


BHARTI AXA GENERAL INSURANCE COMPANY LTD
 26, Shakespeare Sarani,
 Dimple Court, Ground Floor,
 Kolkata- 700017
 Tel:033 44021000 Fax:033 44021001
 Email: customer.service@bharti.axa.com

TAX INVOICE
CLIENT COPY
Original

POLICY INFORMATION		Policy No. : GHS/Q0125651/61 () GROUP HEALTH POLICY INDIA
Source	: (02) 61000426 WILLIS TOWERS WATSON INDIA INSURANCE BROKERS PVT LTD	
Insured	: GARGI MEMORIAL INSTITUTE OF TECHNOLOGY (16396874)	
Advice to	: GARGI MEMORIAL INSTITUTE OF TECHNOLOGY BALARAMPUR BARUIPUR KOLKATA KOLKATA-700144 KOLKATA INDIA 700144	
Period Of Insurance	: From 01/11/2018 To 31/10/2019	
Bill No.	: 318979	
Bill Currency	: INDIAN RUPEE	
Bill Period	: 01/11/2018 To 31/10/2019	
Bill Frequency	: ANNUAL	
Issue Date	: 05/11/2018	
Gross Premium	GST	Total Payable
102,033.80	18,366.08	120,400.88
Premium Details (INR)		
Plan/Product		Premium
001	SELF	
HOSP	HOSPITALISATION & SURGICAL	102,033.80
Gross Premium (INR)		102,033.80
BHARTI AXA GENERAL INSURANCE COMPANY LTD  Authorized Signatory		
Issued by - INB0799 On 05/11/2018		(R)

POLICY INFORMATION		Policy No. : GHS/Q0125651/61 () GROUP HEALTH POLICY INDIA
Source	:	02 61000426 WILLIS TOWERS WATSON INDIA INSURANCE
Insured	:	GARGI MEMORIAL INSTITUTE OF TECHNOLOGY (16396874)
Advice to	:	GARGI MEMORIAL INSTITUTE OF TECHNOLOGY BALARAMPUR BARUIPUR KOLKATA KOLKATA-700144 KOLKATA INDIA 700144
Period Of Insurance	:	From 01/11/2018 To 31/10/2019
Bill No.	:	318979
Bill Currency	:	INDIAN RUPEE
Bill Period	:	From 01/11/2018 To 31/10/2019
Bill Frequency	:	ANNUAL
Issue Date	:	05/11/2018

MEMBER DETAILS

Name of Member	Member No.	Age	DOB	Sex	FC	EMP No.	MC	Plan No.	Plan No.	Plan No.	Plan No.	Bank Acct. No.	Effective Date	ID No.	Premium Details (INR)			Total Premium (INR)	
ABHISHEK MUKHOPADHYAY	00017 - 00	31	02/05/1988	M	A	E000045		001					01/11/2018	Q012565100016	2,318.95				2,318.95
AMIT MAITY	00035 - 00	28	09/10/1991	M	A	E000201		001					01/11/2018	Q012565100034	2,318.95				2,318.95
ARINDAM MUKHERJEE	00026 - 00	28	27/10/1991	M	A	E000235		001					01/11/2018	Q012565100025	2,318.95				2,318.95
ARIT KHAN	00039 - 00	29	16/03/1990	M	A	E000203		001					01/11/2018	Q012565100038	2,318.95				2,318.95
ASHISH DE	00002 - 00	34	20/02/1985	M	A	E000161		001					01/11/2018	Q012565100001	2,318.95				2,318.95
ATANU PANDIT	00015 - 00	33	31/12/1985	M	A	E000250		001					01/11/2018	Q012565100014	2,318.95				2,318.95
BHASKAR BISWAS	00007 - 00	29	17/02/1990	M	A	E000107		001					01/11/2018	Q012565100006	2,318.95				2,318.95
BIPASHA CHAKRABORTY	00003 - 00	31	23/08/1988	F	A	E000030		001					01/11/2018	Q012565100002	2,318.95				2,318.95
DEBLINA CHOWDHURY	00042 - 00	29	16/03/1990	F	A	E000258		001					01/11/2018	Q012565100041	2,318.95				2,318.95
DEBOJYOTI GHOSH	00023 - 00	32	07/05/1987	M	A	E000062		001					01/11/2018	Q012565100022	2,318.95				2,318.95
DIPAYAN CHAKRABORTY	00031 - 00	33	05/01/1986	M	A	E000193		001					01/11/2018	Q012565100030	2,318.95				2,318.95
DIPTAN SINHA	00029 - 00	26	01/01/1993	M	A	E000245		001					01/11/2018	Q012565100028	2,318.95				2,318.95
DR ANIRUDDHA CHAKRAVARTY	00038 - 00	54	01/01/1965	M	A	E000244		001					01/11/2018	Q012565100037	2,318.95				2,318.95

