

पॉलिसी अनुसूची/ Policy Schedule - Professional Indemnity - Medical Establishments	
Policy Number: 604300491910000016	व्यवसाय स्रोत / Business Source: 050739
जारीकर्ता कार्यालय/Issuing Office कार्यालय कोड/ Office Code: 604300 कार्यालय पता/ Office Address: MANGALORE DIVISION II 2nd Floor Rasik Chambers, Opp Central Market Market Road, - 575001. State Code: 29, Karnataka GSTIN: 29AAACN9967E1ZZ Contact Number: 824 2424308 Mobile Number:	विक्रय चैनल विवरण/ Sales Channel Details कोड/ Code: 9000106481 नाम/ Name: Mr Melwyn Fernandes Contact Number: 9844846774



ग्राहक का नाम/Customer Name: DIRECTOR FATHER MULLERS CHARITABLE INSTITUTIONS	ग्राहक आईडी/ Customer ID: 9700512885	पैन/ PAN: AAATF0345D
पता/ Address: FATHER MULLER MEDICAL COLLEGE HOSPITAL, KANKANADY, MANGALORE, City: MANGALORE, District: KANARA - SOUTH, State: KARNATAKA, PIN: 575002.	फोन/ Phone:	
	ई-मेल/ E-Mail:	

पॉलिसी: 15/07/2019 के 00:00 से 14/07/2020 की मध्य रात्रतिक प्रभावी /Policy Effective from 00:00 hours, on 15/07/2019 to midnight of 14/07/2020			
प्रीमियम /Premium	₹ 2,25,000.00	कवर नोट संख्या तथा तथि/ Cover Note Number and Date	NA
CGST	₹ 20,250.00	प्रस्ताव संख्या और तथि/Proposal Number and Date	8800170710007214 Dt. 16/05/2019
SGST/UTGST	₹ 20,250.00		
IGST	₹ 0.00		
कम: जीएसटी टैडीएस / Less: GST TDS	₹ 0.00	रसीद संख्या और तथि/ Receipt Number and Date	604300811910001836 Dt. 24/06/2019
पुनर्प्राप्त स्टाम्प शुल्क / Recoverable Stamp Duty	₹ 0.00	पछिली पॉलिसी संख्या तथा समाप्ति तथि/ Previous Policy Number and Expiry Date	604300491710000026 and Dt. 14/07/2018 604300491810000034 and Dt. 14/07/2019
कुल / Total	₹ 2,65,500.00		

(Rupees Two Lakh Sixty Five Thousand Five Hundred Only.)

Insurance details	
Retroactive date:	10/07/2017
Professional Category:	Medical Establishments
Name of the establishment/Professionals:	DOCTORS, NURSES, TECHNICIANS
Address:	COLLEGE OF NURSING, FR. MULLER COLLEGE HOSPITAL, KANKANADY, MANGALORE., Mangalore, Kanara - South, Karnataka, 575002.
Limit Any one accident:	25,00,000.00
Limit any one year:	1,00,00,000.00
Unqualified Persons:	Covered
Territorial Limits:	ANYWHERE IN INDIA
Excess:	Voluntary Excess: NA Compulsory Excess: 25,000.00

टिप्पणियां/ Remarks: DIFFERENCE COST OF 5% OF SUM INSURED.
जिसकी गवाही में दनि/ माह /वर्ष को उपरोक्त उल्लेखित कार्यालय पते पर अधोहस्ताक्षरी को वधिवित अधिकृत किया जा रहा है उसके हाथ नर्धारित किए जाए। यह अनुसूची, संलग्न पॉलिसी, खण्ड, पृष्ठांकन और पॉलिसी शब्दों, जो कंपनी वेबसाइट www.nationalinsuranceindia.nic.co.in पर उपलब्ध है, को एक अनुबंध के रूप में एक साथ पढ़ा जाए तथा कोई भी शब्द या अभिव्यक्ति जिसके लिए यह वशिष्ट 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 असवीकृति के मामले में, यह दस्तावेज स्वतः प्राथमिकता नरिस्त हो जाएगी। /IN WITNESS WHEREOF, the undersigned being duly authorized hereunto set his/ her hand at the office address mentioned above, this 24/June/2019. This schedule, the attached policy, the clauses, the endorsements and policy wordings as available in the website www.nationalinsuranceindia.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'.



CIN No. : U10200WB1906GOI001713	Printed on 24/06/2019 by	नेशनल इन्श्योरेंस कम्पनी लिमिटेड	संस्थापक एवं प्रमुख कार्यालय : 3, मिडिलटन स्ट्रीट, कोलकाता-700071
IRDA Registration No. : 58		National Insurance Company Limited	पंजीकृत एवं प्रधान कार्यालय : 3, मिडिलटन स्ट्रीट, कोलकाता-700071

हस्ताक्षर कार्यालय : एम.जी. रोड, 144, शुभाराम कॉम्प्लेक्स, 2nd फ्लोर, बंगलूर -1 Regional Office : M.G. Road, 144, Shubharam Complex, 2nd Floor, Bangalore -1.
For any information please contact the policy Issuing Office or visit our website at : www.nationalinsuranceindia.com

NATIONAL INSURANCE COMPANY LIMITED

PROFESSIONAL INDEMNITY/ ERRORS & OMISSIONS IN INSURANCE POLICY SCHEDULE (for Medical Establishment)

Agency code: 9000106481	Policy No. 604300491910000016
THE INSURED	
Name: DIRECTOR FATHER MULLER MEDICAL COLLEGE HOSPITAL	
Address: Kankanady, Mangalore	
Business: Medical College and Hospital	
Territorial Limit: Anywhere in India	
Policy Period: From 00:00 hours on 15/07/2019 to midnight of 14/07/2020	
Indemnity Limit -	
Any one Accident : Rs.25,00,000/-	
Any one Year : Rs.1,00,00,000/-	
Retroactive Date: 10/07/2017	
Compulsary Excess: Rs.25,000/-	
Voluntary Excess: NIL	
Premium: Rs.2,25,000/-	GST: Rs.40,500/-
Date of Proposal and Declaration : 10/07/2017	
Remarks: Defence cost of 5% of Sum Insured.	
Note: the attached policy and this schedule shall be read together as one contract and any word or expression to which a specific meaning has been attached in any part of this policy or of the schedule shall bear such meaning wherever it may appear	
In witness whereof the undersigned being duly authorized by the company and on behalf of the company has hereto set his hand at Mangalore this 24 th day of June 2019.	
<p style="text-align: right;">For and on behalf of The National Insurance Company Limited</p> <p style="text-align: right;"><i>M. Raj</i> Authorized Signatory</p>	



CIN No. : U10200WB1906GOI001713
IRDA Registration No. : 58

नॅशनल इन्शुरेन्स कंपनी लिमिटेड
नेशनल इन्शुरेन्स कंपनी लिमिटेड
National Insurance Company Limited
Registered & Head Office : 3, Middleton Street, Kolkata-700 071

क्षेत्रीय कार्यालय : एम.जी. रोड, 144, शुभाराम कॉम्प्लेक्स, 2nd मंजरी, बंगलूर-1
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