXX X IFSC:BARBOVJV AVA	NO
9	10114007 9228	KRKKD00238030 000010069	Mr. GOPALAKRISHNAN	MALE	30-MAY-1970	01-MAR-2017	NARAYANAN NAIR	FATHER	MARRIED	9037525 986	NOT AVAILABLE	XXXX XXXX 3554	NOT AVAILABLE	8288010000XXX X IFSC:BARBOVJV AVA	NO
10	10114007 9198	KRKKD00238030 000010066	Mr. KUMARAN O	MALE	16-FEB-1946	01-MAR-2017	NARAYANAN	FATHER	MARRIED	9745245 846	NOT AVAILABLE	NOT AVAILABLE	NOT AVAILABLE	053405300001X XXX IFSC:SIBL00005 34	NO
11	10064608 6166	KRKKD00238030 000000047	Mr. VISHNU NAMBOODIRI A	MALE	10-MAY-1976	01-OCT-2014	NARAYANAN NAMBOODIRI A	FATHER	MARRIED	9447296 541	visangal@gmail.com	XXXX XXXX 8316	XXDPA033XX	3183211XXXX IFSC:SBIN00132 22	NO
12	10064618 7984	KRKKD00238030 000000051	DIVYALAKSHMI P	FEMALE	20-FEB-1987	01-OCT-2014	PRADEEP V K	HUSBAND	MARRIED	9495135 196	divyalakshmi.p@ simat.ac.in	XXXX XXXX 5848	XXWPP358XX	3246371XXXX IFSC:SBIN00132 22	NO
13	10064549 5562	KRKKD00238030 000000040	SUNITHA T	FEMALE	08-MAY-1980	01-OCT-2014	DILIP C	HUSBAND	MARRIED	9846274 963	sunithadilip@ ediffmail.com	XXXX XXXX 7440	NOT AVAILABLE	3219451XXXX IFSC:SBIN00132 22	NO
14	10064676 4808	KRKKD00238030 000000039	Ms. DHANYA P	FEMALE	29-OCT-1984	01-JUN-2014	VASUNNI	FATHER	NOT AVAILABLE	9946801 258	NOT AVAILABLE	XXXX XXXX 8700	NOT AVAILABLE	3392299XXXX IFSC:SBIN00132 22	NO
15	10064571 6564	KRKKD00238030 000000052	Mr. MAJO JOHNSON	MALE	14-OCT-1989	20-JUL-2012	JOHNSON	FATHER	UN-MARRIED	9947269 513	NOT AVAILABLE	XXXX XXXX 7730	XXSPJ185XX	3246371XXXX IFSC:SBIN00132 22	NO
16	10064615 6672	KRKKD00238030 000000049	NARAYANAN K P	MALE	01-MAY-1985	04-JUN-2012	PARAMESWARAN K M	FATHER	MARRIED	9961155 511	narayanankpsrr 1@gmail.com	XXXX XXXX 1046	NOT AVAILABLE	3240520XXXX IFSC:SBIN00132 22	NO
17	10029752 2055	KRKKD00238030 000000034	Ms. RAJITHA M R	FEMALE	23-JAN-1984	01-JUN-2011	KRISHNAKUMAR P	HUSBAND	NOT AVAILABLE	9745856 340	rajithakrishnak umar@gmail.com	XXXX XXXX 0391	XXZPR363XX	3178151XXXX IFSC:SBIN00132 22	NO

