

पॉलिसी अनुसूची/ Policy Schedule - Group Mediclaim - Tailor Made with Floater	
Policy Number: 340100502310000585	व्यवसाय स्रोत / Business Source: 340100
जारीकर्ता कार्यालय/Issuing Office कार्यालय कोड/ Office Code: 340100 कार्यालय पता/ Office Address: NEW DELHI CORPORATE UW KONNECTUS Tower, Bavbhuti Marg,803 B, Tower 3, 8th Floor,Opposite New Delhi Railway Station - Ajmeri Gate Side - 110002. State Code: 7 . Delhi GSTIN: 07AAACN9967E1Z5 Contact Number: Mobile Number: 0	विक्रय चैनल विवरण/ Sales Channel Details कोड/ Code: 340100 नाम/ Name: New Delhi Corporate Underwriti Contact Number: सह दलाल कोड / Co Broker Code: कस्टमर केयर टॉल फ्री नंबर/ Customer Care Toll Free Number: 1800 345 0330 ईमेल/ email:customer.support@nic.co.in



ग्राहक का नाम /Customer Name: NATIONAL SEEDS CORPORATION LTD	ग्राहक आईडी /Customer ID: 9702215081	पैन /PAN: AABCN8973F
पता/ Address: BEEJ BHAWAN, PUSA COMPLEX,NEW DELHI DIST. : CENTRAL DELHI, DELHI	फोन /Phone:	
FOR GROUP HEALTH PURPOSE ONLY, City: NEW DELHI, District: CENTRAL DELHI, State: DELHI, PIN: 110012. Cell: 9540169109	ई-मेल /E-Mail: kamal.gupta@nic.co.in	

पॉलिसी: 19/09/2023 के 00:00 से 18/09/2024 की मध्य रात्रतिक प्रभावी /Policy Effective from 00:00 hours, on 19/09/2023 to midnight of 18/09/2024			
प्रीमियम/ Premium	₹ 1,33,83,051.00	कवर नोट संख्या और तथि/ Cover Note Number and Date	लागू नहीं/NA
CGST	₹ 12,04,475.00	प्रस्ताव संख्या और तथि/ Proposal Number and Date	8800220921414376 Dt. 18/09/2023
SGST/UTGST	₹ 12,04,475.00		
IGST	₹ 0.00		
कम:जीएसटी टीडीएस / Less:GST_TDS	₹ 0.00	रसीद संख्या और तथि/Receipt Number and Date	340100812210004570,340100812210004419, 340100812310002759 Dt. 29/11/2022,18/11/2022,18/09/2023
पुनर्प्राप्ति योग्य स्टाम्प ड्यूटी /Recoverable Stamp Duty	₹ 0.00	पछिली पॉलिसी संख्या और समाप्ति तथि/ Previous Policy Number and Expiry Date	340100502210000681 and Dt.18/09/2023
कुल /Total Amount	₹ 1,57,92,001.00	(Rupees One Crore Fifty Seven Lakh Ninety Two Thousand One Only.)	

LocationAddress:

1)BEEJ BHAWAN, PUSA COMPLEX , DELHI -110012,,New Delhi - District Others,New Delhi,Delhi,110098.

Number of families:412 Number of Lives covered: 775

SL. No	Coverage	Coverage Description	Sum Insured
1	Standard Cover	TAILOR MADE GROUP MEDICLAIM OF RETIRED EMPLOYEES	18,80,00,000.00
अधिक/Excess: 0.			
Additional Information: NA			

TPA Details: MEDI ASSIST INDIA TPA PVT LTD - HO, Fourth Floor IBC, Knowledge Park, Tower D, No 4/1, Bannerghatta Road, Near dairy circle,bangalore 29 - 560029 Contact No : 80 - 26590504 Email : nic@mediassist.in.

