

To,  
The Principal,  
V.E.S College of Law,  
Sindhi Society, Chembur,  
Mumbai- 400071.

28/02/2018

Subject: Request to sanction the leave on special medical ground with full benefits.

Dear Madam,

With reference to the subject, I am forwarding this application for sanction of the leave on special medical ground. On 14/01/2018, I got fever and was feeling uncomfortable in the college, I left for home early. After consulting the doctor, the first diagnosis was due to lack of sleep, hyper acidity had caused this condition. Medicine was given. But after that I had developed some other symptoms like fever on alternate day, shivering with headache etc. Tests were done to rule out Malaria, Typhoid, Dengue and Chicken Gunia, which were negative. On 22/01/2018, I attended the college, as I was feeling better. But on the following day only again I got very High temperature and was advised to consult some specialist. As I have a history for infection in lungs, I have consulted, Dr. Prabhudesai, M.D (Chest Physician) at Lilavati Hospital, Bandra. After conducting some tests and x-ray of chest, he advised me to be hospitalised for some further investigation and medical treatment. On all these days I was suffering for high fever. I was hospitalised on 26/01/2018 to Shushrusha Hospital, Dadar under Dr. Nanavare (M.D. Chest) for further treatment and there, after doing X-Rays, CT Scans of chest and stomach(for hyper acidity),and Bronchoscopy, reports shown infection in left lung is of pneumonia and some kind of infection on right lung which they were suspecting it is due to one of the two causes- one malignancy and other is because of T.B. Pneumonia was treated and cured within five days treatment. Fortunately, reports for Malignancy test was negative. So he had shortlisted and concentrated on the other cause, i.e. it is because of T.B. I am continuing the treatment for Pulmonary T.B accordingly under Dr Sameer Nanavare (Chest). I was discharged from the hospital after treating the other conditions like fever, vomiting, nausea and swelling on the body on 17/02/2018. The certificate for the treatment was issued on 24/02/2018, on the day of first follow-up after blood report. I have to report him time to time with all the tests done as per his instructions in coming months. I apologize that for all this period I was not in a condition to communicate anything to College because of the above medical causes.

The certificate for treatment is issued for initial period of 2 months as there are certain steps to treat the disease. The next certificate will be issued as per the treatment required to be taken after 2 months period. I will submit the certificate in the college as when they are issued from time to time.

I am attaching the discharge card and certificate for treatment as issued on 17/02/2018 and 24/02/2018 respectively by the hospital with this application. I request you to grant me a leave for one year with full salary and other benefits available for teacher suffering from special medical condition like Malignancy, or TB as I am a permanent employee as per the Rules of The Statute Governing the Terms and Conditions of Service of the Teachers Working for the Colleges and Recognized Institutions. (S.213 of the Statute-1998).

Hence this application. I request you to do the needful and oblige. Regards.

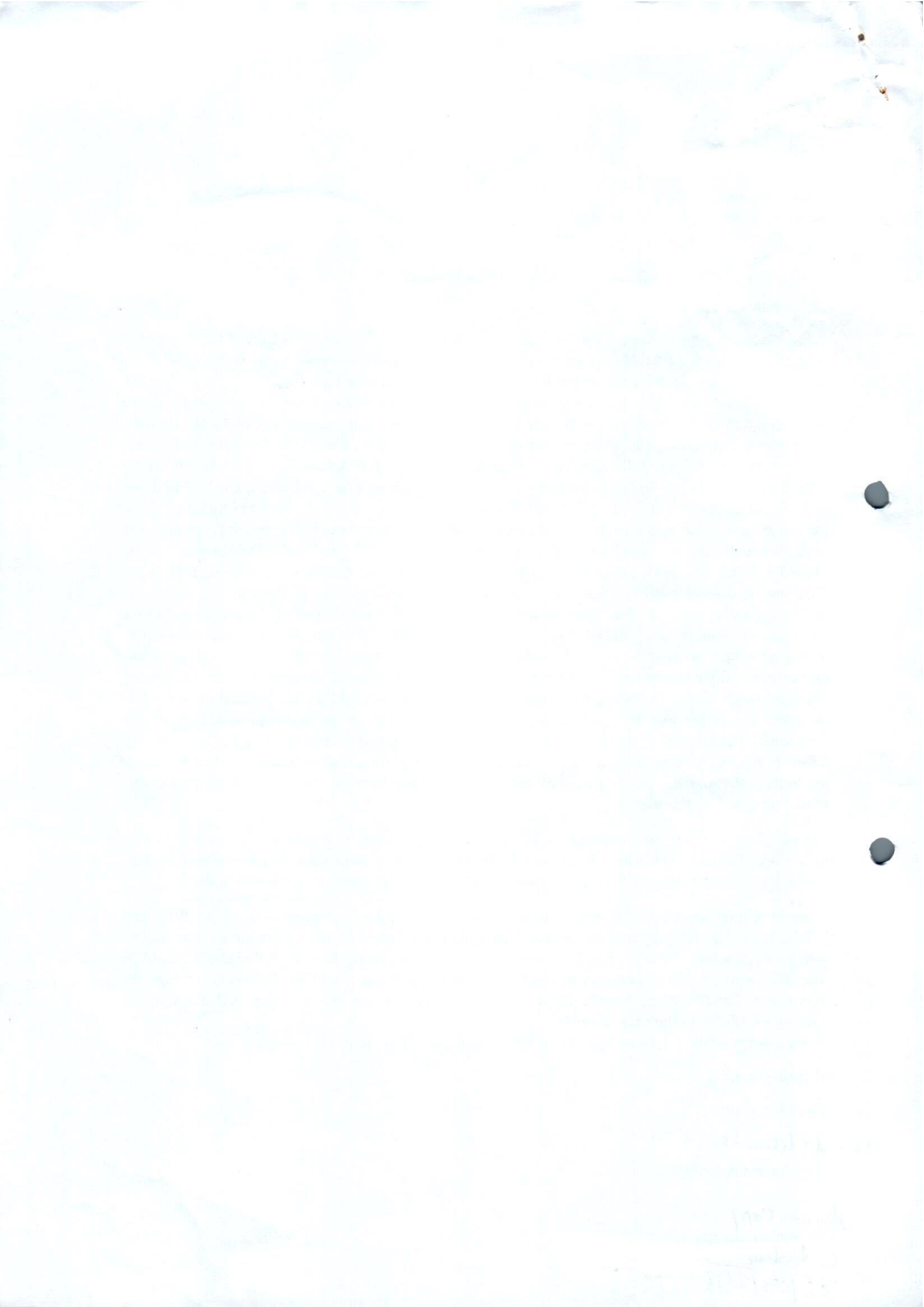
Thanking you,

Yours Sincerely,

*Mrs Athavale Varsha V*  
(Mrs. Varsha Athavle).

Recvd Copy

*Ashu*  
08/03/2018





**VIVEKANAND EDUCATION SOCIETY COLLEGE OF LAW**

RC MARG SINDHI SOCIETY CHEMBUR E, SINDHI SOCIETY, CHEMBUR,CHEMBUR , Dist: MUMBAI SUBURBAN, State: MAHARASHTRA Mumbai 400071 Maharashtra India @ .com  
www.abc.com

**PF Code: MH/1797012**

**PF Monthly Register For The Month Of Mar-2022**

Sr.No	Code	Employee	UAN	PF No	NCD	GrossPay	PF Sal	Edli Sal	EPS Sal	Arr Sal	PF	VPF	EPF	EPS	Total	DOB	DOJ	Father
1	15	ABHISHEK JITENDRA SINGH	100987772549	10007		26024	15000	15000	15000	0	1800	0	550	1250	3600	15/05/1994	01/09/2018	1
2	5	ARCHANA ASHOK KHANDWE	100236198361	10016		46000	15000	15000	15000	0	1800	0	550	1250	3600	23/03/1971	01/09/2018	1
3	10	BHUSHAN MADHUKAR SHINDE	100724133525	10012		80516	15000	15000	15000	0	1800	0	550	1250	3600	03/12/1986	01/09/2018	1
4	20	DEEPAI MAHESH BABAR	101576160541	10022		71604	15000	15000	15000	0	1800	0	550	1250	3600	01/03/1972	01/03/2020	1
5	PF23	DIKSHA PRAMOD KHADTALE	101766136087	10026		13283	13283	13283	13283	0	1594	0	488	1106	3188		01/12/2021	
6	8	HARSHADA DHAVALSINGH RAJPUT	100235455263	10002		80919	15000	15000	15000	0	1800	0	550	1250	3600	20/05/1985	01/09/2018	1
7	7	JAYSHREE GAUTAM KANCHANPURKAR	100235455341	10014		80919	15000	15000	15000	0	1800	0	550	1250	3600	10/03/1979	01/09/2018	1
8	856	KRUPA NAIK				27097	15000	15000	15000	0	1800	0	550	1250	3600		01/03/2022	
9	4	MANOJKUMAR JAYSING NAIK	100232158524	10005		80919	15000	15000	15000	0	1800	0	550	1250	3600	01/10/1986	01/09/2018	1
10	ve	PRAJNEE SAHOO	101778952291	10028		71604	15000	15000	15000	0	1800	0	550	1250	3600	26/11/1989	01/01/2022	sahoo
11	12	PRASAD PARSHURAM CHILE	100232159063	10010		31675	15000	15000	15000	0	1800	0	550	1250	3600	12/02/1989	01/09/2018	1
12	14	PRASHANT SHIVAJI JAGDALE	100960993666	10008		26024	15000	15000	15000	0	1800	0	550	1250	3600	21/07/1995	01/09/2018	1
13	13	PRERANA BHANDARI	100936092296	10009		69479	15000	15000	15000	0	1800	0	550	1250	3600	05/06/1975	01/09/2018	1
14	PD4	RADHA OMPRAKSH GUPTA	101766136073	10025		13283	13283	13283	13283	0	1594	0	488	1106	3188		01/12/2021	
15	LS56	RESHMA YADAV	100320585291	10027		71604	15000	15000	15000	0	1800	0	550	1250	3600			
16	896	REVATHI GUND				7157	7157	7157	7157	0	859	0	263	596	1718		01/03/2022	
17	3	SANAVI ABHISHEK DESHMUKH	101363199499	10006		82641	15000	15000	15000	0	1800	0	550	1250	3600	01/07/1986	01/09/2018	1
18	16	SHAMAL YATTIN PATIL	101299294598	10011		25259	15000	15000	15000	0	1800	0	550	1250	3600	09/04/1981	01/09/2018	1
19	6	SHOBHA RATNAKAR SHINDE	101013286349	10004		18436	15000	15000	15000	0	1800	0	550	1250	3600	31/05/1980	01/09/2018	1
20	C01	SOMESH BHAAU GHANDAT	101513148649	10020		12406	12406	12406	12406	0	1489	0	456	1033	2978	04/03/1998	14/10/2019	1
21	C02	SUDHINDRA BHIMA RAO MAGANAHALLI	101566264193	10021		71604	15000	15000	15000	0	1800	0	550	1250	3600	26/10/1987	06/02/2020	1
22	9	SWAPNIL SUBHASHRAO CHOUHARY	100232160079	10003		91542	15000	15000	15000	0	1800	0	550	1250	3600	27/01/1986	01/09/2018	1
23	JULY0002	SWATI SOMNATH SUTAR	101711929807	10024		20000	15000	15000	15000	0	1800	0	550	1250	3600	30/04/1993	14/07/2021	SOMNATH
24	X01	TEJAS DATTARAM MAYEKAR	101491865433	10019		12406	12406	12406	12406	0	1489	0	456	1033	2978	10/08/1997	09/09/2019	1
25	2	VARSHA ATHAVALE	100236207912	10015		91001	15000	15000	15000	0	1800	0	550	1250	3600	25/03/1965	01/09/2018	1
Employee Count : 25						<b>Total--&gt;</b>	1223402	358535	358535	358535	0	43025	0	13151	29874	86050		

**Challan Summary**

A/C No. 01 Rs.	56176
A/C No. 02 Rs.	1793
A/C No. 10 Rs.	29874
A/C No. 21 Rs.	1793
A/C No. 22 Rs.	0
<b>Total</b>	<b>89636</b>

**Non PF Gross**

PF Gross	1223402
PF Salary	358535
EDLI Salary	358535
EPS Salary	358535

0

A/c No 1 = PF + VPF+EPF

A/c No 2 = (1/8/1998 to 31-12-2014=1.10%) , (1-1.2015 to 31-03-2017 0.85%),  
(1.4.2017 onwards 0.65% or min of Rs.500/-) (1.5.2018 onwards 0.50%)

A/c No 10 = EPS

A/c No 21 = 0.5 % On Edlisalary

A/c No 22 = 0.01%On Edlisalary (after 1.4.2017 it is nil)





**COMBINED CHALLAN OF A/C NO. 01, 02, 10, 21 & 22 (With  
EMPLOYEES' PROVIDENT FUND ORGANISATION**

TRRN 3192204000329

Establishment Code & Name THVSH1797012000 VIVEKANAND EDUCATION SOCIETY COLLEGE OF LAW Dues for the wage month of March 2022  
Address : RC MARG SINDHI SOCIETY CHEMBUR E, SINDHI SOCIETY, CHEMBUR, CHEMBUR , MUMBAI SUBURBAN, MAHARASHTRA

Total Subscribers :	EPF 25	EPS 25	EDLI 25
Total Wages :	3,58,535	3,58,535	3,58,535

SL.	PARTICULARS	A/C.01 (Rs.)	A/C.02 (Rs.)	A/C.10 (Rs.)	A/C.21 (Rs.)	A/C.22 (Rs.)	TOTAL
1	Administration Charges	0	1,793	0	0	0	1,793
2	Employer's Share Of	12,175	0	27,662	1,793	0	41,630
3	Employee's Share Of	39,837	0	0	0	0	39,837
Grand Total : Eighty-Three Thousand Two Hundred Sixty Rupees Only							83,260

(This is a system generated challan on 01-APR-2022 15:59, the particulars shown in this challan are populated from the Electronic Challan Cum Return (ECR) uploaded by the establishment for the specified month and year.

Note :- The following amounts are being remitted directly by Government of India on account of PMRPY / ABRY.

	PMRPY	ABRY
A) A/C no 1 (Employer share) ( Rs.) -	0	976
B) A/C no 10 (Pension fund) ( Rs.) -	0	2,212
C) A/C no 1 (Employee share) ( Rs.) -	0	3,188
D) Total (A + B + C) ( Rs.) -	0	6,376
E) Total remittance by Employer ( Rs.) -	83,260	
F) Total amount of uploaded ECR (D + E) (	89,636	





कर्मचारी भविष्य निधि संगठन  
Employees' Provident Fund Organization  
भविष्य निधि भवन, १४, भीकाजी कामा प्लेस, नई दिल्ली - ११००६६  
Bhavishya Nidhi Bhawan, 14, Bhikaji Cama Place, New Delhi - 110066

Generated On 06/04/2022 16:40:

**Payment Confirmation Receipt**

TRRN No :	3192204000329
Challan Status :	Payment Confirmed
Challan Generated On :	01-APR-2022 15:59:07
Establishment ID :	THVSH1797012000
Establishment Name :	VIVEKANAND EDUCATION SOCIETY COLLEGE OF LAW
Challan Type :	Monthly Contribution Challan
Total Members :	25
Wage Month :	MAR-2022
Total Amount (Rs) :	83,260
Account-1 Amount (Rs) :	52,012
Account-2 Amount (Rs) :	1,793
Account-10 Amount (Rs) :	27,662
Account-21 Amount (Rs) :	1,793
Account-22 Amount (Rs) :	0
Payment Confirmation Bank :	ICICI Bank
CRN :	229060422001778
Payment Date :	06-APR-2022
Payment Confirmation Date :	06-APR-2022
Total PMRPY Benefit :	0



**VIVEKANAND EDUCATION SOCIETY COLLEGE OF LAW**

RC MARG SINDHI SOCIETY CHEMBUR E, SINDHI SOCIETY, CHEMBUR,CHEMBUR , Dist: MUMBAI SUBURBAN, State: MAHARASHTRA Mumbai 400071 Maharashtra India @ .com  
www.abc.com