MEMBER DETAILS																			
Name of Member	Member No.	Age	DOB	Sex	FC	EMP No.	MC	Plan No.	Plan No.	Plan No.	Plan No.	Bank Acct. No.	Effective Date	ID No.	Premium Details (INR)				Total Premium (INR)
DR PRADIP KUMAR TALAPATRA	00006 - 00	55	08/03/1964	M	A	E000254		001					01/11/2018	Q012565100005	2,318.95				2,318.95
DR SAYED SAMSER ALI	00001 - 00	45	19/01/1974	M	A	E000226		001					01/11/2018	Q012565100000	2,318.95				2,318.95
DR SHARMILA GHOSH	00040 - 00	36	26/12/1982	F	A	E000256		001					01/11/2018	Q012565100039	2,318.95				2,318.95
DR SUSMITA BOSE	00034 - 00	43	24/11/1975	F	A	E000206		001					01/11/2018	Q012565100033	2,318.95				2,318.95
DUTTATREYA ROY CHOWDHURY	00028 - 00	26	03/05/1993	M	A	E000251		001					01/11/2018	Q012565100027	2,318.95				2,318.95
HIRANMOY SAMANTA	00008 - 00	29	08/01/1990	M	A	E000192		001					01/11/2018	Q012565100007	2,318.95				2,318.95
ITU CHOWDHURY	00033 - 00	42	15/11/1976	F	A	E000204		001					01/11/2018	Q012565100032	2,318.95				2,318.95
JOYDIP PAUL	00009 - 00	29	20/02/1990	M	A	E000199		001					01/11/2018	Q012565100008	2,318.95				2,318.95
KAUSHIK HALDER	00022 - 00	34	02/02/1985	M	A	E000252		001					01/11/2018	Q012565100021	2,318.95				2,318.95
MADHULIKA SAH	00037 - 00	31	29/04/1988	F	A	E000253		001					01/11/2018	Q012565100036	2,318.95				2,318.95
MAITRI DAS SARMA	00032 - 00	37	17/11/1981	F	A	E000009		001					01/11/2018	Q012565100031	2,318.95				2,318.95
NABAMITA BOSE	00020 - 00	30	17/04/1989	F	A	E000222		001					01/11/2018	Q012565100019	2,318.95				2,318.95
PRATIK KUMAR HALDER	00016 - 00	30	22/11/1988	M	A	E000063		001					01/11/2018	Q012565100015	2,318.95				2,318.95
PREETAM MUKHERJEE	00036 - 00	36	27/09/1983	M	A	E000249		001					01/11/2018	Q012565100035	2,318.95				2,318.95
PRIYANKA DAS	00004 - 00	31	13/01/1988	F	A	E000153		001					01/11/2018	Q012565100003	2,318.95				2,318.95
RUMALI MONDAL	00024 - 00	29	29/07/1990	F	A	E000210		001					01/11/2018	Q012565100023	2,318.95				2,318.95
SAMPA DAS	00005 - 00	34	17/04/1985	F	A	E000052		001					01/11/2018	Q012565100004	2,318.95				2,318.95
SANJIB KUMAR CHAKRABORTY	00010 - 00	68	14/12/1950	M	A	E000022		001					01/11/2018	Q012565100009	2,318.95				2,318.95
SAPTARSHI MIDDYA	00027 - 00	36	24/02/1983	M	A	E000238		001					01/11/2018	Q012565100026	2,318.95				2,318.95
SARAMA MALLIK DAS	00030 - 00	36	07/05/1983	F	A	E000231		001					01/11/2018	Q012565100029	2,318.95				2,318.95
SARMISTHA GUHA	00041 - 00	40	15/01/1979	F	A	E000257		001					01/11/2018	Q012565100040	2,318.95				2,318.95
SATRAJIT DAS	00018 - 00	41	26/05/1978	M	A	E000102		001					01/11/2018	Q012565100017	2,318.95				2,318.95
SOMDEB MONDAL	00013 - 00	28	07/01/1991	M	A	E000155		001					01/11/2018	Q012565100012	2,318.95				2,318.95
SOMNATH MITRA	00011 - 00	29	03/03/1990	M	A	E000152		001					01/11/2018	Q012565100010	2,318.95				2,318.95
SOUMYADEEP MUKHERJEE	00012 - 00	27	13/12/1991	M	A	E000198		001					01/11/2018	Q012565100011	2,318.95				2,318.95
SRIJAN BANERJEE	00025 - 00	31	09/12/1987	M	A	E000228		001					01/11/2018	Q012565100024	2,318.95				2,318.95
SUBHAS HALDER	00021 - 00	38	15/12/1980	M	A	E000232		001					01/11/2018	Q012565100020	2,318.95				2,318.95
SUDARSHANA MUKHERJEE	00043 - 00	43	26/11/1975	F	A	E000001		001					01/11/2018	Q012565100042	2,318.95				2,318.95
SUKANTA KUNDU	00019 - 00	31	20/08/1988	M	A	E000064		001					01/11/2018	Q012565100018	2,318.95				2,318.95
SUMAN PAUL	00014 - 00	25	08/08/1994	M	A	E000255		001					01/11/2018	Q012565100013	2,318.95				2,318.95
TRISHA MOITRA	00044 - 00	28	15/07/1991	F	A	E000002		001					01/11/2018	Q012565100043	2,318.95				2,318.95