18	10010449 2310	KRKKD00238030 000000024	Mr. BABU M	MALE	17-JAN- 1987	02-APR- 2010	SANKARANARAY ANAN M	FATHE R	UN- MARRI ED	9745369 331	artisttableno1 @gmail.com	XXXX XXXX 0893	NOT AVAILABLE	3113836XXXX IFSC:SBIN00132 22	NO
19	10019689 1143	KRKKD00238030 000000023	Mr. KRISHNANKUTT Y K V	MALE	25-MAY- 1967	01-NOV- 2009	KUNHUNNI NAIR	FATHE R	NOT AVAILA BLE	NOT AVAILABL E	NOT AVAILABLE	NOT AVAILABLE	NOT AVAILABLE	NOT AVAILABLE	NO
20	10015359 5383	KRKKD00238030 000000022	Mr. GIREESH C	MALE	06-MAY- 1982	01-SEP- 2009	GANGADHARAN NAIR	FATHE R	UN- MARRI ED	9539541 642	NOT AVAILABLE	XXXX XXXX 6181	NOT AVAILABLE	3104738XXXX IFSC:SBIN00132 22	NO
21	10025047 6771	KRKKD00238030 000000019	Mr. NARAYANAN P V	MALE	01-MAR- 1972	01- AUG- 2009	VASUDEVAN NAMBOODIRI	FATHE R	NOT AVAILA BLE	9656345 856	narayananpv17 6@gmail.com	XXXX XXXX 0373	NOT AVAILABLE	3104738XXXX IFSC:SBIN00132 22	NO
22	10035047 2755	KRKKD00238030 000000002	Mr. SHIBU K	MALE	12-JAN- 1988	13-JUL- 2009	PARAMESWARA N NAMBOODIRI	FATHE R	NOT AVAILA BLE	9995920 448	kshibu39@gmai l.com	XXXX XXXX 0944	NOT AVAILABLE	3104738XXXX IFSC:SBIN00132 22	NO
23	10015271 2484	KRKKD00238030 000000016	Ms. GEETHA T P	FEMALE	09-APR- 1976	09-JUL- 2009	CHAKKAN T P	FATHE R	NOT AVAILA BLE	9539288 606	NOT AVAILABLE	XXXX XXXX 8766	NOT AVAILABLE	3104738XXXX IFSC:SBIN00132 22	NO
24	10022782 7013	KRKKD00238030 000000006	Ms. MINI O P	FEMALE	02-MAY- 1973	08-JUL- 2009	NEELAKANDAN K	FATHE R	MARRI ED	9846908 270	mini.op@simat .ac.in	XXXX XXXX 4647	XXKPP071XX	3106107XXXX IFSC:SBIN00132 22	NO
25	10034001 2140	KRKKD00238030 000000009	Mr. SASIKUMAR K	MALE	23-APR- 1976	01-JUL- 2009	KRISHNAN NAMBOODIRI	FATHE R	NOT AVAILA BLE	9446513 364	sasikumarsimat @gmail.com	XXXX XXXX 5638	NOT AVAILABLE	3104738XXXX IFSC:SBIN00132 22	NO
26	10014055 0914	KRKKD00238030 000000012	Ms. DIVYA RAKESHKUMAR	FEMALE	20-NOV- 1981	01-JUL- 2009	M S MURUGAN	FATHE R	WIDO WER	9961948 499	divyarakesh@r ediffmail.com	XXXX XXXX 5668	NOT AVAILABLE	2000969XXXX IFSC:SBIN00074 79	NO
27	10027354 9181	KRKKD00238030 000000011	Mr. M PRABATH	MALE	02-NOV- 1977	01-JUL- 2009	M KRISHNAN	FATHE R	NOT AVAILA BLE	9447225 818	neelkantm@ya hoo.co.in	XXXX XXXX 6435	NOT AVAILABLE	NOT AVAILABLE	NO
28	10013556 4404	KRKKD00238030 000000004	Ms. DHANYA T N	FEMALE	25-MAR- 1980	01-JUL- 2009	ANU O	FATHE R	MARRI ED	9400751 420	dhanya.tn.anu @gmail.com	XXXX XXXX 5572	XXSPT660XX	3095939XXXX IFSC:SBIN00132 22	NO
29	10032649 9641	KRKKD00238030 000000017	Mr. M T SADANANDAN	MALE	25-FEB- 1962	01-JUL- 2009	KUMARAN NAIR	FATHE R	NOT AVAILA BLE	9048249 001	NOT AVAILABLE	XXXX XXXX 9433	NOT AVAILABLE	3104837XXXX IFSC:SBIN00132 22	NO
30	10033918 0874	KRKKD00238030 000000010	Ms. SARITHA T S	FEMALE	24-MAY- 1972	01-JUL- 2009	C V GIRI	FATHE R	NOT AVAILA BLE	9562634 643	saritha.ts@sim at.ac.in	XXXX XXXX 5260	NOT AVAILABLE	3104738XXXX IFSC:SBIN00132 22	NO
31	10019689 6599	KRKKD00238030 000000013	Mr. KRISHNAN NAMBOODIRI K	MALE	29-APR- 1951	01-JUL- 2009	KESAVAN NAMBOODIRI	FATHE R	NOT AVAILA BLE	9446451 629	NOT AVAILABLE	NOT AVAILABLE	NOT AVAILABLE	NOT AVAILABLE	NO
32	10022190 6260	KRKKD00238030 000000014	Mr. MANOJ KUMAR T K	MALE	14-MAY- 1976	01-JUL- 2009	KESAVAN T V	FATHE R	MARRI ED	9447831 267	manojthamatt oor@gmail.com	XXXX XXXX 8628	NOT AVAILABLE	3104738XXXX IFSC:SBIN00132 22	NO
33	10016124 3115	KRKKD00238030 000000008	Mr. HARI C N	MALE	17-JAN- 1974	01-JUL- 2009	NEELAKANDHA N NAMBOODIRI	FATHE R	NOT AVAILA BLE	9947127 849	NOT AVAILABLE	XXXX XXXX 3444	XXBPN537XX	3104738XXXX IFSC:SBIN00132 22	NO