**PF Code: MH/1797012**

**PF Monthly Register For The Month Of Apr-2021**

Sr.No	Code	Employee	UAN	PF No	NCD	GrossPay	PF Sal	Edli Sal	EPS Sal	Arr Sal	PF	VPF	EPF	EPS	Total	DOB	DOJ	Father
1	10	BHUSHAN MADHUKAR SHINDE	100724133525	10012		72213	15000	15000	15000	0	1800	0	550	1250	3600	03/12/1986	01/09/2018	1
2	12	PRASAD PARSHURAM CHILE	100232159063	10010		29247	15000	15000	15000	0	1800	0	550	1250	3600	12/02/1989	01/09/2018	1
3	13	PRERANA BHANDARI	100936092296	10009		64151	15000	15000	15000	0	1800	0	550	1250	3600	05/06/1975	01/09/2018	1
4	14	PRASHANT SHIVAJI JAGDALE	100960993666	10008		24032	15000	15000	15000	0	1800	0	550	1250	3600	21/07/1995	01/09/2018	1
5	15	ABHISHEK JITENDRA SINGH	100987772549	10007		24032	15000	15000	15000	0	1800	0	550	1250	3600	15/05/1994	01/09/2018	1
6	16	SHAMAL YATIN PATIL	101299294598	10011		23326	15000	15000	15000	0	1800	0	550	1250	3600	09/04/1981	01/09/2018	1
7	2	VARSHA ATHAVALE	100236207912	10015		72389	15000	15000	15000	0	1800	0	550	1250	3600	25/03/1965	01/09/2018	1
8	20	DEEPALI MAHESH BABAR	101576160541	10022		63804	15000	15000	15000	0	1800	0	550	1250	3600	01/03/1972	01/03/2020	1
9	3	SANAVI ABHISHEK DESHMUKH	101363199499	10006		73976	15000	15000	15000	0	1800	0	550	1250	3600	01/07/1986	01/09/2018	1
10	4	MANOJKUMAR JAYSING NAIK	100232158524	10005		72389	15000	15000	15000	0	1800	0	550	1250	3600	01/10/1986	01/09/2018	1
11	5	ARCHANA ASHOK KHANDWE	100236198361	10016		43000	15000	15000	15000	0	1800	0	550	1250	3600	23/03/1971	01/09/2018	1
12	6	SHOBHA RATNAKAR SHINDE	101013286349	10004		17401	13850	13850	13850	0	1662	0	508	1154	3324	31/05/1980	01/09/2018	1
13	7	JAYSHREE GAUTAM KANCHANPURKAR	100235455341	10014		72389	15000	15000	15000	0	1800	0	550	1250	3600	10/03/1979	01/09/2018	1
14	8	HARSHADA DHAVALSINGH RAJPUT	100235455263	10002		72389	15000	15000	15000	0	1800	0	550	1250	3600	20/05/1985	01/09/2018	1
15	9	SWAPNIL SUBHASHRAO CHOUHARY	100232160079	10003		72389	15000	15000	15000	0	1800	0	550	1250	3600	27/01/1986	01/09/2018	1
16	C01	SOMESH BHAU GHANDAT	101513148649	10020		11669	11669	11669	11669	0	1400	0	428	972	2800	04/03/1998	14/10/2019	1
17	C02	SUDHINDRA BHIMA RAO MAGANAHALLI	101566264193	10021		63804	15000	15000	15000	0	1800	0	550	1250	3600	26/10/1987	06/02/2020	1
18	X01	TEJAS DATTARAM MAYEKAR	101491865433	10019		11669	11669	11669	11669	0	1400	0	428	972	2800	10/08/1997	09/09/2019	1
Employee Count : 18						<b>Total--&gt;</b>	884269	262188	262188	262188	0	31462	0	9614	21848	62924		

**Challan Summary**

A/C No. 01 Rs.	41076
A/C No. 02 Rs.	1311
A/C No. 10 Rs.	21848
A/C No. 21 Rs.	1311
A/C No. 22 Rs.	0
<b>Total</b>	<b>65546</b>

**Non PF Gross**

PF Gross	884269
PF Salary	262188
EDLI Salary	262188
EPS Salary	262188

A/c No 1 = PF + VPF+EPF  
A/c No 2 = (1/8/1998 to 31-12-2014=1.10%) , (1.1.2015 to 31-03-2017 0.85%),  
(1.4.2017 onwards 0.65% or min of Rs.500/-) (1.5.2018 onwards 0.50%)  
A/c No 10 = EPS  
A/c No 21 = 0.5 % On Edlisalary  
A/c No 22 = 0.01%On Edlisalary (after 1.4.2017 it is nil)

**PF Challan Details**

A/C No.	Dues	Paid	Difference
A/C No. 01	0.00	0.00	0.00
A/C No. 02	0.00	0.00	0.00
A/C No. 10	0.00	0.00	0.00
A/C No. 21	0.00	0.00	0.00
A/C No. 22	0.00	0.00	0.00





**COMBINED CHALLAN OF A/C NO. 01, 02, 10, 21 & 22 (With  
EMPLOYEES' PROVIDENT FUND ORGANISATION**

TRRN 3192105000552

Establishment Code & Name THVSH1797012000 VIVEKANAND EDUCATION SOCIETY COLLEGE OF LAW Dues for the wage month of April 2021  
Address : RC MARG SINDHI SOCIETY CHEMBUR E, SINDHI SOCIETY, CHEMBUR, CHEMBUR , MUMBAI SUBURBAN, MAHARASHTRA

Total Subscribers :	EPF 18	EPS 18	EDLI 18
Total Wages :	2,62,188	2,62,188	2,62,188

SL.	PARTICULARS	A/C.01 (Rs.)	A/C.02 (Rs.)	A/C.10 (Rs.)	A/C.21 (Rs.)	A/C.22 (Rs.)	TOTAL
1	Administration Charges	0	1,311	0	0	0	1,311
2	Employer's Share Of	9,614	0	21,848	1,311	0	32,773
3	Employee's Share Of	31,462	0	0	0	0	31,462
Grand Total : Sixty-Five Thousand Five Hundred Forty-Six Rupees Only							65,546

(This is a system generated challan on 03-MAY-2021 17:48, the particulars shown in this challan are populated from the Electronic Challan Cum Return (ECR) uploaded by the establishment for the specified month and year.

Note :- The following amounts are being remitted directly by Government of India on account of PMRPY / ABRY.

	PMRPY	ABRY
A) A/C no 1 (Employer share) ( Rs.) -	0	0
B) A/C no 10 (Pension fund) ( Rs.) -	0	0
C) A/C no 1 (Employee share) ( Rs.) -	0	0
D) Total (A + B + C) ( Rs.) -	0	0
E) Total remittance by Employer ( Rs.) -	65,546	
F) Total amount of uploaded ECR (D + E) (	65,546	



### EPFO PAYMENT RECEIPT

<b>Establishment Code</b>	THVSH1797012000
<b>Wage Month</b>	Apr2021
<b>TRRN</b>	3192105000552
<b>CRN</b>	229070521001523
<b>Bank Reference Number</b>	62542125
<b>Payment Status</b>	CONFIRMED
<b>Amount of Account No1</b>	41076.00
<b>Amount of Account No2</b>	1311.00
<b>Amount of Account No10</b>	21848.00
<b>Amount of Account No21</b>	1311.00
<b>Amount of Account No22</b>	0.00
<b>Amount Total</b>	65546.00
<b>Request Received on (Date and Time)</b>	07/05/2021 16:40:15
<b>Debit Date (From Employer's Account)</b>	07/05/2021 16:42:02
<b>Payment through Bank</b>	ICICI BANK LTD.

This is a computer generated receipt hence does not require any signature.





**VIVEKANAND EDUCATION SOCIETY COLLEGE OF LAW**

RC MARG SINDHI SOCIETY CHEMBUR E, SINDHI SOCIETY, CHEMBUR,CHEMBUR , Dist: MUMBAI SUBURBAN, State: MAHARASHTRA Mumbai 400071 Maharashtra India @ .com  
www.abc.com

**PF Code: MH/1797012**

**PF Monthly Register For The Month Of Mar-2021**

Sr.No	Code	Employee	UAN	PF No	NCD	GrossPay	PF Sal	Edli Sal	EPS Sal	Arr Sal	PF	VPF	EPF	EPS	Total	DOB	DOJ	Father
1	10	BHUSHAN MADHUKAR SHINDE	100724133525	10012		74613	15000	15000	15000	0	1800	0	550	1250	3600	03/12/1986	01/09/2018	1
2	12	PRASAD PARSHURAM CHILE	100232159063	10010		29247	15000	15000	15000	0	1800	0	550	1250	3600	12/02/1989	01/09/2018	1
3	13	PRERANA BHANDARI	100936092296	10009		64151	15000	15000	15000	0	1800	0	550	1250	3600	05/06/1975	01/09/2018	1
4	14	PRASHANT SHIVAJI JAGDALE	100960993666	10008		24032	15000	15000	15000	0	1800	0	550	1250	3600	21/07/1995	01/09/2018	1
5	15	ABHISHEK JITENDRA SINGH	100987772549	10007		24032	15000	15000	15000	0	1800	0	550	1250	3600	15/05/1994	01/09/2018	1
6	16	SHAMAL YATIN PATIL	101299294598	10011		23326	15000	15000	15000	0	1800	0	550	1250	3600	09/04/1981	01/09/2018	1
7	2	VARSHA ATHAVALLE	100236207912	10015		72389	15000	15000	15000	0	1800	0	550	1250	3600	25/03/1965	01/09/2018	1
8	20	DEEPAI MAHESH BABAR	101576160541	10022		63804	15000	15000	15000	0	1800	0	550	1250	3600	01/03/1972	01/03/2020	1
9	3	SANAVI ABHISHEK DESHMUKH	101363199499	10006		73976	15000	15000	15000	0	1800	0	550	1250	3600	01/07/1986	01/09/2018	1
10	4	MANOJKUMAR JAYSING NAIK	100232158524	10005		72389	15000	15000	15000	0	1800	0	550	1250	3600	01/10/1986	01/09/2018	1
11	5	ARCHANA ASHOK KHANDWE	100236198361	10016		43000	15000	15000	15000	0	1800	0	550	1250	3600	23/03/1971	01/09/2018	1
12	6	SHOBHA RATNAKAR SHINDE	101013286349	10004		13850	13850	13850	13850	0	1662	0	508	1154	3324	31/05/1980	01/09/2018	1
13	7	JAYSHREE GAUTAM KANCHANPURKAR	100235455341	10014		72389	15000	15000	15000	0	1800	0	550	1250	3600	10/03/1979	01/09/2018	1
14	8	HARSHADA DHAVALSINGH RAJPLIT	100235455263	10002		72389	15000	15000	15000	0	1800	0	550	1250	3600	20/05/1985	01/09/2018	1
15	9	SWAPNIL SUBHASHRAO CHOUHARY	100232160079	10003		72389	15000	15000	15000	0	1800	0	550	1250	3600	27/01/1986	01/09/2018	1
16	C01	SOMESH BHAI GHANDAT	101513148649	10020		11669	11669	11669	11669	0	1400	0	428	972	2800	04/03/1998	14/10/2019	1
17	C02	SUDHINDRA BHIMA RAO MAGANAHALLI	101566264193	10021		63804	15000	15000	15000	0	1800	0	550	1250	3600	26/10/1987	06/02/2020	1
18	X01	TEJAS DATTARAM MAYEKAR	101491865433	10019		11669	11669	11669	11669	0	1400	0	428	972	2800	10/08/1997	09/09/2019	1
Employee Count : 18						<b>Total--&gt;</b>	883118	262188	262188	262188	0	31462	0	9614	21848	62924		

**Challan Summary**

		Non PF Gross	0
A/C No. 01 Rs.	41076	PF Gross	883118
A/C No. 02 Rs.	1311	PF Salary	262188
A/C No. 10 Rs.	21848	EDLI Salary	262188
A/C No. 21 Rs.	1311	EPS Salary	262188
A/C No. 22 Rs.	0		

**Total 65546**

A/c No 1 = PF + VPF+EPF

A/c No 2 = (1/8/1998 to 31-12-2014=1.10%) , (1.1.2015 to 31-03-2017 0.85%),  
(1.4.2017 onwards 0.65% or min of Rs.500/-) (1.5.2018 onwards 0.50%)

A/c No 10 = EPS

A/c No 21 = 0.5 % On Edlisalary

A/c No 22 = 0.01%On Edlisalary (after 1.4.2017 it is nil)

**PF Challan Details**

	Dues	Paid	Difference
A/C No. 01	0.00	0.00	0.00
A/C No. 02	0.00	0.00	0.00
A/C No. 10	0.00	0.00	0.00
A/C No. 21	0.00	0.00	0.00
A/C No. 22	0.00	0.00	0.00





**COMBINED CHALLAN OF A/C NO. 01, 02, 10, 21 & 22 (With  
EMPLOYEES' PROVIDENT FUND ORGANISATION**

TRRN 3192104000035

Establishment Code & Name THVSH1797012000 VIVEKANAND EDUCATION SOCIETY COLLEGE OF LAW Dues for the wage month of March 2021  
Address : RC MARG SINDHI SOCIETY CHEMBUR E, SINDHI SOCIETY, CHEMBUR, CHEMBUR , MUMBAI SUBURBAN, MAHARASHTRA

Total Subscribers :	EPF 18	EPS 18	EDLI 18
Total Wages :	2,62,188	2,62,188	2,62,188

SL.	PARTICULARS	A/C.01 (Rs.)	A/C.02 (Rs.)	A/C.10 (Rs.)	A/C.21 (Rs.)	A/C.22 (Rs.)	TOTAL
1	Administration Charges	0	1,311	0	0	0	1,311
2	Employer's Share Of	9,614	0	21,848	1,311	0	32,773
3	Employee's Share Of	31,462	0	0	0	0	31,462
Grand Total : Sixty-Five Thousand Five Hundred Forty-Six Rupees Only							65,546

(This is a system generated challan on 01-APR-2021 10:40, the particulars shown in this challan are populated from the Electronic Challan Cum Return (ECR) uploaded by the establishment for the specified month and year.

Note :- The following amounts are being remitted directly by Government of India on account of PMRPY / ABRY.

	PMRPY	ABRY
A) A/C no 1 (Employer share) ( Rs.) -	0	0
B) A/C no 10 (Pension fund) ( Rs.) -	0	0
C) A/C no 1 (Employee share) ( Rs.) -	0	0
D) Total (A + B + C) ( Rs.) -	0	0
E) Total remittance by Employer ( Rs.) -	65,546	
F) Total amount of uploaded ECR (D + E) (	65,546	



### EPFO PAYMENT RECEIPT

<b>Establishment Code</b>	THVSH1797012000
<b>Wage Month</b>	Mar2021
<b>TRRN</b>	3192104000035
<b>CRN</b>	229060421001662
<b>Bank Reference Number</b>	61331519
<b>Payment Status</b>	CONFIRMED
<b>Amount of Account No1</b>	41076.00
<b>Amount of Account No2</b>	1311.00
<b>Amount of Account No10</b>	21848.00
<b>Amount of Account No21</b>	1311.00
<b>Amount of Account No22</b>	0.00
<b>Amount Total</b>	65546.00
<b>Request Received on (Date and Time)</b>	06/04/2021 17:23:52
<b>Debit Date (From Employer's Account)</b>	06/04/2021 17:24:34
<b>Payment through Bank</b>	ICICI BANK LTD.

This is a computer generated receipt hence does not require any signature.





कर्मचारी भविष्य निधि संगठन  
Employees' Provident Fund Organization

भविष्य निधि भवन, १४, भीकाजी कामा प्लेस, नई दिल्ली - ११००६६  
Bhavishya Nidhi Bhawan, 14, Bhikaji Cama Place, New Delhi - 110066

Generated On 14/05/2020 19:42:

**Payment Confirmation Receipt**

TRRN No :	3192005000457
Challan Status :	Payment Confirmed
Challan Generated On :	02-MAY-2020 20:55:00
Establishment ID :	THVSH1797012000
Establishment Name :	VIVEKANAND EDUCATION SOCIETY COLLEGE OF LAW
Challan Type :	Monthly Contribution Challan
Total Members :	18
Wage Month :	APR-2020
Total Amount (Rs) :	64,992
Account-1 Amount (Rs) :	40,730
Account-2 Amount (Rs) :	1,300
Account-10 Amount (Rs) :	21,662
Account-21 Amount (Rs) :	1,300
Account-22 Amount (Rs) :	0
Payment Confirmation Bank :	ICICI Bank
CRN :	229140520006137
Payment Date :	14-MAY-2020
Payment Confirmation Date :	14-MAY-2020
Total PMRPY Benefit :	0





### EPFO PAYMENT RECEIPT

<b>Establishment Code</b>	THVSH1797012000
<b>Wage Month</b>	Mar2020
<b>TRRN</b>	3192004003604
<b>CRN</b>	229130420000747
<b>Bank Reference Number</b>	47584401
<b>Payment Status</b>	CONFIRMED
<b>Amount of Account No1</b>	40730.00
<b>Amount of Account No2</b>	1300.00
<b>Amount of Account No10</b>	21662.00
<b>Amount of Account No21</b>	1300.00
<b>Amount of Account No22</b>	0.00
<b>Amount Total</b>	64992.00
<b>Request Received on (Date and Time)</b>	13/04/2020 13:22:05
<b>Debit Date (From Employer's Account)</b>	13/04/2020 13:22:50
<b>Payment through Bank</b>	ICICI BANK LTD.

This is a computer generated receipt hence does not require any signature.





**COMBINED CHALLAN OF A/C NO. 01, 02, 10, 21 & 22 (With ECR)**  
**EMPLOYEES' PROVIDENT FUND ORGANISATION**

TRRN: 3191905002188

Establishment Code & Name : THVSH1797012000 VIVEKANAND EDUCATION SOCIETY

Dues for the wage month of :April 2019

Address : RC MARG SINDHI SOCIETY CHEMBUR E, SINDHI SOCIETY, CHEMBUR, CHEMBUR , MUMBAI SUBURBAN, MAHARASHTRA

Total Subscribers :	EPF 15	EPS 15	EDLI 15
Total Wages :	2,09,360	2,09,360	2,09,360

SL.	PARTICULARS	A/C.01 (Rs.)	A/C.02 (Rs.)	A/C.10 (Rs.)	A/C.21 (Rs.)	A/C.22 (Rs.)	TOTAL
1	Administration Charges	0	1,047	0	0	0	1,047
2	Employer's Share Of Contribution	7,678	0	17,445	1,047	0	26,170
3	Employee's Share Of Contribution	25,123	0	0	0	0	25,123
Grand Total : Fifty-Two Thousand Three Hundred Forty Rupees Only							52,340

**( Only for offline payment in case permitted by EPFO )**

**FOR BANKS USE ONLY**

Amount Received Rs. \_\_\_\_\_

Date of presentation of Cheque/DD \_\_\_\_\_

Date of Realisation of Cheque/DD \_\_\_\_\_

SBI Branch Name \_\_\_\_\_

SBI Branch Code \_\_\_\_\_

**FOR ESTABLISHMENT USE ONLY (To be manually filled by Employer)**

Cheque/DD No. \_\_\_\_\_ Date: \_\_\_\_\_

Cheque/DD drawn bank &

Name of the Depositor\_\_\_\_\_

Date of Deposit\_\_\_\_\_ Mobile No. \_\_\_\_\_

Signature of the

(This is a system generated challan on 06-MAY-2019 14:27, the particulars shown in this challan are populated from the Electronic Challan Cum Return (ECR) uploaded by the establishment for the specified month and year.