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HOSTO CENTRE No.43, Millers Road, Vasanth Nagar, Bangalore - 560046. INDIA. IRDA Regn. No.139

Tel: 1800-103-2292 Fax: 80 40260101 Email: customer.service@bharti.axa.com

MEMBER DETAILS																			
Name of Member	Member No.	Age	DOB	Sex	FC	EMP No.	MC	Plan No.	Plan No.	Plan No.	Plan No.	Bank Acct. No.	Effective Date	ID No.	Premium Details (INR)			Total Premium (INR)	
Total Premium (INR)															102,033.80				102,033.80

SUMMARY					
Plan No.	Description	No. of Members	No. of Spouse	No. of Children	Total
001	SELF	44			44
	Total	44			44

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NEW BUSINESS
POLICY SCHEDULE
Original

POLICY INFORMATION		Policy No. : GHS/Q0125651/61 ()
GROUP HEALTH POLICY INDIA		
Source	:	(02) 61000426 WILLIS TOWERS WATSON INDIA INSURANCE BROKERS PVT LTD
Insured	:	GARGI MEMORIAL INSTITUTE OF TECHNOLOGY (16396874)
	:	BALARAMPUR BARUIPUR KOLKATA KOLKATA-700144 KOLKATA INDIA 700144
Period Of Insurance	:	From 01/11/2018 To 31/10/2019
Transaction Number	:	00001
Effective Date	:	01/11/2018
Issue Date	:	05/11/2018
Bill Frequency	:	ANNUAL
PLAN APPLICATION		
SELF	:	Plan 001 - HOSP

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NEW BUSINESS
 POLICY SCHEDULE
 Original