34	10036801 3687	KRKKD00238030 000000015	Mr. SUKUMARAN M P	MALE	12-FEB- 1986	01-JUL- 2009	KUNCHIRAMA THARAKAN	FATHE R	NOT AVAILA BLE	9745047 784	sukumaran1221 986@gmail.co m	XXXX XXXX 8769	NOT AVAILABLE	3104706XXXX IFSC:SBIN00132 22	NO
35	10064625 2695	KRKKD00238030 000000053	ASWATHI P P	NOT AVAILAB LE			NOT AVAILABLE	NOT AVAIL ABLE	NOT AVAILA BLE	9495305 100	aswathirajanpp @gmail.com	NOT AVAILABLE	NOT AVAILABLE	NOT AVAILABLE	NO
36	10036657 0552	KRKKD00238030 000000028	Mr. SUHAS K N	MALE	15-OCT- 1980		NARAYANAN NAMBOODIRI	FATHE R	NOT AVAILA BLE	9447861 425	suhaskarippala @gmail.com	XXXX XXXX 4318	NOT AVAILABLE	3150493XXXX IFSC:SBIN00132 22	NO
37	10064621 7752	KRKKD00238030 000000046	PRADEEP M	NOT AVAILAB LE	24-DEC- 1983		NOT AVAILABLE	NOT AVAIL ABLE	NOT AVAILA BLE	9947665 351	pradeepmmlp @gmail.com	NOT AVAILABLE	NOT AVAILABLE	NOT AVAILABLE	NO
38	10064665 1106	KRKKD00238030 000000042	S SUMESH	MALE	19-DEC- 1981		NOT AVAILABLE	NOT AVAIL ABLE	MARRI ED	9400911 212	sumeshsubrah manian@gmai l.com	XXXX XXXX 0555	NOT AVAILABLE	3198291XXXX IFSC:SBIN00132 22	NO

Designed, Developed and Hosted by: Employees' Provident Fund Organisation, India
Last Updated Mon 18, Jan 2021 (PV 3.2.6)



कर्मचारी भविष्य निधि सगठन , भारत

Employees' Provident Fund Organisation,

यूनिवर्सल खाता संख्या

Universal Account Number (UAN)

100645495562



नाम

Name

SUNITHA T

पिता / पति का नाम

Father's / Husband's Name

DILIP C

के.वाई.सी.