Note :- The following amounts are being remitted directly by Government of India on account of PMRPY and PMPRPY-

A) A/C no 1 (Employer share) ( Rs.) -	0
B) A/C no 10 (Pension fund) ( Rs.) -	0
C) Total (A + B) ( Rs.) -	0
D) Total remittance by Employer ( Rs.) -	52,340
E) Total amount of uploaded ECR (C + D) ( Rs.) -	52,340





कर्मचारी भविष्य निधि संगठन  
Employees' Provident Fund Organization

भविष्य निधि भवन, १४, भीकाजी कामा प्लेस, नई दिल्ली - ११००६६  
Bhavishya Nidhi Bhawan, 14, Bhikaji Cama Place, New Delhi - 110066

Generated On : 05/04/2019 17:22:53

**Payment Confirmation Receipt**

TRRN No :	3191904000788
Challan Status :	Payment Confirmed
Challan Generated On :	02-APR-2019 14:57:03
Establishment ID :	THVSH1797012000
Establishment Name :	VIVEKANAND EDUCATION SOCIETY COLLEGE OF LAW
Challan Type :	Monthly Contribution Challan
Total Members :	16
Wage Month :	MAR-2019
Total Amount (Rs) :	55,880
Account-1 Amount (Rs) :	35,019
Account-2 Amount (Rs) :	1,118
Account-10 Amount (Rs) :	18,625
Account-21 Amount (Rs) :	1,118
Account-22 Amount (Rs) :	0
Payment Confirmation Bank :	ICICI Bank
CRN :	229050419001484
Payment Date :	05-APR-2019 17:20:46
Payment Confirmation Date :	05-APR-2019 17:22:20





COMBINED CHALLAN OF A/C NO. 01, 02, 10, 21 & 22 (With  
EMPLOYEES' PROVIDENT FUND ORGANISATION

TRRN 3191904000788

Establishment Code & Name : THVSH1797012000 VIVEKANAND EDUCATION SOCIETY

Dues for the wage month of March 2019

Address : RC MARG SINDHI SOCIETY CHEMBUR E, SINDHI SOCIETY, CHEMBUR, CHEMBUR, MUMBAI SUBURBAN, MAHARASHTRA

Total Subscribers :	EPF 16	EPS 16	EDLI 16
Total Wages :	2,23,514	2,23,514	2,23,514

SL.	PARTICULARS	A/C.01 (Rs.)	A/C.02 (Rs.)	A/C.10 (Rs.)	A/C.21 (Rs.)	A/C.22 (Rs.)	TOTAL
1	Administration Charges	0	1,118	0	0	0	1,118
2	Employer's Share Of	8,197	0	18,625	1,118	0	27,940
3	Employee's Share Of	26,822	0	0	0	0	26,822
Grand Total : Fifty-Five Thousand Eight Hundred Eighty Rupees Only							55,880

( Only for offline payment in case permitted by EPFO )

FOR BANKS USE ONLY

Amount Received \_\_\_\_\_  
Date of presentation of \_\_\_\_\_  
Date of Realisation of \_\_\_\_\_  
SBI Branch Name \_\_\_\_\_  
SBI Branch Code \_\_\_\_\_

FOR ESTABLISHMENT USE

(To be manually filled by  
Cheque/DD No. \_\_\_\_\_ Date: \_\_\_\_\_  
Cheque/DD drawn bank &  
Name of the Depositor \_\_\_\_\_  
Date of Deposit \_\_\_\_\_ Mobile No. \_\_\_\_\_  
Signature of the

(This is a system generated challan on 02-APR-2019 14:57, the particulars shown in this challan are populated from the Electronic Challan Cum Return (ECR) uploaded by the establishment for the specified month and year.

Note :- The following amounts are being remitted directly by Government of India on account of PMRPY and PMPRPY-

A) A/C no 1 (Employer share) ( Rs.) -	0
B) A/C no 10 (Pension fund) ( Rs.) -	0
C) Total (A + B) ( Rs.) -	0
D) Total remittance by Employer ( Rs.) -	55,880
E) Total amount of uploaded ECR (C + D) (	55,880





**Payment Voucher**

No. : 129

Dated : 31-Mar-2018

Particulars	Amount
<b>Account :</b>	
PROVIDENT FUND LLB STAFF	9,000.00
Provident Fund Class IV	991.00
Provident Fund Class IV(BLS)	991.00
Provident Fund (Non-Teaching Staff)	8,400.00
Provident Fund (BLS)	7,200.00
PF Institution Cont.for LLB	9,000.00
PF Contribution for BLS	7,200.00
PF Institute Cont. For Non-Teaching	8,400.00
PF Inst. Cont. Class IV LLB	991.00
PF Inst. Cont. Class IV (BLS)	991.00
Profession Tax	1,200.00
Prof.Tax (BLS)	800.00
Prof. Tax ( Class IV Staff) BLS	175.00
Prof.Tax Non-Teaching Staff	1,000.00

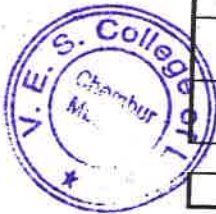
continued ...





**SINDHI SOCIETY, CHEMBUR, MUMBAI 400071**  
**DETAILS OF P.F DEDUCTION FOR THE MONTH OF MARCH 2018**

SR. NO.	NAME OF THE EMPLOYEE	Designation	PF. Amount	P.F EMPLOYEE SHARE	P.F MANAGEME NT SHARE	PF A/C II 0.65% OF SALARY	PF A/C 21 0.5% OF SALARY	TOTAL PROV FUND (A)	PROF. TAX (B)	TOTAL (A+B)
1	Dr. Jyoti Deshmukh	Principal	15000.00	1800.00	1800.00	97.50	75.00	3772.50	200.00	3972.50
2	Dr. Anil Farkade	Sr.Professor						0.00	200.00	200.00
3	Mrs. Shubhangi Arde	Asst.Professor	15000.00	1800.00	1800.00	97.50	75.00	3772.50	200.00	3972.50
4	Mrs. Jayshree Dongre	Asst.Professor	15000.00	1800.00	1800.00	97.50	75.00	3772.50	200.00	3972.50
5	Mrs. Harshada Rajput	Asst.Professor	15000.00	1800.00	1800.00	97.50	75.00	3772.50	200.00	3972.50
6	Mr. Manojkumar Naik	Asst.Professor	15000.00	1800.00	1800.00	97.50	75.00	3772.50	200.00	3972.50
7	Mr. Swapnil Choudhary	Asst.Professor	15000.00	1800.00	1800.00	97.50	75.00	3772.50	200.00	3972.50
8	Mrs. Varsha Athavale	Asst.Professor	15000.00	1800.00	1800.00	97.50	75.00	3772.50	200.00	3972.50
9	Mr. Bhushan Shinde	Asst.Professor	15000.00	1800.00	1800.00	97.50	75.00	3772.50	200.00	3972.50
10	Mr. Sudharshan Gokhale	Librarian	15000.00	1800.00	1800.00	97.50	75.00	3772.50	200.00	3972.50
11	Ms. Sumita Honawar	Lecturer	15000.00	1800.00	1800.00	97.50	75.00	3772.50	200.00	3972.50
12	Mrs. Prerana S.Bhadanri	Superintendent	15000.00	1800.00	1800.00	97.50	75.00	3772.50	200.00	3972.50
13	Mr. Prasad Chile	Clerk	15000.00	1800.00	1800.00	97.50	75.00	3772.50	200.00	3972.50
14	Mr. Prashant Jagdale	A/c Clerk	12500.00	1500.00	1500.00	65.00	62.50	3127.50	200.00	3327.50
15	Mr. Abhishek Singh	A/c Clerk	12500.00	1500.00	1500.00	65.00	62.50	3127.50	200.00	3327.50
16	Mr.Pramod Sarvade	Peon	8256.00	991.00	991.00	53.66	40.00	2075.66	175.00	2250.66
17	Mrs. Shobha Shinde	Peon/Sweeper	8256.00	991.00	991.00	53.66	40.00	2075.66	0.00	2075.66
			<b>221512.00</b>	<b>26582.00</b>	<b>26582.00</b>	<b>1407.33</b>	<b>1105.00</b>	<b>55676.33</b>	<b>3175.00</b>	<b>58851.33</b>



*John*

**VES College of Law**  
 Sindhi Society, Chembur,  
 Mumbai 400071  
 Maharashtra, India - 400071  
 E-Mail : veslaw09@rediffmail.com

**Payment Voucher**

No. : 12

Dated : 29-Apr-2017

Through : Janakalyan Sahakari Bank Ltd

Particulars	Amount
<b>Account :</b>	
Prov Fund (Employee)	27,732.00 ✓
Prov Fund(Employer)	27,732.00 ✓
P.F Service Charges	3,119.00 ✓
Prof. Tax	3,070.00 ✓
<b>On Account of :</b>	
Ch.No. 102039 paid to VES CHEMBUR BRANCH A/C TOWARDS PROVIDENT FUND & PROFESSIONAL TAX FOR THE MONTH OF APRIL'2017	
<b>Amount (in words) :</b>	
Indian Rupees Sixty One Thousand Six Hundred Fifty Three Only	
	<b>₹ 61,653.00</b>

*Ammani*

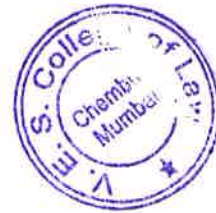
Receiver's Signature:

*[Signature]*

Authorised Signatory

Checked by

Verified by

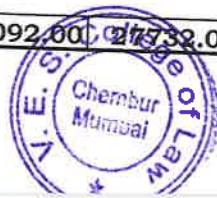




**V.E.S COLLEGE OF LAW**  
**SINDHI SOCIETY, CHEMBUR, MUMBAI 400071**

**DETAILS OF P.F DEDUCTION FOR THE MONTH OF APRIL' 2017**

SR. NO.	NAME OF THE EMPLOYEE	Designation	PF. Amount	P.F EMPLOYEE SHARE	P.F MANAGEMENT SHARE	PF A/C II 0.85% OF SALARY	PF A/C 21 0.5% OF SALARY	TOTAL PROV FUND (A)	PROF. TAX (B)	TOTAL (A+B)
1	Dr. Jyoti Deshmukh	Principal	15000.00	1800.00	1800.00	127.50	75.00	3802.50	200.00	4002.50
2	Dr. Anil Farkade	Sr.Professor	15000.00	1800.00	1800.00	127.50	75.00	3802.50	200.00	4002.50
3	Mrs. Shubhangi Arde	Asst.Professor	15000.00	1800.00	1800.00	127.50	75.00	3802.50	200.00	4002.50
4	Mrs. Jayshree Dongre	Asst.Professor	15000.00	1800.00	1800.00	127.50	75.00	3802.50	200.00	4002.50
5	Mrs. Harshada Rajput	Asst.Professor	15000.00	1800.00	1800.00	127.50	75.00	3802.50	200.00	4002.50
6	Mr. Manojkumar Naik	Asst.Professor	15000.00	1800.00	1800.00	127.50	75.00	3802.50	200.00	4002.50
7	Mr. Swapnil Choudhary	Asst.Professor	15000.00	1800.00	1800.00	127.50	75.00	3802.50	200.00	4002.50
8	Mrs. Varsha Athavale	Asst.Professor	15000.00	1800.00	1800.00	127.50	75.00	3802.50	200.00	4002.50
9	Mr. Bhushan Shinde	Asst.Professor	15000.00	1800.00	1800.00	127.50	75.00	3802.50	200.00	4002.50
10	Mr. Sudharshan Gokhale	Librarian	15000.00	1800.00	1800.00	127.50	75.00	3802.50	200.00	4002.50
11	Ms. Sumita Honawar	Lecturer	25000.00	1800.00	1800.00	127.50	75.00	3802.50	200.00	4002.50
12	Mrs. Prerana S.Bhadanri	Superintendent	15000.00	1800.00	1800.00	127.50	75.00	3802.50	200.00	4002.50
13	Mr. Prasad Chile	Clerk	15000.00	1800.00	1800.00	127.50	75.00	3802.50	200.00	4002.50
14	Mr. Prashant Jagdale	A/c Clerk	10000.00	1200.00	1200.00	85.00	50.00	2535.00	175.00	2710.00
15	Mr. Abhishek Singh	A/c Clerk	10000.00	1200.00	1200.00	85.00	50.00	2535.00	175.00	2710.00
16	Mr.Pramod Sarvade	Peon	8046.00	966.00	966.00	68.39	40.00	2040	120.00	2160.00
17	Mrs. Shobha Shinde	Peon/Sweeper	8046.00	966.00	966.00	68.39	40.00	2040	0.00	2040.00
			241092.00	27732.00	27732.00	1964.28	1155.00	58583.28	3070.00	61653.00



*Chembur*

# EX- GRATIA

## 2017-2018

Sr No.	Date	Employee Name	Particular	Amount
1	24/10/2017	Mrs. Shobha Shinde	Ex -Gratia	3,000/-
2	24/10/2017	Mr. Pramod Sarvade	Ex -Gratia	3,000/-

## 2018-2019

1	02/11/2018	Mrs. Shobha Shinde	Ex -Gratia	3,000/-
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## 2019-2020

1	19/10/2019	Mrs. Shobha Shinde	Ex -Gratia	5,000/-
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## 2021-2022

1	01/11/2021	Mr. Tejas Mayekar	Ex -Gratia	3,000/-
2	01/11/2021	Mr. Somesh Ghandat	Ex -Gratia	3,000/-



**VES College of Law**  
**JSBL Payment Voucher**

No. : 112

Dated : 1-Nov-21

Particulars	Amount
<b>Account :</b> Exgratia	<b>6,000.00</b>
<b>Through :</b> Janakalyan Sahakari Bank Ltd	
<b>On Account of :</b> Being ch no 103399 paid to JKSB for transfer the Diwali Exgratia to class IV Staff as per attached sheet	
<b>Amount (In words) :</b> Indian Rupees Six Thousand Only	
	<b>₹ 6,000.00</b>

Receiver's Signature:

Authorised Signatory



## V.E.S.COLLEGE OF LAW

Sindhi Society, Chembur, Mumbai - 400 071

To The Branch manager kindly transfer Diwali Exgratia to Class IV staff to the following staff

List of Staff Members

Date : 27/10/2021

Sr. No.	Name	A/c No.	Amount
1	Mr.Tejas Dattaram Mayekar	16928	3,000
2	Mr.Somesh Bhau Ghandat	16954	3,000
	<b>TOTAL</b>		<b>6,000</b>

*Varsha Athavale*



**Dr. Varsha Athavale**

**I/C Principal**

**I/C PRINCIPAL**

V.E.S. College of Law

Sindhi Society, Chembur, Mumbai



*RSC*  
*01/11/2021*

VES College of Law  
Sindhi Society, Chembur,  
Mumbai 400071  
State Name : Maharashtra, Code : 27  
E-Mail : veslaw09@rediffmail.com

**JSBL Payment Voucher**

No. : 147

Dated 19-Oct-2019

Particulars	Amount
Account : Exgratia BLS	5,000.00
	₹ 5,000.00

**Through :**

Janakalyan Sahakari Bank Ltd

**On Account of :**

Being Ch no - 102881 paid to JKSBL for  
exgratia to Shobha Shinde for FY 2019-20

**Amount (In words) :**

Indian Rupees Five Thousand Only

*Shobha P. Shinde*  
Receiver's Signature.

*[Signature]*  
Authorised Signatory





## V.E.S.COLLEGE OF LAW

Sindhi Society, Chembur, Mumbai - 400 071

To The Branch manager kindly transfer Exgratia for the Diwali

List of Staff Members

Date : 22/10/2019

Sr. No.	Name	A/c No.	Amount
16	Mrs Shobha Shinde	14802	5,000
	<b>TOTAL</b>		<b>5,000</b>



*[Signature]*  
Principal



**VIVEKANAND EDUCATION SOCIETY'S COLLEGE OF LAW**  
SINDHI SOCIETY, CHEMBUR, MUMBAI - 400 071

Cash / Cheque No. 102506

VOUCHER NO. \_\_\_\_\_

Date: 2 / 11 / 2018

DEBIT:- Salary

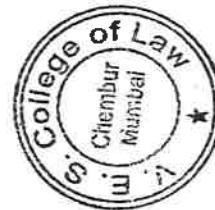
Please Pay to	Rs.	Ps.
<u>Janakalyan Sahakar Bank</u>		
<u>Towards Diwali Advance &amp; exgratia</u>	<u>15500/-</u>	
<u>to staff. Diwali Advance to</u>		
<u>par. prasad Chite to be deducted</u>		
<u>from. his salary monthly</u>		
<u>basis. as per circular</u>		
<u>attached.</u>		
<b>Total</b>	<b>15500/-</b>	

RUPEES Fifteen Thousand Five Hundred Only.

[Signature]  
Authorized Signatory

[Signature]  
Prepared by

[Signature]  
Received Payment



## VIVEKANAND EDUCATION SOCIETY COLLEGE OF LAW

VES COLLEGE OF LAW, PLOT NO 101, SINDHI SOCIETY,  
CHEMBUR, MUMBAI-400071.