GARGI MEMORIAL INSTITUTE OF TECHNOLOGY		Policy No. : GHS/Q0125651/61 ()		
BENEFIT SCHEDULE (INR)				
Cover	Plan No		Plan No	
	Benefit Limit & Basis	Reimburse(%) / Diductible	Benefit Limit & Basis	Reimburse(%) / Diductible
Plan Level Limit	HOSP001 100000			
AMBULANCE CHARGES	- Rs./Life 1000			
CATRACT TREATMENT	- Rs./Visit As Charged			
DIAGNOSTIC SERVICES	As Charged			
DRUGS AND PHARMACY	As Charged			
HOSPITAL MISC SERVICES	As Charged			
INTENSIVE CARE UNIT	3000 - Rs./Day			
NURSING CHARGES	As Charged			
IN-HOSP PHYSICIANS' VISITS	As Charged			
POS HOSPITALISATION OF 60 DAYS	As Charged			
PRE HOSPITALISATION OF 30 DAYS	As Charged			
HOSPITAL ROOM & BOARD	1500 - Rs./Day			
SURGEON'S/SURGICAL FEES	As Charged			
WAIVER OF PREEXISTING DISEASE	As Charged			
30 DAYS WAITING PERIOD	As Charged			
1ST YEAR EXCLUSION	As Charged			

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NEW BUSINESS
POLICY SCHEDULE
Original

GARGI MEMORIAL INSTITUTE OF TECHNOLOGYPolicy No. : **GHS/Q0125651/61 ()****POLICY ENDORSEMENT**Transaction No. : **00001**Effective Date : **01/11/2018**

CONDITIONS:

01. Type of Cover: NON FLOATER Policy sum assured for the plan 001 Rs. 100000/-
02. Family definition SELF
Family size 1
03. Maximum age admissible under the policy 85 years
04. Pre & post hospitalisation condition COVERED UPTO 30 DAYS AND 60 DAYS RESPECTIVELY
05. Pre existing disease covered from day one
06. Waiting period applicable (1st year / 2nd year / 3rd year) not waived off
07. 30 days waiting period is applicable
08. Room rent conditions 1.5% OF S.I FOR NORMAL AND 3% OF S.I FOR ICU
09. Maternity covered a. Maternity is not covered.
10. Baby day one cover as part of Maternity S.I is not applicable.
11. Baby day one cover as part of Family floater S.I is not applicable.
12. Pre and post natal charges NOT APPLICABLE
13. Day care treatment COVERED AS PER POLICY WORDINGS
14. Ambulance charges COVERED UPTO RS. 1000 PER INCIDENT
15. S.I restriction for Parents is not applicable
16. Disease wise capping is not applicable
17. Co-payment is not Applicable
18. Cataract Limit - Not Applicable
19. Mid term addition and deletion
MID TERM ADDITION WILL BE ALLOWED IN
CASE OF NATURAL ADDITIONS ONLY, SUBJECT TO INTIMATION RECEIVED WITHIN
45 DAYS. ADDITION FOR NEW EMPLOYEES AND HIS/HER DEPENDANT (AS PER THE
FAMILY DEFINITION MENTIONED) WOULD BE ALLOWED WITHIN 45 DAYS FROM DATE
OF JOINING OF THE EMPLOYEE, MARRIAGE OR BIRTH RESPECTIVELY.
20. Addition / Deletion of lives
PREMIUM TO BE CHARGED ON PRO RATA BASIS
FOR ADDITION AND DELETION. IN CASE THERE IS A CLAIM, PREMIUM WILL NOT
BE REFUNDED FOR THE CLAIMANT (INSURED AND FAMILY).
21. Congenital Internal Disease COVERED UNDER THE POLICY
22. Congenital External Disease EXCLUDED UNDER THE POLICY
23. Other Conditions
 - a. No Individual (employee or dependant) can be covered more than once in

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**NEW BUSINESS
POLICY SCHEDULE
Original**