K.Y.C.

Yes

www.epfindia.

यूनिवर्सल खाता संख्या

Universal Account Number

100645495562



प्रतिख्यान : इस कार्ड पर दर्शाया गया डेटा ईपीएफओ में उपलब्ध डेटाबेस के अनुसार है। विसंगति के मामले आप उसमें सुधार के लिए अपने क्षेत्रीय कार्यालय से संपर्क कर सकते हैं।

Disclaimer: Data appearing on the card is as per the database available in EPFO. In case of any discrepancy you may contact your concerned EPFO office for its rectification.

Printed from EPFO Member Portal On: 20.01.2021



EMPLOYEES' STATE INSURANCE CORPORATION
e-Pehchan Card

Insured Person : **Ajitha P M**
Insurance No. : **5403918533**
Date of Registration : **27/02/2020**

YOUR REGISTRATION DETAILS

Employee Name:	Ajitha P M	Type of Disability :	None
Name of Father / Husband:	RAKESH K S	Date of Birth :	16/02/1994
Marital Status :	Married	Gender :	Female
Present Address :	KODANGATTIL HOUSE,CHEMBRA PO,THIRUVEGAPPURA,Dist:Palakkad,Kerala, 679302	Permanent Address :	KODANGATTIL HOUSE,CHEMBRA PO,THIRUVEGAPPURA,Dist:Palakkad,Ker ala,679302
Dispensary / IMP for IP :	Shornur, KL (ESIS Disp.)	Dispensary / IMP for Family:	Shornur, KL (ESIS Disp.)
UHID	KL01.0002810523		
Current Employer Details		First Employer Details	
Employer's Code No. :	54000236660001304	Employer's Code No. :	None
Sub Unit's Code No. :	None	Sub Unit's Code No. :	None
Date of Appointment :	24/02/2020	First Insurance No. :	None
Name of Employer :	SREEPATHY INSTITUTE OF MANAGEMENT AND INSTITUTE OF DISTANCE EDUCATION, KODANGATTIL HOUSE, CHEMBRA, Palakkad, Kerala, 679302	Name of Employer :	None
Address of Employer :	KODANGATTIL HOUSE, CHEMBRA, Palakkad, Kerala, 679302	Address of Employer :	None

Family Details:

Name	Relationship with the Employee	Date of Birth	UHID	Whether Residing with Insured Person	State	District
RAKESH K S	Spouse	11/10/1985	KL01.0002810524	Yes	Kerala	Palakkad
ARAV RAKESH	Minor dependant son	11/08/2015	KL01.0002810525	Yes	Kerala	Palakkad
PADMINI	Dependant mother	25/03/1971	KL01.0002822735	Yes	Kerala	Palakkad
MOHANAN	Dependant father	12/02/1965	KL01.0002822736	Yes	Kerala	Palakkad

Nominee Details:

Name of Nominee	Relationship with IP	Percentage	Address of Nominee
RAKESH K S	Spouse	100	KODANGATTIL HOUSE,CHEMBRA PO,THIRUVEGAPPURA,KeralaDist:Pala kkad679302

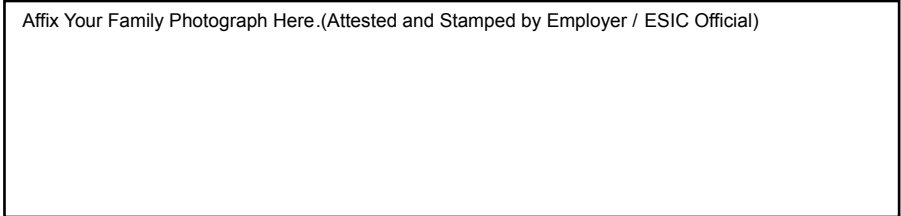
Documents Uploaded:

none

Signature / LTI of Registered Employee / IP :



Affix Your Family Photograph Here.(Attested and Stamped by Employer / ESIC Official)



Mobile Number : **9539386244**

NOTE:

1. Please keep this printout for future reference and bring this along with your Photo ID for all your Claim Benefits and Medical Benefits.
2. Employer to please affix employee and his family photo here and attest with official stamp across .