Advance Allowance for Diwali which will be deducted from  
our monthly salary & Exgratia

Sr No	Name	Account No	Amount Paid
1	MR. Prasad Chile	14302	12500
2	MRS.SHOBHA SHINDE	14802	3000
			15500



*Shinde*



VIVEKANAND EDUCATION SOCIETY'S COLLEGE OF LAW

SINDHI SOCIETY, CHEMBUR, MUMBAI - 400 071

Cash / Cheque No. 102181

VOUCHER NO. \_\_\_\_\_

Date: 23/10/2017

DEBIT :- Ex-gratia A/C

Please Pay to	Rs.	Ps.
<u>Jankalyan Sahasri BK HD</u>	<u>6000</u>	<u>00</u>
<u>towards Ex-gratia amount</u>		
<u>as per Secretary's instructions</u>		
<u>as per attached list</u>		
Total	<u>6000</u>	<u>00</u>

RUPEES Six thousand only

[Signature]  
Authorized Signatory

[Signature]  
Prepared by

\_\_\_\_\_  
Received Payment



## V. E. S. COLLEGE OF LAW

Sindhi Society, Chembur, Mumbai - 400 071

To The Branch manager kindly transfer Ex-gratia for Class IV staff for Diwali

List of Staff Members

Date : 23/10/2017

1	Mr Pramod Sarvade	14101	3,000
2	Mrs Shobha Shinde	14802	3,000
		Total	6,000



TAM

24/10/17

*Dshur*





# DIWALI ADVANCE

**2017-2018**

Sr No.	Date	Employee Name	Particular	Amount
1	23/10/2017	Mrs. Prerana S. Bhandari	Diwali Advance	10,000/-
2	23/10/2017	Mr. Prasad Chile	Diwali Advance	10,000/-
3	23/10/2017	Mr.Prshant Jagdale	Diwali Advance	10,000/-
4	23/10/2017	Mr. Abhishek Singh	Diwali Advance	10,000/-
5	23/10/2017	Mr. Pramod Sarvade	Diwali Advance	10,000/-
6	23/10/2017	Mrs. Shobha Shinde	Diwali Advance	10,000/-

**2018-2019**

8	31/10/2018	Mrs.Prerana Bhandari	Diwali Advance	12,500/-
9	31/10/2018	Mrs. Shamal Patil	Diwali Advance	12,500/-
10	31/10/2018	Mrs. Shobha Shinde	Diwali Advance	12,500/-
11	02/11/2018	Mr.Prasad Chile	Diwali Advance	12,500/-

**2019-2020**

14	23/10/2019	Mrs. Prerana S. Bhandari	Diwali Advance	12,500/-
15	23/10/2019	Mrs. Shamal Patil	Diwali Advance	12,500/-
16	23/10/2019	Mrs. Shobha Shinde	Diwali Advance	12,500/-

**2021-2022**

21	27/10/2021	Mrs. Prerana S. Bhandari	Diwali Advance	12,500/-
22	27/10/2021	Mr. Prasad Chile	Diwali Advance	12,500/-
23	27/10/2021	Mr.Prashant Jagdale	Diwali Advance	12,500/-
24	27/10/2021	Mrs.Shamal Y. Patil	Diwali Advance	12,500/-
25	27/10/2021	Mrs. Shobha Shinde	Diwali Advance	12,500/-



VES College of Law

JSBL Payment Voucher

No. : 109

Dated : 27-Oct-21

Particulars	Amount
<b>Account :</b> Advance to Staff	<b>62,500.00</b>
<b>Through :</b> Janakalyan Sahakari Bank Ltd	
<b>On Account of :</b> Being ch no 103398 paid to JKSBL for transfer the Diwali Advance to Staff which will be deducted from their salary@ 1250/- p.m. as per attached sheet & circular	
<b>Amount (in words) :</b> Indian Rupees Sixty Two Thousand Five Hundred Only	
	<b>₹ 62,500.00</b>

Receiver's Signature:

Authorised Signatory



# V.E.S. COLLEGE OF LAW

Sindhi Society, Chembur, Mumbai - 400 071

To The Branch manager kindly transfer Diwali Advance to the following staff

List of Staff Members

Date : 27/10/2021

Sr. No.	Name	A/c No.	Amount
1	Mrs. Prerana S.Bhandari	4135	12,500
2	Mr Prasad Chile	14102	12,500
3	Mr. Prashant Jagdale	15779	12,500
4	Mrs. Shamal Y. Patil	16440	12,500
5	Mrs Shobha Shinde	14802	12,500
	<b>TOTAL</b>		<b>62,500</b>



*Dr. Varsha Athavale*

**Dr. Varsha Athavale**  
**I/C-Principal**





## V.E.S.COLLEGE OF LAW

Sindhi Society, Chembur, Mumbai - 400 071

To The Branch manager kindly transfer Advance for the Diwali

List of Staff Members

Date : 23/10/2019

Sr. No.	Name	A/c No.	Amount
1	Mrs. Prerana S.Bhandari	4135	12,500
2	Mrs. Shamal Patil	16440	12,500
3	Mrs Shobha Shinde	14802	12,500
	<b>TOTAL</b>		<b>37,500</b>

  
Principal





VIVEKANAND EDUCATION SOCIETY'S COLLEGE OF LAW  
SINDHI SOCIETY, CHEMBUR, MUMBAI - 400 071

Cash / Cheque No. 102506

VOUCHER NO. \_\_\_\_\_

Date: 2 / 11 / 20 18

DEBIT:- Salary

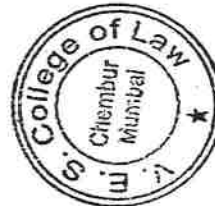
Please Pay to	Rs.	Ps.
<u>Tanakalyan Sahakar Bank</u>		
<u>Towards Diwali Advance &amp; exgratia</u>	<u>15500/-</u>	
<u>to staff. Diwali Advance to</u>		
<u>per-pousad Chite to be deducted</u>		
<u>from. his salary monthly</u>		
<u>basis. as per Circular</u>		
<u>attached.</u>		
Total	<u>15500/-</u>	

RUPEES Fifteen Thousand Five Hundred Only.

[Signature]  
Authorized Signatory

[Signature]  
Prepared by

[Signature]  
Received Payment



## VIVEKANAND EDUCATION SOCIETY COLLEGE OF LAW

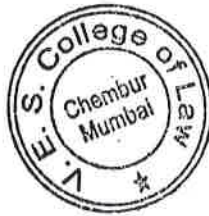
VES COLLEGE OF LAW, PLOT NO 101, SINDHI SOCIETY,  
CHEMBUR, MUMBAI-400071.

Advance Allowance for Diwali which will be deducted from  
our monthly salary & Exgratia

Sr No	Name	Account No	Amount Paid
1	MR. Prasad Chle	14302	12500
2	MRS.SHOBHA SHINDE	14802	3000
			15500



*Shinde*





## VIVEKANAND EDUCATION SOCIETY COLLEGE OF LAW

VES COLLEGE OF LAW, PLOT NO 101, SINDHI SOCIETY,  
CHEMBUR, MUMBAI-400071.

Advance Allowance for Diwali which will be deducted from  
our monthly salary

Sr No	Name	Account No	Amount Paid
1	MRS. PRERANA BHANDARI	4135	12500
2	SHAMAL PATIL	16440	12500
3	MRS.SHOBHA SHINDE	14802	12500
			37500



*Shinde*



महाराष्ट्र शासन

वित्त विभाग

शासन निर्णय क्रमांक: अग्रिम-२०१८/प्र.क.३७/१८/वित्तियम

मादाम कामा मार्ग, ईलाखा राज्याक बाँक,

मजालय, मुंबई - ४०० ०३२

ता.दि: २३ ऑक्टोबर, २०१८

बाबा : (१) शासन निर्णय, सामान्य प्रशासन विभाग, क.एफएनडी-१०३२-बी, दि.३.१२.१९६२.

- (२) शासन निर्णय, वित्त विभाग, क.मुंबई-१००९/प्र.क.५२/२१/वित्तियम, दि.२०.१०.१९९९.
- (३) शासन निर्णय, वित्त विभाग, क.अग्रिम-१००५/प्र.क.१८/०५/वित्तियम, दि.२०.०३.२००५.
- (४) शासन निर्णय, वित्त विभाग, क.अग्रिम-१००७/प्र.क.५८/०७/वित्तियम, दि.१९.१०.२००७.
- (५) शासन निर्णय, वित्त विभाग, क.अग्रिम-१००८/प्र.क.७०/०८/वित्तियम, दि.१५.५.२००९.
- (६) शासन निर्णय, वित्त विभाग, क.अग्रिम-१००९/प्र.क.४८/०९/वित्तियम, दि.१५.०९.२००९.
- (७) शासन निर्णय, वित्त विभाग, क.अग्रिम-१००९/प्र.क.१२/१०/वित्तियम, दि.१०.०५.२०१०.
- (८) शासन निर्णय, वित्त विभाग, क.अग्रिम-१००९/प्र.क.३२/१२/वित्तियम, दि.१८.१०.२०१२.
- (९) शासन निर्णय, वित्त विभाग, क.अग्रिम-१००९/प्र.क.५७/१५/वित्तियम, दि.२३.१०.२०१५.
- (१०) शासन निर्णय, वित्त विभाग, क.अग्रिम-१०१०/प्र.क.१२/१७/वित्तियम, दि.१८.०५.२०१७.

**प्रस्तावना -**

अनुसार देण्यात येणाऱ्या सण अग्रिमवही रकम बाह्यविषयवी बाब शासनाच्या विद्यमान होती.

**शासन निर्णय -**

शासन आता असे आदेश देत आहे की, वित्तक १ आदेशाची, २००३ पासून संधारित करण्यात आलेल्या वेतन संदर्बनेतील ज्या अराजपतित राज्य शासकीय कर्मचाऱ्यांचे प्रेड वेतन ₹४,८००/- (क.बा. आलेखी) वेतन संदर्बनेतील अशा अराजपतित राज्य शासकीय कर्मचाऱ्यांना ₹१२,५००/- (क.बा. आलेखी) वेतन संदर्बनेतील सण अग्रिम फक्त पूर्वी सणांना तसेच सामान्य प्रशासन विभागाकडून वेळवेळी घाबित करण्यात येणाऱ्या सणांसाठीच अर्जिय राहिल.

प्राची फक्त सण अग्रिम अर्जिय राहिल.

१. दिवाळी २. वसंशन इंद ३. ख्रियमस ४. पारसी नववर्ष ५. संवत्सरी ६. योडा-होडाना ७. वैशाखी पौर्णिमा (मगधान वृद्ध जयंती) ८. स्वातंत्र्य दिन ९. प्रजासत्ताक दिन १०. डॉ.आंबेडकर जयंती

३. सण अग्रिम मर्जूदी आणि वर्यलीच्या अटी व शर्ती पूर्वी विहित केल्याप्रमाणेच राहिली.
४. हे आदेश निर्णित केल्याच्या दिनांकापासून अमलात येतील.



१.	* प्रधान महालेखापाल (लेखा परीक्षा)-१, महाराष्ट्र, मुंबई ४०० ०२०
२.	* महालेखापाल (लेखा व अनुज्ञेयता)-१, महाराष्ट्र, मुंबई ४०० ०२०
३.	* महालेखापाल (लेखा व अनुज्ञेयता)-२, महाराष्ट्र, नागपूर
४.	* महालेखापाल (लेखा परीक्षा)-२, महाराष्ट्र, नागपूर
५.	राज्यपालांचे सचिव
६.	मुख्यामंत्र्यांचे अप्पर मुख्य सचिव
७.	सर्व मंत्री व राज्यमंत्री यांचे स्वीय सहाय्यक
८.	मा. विदेशी पक्षनेता, विधान परिषद / विधान सभा, महाराष्ट्र विधानमंडळ सचिवालय, मुंबई
९.	सर्व सन्माननीय विधान सभा, विधान परिषद व संसद सदस्य
१०.	मंत्रालयातील सर्व प्रशासनिक विभागांचे अप्पर मुख्य सचिव / प्रधान सचिव / सचिव
११.	अप्पर मुख्य सचिव, राज्य निवडणूक आयोग
१२.	मंत्रालयातील सर्व प्रशासनिक विभागा
१३.	राज्य निवडणूक आयोग
१४.	अभिदान व लेखा अधिकारी, वाई (पूर्व), मुंबई ४०० ०५१
१५.	अभिदान व लेखा अधिकारी, मुंबई
१६.	निवासी लेखा परीक्षा अधिकारी, मुंबई
१७.	संचालक, लेखा व कंत्राटगार, मुंबई
१८.	मुख्य लेखा परीक्षक, स्थानिक निधी लेखा, कोकणमवन, नवी मुंबई
१९.	* प्रबंधक, उच्च न्यायालयात (पूर्व शाखा), मुंबई
२०.	* प्रबंधक, उच्च न्यायालय, (आतील शाखा), मुंबई
२१.	* प्रबंधक, महाराष्ट्र प्रशासकीय न्यायाधिकारण, ३२१ मजला वरुंडे रोड, जवळ, कक
	प२६, मुंबई-४०० ००५

प्रति,

अवर सचिव, महाराष्ट्र शासन  
(ज. नि. वळवी)

५. मुंबई वितीय नियम, १९५१ मधील नियम क्रमांक १४२ (बी) मध्ये यौर्य ती सुधारणा यथावकाश करण्यात येईल.

सदर शासन निर्णय महाराष्ट्र शासनान्या [www.maharashtra.gov.in](http://www.maharashtra.gov.in) या संकेतस्थळावर उपलब्ध करवयात आला असून त्याचा संकेतांक २०१८१०२३१३१८४७९७०५ असा आहे. हा आदेशा हितीतील स्वाक्षरीचे साक्षात्कृत करून काढण्यात येत आहे.

महाराष्ट्राचे राज्यपाल यांच्या आदेशानुसार व नावाने.

४८.	निवृत्त नस्ती, विनियम, विन विभाग.	पत्राचार
४७.	विन विभागतील सर्व कार्यासने.	
४६.	महाराष्ट्र नवनिर्माण सेना, राजगड, दादर, मुंबई-४०००२८.	
४५.	निवसेना, निवसेना भवन, गडकरी चौक, दादर, मुंबई-४०००२८.	
४४.	नवनिर्माण कौशल भवन, ए.ए.ए.डी.ए.डी. भवन, श्री पंच जल मार्ग, नरिमन पॉइंट, मुंबई-४०००२९.	
	गाडीज मार्ग, दादर, मुंबई.	
४३.	इंजिन नेशनल कौशल, महाराष्ट्र प्रदेश कौशल (आय) समिती, टिळक भवन, काकासाहेब	
	पुलस, वरळी, मुंबई	
४२.	भारतीय कर्मनिस्त पार्टी (माक्सवादी), महाराष्ट्र कमिटी, जनशक्ती हॉल, लोब मील	
	मुंबई-४००००४	
४१.	भारतीय कर्मनिस्त पार्टी, महाराष्ट्र कमिटी, ३१४, राजाभवन, ए.ए.ए.डी.पटेल रोड,	
	भागवत चौक, नरिमन पॉइंट, मुंबई-४०००२०.	
४०.	भारतीय जनता पार्टी, महाराष्ट्र प्रदेश, सी.डी.ओ. ब्रूक नं.९, योगेश्वर समोर, वसंतराव	
३९.	वृद्धजन समाज पार्टी, जी-९, इन्सा हटमेंट, आझाद मैदान, मुंबई-९	
	खरकसिंग मार्ग, नवी दिल्ली ११०००९	
३८.	संचालक (माहिती), महाराष्ट्र परिषद के.ए. ३-८, स्टेट एम्प्लॉय इमारत, बाबा	
३७.	सर्व जिल्हा परिषदांचे अर्थ विभागातील मुख्य लेखा व विन अधिकारी	
३६.	सर्व जिल्हा परिषदांचे मुख्य कार्यकारी अधिकारी	
३५.	कुलसचिव, महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक	
३४.	महाराष्ट्र राज्य महिला आयोग, गृहनिर्माण भवन, वाई(पूर्व), मुंबई-४०००५९	
३३.	सर्व जिल्हाधिकारी	
३२.	सर्व जिल्हा काँग्रेस अधिकारी	
३१.	सर्व विभागीय आयुक्त	
	कार्यालय प्रमुख आणि कार्यालय प्रमुख	
३०.	मंत्रालयाच्या सर्व प्रशासनिक विभागांच्या नियंत्रणाखालील सर्व विभाग प्रमुख, प्रादेशिक	
२९.	सर्व उप काँग्रेस अधिकारी	
	मुंबई / पुणे / नागपूर / औरंगाबाद / नाशिक / अमरावती.	
२८.	उप मुख्य लेखा परिक्षक (परिषद, स्थानिक निधी लेखा, कोकण विभाग, कोकण भवन, नवी	
	औरंगाबाद / नाशिक / अमरावती.	
२७.	उप संचालक, लेखा व काँग्रेस, कोकण विभाग, कोकण भवन, नवी मुंबई/नागपूर/	
२६.	विशेष आयुक्त, महाराष्ट्र सदन, कौशलिकस रोड, नवी दिल्ली.	
२५.	* प्रमुख न्यायाधीश, कर्तब न्यायालय, नागपूर / मुंबई, वाई, मुंबई - ४०००५९	
२४.	* प्रबंधक, लोक आयुक्त व उप लोक आयुक्त यांचे कार्यालय, मादाम कामा रोड, मुंबई	
२३.	* सचिव, महाराष्ट्र लोकसेवा आयोग, मुंबई	
२२.	* प्रधान सचिव, महाराष्ट्र विधानमंडळ सचिवालय, मुंबई	

**VIVEKANAND EDUCATION SOCIETY'S COLLEGE OF LAW**  
SINDHI SOCIETY, CHEMBUR, MUMBAI - 400 071

Cash / Cheque No. 10 218 2

VOUCHER NO. \_\_\_\_\_

Date: 23/10/2017

DEBIT:- Director's Advance

Please Pay to <u>Janakagan Sahasrabhushan</u>	Rs.	Ps.
<u>for Director's Advance</u>	<u>60 000</u>	<u>00</u>
<u>which was deducted</u>		
<u>from salary of per</u>		
<u>attached circular.</u>		
Total	<u>60,000</u>	<u>00</u>

RUPEES Sixty thousand only

[Signature]  
Authorized Signatory



[Signature]  
Prepared by

\_\_\_\_\_  
Received Payment

## V. E. S. COLLEGE OF LAW

Sindhi Society, Chembur, Mumbai - 400 071

Branch manager kindly transfer Diwali Advance for Non- Teaching & Class I

List of Staff Members

**Date : 23/10/2017**

Sr. No.	Name	A/c No.	Amount
1	Mrs. Prerana S.Bhandari	4135	10,000
2	Mr Prasad Chile	14102	10,000
3	Mr. Prashant Jagdale	15779	10,000
4	Mr. Abhishek Singh	15778	10,000
5	Mr Pramod Sarvade	14101	10,000
6	Mrs Shobha Shinde	14802	10,000
		<b>Total</b>	<b>60,000</b>

  
Principal



सण अग्रिम मर्चादी वाढविषयबाबत.