GARGI MEMORIAL INSTITUTE OF TECHNOLOGYPolicy No. : **GHS/Q0125651/61 ()****POLICY ENDORSEMENT****Transaction No. : 00001****Effective Date : 01/11/2018**

policy

b. Any change in demography /Sum insured will warrant a revision in Quote/Rates

c. In case of new joinee, name of the employee along with family details needs to be submitted in one go

d. Change in sum insured for employees as well as dependants is not allowed after policy inception or during midterm

e. All insurable members in the group to be insured under the policy, selection of employees or dependants is not allowed

f. Members already employed but not declared by the employer at the time of providing quote shall not be covered subsequently after commencement of policy

g. In case of claims, all cases should be intimated to Bharti AXA General Insurance within 48 hours from the date of admission

h. No continuity benefit would be offered from group (GMC) to Individual (Retail) policies. However, proposals received from members covered under this Group policy for conversion to Retail plan vide *Portability guideline shall be dealt with as per laid down guideline

i. Claim documents need to be submitted either to insurance company or service provider, as mention in the policy, within 30 days from the date of discharge. Post hospitalization claim can be submitted after completion of post hospitalization period within 30 days

24. Standard exclusion under the policy

LASIK SURGERY, STEM CELL, ROBOTIC

SURGERY , INFERTILITY AND RELATED AILMENT INCLUDING MALE STERILITY, TREATMENT ON TRIAL/EXPERIMENTAL BASIS ,

ADMIN/REGISTRATION/MISCELLANEOUS/SERVICE CHARGES, EXPENSES ON FITTING OF EXTERNAL PROTHESIS , HOLTER MONITORING /SLEEP STUDY, ANY

DEVICE/INSTRUMENT/MACHINE CONTRIBUTING/REPLACING THE FUNCTION OF AN

EXTERNAL ORGAN ARE OUTSIDE THE SCOPE OF THE POLICY.. HOWEVER, ANY LIFE

SUPPORTING DEVICE, WHICH NEEDS TO BE PLACED INSIDE THE BODY , AND IS

AS

ADVISED BY A MEDICAL PRACTITIONER AND IS MANDATORILY REQUIRED FOR DOING

THE JOB / ROLE OF AN ORGAN, IS INCLUDED IN THE POLICY ,.

25. TPA NAME: FHPL

26. All other terms and conditions shall be as per standard group

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NEW BUSINESS
POLICY SCHEDULE
Original

GARGI MEMORIAL INSTITUTE OF TECHNOLOGY	Policy No. : GHS/Q0125651/61 ()
POLICY ENDORSEMENT	
Transaction No. : 00001	Effective Date : 01/11/2018
mediclaim policy	

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ENDORSEMENT
Original

POLICY INFORMATION		Policy No. : GHS/Q0125651/61 () GROUP HEALTH POLICY INDIA
Source	: (02) 61000426 WILLIS TOWERS WATSON INDIA INSURANCE BROKERS PVT LTD	
Insured	: GARGI MEMORIAL INSTITUTE OF TECHNOLOGY (16396874) : BALARAMPUR BARUIPUR KOLKATA KOLKATA-700144 KOLKATA INDIA 700144	
Period Of Insurance	: From 01/11/2018 To 31/10/2019	
Transaction Number	: 00001	
Effective Date	: 01/11/2018	
POLICY ENDORSEMENT		
CONDITIONS: 01. Type of Cover: NON FLOATER Policy sum assured for the plan 001 Rs. 100000/- 02. Family definition SELF Family size 1 03. Maximum age admissible under the policy 85 years 04. Pre & post hospitalisation condition COVERED UPTO 30 DAYS AND 60 DAYS RESPECTIVELY 05. Pre existing disease covered from day one 06. Waiting period applicable (1st year / 2nd year / 3rd year) not waived off 07. 30 days waiting period is applicable 08. Room rent conditions 1.5% OF S.I FOR NORMAL AND 3% OF S.I FOR ICU 09. Maternity covered a. Maternity is not covered. 10. Baby day one cover as part of Maternity S.I is not applicable. 11. Baby day one cover as part of Family floater S.I is not applicable. 12. Pre and post natal charges NOT APPLICABLE 13. Day care treatment COVERED AS PER POLICY WORDINGS 14. Ambulance charges COVERED UPTO RS. 1000 PER INCIDENT 15. S.I restriction for Parents is not applicable 16. Disease wise capping is not applicable 17. Co-payment is not Applicable 18. Cataract Limit - Not Applicable 19. Mid term addition and deletion MID TERM ADDITION WILL BE ALLOWED IN CASE OF NATURAL ADDITIONS ONLY, SUBJECT TO INTIMATION RECEIVED WITHIN 45 DAYS. ADDITION FOR NEW EMPLOYEES AND HIS/HER DEPENDANT (AS PER THE FAMILY DEFINITION MENTIONED) WOULD BE ALLOWED WITHIN 45 DAYS FROM DATE OF JOINING OF THE EMPLOYEE, MARRIAGE OR BIRTH RESPECTIVELY.		

