



POLICY SCHEDULE FOR PROFESSIONAL INDEMNITY INSURANCE (Medical Establishment)

UIN NUMBER - IRDAN190P0083100001

Insured's Name	: BGS GLOBAL INSTITUTE OF MEDICAL SCIENCES		
Insured's Details		Issuing Office Details	
Customer ID	: PO48388448	Office Code	: CHANNAPATNA BRANCH 670104 (670104)
Address	: MANAGING DIRECTOR, UNIT OF ADICHUNDHANAGIRI SHIKSHANA TRUST 67, BGS HEALTH AND EDUCATION CITY, UTTARAHALLI MAIN ROAD, KENGERI, BANGALORE BANGALORE, KARNATAKA, 560060	Address	: NO.2241/4, GIRIAMMA SHAMBUGOWDA COMPLEX, CHURCH ROAD CHANNAPATNA, 571501
Phone No	: XXXXXX6444	Phone No	: 08027251596 / 08027251596 / 8027251596
E-mail/Fax	: /	E-mail/Fax	: nia.670104@newindia.co.in / 08027251596
PAN No	:	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: NA / NA	GSTIN	: 29AAACN4165C2ZM
		SAC	: 997139 (Other non-life insurance services excl RI)

Policy Details			
Policy Number	: 67010436230200000005	Business Source Code	
Period of Insurance	: From: 30/05/2023 04:00:00 PM To: 29/05/2024 11:59:59 PM	Dev.Off. level/Broker/Web Aggregator/CPSC User	: DIRECT BUSINESS - (1D7821740)
Date of Proposal	: 30-May-23	Agent/Bancassurance/S pecified Person	: Mr. NAVANEETH T.S. (NIAAG00065780) NAVANEETH T.S. (SI00106412)
Prev. Policy no.	: 67210236220200000005	Phone No	: 9964037399 / NA
Client Type	: Non-Corporate	E-mail/Fax	: navaneethgowda@gmail.com, / /

Premium(₹)	GST(₹)	Total (₹)	Total:(₹ in words)	Receipt No. & Date
26,461	4,762	31,223	RUPEES THIRTY-ONE THOUSAND TWO HUNDRED TWENTY-THREE ONLY	6701048123000000370 5 - 31/05/23

Details of risk covered under current year policy:

Retroactive Date	Jurisdiction	Territory	AOA	AOA:AOY	AOY	Deductible Type (Amount/Percentage/Amount & Percentage)	India	Deductibles Worldwide excluding USA & Canada	Worldwide including USA & Canada
30/05/2023	India	India	7500000	1:2	15000000	AMT	0	0	0

Retroactive Dates

								Deductibles	
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Retroactive Date Details	Date	Jurisdiction	Territory	AOA	AOA:AOY	AOY	Deductible Type (Amount/Percentage/Amount & Percentage)	India	Worldwide excluding USA & Canada	Worldwide including USA & Canada
RETROACTIVE DATE 1	17/05/2020	India	India	7500000	1:1	7500000	Amount	0	0	0
RETROACTIVE DATE 2	17/05/2020	India	India	7500000	1:2	1500000	Amount	0	0	0
RETROACTIVE DATE 3	18/05/2021	India	India	7500000	1:2	1500000	Amount	0	0	0
RETROACTIVE DATE 4	24/05/2022	India	India	7500000	1:2	1500000	Amount	0	0	0
RETROACTIVE DATE 5	30/05/2023	India	India	7500000	1:2	1500000	Amount	0	0	0

RETRO-DATE IS SUBJECT TO LESSER OF LIMITS - NARROWER OF COVER.

Description of Business	Address of Business Premises	Compulsory Excess	Voluntary Excess
MEDICAL ESTABLISHMENT	uttarahalli main road, kengeri,bangalore	1000	0

Details of Business	Address of Business Premises	No of Qualified Person	No of Administrative Staff	Compulsory Excess	Voluntary Excess
MEDICAL ESTABLISHMENT	uttarahalli main road, kengeri,bangalore	0	0	1000	0

Total Annual Fees/Wages Payable	Compulsory Excess	Details of Business	Address of Business Premises	Voluntary Excess
0	1000	MEDICAL ESTABLISHMENT	uttarahalli main road, kengeri,bangalore	0

Category of Establishment	Unqualified Staff Covered	No of Members	Compulsory Excess	Voluntary Excess
Hospital	Yes	NA	1000	0

Sl.No.	Type of Service
1	

Details of Business	Address of Business Premises	Professional Category	Excess	Voluntary Excess
MEDICAL ESTABLISHMENT	uttarahalli main road, kengeri,bangalore	NA	0	0

Extensions under the Policy

Name of the Extension	Sub limit of the Extension	Deductibles of the Extension
Unqualified Staff covered	0	As Per Policy Deductible
Radioactive Treatment (Other Than X-Ray) available	0	As Per Policy Deductible

Amount & Percentage of Deductible Type/for Extension	Value



Special Conditions	NA
Special Exclusions	NA

This Policy shall be subject to PROFESSIONAL INDEMNITY INSURANCE policy clauses attached herewith

Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 26,461
SGST	9	2381
CGST	9	2381
IGST	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 02nd day of June, 2023.

For and on behalf of
The New India Assurance Company Limited

Date of Issue: 02/06/2023

Duly Constituted Attorney(s)

Stamp Duty under the Policy is ₹1/-.

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 : 67010423E0003293

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C