महाराष्ट्र शासन  
वित्त विभाग

शासन निर्णय, क्रमांक-अग्रिम-२०१५/प्र.क्र.५७/१५/वित्तियम

मादाम कामा रोड, राजगुरु हिलान्ना चौक,

मंगलप, मुंबई-४०० ०३२.

दारीख: २३ ऑक्टोबर, २०१५.

बऱ्या : (१) शासन निर्णय, सामान्य प्रशासन विभाग, क्र.एफएनडी-१०३२-बी, दि.३.१२.१९९२.

(२) शासन निर्णय, वित्त विभाग, क्र.मुंविनि-१०१९/प्र.क्र.५२/९१/वित्तियम, दि.२०.१०.१९९९.

(३) शासन निर्णय, वित्त विभाग, क्र.अग्रिम-१०.०५/प्र.क्र.१८/०५/वित्तियम, दि.२०.०३.२००५.

(४) शासन निर्णय, वित्त विभाग, क्र.अग्रिम-१०.०७/प्र.क्र.५७/०७/वित्तियम, दि.१९.१०.२००७.

(५) शासन निर्णय, वित्त विभाग, क्र.अग्रिम-१०.०८/प्र.क्र.७०/०८/वित्तियम, दि.१५.५.२००९.

(६) शासन निर्णय, वित्त विभाग, क्र.अग्रिम-१०.०९/प्र.क्र.४८/०९/वित्तियम, दि.१५.०९.२००९.

(७) शासन निर्णय, वित्त विभाग, क्र.अग्रिम-२०१०/प्र.क्र.१२/१०/वित्तियम, दि.१०.०५.२०१०.

(८) शासन निर्णय, वित्त विभाग, क्र.अग्रिम-२०१२/प्र.क्र.३२/१२/वित्तियम, दि.१८.१०.२०१२.

प्रकाशन:

अखण्डित राज्य शासकीय कर्मचाऱ्यांना मुंबई वितीय नियम १९५१ मधील नियम क्र.१४२ (ख) अखण्डित राज्य शासकीय कर्मचाऱ्यांची बाब शासनाच्या विचारार्थीन हीती.

### शासन निर्णय

शासन आता असे आदेश देत आहे की, दिनांक १ जानेवारी, २००६ पासून सुरुवात करण्यात आलेल्या वेतन संशोधनातील ज्या अखण्डित राज्य शासकीय कर्मचाऱ्यांचे ग्रेड वेतन ₹४८००/- (क.घ.रा. हजार आठशे) पेक्षा अधिक नाही अशा अखण्डित राज्य शासकीय कर्मचाऱ्यांना ₹१०,०००/- (क.दहा हजार फक्त) सण अग्रिम अर्जास्य राहिल.

सण अग्रिम फक्त पुढील सणाना तसेच सामान्य प्रशासन विभागाना कडून वेळोवेळी वाढित करण्यात येणाऱ्या सणांसाठीच अर्जास्य राहिल.

१. दिवाळी

६. येशू-होना

२. रमझान हईद

७. वैशाखी पौर्णिमा (समानाने हईद जयंती)

३. ख्रिस्मस

८. स्वातंत्र्य दिन

४. पारसी नववर्ष

९. प्रजासत्ताक दिन

५. संवत्सरी

३. सण अग्रिम मर्चा आणि वर्षातील अटी व शर्ती पूर्वी लिहित केल्याप्रमाणेच राहिली.

४. हे आदेश निर्गमित केल्याच्या दिनांकापासून अंमलात येतील.

५. मुंबई वित्तीय नियम १९५९ मधील नियम क्रमांक १४२(जे) मध्ये योग्य ती सुधारणा यथावकाश करण्यात येईल.

५. सदर शासन निर्णय महाराष्ट्र शासनाच्या [www.maharashtra.gov.in](http://www.maharashtra.gov.in) या वेबसाईटवर उपलब्ध करण्यात आला असून, त्याचा संगणक सांकेतांक क्र २०१५१०२६१५०७४६३७०५ असा आहे. सदर आदेश डिजिटल स्वाक्षरीने साक्षात्कीत करून काढण्यात येत आहेत.

महाराष्ट्राचे राज्यपाल यांच्या आदेशानुसार व नावाने.

**Narayan  
Bhaskar  
Ringane**

Digitally signed by Narayan Bhaskar  
Ringane  
DN: CN = Narayan Bhaskar  
Ringane, C = IN, S = Maharashtra,  
O = Government Of Maharashtra,  
OU = Deputy Secretary  
Date: 2015.10.26 15:25:01 +05'30'

(ना.भा.रिंगणे)

उप सचिव, महाराष्ट्र शासन

प्रति,

१. \* प्रधान महालेखापाल (लेखा परीक्षा)-(१, महाराष्ट्र, मुंबई ४०० ०२०
२. \* महालेखापाल (लेखा व अनुज्ञेयता)-१, महाराष्ट्र, मुंबई ४०० ०२०
३. \* महालेखापाल (लेखा व अनुज्ञेयता)-२, महाराष्ट्र, नागपूर
४. \* महालेखापाल (लेखा परीक्षा)-२, महाराष्ट्र, नागपूर
५. \* राज्यपालांचे सचिव
६. मुख्यमंत्र्यांचे प्रधान सचिव
७. सर्व मंत्री व राज्यमंत्री यांचे स्वीय सहाय्यक
८. मंत्रालयातील सर्व प्रशासनिक विभागांचे अप्पर मुख्य सचिव/प्रधान सचिव/सचिव
९. अपर मुख्य सचिव, राज्य निवडणूक आयोग.
१०. मंत्रालयातील सर्व प्रशासनिक विभाग
११. राज्य निवडणूक आयोग.
१२. अधिदान व लेखा अधिकारी, वांद्रे(पूर्व), मुंबई ४०० ०५१
१३. अधिदान व लेखा अधिकारी, मुंबई
१४. निवासी लेखा परीक्षा अधिकारी, मुंबई
१५. संचालक, लेखा व कोषागारे, मुंबई
१६. मुख्य लेखा परीक्षक, स्थानिक निधी लेखा, कोकणभवन, नवी मुंबई
१७. \* प्रबंधक, उच्च न्यायालय (मूळ शाखा), मुंबई
१८. \* प्रबंधक, उच्च न्यायालय, (अपील शाखा), मुंबई
१९. \* प्रबंधक, महाराष्ट्र प्रशासकीय न्यायाधिकरण, कुटीर क्र.३ व ४, अधिदान व लेखा कार्यालय आवार, मुंबई
२०. \* प्रधान सचिव, महाराष्ट्र विधानमंडळ सचिवालय, मुंबई
२१. \* सचिव, महाराष्ट्र लोकसेवा आयोग, मुंबई
२२. \* प्रबंधक, लोक आयुक्त व उप लोक आयुक्त यांचे कार्यालय मादाम कामा रोड, मुंबई
२३. \* प्रमुख न्यायाधिश, कुटुंब न्यायालय, नागपूर / मुंबई, वांद्रे, मुंबई - ४०० ०५१



\*पत्रावली\*

२४. विशेष आयुर्वेद, महाराष्ट्र संदेन, कोषनिर्णयक संज्ञे, नवी दिल्ली.
२५. उप संघालोक, लेखा व कोषागार, कोकण विभाग, कोकण भवन, नवी मुंबई/नागपूर/ औरंगाबाद/ नाशिक/ अमरावती
२६. उप मुख्य लेखा परिक्षक (वैरिज), स्थानिक निधी लेखा, कोकण विभाग, कोकण भवन, नवी मुंबई/पुणे/ नागपूर/ औरंगाबाद / नाशिक/ अमरावती.
२७. उप उप कोषागार अधिकारी
२८. मजाल्याख्या सर्व प्रशासनिक विभागांच्या नियंत्रणाखालील सर्व विभाग प्रमुख, प्रादेशिक कार्यालय प्रमुख आणि कार्यालय प्रमुख
२९. सर्व विभागीय आयुक्त
३०. सर्व जिल्हा कोषागार अधिकारी
३१. सर्व जिल्हाधिकारी
३२. महाराष्ट्र राज्य महिला आयोग, गृहनिर्माण भवन, वार्ड(पूर्व), मुंबई-४०००५१
३३. कुलसचिव, महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक
३४. सर्व जिल्हा परिषदांचे मुख्य कार्यकारी अधिकारी
३५. सर्व जिल्हा परिषदांचे अर्थ विभागातील मुख्य लेखा व वित्त अधिकारी
३६. संघालोक (साहिती), महाराष्ट्र परिव्यय केंद्र, अ-८, स्टेट एम्प्लॉय इमारत, बाबा खरकसिंग मार्ग, नवी दिल्ली ११०००१
३७. वृत्तजन समाज पार्टी, डी-१, इन्सा हटमेंट, आझाद मैदान, मुंबई-१
३८. भारतीय जनता पार्टी, महाराष्ट्र प्रदेश, सी.डी.ओ. ब्रँक नं.१, योगक्षेम समोर, वसंतराव भागवत चौक, नरिमन पॉइंट, मुंबई-४०००२०,
३९. भारतीय कम्युनिस्ट पार्टी, महाराष्ट्र कमिटी, ३१४, राजभवन, एस.व्ही.पटेल रोड, मुंबई-४००००४
४०. भारतीय कम्युनिस्ट पार्टी (मार्क्सवादी), महाराष्ट्र कमिटी, जनशक्ती हॉल, ग्लोब मिळ प्लेस, वरळी, मुंबई
४१. इंडियन नॅशनल काँग्रेस, महाराष्ट्र प्रदेश काँग्रेस (आय) समिती, टिळक भवन, काकासाहेब गाडगीळ मार्ग, दादर, मुंबई-४००००२
४२. नॅशनलीस्ट काँग्रेस पार्टी, राष्ट्रवादी भवन, श्री पक्ष जनल मार्ग, नरिमन पॉइंट, मुंबई-४०००२१.
४३. शिवासेना, शिवासेना भवन, गडकरी चौक, दादर, मुंबई-४०००२८,
४४. महाराष्ट्र गृहनिर्माण सेना, राजगड, दादर, मुंबई-४०००२८,
४५. वित्त विभागातील सर्व कार्यालयीन.
४६. निवड नरती, वित्तियम, वित्त विभाग.

# LOAN FOR STAFF

**2019-2020**

Sr No.	Date	Employee Name	Particular	Amount
1	21/12/2019	Mrs. Prerana S. Bhandari	Loan on Medical	50,000/-
<b>2020-2021</b>				
1	31/07/2020	Mr. Prashant Jagdale	Loan on Medical	20000/-
<b>2021-2022</b>				
1	30/04/2021	Mrs. Prerana Bhandari	Loan on Medical	1,50,000/-
2	29/09/2021	Mr. Somesh Ghandat	Educational Loan	10,000/-
3	01/12/2021	Mr. Tejas Mayekar	Loan on Medical	20,000/-



**VES College of Law**  
**JSBL Payment Voucher**

No. : 146

Dated : 1-Dec-21

Particulars	Amount
<b>Account :</b> Loan to Staff	<b>20,000.00</b>
<b>Through :</b> Janakalyan Sahakari Bank Ltd	
<b>On Account of :</b> Being Ch.No. 103305 paid to Tejas Mayekar towards personal loan and monthly Rs. 2,000 /- to be deducted from his salary	
<b>Amount (In words) :</b> Indian Rupees Twenty Thousand Only	
	<b>₹ 20,000.00</b>

Receiver's Signature:

Authorised Signatory



DATE :- 01/12/2021

To,  
The Managing Trustee  
V.E.S. College of Law

Through –Principal Madam

Subject : Request Letter for Financial Assistance (Loan)

I Tejas Mayekar employee of V.E.S. College of Law, I would like to inform you that as my financial condition is not sound due to personal issue required financial support so here I applying for loan of Rs. 20000. The amount of loan kindly deduct from my salary (per month 2000)

Kindly do the needful

Thanking you

With regards,



Tejas Mayekar



OK.  
Kerani  
11/12/2021

WATERWALE  
01/12/21

**JSBL Payment Voucher**

No. : 87

Dated : 29-Sep-21

Particulars	Amount
Account : Loan to Staff	10,000.00

**Through :**

Janakalyan Sahakari Bank Ltd

**On Account of :**

Being ch no 103433 paid to Somesh Ghandat for personal loan


**Bank Transaction Details:**


Loan to Staff  
Cheque                      103433                      29-Sep-21                      10,000.00

**Amount (in words) :**

Indian Rupees Ten Thousand Only

₹ 10,000.00

  
Receiver's Signature:

  
Authorised Signatory



Date: 25/09/2021

To  
Shri. Rajesh Gehani Sir.  
Trustee Incharge.

Sub: Request for Personal Loan.  
Through Principal Madam.

Respected Sir,

I, Mr. Somesh Bhaugchandat working in  
VES College of Law from 14<sup>th</sup> Oct. 2019 as peon.

I would like to inform you that, I need  
loan of Rs. 10,000 for my personal reason.

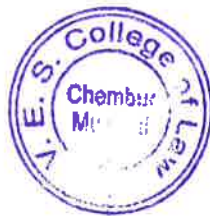
Kindly grant me the same and obliged me.

Thanking You,

*Handwritten signature*

With Regards,  
Somesh Bhaugchandat.

*Handwritten signature*



Wathavale  
27/09/2021



**VES College of Law**  
Sindhi Society, Chembur,  
Mumbai 400071  
State Name : Maharashtra, Code : 27  
E-Mail : veslaw09@rediffmail.com

**JSBL Payment Voucher**

No. : 7

Dated : 30-Apr-21

Particulars	Amount
<b>Account :</b> Loan to Staff	<b>1,50,000.00</b>
<b>Through :</b> Janakalyan Sahakari Bank Ltd	
<b>On Account of :</b> Being NEFT paid to Prerana S. Bhandari for medical emergency	
<b>Amount (in words) :</b> Indian Rupees One Lakh Fifty Thousand Only	
	<b>₹ 1,50,000.00</b>

Receiver's Signature:

Authorised Signatory



**Payment Voucher**

No. : 1

Dated : 31-Jul-2020

Particulars	Amount
<b>Account :</b> Loan to Staff	<b>20,000.00</b>
<b>Through :</b> Janakalyan Sahakari Bank Ltd	
<b>On Account of :</b> Being Ch.No. 103054 paid to Prashant Jagdale towards loan on medical ground and Rs. 2,000/- to be deducted from his salary from August'2020	
<b>Amount (in words) :</b> Indian Rupees Twenty Thousand Only	
	<b>₹ 20,000.00</b>

Receiver's Signature:

Authorised Signatory



To,

Dr.(Adv.) Laxman Kanal Sir,  
Managing Trustee,  
V.E.S.College of Law,  
Sindhi Society, Chembur Mumbai

Sub: Request for loan on medical ground.

Through: Hon'ble Principal VES College of Law

Respected sir,

I have been working as Jr. Clerk in VES College of Law from 23/011/2016.

My Father was admitted in the Hospital on 27/07/2020 for **Hernia Operation**, as my father has no mediclaim policy and I had to pay more than Rs. 30,000/- for his hospitalization & Medicines.

In view of this, I would like to request college to kindly grant me loan of Rs. 20,000/- and as a part repayment deduct Rs.2, 000/- P.M. from my salary.

I would be grateful to you if you will consider my application & grant me the required loan.

Thanking you in anticipation.

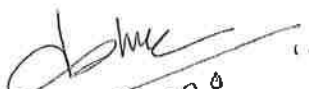
With Regards

  
Prashant Jagdale

Madam,

issue cheque of Rs. 20,000/-  
deducted on monthly basis  
from salary @ Rs. 2000/-

U/K  
31/7/2020

  
31/07/2020



TRANSFER  
Dt.....



Date: 21/12/2019

To,  
The Managing Trustee,  
V.E.S.College of Law,  
Sindhi society, Chembur Mumbai-71

Sub.: Request for Loan on Medical Ground

Through : Hon'ble Principal VES College of Law

Respected Sir,

I have been working as a Registrar in V.E.S.College of Law from April'2018, I was appointed in V.E.S .Institute of Technology from 12/03/1998 till 10/07/2016 and was transferred to V.E.S. College of Law w.e.f. 11/07/2016.

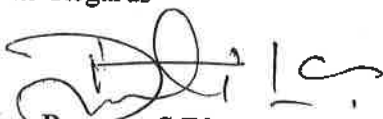
My mother in law & my husband both were admitted in the Hospital at the same time. Although my husband has a mediclaim policy but unfortunately we did not get 100% reimbursement. Also my Mother in law has no mediclaim policy and I had to pay more than Rs.1,00,000/- for her hospitalization & medicines.