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POLICY ENDORSEMENT

20. Addition / Deletion of lives

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FOR ADDITION AND DELETION. IN CASE THERE IS A CLAIM, PREMIUM WILL NOT BE REFUNDED FOR THE CLAIMANT (INSURED AND FAMILY).

21. Congenital Internal Disease COVERED UNDER THE POLICY

22. Congenital External Disease EXCLUDED UNDER THE POLICY

23. Other Conditions

a. No Individual (employee or dependant) can be covered more than once in policy

b. Any change in demography /Sum insured will warrant a revision in Quote/Rates

c. In case of new joinee, name of the employee along with family details needs to be submitted in one go

d. Change in sum insured for employees as well as dependants is not allowed after policy inception or during midterm

e. All insurable members in the group to be insured under the policy, selection of employees or dependants is not allowed

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SURGERY , INFERTILITY AND RELATED AILMENT INCLUDING MALE STERILITY, TREATMENT ON TRIAL/EXPERIMENTAL BASIS ,

ADMIN/REGISTRATION/MISCELLANEOUS/SERVICE CHARGES, EXPENSES ON FITTING OF EXTERNAL PROTHESIS , HOLTER MONITORING /SLEEP STUDY, ANY

DEVICE/INSTRUMENT/MACHINE CONTRIBUTING/REPLACING THE FUNCTION OF AN

EXTERNAL ORGAN ARE OUTSIDE THE SCOPE OF THE POLICY.. HOWEVER, ANY LIFE SUPPORTING DEVICE, WHICH NEEDS TO BE PLACED INSIDE THE BODY , AND IS AS

ADVISED BY A MEDICAL PRACTITIONER AND IS MANDATORILY REQUIRED FOR DOING

THE JOB / ROLE OF AN ORGAN, IS INCLUDED IN THE POLICY , .

25. TPA NAME: FHPL

26. All other terms and conditions shall be as per standard group

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Tel: 1800-103-2292 Fax: 80 40260101 Email: customer.service@bharti-axa.com

POLICY ENDORSEMENT

mediclaim policy

TAX INVOICE U/S 28 OF GST ACT, 2016

Supplier's Name : **BHARTI AXA GENERAL INSURANCE COMPANY LTD**
 Supplier's address : 26, Shakespeare Sarani,
 Dimple Court, Ground Floor,
 Kolkata• 700017
 Tel:033 44021000 Fax:033 44021001
 Email: customer.service@bhartiata.com

GSTIN of Supplier : **19AADCB2008D1Z9**

Sold To
 Buyer Name : **GARGI MEMORIAL INSTITUTE OF TECHNOLOGY** Invoice No. : **GB00318979**
 Date : **05/11/2018**

Buyer Address : **BALARAMPUR BARUIPUR
 KOLKATA
 KOLKATA-700144
 KOLKATA
 INDIA 700144**

Contact Number :
 Email Id :

Location of Recipient (State) : **19 -West Bengal** Location of Supply (State) : **19 -West Bengal**

GSTIN of the buyer/ Unique ID : **UNREGISTERED**

Sr. No.	Description	SAC	Gross Value	IGST		CGST		SGST		Total Value
				Rate	Amount	Rate	Amount	Rate	Amount	
1	Q0125651/00001 HOSP/001	997133	102,033.80	0.00	0.00	9.00	9,183.04	9.00	9,183.04	120,399.88
Total Amount Due										120,399.88

Total Invoice Value (In figures) 120,399.88

Total Invoice Value (In words) Rupees One Lakh Twenty Thousand Three Hundred Ninety Nine and Eighty Eight Paise Only

Remarks, if any

For Bharti Axa General Insurance Co. Ltd.



Authorised Signatory