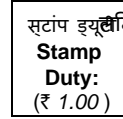
Clauses	As per Annexure I
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जिसकी गवाही में दनि/ माह /वर्ष को उपरोक्त उल्लेखित कार्यालय पते पर अधोहस्ताक्षरी को वधिवित अधकृत किया जा रहा है उसके हाथ नरिधारति कएि जाएं। यह अनुसूची, संलग्न पॉलिसी, खण्ड, पृष्ठकन और पॉलिसी शब्दों, जो कंपनी वेबसाईट <https://nationalinsurance.nic.co.in> पर उपलब्ध है, को एक अनुबंध के रुप में एक साथ पढा जाए तथा कोई भी शब्द या अभवियक्ति जिसके लिए यह वशिष्टि अर्थ पॉलिसी या अनुसूची के कसिी भी हसिसे में संलग्न किया गया हो, एक ही अर्थ वहन करेगा चाहे जहाँ भी उल्लेखित हो। यह आशवासन दिया जाता है कि प्रीमियम चेक के अस्वीकृत के मामले में, यह दस्तावेज स्वतः प्रथमकिता नरिस्त हो जाएगी । **/IN WITNESS WHEREOF, the undersigned being duly authorized hereunto set his/ her hand at the office address mentioned above, this 18/September/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'**

इंश्योरेंसइंडियालिमिटेड



कृते नेशनल इन्श्योरेंस कंपनी
For and on behalf of National Insurance Company Limited

अधकृत हस्ताक्षरकर्ता/ **Authorized Signatory**

पॉलिसी अनुसूची/ Policy Schedule - Group Mediclaim - Tailor Made with Floater	
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अनुलग्नक I / ANNEXURE I- लागू खंडों की सूची/ List of Applicable Clauses

- COVERAGES : Renewal of policy 340100502210000681

TAILORMADE NATIONAL GROUPEMEDICLAIM POLICY FOR RETIRED EMPLOYEES AND THEIR SPOUSE FOR A GRADED SI 4/5/7/8 LAKHS

SI (IN LAKHS)	NO. OF EMPLOYEES
4	231
5	157
7	21
8	3

- 1 Scheme applicability For hospitalization only
- 2 Quantum of medical insurance coverage Is on per annum per family basis
- 3 Benefits Applicability
- 4 Policy Type - Floater
- 5 Coverage from day one of operation of the Scheme -Yes
- 6 All pre-existing diseases To be covered
- 7 1/2/4 year waiting period for specified ailments -Not applicable
- 8 Pre and post hospitalization cover 30 days pre and 60 days post hospitalization.
- 9 Corporate Floater -No
- 10 Room Rent Restriction - Yes
- 11 Room rent Limit 2% of sum insured for normal and no restriction for ICU (per day).
- 12 Ambulance Charges To be covered with restriction Of Rs 1000/- per hospitalization.

ALL OTHER TERMS AND CONDITIONS AND COVERAGES AS PER TENDER VIDE REF NO FILE NO 9(3)(A)/WELFARE/NSC/2022-23 AND NATIONAL GMP.

कृते नेशनल इन्श्योरेंस कंपनी लिमिटेड/
For and on behalf of National
Insurance Company Limited

अधिकृत हस्ताक्षरकर्ता/ Authorized Signatory

TAX INVOICE

Invoice Serial No: 30209H3PE0000585

Invoice Date: 18/09/2023

Details of Supplier:

National Insurance Company Limited.,
NEW DELHI CORPORATE UW KONNECTUS Tower, Bavbhuti Marg,803 B, Tower 3, 8th Floor,Opposite New Delhi Railway Station - Ajmeri Gate Side - 110002
State : 7 , Delhi
GSTIN No : 07AAACN9967E1Z5

Details Of Receiver : NATIONAL SEEDS CORPORATION LTD

BEEJ BHAWAN, PUSA COMPLEX,NEW DELHI DIST. : CENTRAL DELHI, DELHI
Address :
FOR GROUP HEALTH PURPOSE ONLY
City : NEW DELHI,
District: CENTRAL DELHI,
State: DELHI,
PIN: 110012.
Place Of Supply State : Delhi
State Code : 7
GSTIN No : 07AABCN8973F1Z6

सैक कोड/ SAC Code	सेवा का विवरण/ 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)	1,33,83,051	0%	1,33,83,051	9%	12,04,475	9%	12,04,475	0%	0	0
TOTAL		1,33,83,051		1,33,83,051		12,04,475		12,04,475		0	0

कुल इनवॉयस मूल्य (अंकों में) Total Invoice Value (In figures) :
₹ 1,57,92,001

कुल इनवॉयस मूल्य (शब्दों में) Total Invoice Value (In words) : रूपए/Rupees
One Crore Fifty Seven Lakh Ninety Two Thousand One
केवल/Only.

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

E.&.O.E

कृते नेशनल इन्श्योरेंस कंपनी लिमिटेड/ For
and on behalf of National Insurance Company Limited

अधिकृत हस्ताक्षरकर्ता/ Authorized Signatory