Signature / Stamp of ESIC Officer / Employer

Employees' State Insurance Corporation is a premier organization providing Social Security to workforce in the form of Medical and Cash Benefits in the contingencies of Sickness, Maternity, Disablement or death due to employment injury.

Sl.No	Benefits	Entitlement	Duration	Rate of Benefit
1	Medical Benefit	One should be an insured person	From day one of entering into insurable employment to till date in insurable employment and during the corresponding benefit period.	Reasonable medical care, Super Speciality treatment, comprehensive medical care & clinical investigation as per eligibility
2(a)	Sickness Benefit	78 days in relevant Contribution Period	Up to 91 days in two consecutive Benefit Period	70% of average Daily wages
2(b)	Enhanced Sickness Benefit	78 days in one Contribution Period	7 days/ 14 days for male/female insured person respectively for undergoing sterilization operation	100% of average Daily wages
3	Extended Sickness Benefit	156 days in 4 consecutive Contribution Period	124 to 309 days may be extended to 730 days in case of specified long term diseases	80% of average Daily wages
4(a)	Temporary Disablement Benefit	From day one of entering Insurable employment	As long as temporary disablement lasts	90% of average Daily wages
4(b)	Permanent Disablement Benefit	From day one of entering Insurable employment	For whole life	Depending upon loss of earning capacity of Insured
5	Dependents Benefit	From day one of entering Insurable employment	Paid to the dependents of the Insured Person. Who dies as a result of employment injury, in manner as detailed in Rule 58	90% of average Daily wages. Shareable in fixed proportion.
6	Maternity Benefit	70 days in immediately preceding 1 or 2 consecutive Contribution Periods	26 weeks in case of normal delivery for 1st two surviving child thereafter 12 weeks. 6 weeks in case of miscarriage. 12 weeks for commissioning/adopting mother.	100% of average Daily wages
7	Rajiv Gandhi Shramik Kalyana Yojana	Insurable employment for the last 2 years with 78 days contribution paid/ payable in each Contribution Period, Involuntary Unemployment due to closure of factory, retrenchment or permanent disablement due to non-employment injury > 40%	For a maximum period of 24 months. Vocational training of up to 1 year for upgrading skill of Insured Persons receiving unemployment allowance.	<ol style="list-style-type: none"> I. Unemployment allowance at the rates of <ol style="list-style-type: none"> i. 50% of last avg. daily wages - 0 to 12 Months. ii. 25% of last avg. daily wages - 13 to 24 Months 2. Medical care for self and family during receipt of unemployment allowance.
8	Funeral Expenses	From day one of entering Insurable employment	For defraying expenses on funeral of an Insured Person	With the enhancement of Funeral Expenses to Rs.15,000/-.
9	Confinement expenses	No condition other than insurable employment.	Up to two confinements	Rs. 5000/- per case of confinement to an Insured Women or an Insured person in respect of his wife in case facilities for confinement are not available in ESI institutions.
10	Medical Care to retired Insured Persons	Superannuated/permanently retired/retired under VRS /Pre-mature retirement/ permanently retired due to employment injury after being in insurable employment for 5 years/spouses of such deceased Insured Persons/spouses receiving Dependent Benefit.	On yearly basis.	Medical facility within ESIC on payment of Rs. 120/- for self

• For detailed information on benefits you are requested to visit website www.esic.nic.in or call toll free number 1800112526