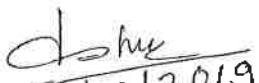
In view of this, I would like to request college to kindly grant me loan of Rs. 50,000/- and as a part repayment deduct Rs. 5,000/- p.m. from my salary. ✓

I would be grateful to you if you will consider my application & grant me the required loan.

Thanking you in anticipation

With Regards

  
Mrs. Prerana S.Bhandari

  
21/12/2019



Pl. Grant  
the loan of Rs. 50,000/-  
deductible  
monthly Rs. 5,000/-  
W/K ✓  
21/12/19

**MEDICLAIM**  
**POLICY**

**ACADEMIC YEAR**  
**2021-2022**



**Non Teaching Staff Mediclaim Policy Details Paid by the Employer  
F Y 2021-2022**

<b>Sr. No.</b>	<b>Name Of Staff</b>	<b>Amount</b>
1	Prerana S. Bhandari	11021
2	Shamal Y. Patil	7705
3	Swati S. Sutar	7705
4	Tejas D. Mayekar	7705
5	Somesh B. Ghandat	7705
		<b>41841</b>



**JSBL Payment Voucher**

No. : 249

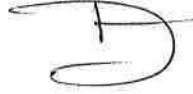
Dated : 23-Mar-22

Particulars	Amount
Account : Staff Insurance	11,021.00
Through : Janakalyan Sahakari Bank Ltd	
On Account of : Being ch no 103818 paid to Jankalyan Sahakari Bank for NEFT to Oriental Insurance Co. for renewal of Medicliam policy of Mrs. Prerana Suresh Singh Bhandari	
Amount (in words) : Indian Rupees Eleven Thousand Twenty One Only	
	₹ 11,021.00

Receiver's Signature:



Authorised Signatory



NEFT

28/03/2022

R018214520000010

Part Name	Bank Holder Name	Bank Name	Bank A/C Number	IFSC code	Amount
THE ORIENTAL INSURANCE CO. LTD., BELAPUR	THE ORIENTAL INSURANCE CO. LTD., BELAPUR	HDFC BANK LTD	OICL131601VIVEKANAND	HDFC0000240	11021
					11021



*V. Venkatesh*  
VC PRINCIPAL  
V.E.S. College of Law  
Sindhi Society, Chambur, Mumbai



*Received  
28/3/2022*





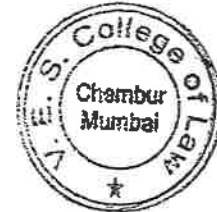
NEFT

1201821454 30/03/2022 6000000

Part Name	Bank Holder Name	Bank Name	Bank A/C Number	IFSC code	Amount
THE ORIENTAL INSURANCE CO. LTD., BELAPUR	THE ORIENTAL INSURANCE CO. LTD., BELAPUR	HDFC BANK LTD	OICL131601VIVEKANAND	HDFC0000240	26431
					26431



*Wathavale*  
**I/C PRINCIPAL**  
V.E.S. College of Law  
Shree Sai, Chambur, Mumbai



*Penny*  
*00/312*

**JSBL Payment Voucher**

No. : 253

Dated : 30-Mar-22

Particulars	Amount
Account : Staff Insurance - BLS	7,705.00
	₹ 7,705.00

**Through :**

Janakalyan Sahakari Bank Ltd

**On Account of :**

Being ch no 103825 paid to Janakalyan  
Sahakari Bank Ltd for NEFT to Oriental  
Insurance Company Limited for new medical  
insurance policy premium of Ms. Swati Sutar  
as per attached list

**Amount (in words) :**

Indian Rupees Seven Thousand Seven  
Hundred Five Only

₹ 7,705.00

Receiver's Signature:



Authorised Signatory





NEFT

201821454000021

30/03/2022

Part Name	Bank Holder Name	Bank Name	Bank A/C Number	IFSC code	Amount
THE ORIENTAL INSURANCE CO. LTD., BELAPUR	THE ORIENTAL INSURANCE CO. LTD., BELAPUR	HDFC BANK LTD	OICL131601VIVEKANAND	HDFC000240	7705
					7705



*W Athanale*  
**V/C PRINCIPAL**  
V.E.S. College of Law  
Sinhli Society, Chembur, Mumbai



*Received  
20/3/22*



THE ORIENTAL INSURANCE COMPANY LIMITED  
Regd. Office: Oriental House, P.B.No. 7037, A-25/27, Asaf Ali Road, New Delhi-110 002  
CIN No. U66010DL1947GOI007158  
ORIENTAL INSURANCE BANK SAATHI POLICY -GROUP  
RATING CHART-INCLUSIVE OF GST

PREMIUM PER FAMILY( IN INR)					
PLAN	SUM INSURED/AGE BAND	18-40	41-50	51-60	ABOVE-60
A	200000	7705	11021	12702	18938
A	300000	9440	14367	16421	25028
A	400000	10578	16914	19192	29684
A	500000	11615	18624	21093	34890
PREMIUM PER FAMILY( IN INR)					
B	600000	13218	21055	23016	38166
B	800000	14545	22878	25130	42013
B	1000000	16566	24788	27101	44996
B	1500000	21694	32962	37322	62665
B	2000000	25320	37469	43896	73106
B	2500000	28951	42082	50262	83529
PREMIUM IS IN INDIAN RUPEE					
PREMIUM IS TO BE CHARGED BASED ON THE AGE OF THE PROPOSER ACCOUNTHOLDER					
PREMIUM IS INCLUSIVE OF GST					
ABOVE PREMIUM IS FOR A FAMILY OF UPTO FIVE(5) MEMBERS					



दि ओरिएण्टल इन्शोरेंस कम्पनी लिमिटेड  
(भारत सरकार का उपक्रम)



THE ORIENTAL INSURANCE COMPANY LIMITED

(A Government Undertaking)  
Reason: Signing for OICL

**ORIENTAL INSURANCE BANK SAATHI POLICY -GROUP POLICY SCHEDULE**  
**UIN:OICHLGP22026V012122**

**Policy No.** : 131601/48/2022/1857 **Prev. Policy No.** : 131102/48/2021/7782  
**Cover Note No.** : - **Cover Note Date** : -  
**Insured's Code** : 72404164 **Issue Office Code** : 131601  
**Insured's Name** : MRS. PRERANA SURESHSINGH BHANDARI (GSTIN: 0) **Issue Office Name** : BO BELAPUR (GSTIN: 27AAACT0627R4ZW)  
**Address** : 144/4894, 'A' WING, ASHAPURTI CHS LTD., NEHRU NAGAR, KURLA-EAST, MUMBAI-400024 **Address** : VINDHYA COMMERCIAL COMPLEX 4TH FLR, SEC-11, PLOT NO-1 CBD BELAPUR, NAVI MUMBAI MUMBAI MAHARASHTRA 400614  
**Tel./Fax/Email** : 27575336/27575336 prerana.bhandari@ves.ac.in **Tel./Fax/Email** : 27575336/27575336 / vivek.smit@orientalinsurance.co.in; 131601@orientalinsurance.co.i

Stamp Duty of Rs. \_\_\_\_\_ is paid as provided under Article 47 of Indian Stamp Act, 1899 and included in Consolidated Stamp Duty Paid to the Government of Maharashtra Treasury vide order of Addl. Controller of Stamps, Mumbai at General Stamp Office, Fort, Mumbai - 400001, vide his order No. LOACSD/203/2021/ Validity Period Dt. 03/12/2021 to Dt. 31/12/2023/4996 Date 02/12/2021  
CDM ALB, MUMBAI/192609004/0311 DDI Date: 01/12/2021

**Agent/Broker Details**

**Dev.Off.Code** : NH0000000008  
**Agent/Broker** : BC0000003007 PNB Mumbai Chembur (007700)  
**Address** : 359, Jai Sai Building, MDS Marg, Near Diamond Garden, Chembur, Mumbai 400 071, MUMBAI, MAHARASHTRA, 400071  
**Tel/Fax/Email** : 25221331//bo0077@pnb.co.in

**Period of Insurance** : FROM 00:00 ON 30/03/2022 TO MIDNIGHT OF 29/03/2023  
**Collection No. & Dt.** : DC\_I\_INDCSH 9253002471 - 29/03/2022 **GST INVOICE NO** : 2720825501 **UIN** : 0  
**Gross Premium** : 9,340 **GST** : 1,682 **Stamp Duty** : .5 **Total** : 11,022  
**Co-insurance Details** : NIL

Base Policy details for each insured person:

**TPA Details :**

**TPA ID** : YA0000000371  
**Health Insurance TPA**  
**TPA Name** : Majestic Omnia Building, 2nd floor A-110, Sector -4  
**TPA Address** : NOIDA  
NOIDA 201301  
**Toll Free No** : 1800 102 3600  
**FAX No** : 011 49043399  
**Telephone No** : 1800 102 3600

**RISK DETAILS**

Name of Primary Insured	Account No.	Age	Sum Insured	Plan Type	Number of Dependents
MRS. PRERANA S. BHANDARI	0077000102370311	46	200000	PLAN A	3

Place : MUMBAI

Date : 29/03/2022



IRDA-REGNO-556

For and on behalf of  
The Oriental Insurance Company Limited

This is an electronically generated document (Policy Schedule). The Policy document duly stamped will be sent by post.

In case of any query regarding the Policy please call Toll Free No. 1800 11 8485 and 011 33208485.

CIN: U66010DL1947GOI007158 All the Amounts mentioned in this policy are in Indian Rupees

Page 1 of 4

IRDA Regn. No. 556 - Now you can buy and renew selected policies online at [www.orientalinsurance.org.in](http://www.orientalinsurance.org.in)

Regd. Office : ORIENTAL HOUSE, P.B. No. 7037, A-25/27, Asaf Ali Road, New Delhi - 110 002.

दि ओरिएण्टल इश्योरेंस कम्पनी लिमिटेड  
(भारत सरकार का उपक्रम)



THE ORIENTAL INSURANCE COMPANY LIMITED

Stamp: GEETHA SANTHASEELAN  
Reason: Signing for OICL  
(A Government Undertaking)

Attached to and forming part of policy number 131601/48/2022/1857

Particulars of the Persons covered:

Sr. No	Name of The Persons	Gender (M/F/TG)	Date of Birth	Age	Relationship With Proposer	Pre-Existing Disease/Ailment, if Any
1	MRS. PRERANA S. BHANDARI	FEMALE	05-JUN-75	46	Self	
2	MR. SURESHSINGH J. BHANDARI	MALE	24-MAR-72	50	Spouse Employed	
3	SNEHA S. BHANDARI	FEMALE	06-DEC-04	17	Dependant Child	
4	ANISH S. BHANDARI	MALE	05-OCT-07	14	Dependant Child	

Nominee Details

Name Of the Nominee	Relationship With the Insured	Age Of the Nomine	M/F/TG*
MR. SURESHSINGH J. BHANDARI	Spouse Employed	50	MALE

Total Premium In Words : Indian Rupees Eleven Thousand Twenty-Two Only

The insurance under this policy is subject to conditions, clauses, warranties, endorsements as per forms attached.

In the event of a claim under the policy exceeding Rs. 1 lac or a claim for refund of premium exceeding Rs. 1 lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating offices as well as Company's website.

The policy shall pay for hospitalization expenses for medical/surgical treatment taken as an in-patient or day care at any Nursing Home/Hospital in INDIA as defined in the policy.

Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

"We at Oriental continuously strive to ensure that you get the best possible treatment from our network hospitals. Please contact your TPA or any of the Oriental offices for our preferred hospitals in your area before going for a treatment. This will help us serve you in the best possible manner"

Policy History Data

Policy No.	Period From	Period To	Insurer Name	Sum Insured
121500/48/2016/4007	30-MAR-16	29-MAR-17	The Oriental Insurance Company Ltd.	100000

Place : MUMBAI

Date : 29/03/2022



IRDA REGNO-556

For and on behalf of  
The Oriental Insurance Company Limited



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CIN: U66010DL1947GOI007158 All the Amounts mentioned in this policy are in Indian Rupees

Page 2 of 4

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युक्त कार्यालय : ओरिएण्टल हाउस, पी. बी. नं. 7037, ए-25/27, आसफ अली रोड, नई दिल्ली - 110 002.

Regd. Office : ORIENTAL HOUSE, P.B. No. 7037, A-25/27, Asaf Ali Road, New Delhi - 110 002.



दि ओरिएण्टल इश्योरेंस कम्पनी लिमिटेड  
(भारत सरकार का उपक्रम)



THE ORIENTAL INSURANCE COMPANY LIMITED

(A Government Undertaking)  
Reason: Signing Policy for OICL

Attached to and forming part of policy number 131601/48/2022/1857

121500/48/2017/3975	30-MAR-17	29-MAR-18	The Oriental Insurance Company Ltd.	100000
121500/48/2018/3419	30-MAR-18	29-MAR-19	The Oriental Insurance Company Ltd.	100000
121500/48/2019/3639	30-MAR-19	29-MAR-20	The Oriental Insurance Company Ltd.	100000
121500/48/2020/3703	30-MAR-20	29-MAR-21	The Oriental Insurance Company Ltd.	100000
131102/48/2021/7782	30-MAR-21	29-MAR-22	The Oriental Insurance Company Ltd.	100000

#### Claim History Data

Policy No.	Claimant Name	Claim No.	Claim OS	Claim Paid
131102/48/2021/7782	MRS. PRERANA SURESHSINGH	131102/48/2022/00000436	.00	10,00,00.00

1. Claim Intimation: (i) Within 24hours from the date of emergency hospitalization/ Cashless Home care treatment. (ii) At least 48 hours prior to admission in Hospital in case of a planned Hospitalization.
2. Submission of claim documents: Reimbursement of Hospitalisation/Pre-Hospitalisation: 30 Days & Post Hospitalisation: 15 Days. For Reimbursement of Home Care Expenses: 30 Days from completion of home care treatment.
3. For complete details please refer policy document.
4. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.

Entered By : Mr PARATE PURUSHOTTAM J.

Examined By : MRS .M.K.NAIK

Policy Printed By :505030

IP :

Policy Printed On : 29-MAR-22 13:11:46

MAC :

For and on behalf of  
The Oriental Insurance Company Limited



Place : MUMBAI

Date : 29/03/2022



IRDA-REGNO-556

For and on behalf of  
The Oriental Insurance Company Limited



This is an electronically generated document (Policy Schedule). The Policy document duly stamped will be sent by post.

In case of any query regarding the Policy please call Toll Free No. 1800 11 8485 and 011 33208485.

CIN: U66010DL1947GOI007158 All the Amounts mentioned in this policy are in Indian Rupees

Page 3 of 4

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पंजीकृत कार्यालय : ओरिएण्टल हाउस, पी. नं. 7037, ए-25/27, आसफ अली रोड, नई दिल्ली - 110 002.

Regd. Office : ORIENTAL HOUSE, P.B. No. 7037, A-25/27, Asaf Ali Road, New Delhi - 110 002.

GENL - 54

Eastern - 800 pkts x 500 = 4,00,000 sheets / August - 2021 (S. S. Maplitho 80 gsm)  
[www.orientalinsurance.org.in](http://www.orientalinsurance.org.in)

CIN - "U66010DI 1947GOI007158"

1. 1800118485 - Toll Free Number  
2. 011-33208485 - Non Toll Free Number

ITED

दि ओरिएण्टल इश्योरेंस कम्पनी लिमिटेड  
(भारत सरकार का उपक्रम)



This Document is Digitally Signed

THE ORIENTAL INSURANCE COMPANY LIMITED

(A Government of India Undertaking)  
Reason: Signing Policy for OICL

Attached to and forming part of policy number 131601/48/2022/1857

BHANDARI

**DISCLAIMER OF CLAIM:** If the Company disclaims liability and communicates in writing to the Insured in respect of the claim and such claim has not within 12 calendar months from the date of such disclaimer been made the subject matter of a suit in a Court of law, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

**GRIEVANCE REDRESSAL:** When the Company repudiates a claim if not payable under the policy, the Company shall communicate the reasons for repudiation in writing to the Insured. In case of any grievance related to the policy or a claim there under, the Insured shall have the right to appeal / approach the Customer Service Department of the Company at its policy issuing office, concerned Divisional Office, concerned Regional Office or of the Head Office, situated at A-25/27, Asaf Ali Road, New Delhi-110002. E-mail id is csd@orientalinsurance.co.in. Exclusive e-mail id for grievance redressal of senior citizens is oichealthservice@orientalinsurance.co.in.

If the insured is not satisfied with the reply of the Customer Service department under above, he may register complaint with IRDAI at www.igms.irda.gov.in, or at 1800 4254 732; or approach Insurance Ombudsman, established by the Central Government for redressal of grievance.

In witness whereof the undersigned being authorized by and on behalf of the Company has/have herein to set his/their hands at : (GSTIN:) on.



Place : MUMBAI



IRDA-REGNO-558

Date : 29/03/2022

The Oriental Insurance Company Limited



General Manager  
Authorised Signatory

This is an electronically generated document (Policy Schedule). The Policy document duly stamped will be sent by post.

In case of any query regarding the Policy please call Toll Free No. 1800 11 8485 and 011 33208485.

CIN: U66010DL1947GOI007158 All the Amounts mentioned in this policy are in Indian Rupees

Page 4 of 4

IRDA Regn. No. 556 - Now you can buy and renew selected policies online at www.orientalinsurance.org.in

पंजीकृत कार्यालय : ओरिएण्टल हाउस, पो. नं. 7037, ए-25/27, आसफ अली रोड, नई दिल्ली - 110 002.  
Regd. Office : ORIENTAL HOUSE, P.B. No. 7037, A-25/27, Asaf Ali Road, New Delhi - 110 002.

GENL - 54

Eastern - 800 pkts x 500 = 4,00,000 sheets / August - 2021 (S. S. Mapilho 80 gsm)  
www.orientalinsurance.org.in

1. 1800118485 - Toll Free Number



BO : BELAPUR VINDHYA COMMERCIAL COMPLEX , 4TH FLR, SEC-1 , PLOT NO-1 , CBD BELAPUR, NAVI  
MUMBAI , MUMBAI , 400614

GST NO : 27AAACT0627R4ZW

RECEIPT

Office Code & Name : 131601 - BO BELAPUR Bank Code : 9100(C-131601-01)  
Collection No. : 51-01/9253002471 Posted Doc No. : 9253002470  
Collection Date : 29/03/2022 13:11 Posted Doc Dt. : 29/03/2022  
Received with thanks From Sh./Smt./ M/s. : MRS. PRERANA SURESHSINGH BHANDARI  
The Sum of : Indian Rupees Eleven Thousand Twenty-Two Only  
Towards the following : Premium collections

Sl No.	Dept. Code	Policy No.	Policy Status	End/Ren/Dec/ Claim No.	Dev. Off. Code	Source Code	Amount Collected	C/D	GL Code	SL Code	Pay Mode	Bank Name	Bank Branch	Instrument No.	Instr. Dt. Exp. Dt.	
1	48	2022/1857	New Policy		NH0000000008	BC00000 03007	11,021.00	C	5083	AC0000002350	DC_I_IN D			R01821452 0000012	28/03/2022	
2	48	2022/1857	New Policy		NH0000000008	BC00000 03007	1.00	C	5083	AC0000002350	CSH					
Total							11,022.00									

GST : Rs. 1682  
GST NO Of Insured : 0  
GST NO Of Insured : 0  
Policy Type / Zone : ORIENTAL  
INSURANCE BANK  
SAATHI POLICY-  
GROUP  
ORIENTAL  
INSURANCE BANK  
SAATHI POLICY-  
GROUP



FOR THE INSURANCE COMPANY

Cashier / Authorised Signatory

Note : For Payment by cheque , receipt will be valid subject to realisation of Cheque

दि ओरिएण्टल इन्शुरेंस कम्पनी लिमिटेड  
(भारत सरकार का उपक्रम)



THE ORIENTAL INSURANCE COMPANY LIMITED  
(A Government of India Undertaking)

CIN: U66010DL1947GOI007158 IRDA Regn. No. 556 - All the amounts mentioned in this report are in Indian Rupees

GENL - 54

Eastern - 800 pks x 500 = 4,00,000 sheets / August - 2021 (S. S. Mapilitho 80 gsm)  
www.orientalinsurance.com in

Regd. Office : ORIENTAL HOUSE, P.B. No. 7037, A-25/27, Asaf Ali Road, New Delhi - 110 002.

1. 1800118485 - Toll Free Number  
7 011 37908485 New Toll Free Number



**ORIENTAL INSURANCE BANK SAATHI POLICY -GROUP POLICY SCHEDULE**  
**UIN:OICHLGP22026V012122**

Stamp Duty of Rs. \_\_\_\_\_/- is paid as provided under Article 47 of Indian Stamp Act, 1899 and included in Consolidated Stamp Duty Paid to the Government of Maharashtra Treasury vide order of Addl. Controller of Stamps, Mumbai at General Stamp Office, Fort, Mumbai - 400001, vide his order No. LG/ACS/D/03/2021/1 Validity Period DL: 03/12/2021 to DL: 31/12/2023/4996 Date: 02/12/2021 GRN No. MH009412502202122M RBI Date: 01/12/2021 & GRAS Deface No. 0004502259202122 Date: 01/12/2021

**Policy No.** : 131601/48/2022/1953 **Prev. Policy No.** : -  
**Cover Note No.** : - **Cover Note Date** : -  
**Insured's Code** : 154913148 **Issue Office Code** : 131601  
**Insured's Name** : SHAMAL YATIN PATIL (GSTIN: 0) **Issue Office Name** : BO BELAPUR (GSTIN: 27AAACT0627R4ZW)  
**Address** : B-008, ANMOL C.H.S., V.S.AAGASHE PATH, BHAVAJI SHANKAR ROAD, DADAR(W),MUMBAI-400028. **Address** : VINDHYA COMMERCIAL COMPLEX 4TH FLR, SEC-11, PLOT NO-1 CBD BELAPUR, NAVI MUMBAI MUMBAI MAHARASHTRA 400614  
**Tel./Fax/Email** : MUMBAI-400028. Shamalpatil@oicls.ac.in **Tel./Fax/Email** : 27575336/27 // 27575336 / vivek.smit@orientalinsurance.co.in 01@orientalinsurance.co.i

**Agent/Broker Details**  
**Dev.Off.Code** : NH0000000008  
**Agent/Broker** : BC0000003007 PNB Mumbai Chembur (007700)  
**Address** : 359, Jal Sai Building, MDS Marg, Near Diamond Garden, Chembur, Mumbai 400 071,MUMBAI,MAHARASHTRA,400071  
**Tel/Fax/Email** : 25221331//bo0077@pnb.co.in

**Period of Insurance** : FROM 15:26 ON 31/03/2022 TO MIDNIGHT OF 30/03/2023  
**Collection No. & Dt.** : DC\_IND 9253002500 - 31/03/2022 **GST INVOICE NO** :2720833984 **UIN** :0  
**Gross Premium** : 6,530 **GST** : 1,176 **Stamp Duty** : .5 **Total** : 7,706  
**Co-insurance Details** : NIL

Base Policy details for each insured person:

**TPA Details :**  
**TPA ID** : YA0000000371  
**Health Insurance TPA**  
**TPA Name** : Majestic Omnia Building, 2nd floor A-110, Sector -4  
**TPA Address** : NOIDA  
NOIDA 201301  
**Telephone No** : 1800 102 3600  
**Toll Free No** : 1800 102 3600  
**FAX No** : 011 49043399

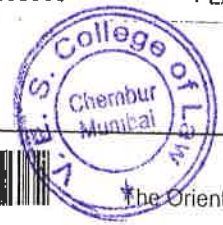
**RISK DETAILS**

Name of Primary Insured	Account No.	Age	Sum Insured	Plan Type	Number of Dependents
SHAMAL YATIN PATIL	0883100100001642	40	200000	PLAN A	2

**Place** : MUMBAI  
**Date** : 31/03/2022



IRDA-REGNO-556



For and on behalf of  
The Oriental Insurance Company Limited



This is an electronically generated document (Policy Schedule).The Policy document duly stamped will be sent by post.

In case of any query regarding the Policy please call Toll Free No. 1800 11 8485 and 011 33208485.

CIN: U66010DL1947GOI007158 All the Amounts mentioned in this policy are in Indian Rupees

दि ओरिएण्टल इश्योरेंस कम्पनी लिमिटेड  
(भारत सरकार का उपक्रम)



THE ORIENTAL INSURANCE COMPANY LIMITED

(A Government Undertaking)

Reason: Signing Policy for OICL

Date: Thu, Mar 31, 2022, 15:46:32 IST

Reason: Signing Policy for OICL

Attached to and forming part of policy number 131601/48/2022/1953

**Particulars of the Persons covered:**

Sr. No	Name of The Persons	Gender (M/F/TG)	Date of Birth	Age	Relationship With Proposer	Pre-Existing Disease/Ailment, if Any
1	SHAMAL YATIN PATIL	FEMALE	09-APR-81	40	Self	NIL
2	YATIN RAMCHANDRA PATIL	MALE	15-JUN-76	45	Spouse Employed	NIL
3	GRISHMA YATIN PATIL	FEMALE	13-JUL-06	15	Dependant Child	NIL

**Nominee Details**

Name Of the Nominee	Relationship With the Insured	Age Of the Nomine	M/F/TG*
YATIN RAMCHANDRA PATIL	Spouse Employed	45	MALE

Total Premium In Words : Indian Rupees Seven Thousand Seven Hundred Six Only

The insurance under this policy is subject to conditions, clauses, warranties, endorsements as per forms attached.

In the event of a claim under the policy exceeding Rs. 1 lac or a claim for refund of premium exceeding Rs. 1 lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating offices as well as Company's website.

The policy shall pay for hospitalization expenses for medical/surgical treatment taken as an in-patient or day care at any Nursing Home/Hospital in INDIA as defined in the policy.

Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

"We at Oriental continuously strive to ensure that you get the best possible treatment from our network hospitals. Please contact your TPA or any of the Oriental offices for our preferred hospitals in your area before going for a treatment. This will help us serve you in the best possible manner"

**Policy History Data**

Policy No.	Period From	Period To	Insurer Name	Sum Insured
------------	-------------	-----------	--------------	-------------

**Claim History Data**

Policy No.	Claimant Name	Claim No.	Claim OS	Claim Paid
------------	---------------	-----------	----------	------------

Place : MUMBAI

Date : 31/03/2022



IRDA-REGNO-556

This is an electronically generated document (Policy Schedule). The Policy document duly stamped will be sent by post.

In case of any query regarding the Policy please call Toll Free No. 1800 11 8485 and 011 33208485.

CIN: U66010DL1947GOI007158 All the Amounts mentioned in this policy are in Indian Rupees

IRDA Registered and regulated by IRDAI. For more information visit www.orientalinsurance.org.in

Regd. Office : ORIENTAL HOUSE, P.B. No. 7037, A-25/27, Asaf Ali Road, New Delhi - 110 002.

For and on behalf of  
The Oriental Insurance Company Limited



General Manager  
Authorised Signatory

Page 2 of 3

GENL - 54

Eastern - 800 pkts x 500 = 4,00,000 sheets / August - 2021 (S. S. Maplitho 80 gsm)  
www.orientalinsurance.org.in

CIN - "U66010DL1947GOI007158"

1. 1800118485 - Toll Free Number  
2. 011-33208485 - Non Toll Free Number





and to and forming part of policy number 131601/48/2022/1953

**AIMER OF CLAIM:** If the Company disclaims liability and communicates in writing to the Insured in respect of the claim and such claim has not within 12 calendar months from the date of such disclaimer been made, the subject matter of a Court of law, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be enforceable hereunder.

**GRACE PERIOD:** When the Company repudiates a claim if not payable under the policy, the Company shall communicate the reasons for repudiation in writing to the Insured. In case of any grievance related to the policy or a claim under, the Insured shall have the right to appeal / approach the Customer Service Department of the Company at its issuing office, concerned Divisional Office, concerned Regional Office or of the Head Office, situated at A-25/27, Asaf Ali Road, New Delhi-110002. E-mail id is csd@orientalinsurance.co.in. Exclusive e-mail id for grievance redressal of senior officers is oiclhealthservice@orientalinsurance.co.in.

If the Insured is not satisfied with the reply of the Customer Service department under above, he may register complaint with the Insured at www.igms.irda.gov.in, or at 1800 4254 732; or approach Insurance Ombudsman, established by the Central Government for redressal of grievance.

The undersigned being authorized by and on behalf of the Company has/have herein to set his/their hands and seals thereon.

**Notice of Intimation:** (i) Within 24 hours from the date of emergency hospitalization/ Cashless Home care treatment. (ii) At least 48 hours prior to admission in Hospital in case of a planned Hospitalization.  
**Submission of claim documents:** Reimbursement of Hospitalisation/Pre-Hospitalisation: 30 Days & Post Hospitalisation: 15 Days. For Reimbursement of Home Care Expenses: 30 Days from completion of home care treatment.  
For complete details please refer policy document.  
The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.

Authorized By : MRS .M.K.NAIK

Authorized By : THALE PRATIBHA

Printed By : 505030

IP :

Printed On : 31-MAR-22 15:46:33

MAC :

For and on behalf of  
The Oriental Insurance Company Limited



General Manager  
Authorised Signatory



City : MUMBAI

Date : 31/03/2022



IRDA-REGNO-556

For and on behalf of  
The Oriental Insurance Company Limited



General Manager  
Authorised Signatory

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In case of any query regarding the Policy please call Toll Free No. 1800 11 8485 and 011 33208485.

U66010DL1947GOI007158 All the Amounts mentioned in this policy are in Indian Rupees

Page 3 of 3

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Regd. Office : ORIENTAL HOUSE, P.B. No. 7037, A-25/27, Asaf Ali Road, New Delhi - 110 002.

BO : BELAPUR VINDHYA COMMERCIAL COMPLEX, 4TH FLR, SEW MUMBAI, MUMBAI, 400614  
 GST NO : 27AAACT0627R4ZW

RECEIPT

Office Code & Name : 131601 - BO BELAPUR  
 Collection No. : 51-01/9253002500  
 Collection Date : 31/03/2022 15:45  
 Received with thanks From Sh./Smt./ M/s. : SHAMAL YATIN PATIL  
 The Sum of : Indian Rupees Thirty-Four Thousand One Hundred Thirty-Six Only  
 Towards the following : Premium collections

Bank Code : 9100(C-131601-01)  
 Posted Doc No. : 9253002499  
 Posted Doc Dt. : 31/03/2022

Sl No.	Dept. Code	Policy No.	Policy Status	End/Rem/Dec/ Claim No.	Dev. Off. Code	Source Code	Amount Collected	C/D GL Code	SL Code	Pay Mode	Bank Name	Bank Branch	Instrument No.	Instr. Dt.	Exp. Dt.		
1	48	2022/1952	New Policy		NH0000000008	BC000000	3,313.00	C	5083	AC0000002350	DC_I_IN		R01821454	30/03/2022			
2	48	2022/1952	New Policy		NH0000000008	BC000000	4,393.00	C	5083	AC0000002350	DC_I_IN		R01821454	30/03/2022			
3	48	2022/1953	New Policy		NH0000000008	BC000000	7,706.00	C	5083	AC0000002350	DC_I_IN		R01821454	30/03/2022			
4	48	2022/1951	New Policy		NH0000000008	BC000000	7,706.00	C	5083	AC0000002350	DC_I_IN		R01821454	30/03/2022			
5	48	2022/1950	New Policy		NH0000000008	BC000000	7,706.00	C	5083	AC0000002350	DC_I_IN		R01821454	30/03/2022			
6	48	2022/1952	New Policy		NH0000000008	BC000000	3,312.00	C	5071	AC0000002350	DC_I_IN		R01821454	30/03/2022			
							<b>Total</b>										



Cashier / Authorised Signatory

THE ORIENTAL INSURANCE COMPANY LIMITED  
 (A Government of India Undertaking)



GST : Rs. 4704  
 GST NO of Insured : 0  
 GST NO of Insured : 0  
 GST NO of Insured : 0  
 GST NO of Insured : 0  
 GST NO of Insured : 0  
 Policy Type / Zone : ORIENTAL INSURANCE BANK SAATHI POLICY-GROUP ORIENTAL

CIN: U66010DL1947GO1007158 IRDA Regn. No. 556 - All the amounts mentioned in this report are in Indian Rupees

पंजीकृत कार्यालय : ओरिएण्टल हाउस, पो. बॉ. नं. 7037, ए-25/27, आसफ अली रोड, नई दिल्ली - 110 002.  
 Regd. Office : ORIENTAL HOUSE, P.B. No. 7037, A-25/27, Asaf Ali Road, New Delhi - 110 002.



BO : BELAPUR VINDHYA COMMERCIAL COMPLEX , 4TH FLR, SECT-11, PLOT NO-11 , OLD BELAPUR CH, MUMBAI , MUMBAI , 400614  
GST NO : 27AAACT0627R4ZW

RECEIPT

INSURANCE BANK  
SAATHI POLICY-  
GROUP  
ORIENTAL  
INSURANCE BANK  
SAATHI POLICY-  
GROUP  
ORIENTAL  
INSURANCE BANK  
SAATHI POLICY-  
GROUP  
ORIENTAL  
INSURANCE BANK  
SAATHI POLICY-  
GROUP

Note : For Payment by cheque , receipt will be valid subject to realisation of Cheque



CIN: U66010DL1947GOI007158 IRDA Regn. No. 556 - All the amounts mentioned in this report are in Indian Rupees



दि ओरिएण्टल इन्श्योरेंस कम्पनी लिमिटेड  
(भारत सरकार का उपक्रम)



THE ORIENTAL INSURANCE COMPANY LIMITED

(A Government Undertaking)  
Reason: Signing Policy for OICL

ORIENTAL INSURANCE BANK SAATHI POLICY -GROUP POLICY SCHEDULE  
UIN:OICHLGP22026V012122

Policy No. : 131601/48/2022/1952 Prev. Policy No. : -  
Cover Note No. : - Cover Note Date : -  
Insured's Code : 154928909 Issue Office Code : 131601  
Insured's Name : SWATI SOMNATH SUTAR (GSTIN: 0) Issue Office Name : BO BELAPUR (GSTIN: 27AAACT0627R4ZW)  
Address : SAMRAT ASHOK NAGAR NO.-2, OPP. NAVJEEVAN SOCIETY, R.C.MARG, CHEMBUR, MUMBAI-400074. Address : VINDHYA COMMERCIAL COMPLEX, 4TH FLR, SEC-11, PLOT NO-1 CBD BELAPUR, NAVI MUMBAI, MUMBAI MAHARASHTRA 400052.  
Tel. /Fax /Email : 7 / 9967281050 / 27575336/27 // 27575336 / vivek.smit@orientalinsurance.co.in  
MUMBAI MAHARASHTRA 400074 01@orientalinsurance.co.i

Stamp Duty of Rs. \_\_\_\_\_ is paid as provided under Article 47 of Indian Stamp Act, 1899 and included in Consolidated Stamp Duty Paid to the Government of Maharashtra Treasury vide order of Addl. Controller of Stamps, Mumbai at General Stamp Office, Fort, Mumbai - 400001, vide his order No. LOA/CSD/203/2021/Validity/Period Dt. 03/12/2021 to Dt. 31/12/2023/4996 Date: 02/12/2021 GRN No. MH009412502202 X2M RBI Date : 02/12/2021 & GRAS Deface No. 0004502758202122021 Date : 01/12/2021

Agent/Broker Details

Dev.Off.Code : NH0000000008  
Agent/Broker : BC0000003007 PNB Mumbai Chembur (007700)  
Address : 359, Jai Sai Building, MDS Marg, Near Diamond Garden, Chembur, Mumbai 400071, MUMBAI, MAHARASHTRA, 400071  
Tel/Fax/Email : 25221331//bo0077@pnb.co.in

Period of Insurance : FROM 15:00 ON 31/03/2022 TO MIDNIGHT OF 30/03/2023

Collection No. & Dt. : DC\_IND 9253002500 - 31/03/2022 GST INVOICE NO : 2720835032 UIN : 0

Gross Premium : 6,530 GST : 1,176 Stamp Duty : .5 Total : 7,706

Co-insurance Details : NIL

Base Policy details for each insured person:

TPA Details :

TPA ID : YA0000000371  
Health Insurance TPA  
TPA Name : Majestic Omnia Building, 2nd floor A-110, Sector -4  
TPA Address : NOIDA NOIDA 201301  
Toll Free No : 1800 102 3600  
FAX No : 011 49043399  
Telephone No : 1800 102 3600

RISK DETAILS

Name of Primary Insured	Account No.	Age	Sum Insured	Plan Type	Number of Dependents
SWATI SOMNATH SUTAR	0883100100001651	28	200000	PLAN A	0

Place : MUMBAI  
Date : 31/03/2022



IRDA-REGNO-558

For and on behalf of  
The Oriental Insurance Company Limited



General Manager  
Authorised Signatory

This is an electronically generated document (Policy Schedule). The Policy document duly stamped will be sent by post.

In case of any query regarding the Policy please call Toll Free No. 1800 11 8485 and 011 33208485.

CIN: U66010DL1947GOI007158 All the Amounts mentioned in this policy are in Indian Rupees

Page 1 of 3

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Regd. Office : ORIENTAL HOUSE, P.B. No. 7037, A-25/27, Asaf Ali Road, New Delhi - 110 002.

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Eastern - 800 pks x 500 = 4,00,000 sheets / August - 2021 (S. S. Maplitho 80 gsm)  
www.orientalinsurance.org.in

CIN - "U66010DL1947GOI007158"

1. 1800118485 - Toll Free Number  
2. 011-33208485 - Non Toll Free Number



Attached to and forming part of policy number 131601/48/2022/1952

Particulars of the Persons covered:

Sr. No	Name of The Persons	Gender (M/F/TG)	Date of Birth	Age	Relationship With Proposer	Pre-Existing Disease/Ailment, if Any
1	SWATI SOMNATH SUTAR	FEMALE	30-APR-93	28	Self	NIL

Nominee Details

Name Of the Nominee	Relationship With the Insured	Age Of the Nominee	M/F/TG*
SOMNATH KERBA SUTAR		74	MALE

Total Premium In Words : Indian Rupees Seven Thousand Seven Hundred Six Only

The insurance under this policy is subject to conditions, clauses, warranties, endorsements as per forms attached.

In the event of a claim under the policy exceeding Rs. 1 lac or a claim for refund of premium exceeding Rs. 1 lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating offices as well as Company's website.

The policy shall pay for hospitalization expenses for medical/surgical treatment taken as an in-patient or day care at any Nursing Home/Hospital in INDIA as defined in the policy.

Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

"We at Oriental continuously strive to ensure that you get the best possible treatment from our network hospitals. Please contact your TPA or any of the Oriental offices for our preferred hospitals in your area before going for a treatment. This will help us serve you in the best possible manner"

Policy History Data

Policy No.	Period From	Period To	Insurer Name	Sum Insured
------------	-------------	-----------	--------------	-------------

Claim History Data

Policy No.	Claimant Name	Claim No.	Claim OS	Claim Paid
------------	---------------	-----------	----------	------------

DISCLAIMER OF CLAIM: If the Company disclaims liability and communicates in writing to the Insured in respect of the claim and such claim has not within 12 calendar months from the date of such disclaimer been made the subject matter of a suit in a Court of law, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

Place : MUMBAI

Date : 31/03/2022



IRDA-REGNO-556



For and on behalf of  
The Oriental Insurance Company Limited

This is an electronically generated document (Policy Schedule). The Policy document duly stamped will be sent by post.

In case of any query regarding the Policy please call Toll Free No. 1800 11 8485 and 011 33208485.

General Manager  
Authorised Signatory



CIN: U66010DL1947GOI007158 All the Amounts mentioned in this policy are in Indian Rupees

Page 2 of 3

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Regd. Office : ORIENTAL HOUSE, P.B. No. 7037, A-25/27, Asaf Ali Road, New Delhi - 110 002.

IMITED

दिवि ओरिएण्टल इन्शुरेंस कम्पनी लिमिटेड  
(भारत सरकार का उपक्रम)



THE ORIENTAL INSURANCE COMPANY LIMITED

(A Government of India Undertaking)

This Document is Digitally Signed

Date: 31-MAR-22 15:55:55 IST  
Reason: Signing Policy for OICL

Attached to and forming part of policy number 131601/48/2022/1952

GRIEVANCE REDRESSAL: When the Company repudiates a claim if not payable under the policy, the Company shall communicate the reasons for repudiation in writing to the Insured. In case of any grievance related to the policy or a claim there under, the Insured shall have the right to appeal / approach the Customer Service Department of the Company at its policy issuing office, concerned Divisional Office, concerned Regional Office or of the Head Office, situated at A-25/27, Asaf Ali Road, New Delhi-110002. E-mail id is csd@orientalinsurance.co.in. Exclusive e-mail id for grievance redressal of senior citizens is oiclhealthservice@orientalinsurance.co.in.

If the insured is not satisfied with the reply of the Customer Service department under above, he may register complaint with IRDAI at www.lgms.irda.gov.in, or at 1800 4254 732; or approach Insurance Ombudsman, established by the Central Government for redressal of grievance.

In witness whereof the undersigned being authorized by and on behalf of the Company has/have herein to set his/their hands at : (GSTIN:) on.

1. Claim Intimation: (i) Within 24hours from the date of emergency hospitalization/ Cashless Home care treatment. (ii) At least 48 hours prior to admission in Hospital in case of a planned Hospitalization.
2. Submission of claim documents: Reimbursement of Hospitalisation/Pre-Hospitalisation: 30 Days & Post Hospitalisation: 15 Days. For Reimbursement of Home Care Expenses: 30 Days from completion of home care treatment.
3. For complete details please refer policy document.
4. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.

Entered By : MR. MANGALDAS M TAMBE

Examined By : THALE PRATIBHA

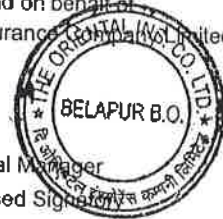
Policy Printed By :505030

IP :

Policy Printed On : 31-MAR-22 15:55:37

MAC :

For and on behalf of  
The Oriental Insurance Company Limited



General Manager  
Authorised Signatory



Place : MUMBAI



IRDA-REGNO-556

Date : 31/03/2022

For and on behalf of  
The Oriental Insurance Company Limited

This is an electronically generated document (Policy Schedule).The Policy document duly stamped will be sent by post.



General Manager  
Authorised Signatory

In case of any query regarding the Policy please call Toll Free No. 1800 11 8485 and 011 33208485.

CIN: U66010DL1947GOI007158 All the Amounts mentioned in this policy are in Indian Rupees

IRDA Regd. No. 556 of New Delhi. You can buy and renew selected policies online at www.orientalinsurance.org.in

Regd. Office : ORIENTAL HOUSE, P.B. No. 7037, A-25/27, Asaf Ali Road, New Delhi - 110 002.

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CIN - "U66010DL1947GOI007158"

1. 1800118485 - Toll Free Number  
2. 011-33208485 - Non Toll Free Number







Attached to and forming part of policy number 131601/48/2022/1951

Particulars of the Persons covered:

Sr. No	Name of The Persons	Gender (M/F/ITG)	Date of Birth	Age	Relationship With Proposer	Pre-Existing Disease/Ailment, if Any
1	TEJAS DATTARAM MAYEKAR	MALE	10-AUG-97	24	Self	NIL

Nominee Details

Name Of the Nominee	Relationship With the Insured	Age Of the Nomine	M/F/ITG*
DATTARAM SHANTARAM MAYEKAR		55	MALE

Total Premium In Words : Indian Rupees Seven Thousand Seven Hundred Six Only

The insurance under this policy is subject to conditions, clauses, warranties, endorsements as per forms attached.

In the event of a claim under the policy exceeding Rs. 1 lac or a claim for refund of premium exceeding Rs. 1 lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating offices as well as Company's website.

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Policy No.	Period From	Period To	Insurer Name	Sum Insured
------------	-------------	-----------	--------------	-------------

Claim History Data

Policy No.	Claimant Name	Claim No.	Claim OS	Claim Paid
------------	---------------	-----------	----------	------------

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Place : MUMBAI

Date : 31/03/2022



For and on behalf of  
The Oriental Insurance Company Limited

This is an electronically generated document (Policy Schedule); The Policy document duly stamped will be sent by post

In case of any query regarding the Policy please call Toll Free No. 1800 11 8485 and 011 33208485.

General Manager  
Authorised Signatory

CLN: U66010DL1947GOI007158 All the Amounts mentioned in this policy are in Indian Rupees

Page 2 of 3

Regd. Office : ORIENTAL HOUSE, P.B. No. 7037, A-25/27, Asaf Ali Road, New Delhi - 110 002.



Attached to and forming part of policy number 131601/48/2022/1951

**GRIEVANCE REDRESSAL:** When the Company repudiates a claim if not payable under the policy, the Company shall communicate the reasons for repudiation in writing to the Insured. In case of any grievance related to the policy or a claim there under, the Insured shall have the right to appeal / approach the Customer Service Department of the Company at its policy issuing office, concerned Divisional Office, concerned Regional Office or of the Head Office, situated at A-25/27, Asaf Ali Road, New Delhi-110002. E-mail id is [csd@orientalinsurance.co.in](mailto:csd@orientalinsurance.co.in). Exclusive e-mail id for grievance redressal of senior citizens is [oichealthservice@orientalinsurance.co.in](mailto:oichealthservice@orientalinsurance.co.in). If the insured is not satisfied with the reply of the Customer Service department under above, he may register complaint with IRDAI at [www.igms.irda.gov.in](http://www.igms.irda.gov.in), or at 1800 4254 732; or approach Insurance Ombudsman, established by the Central Government for redressal of grievance.

In witness whereof the undersigned being authorized by and on behalf of the Company has/have herein to set his/their hands at : (GSTIN:) on.

1. Claim Intimation: (i) Within 24 hours from the date of emergency hospitalization/ Cashless Home care treatment. (ii) At least 48 hours prior to admission in Hospital in case of a planned Hospitalization.
2. Submission of claim documents: Reimbursement of Hospitalisation/Pre-Hospitalisation: 30 Days & Post Hospitalisation: 15 Days. For Reimbursement of Home Care Expenses: 30 Days from completion of home care treatment.
3. For complete details please refer policy document.
4. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.

Entered By : MR. MANGALDAS M TAMBE

Examined By : THALE PRATIBHA

For and on behalf of  
The Oriental Insurance Company Limited

Policy Printed By : 505030

IP :

General Manager  
Authorised Signatory



Policy Printed On : 31-MAR-22 15:54:47

MAC :



Place : MUMBAI

Date : 31/03/2022



IRDA-REG-11-1558

For and on behalf of  
The Oriental Insurance Company Limited

This is an electronically generated document (Policy Schedule). The Policy document duly stamped will be sent by post.



General Manager  
Authorised Signatory

Page 3 of 3

In case of any query regarding the Policy please call Toll Free No. 1800 11 8485 and 011 33208485.

C.A. U66010DL1947GOI007158 All the Amounts mentioned in this policy are in Indian Rupees

IRDA Regd. No. 596 - New York San Jose and other offices in India. 7037, A-25/27, Asaf Ali Road, New Delhi-110002  
Regd. Office : ORIENTAL HOUSE, P.B. No. 7037, A-25/27, Asaf Ali Road, New Delhi - 110 002.

GENL - 54

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[www.orientalinsurance.org.in](http://www.orientalinsurance.org.in)

CIN - "U66010DL1947GOI007158"

1. 1800118485 - Toll Free Number  
2. 011-33208485 - Non Toll Free Number



दि ओरिएण्टल इश्योरेंस कम्पनी लिमिटेड  
(भारत सरकार का उपक्रम)



THE ORIENTAL INSURANCE COMPANY LIMITED

(A Government Undertaking)  
Date: Thu, 03/03/2022 15:53:20 IST  
Location: Mumbai, India  
Reason: Signing Policy for OICL

ORIENTAL INSURANCE BANK SAATHI POLICY -GROUP POLICY SCHEDULE  
UIN:OICHLGP22026V012122

Policy No. : 131601/48/2022/1950	Prev. Policy No. : -
Cover Note No. : -	Cover Note Date : -
Insured's Code : 154916207	Issue Office Code : 131601
Insured's Name : SOMESH BHAI GHANDAT (GSTIN: 0)	Issue Office Name : BO BELAPUR (GSTIN: 27AAACT0627R4ZW)
Address : ROOM NO.325, NEW BHARAT NAGAR, BANJARI TANDA, HP COLONY ROAD, VASHI NAKA, CHEMBUR, MUMBAI-400074.	Address : VINDHYA COMMERCIAL COMPLEX, 4TH FLR, SEC-11, PLOT NO-1 CBD BELAPUR, NAVI MUMBAI MUMBAI MAHARASHTRA 400611
Tel./Fax/Email : 7 / 8169469726 / Mumbai, Maharashtra, India, 400074	Tel./Fax/Email : 27575336/27 / / 27575336 / vivek.smit@orientalinsurance.co.in / 01@orientalinsurance.co.in

Stamp Duty of Rs. \_\_\_\_\_ is paid as provided under Article 47 of Indian Stamp Act, 1999 and included in Consolidated Stamp Duty Paid to the Government of Maharashtra Treasury vide order of Addl. Controller of Stamps, Mumbai at General Stamp Office, Fort, Mumbai - 400001, vide his order No. LOA/CSD/2037/2021/Valdhy Period Dt. 03/12/2021 to Dt. 31/12/2023/4996 Date: 02/12/2021 GRN No. MH009412502202322M RBI Date : 02/12/2021 & GRAS Deftace No. 09045029582021224 Date : 31/12/2021

Agent/Broker Details

Dev.Off.Code : NH0000000008  
Agent/Broker : BC0000003007 PNB Mumbai Chembur (007700)  
Address : 359, Jai Sai Building, MDS Marg, Near Diamond Garden, Chembur, Mumbai 400 071, MUMBAI, MAHARASHTRA, 400071  
Tel/Fax/Email : 25221331//bo0077@pnb.co.in

Period of Insurance : FROM 12:43 ON 31/03/2022 TO MIDNIGHT OF 30/03/2023  
Collection No. & Dt. : DC\_IND 9253002500 - 31/03/2022 GST INVOICE NO :2720835008 UIN :0  
Gross Premium : 6,530 GST : 1,176 Stamp Duty : .5 Total : 7,706  
Co-insurance Details : NIL

Base Policy details for each insured person:

TPA Details :

TPA ID : YA0000000371  
Health Insurance TPA  
TPA Name : Majestic Omnia Building, 2nd floor A-110, Sector -4  
TPA Address : NOIDA  
NOIDA-201301  
Telephone No : 1800 102 3600

Toll Free No : 1800 102 3600  
FAX No : 011 49043399



RISK DETAILS

Name of Primary Insured	Account No.	Age	Sum Insured	Plan Type	Number of Dependents
SOMESH BHAI GHANDAT	0883100100001606	24	200000	PLAN A	0

Place : MUMBAI  
Date : 31/03/2022



IRDA-REGNO-556

For and on behalf of  
The Oriental Insurance Company Limited

This is an electronically generated document (Policy Schedule). The Policy document duly stamped will be sent by post.

In case of any query regarding the Policy please call Toll Free No. 1800 11 8485 and 011 33208485.

General Manager  
Authorised Signatory



CIN: U66010DL1947GOI007158 All the Amounts mentioned in this policy are in Indian Rupees

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GENL - 54

Eastern - 800 pkts x 500 = 4,00,000 sheets / August - 2021 (S. S. Maplitho 80 gsm)  
www.orientalinsurance.org.in

CIN - "U66010DL1947GOI007158"

1. 1800118485 - Toll Free Number  
2. 011-33208485 - Non Toll Free Number





Attached to and forming part of policy number 131601/48/2022/1950

Particulars of the Persons covered:

Sr. No	Name of The Persons	Gender (M/F/TG)	Date of Birth	Age	Relationship With Proposer	Pre-Existing Disease/Ailment, if Any
1	SOMESH BHAU GHANDAT	MALE	04-MAR-98	24	Self	NIL

Nominee Details

Name Of the Nominee	Relationship With the Insured	Age Of the Nominee	M/F/TG*
BHAU M. GHANDAT		50	MALE

Total Premium In Words : Indian Rupees Seven Thousand Seven Hundred Six Only

The insurance under this policy is subject to conditions, clauses, warranties, endorsements as per forms attached.

In the event of a claim under the policy exceeding Rs. 1 lac or a claim for refund of premium exceeding Rs. 1 lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating offices as well as Company's website.

The policy shall pay for hospitalization expenses for medical/surgical treatment taken as an in-patient or day care at any Nursing Home/Hospital in INDIA as defined in the policy.

Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

"We at Oriental continuously strive to ensure that you get the best possible treatment from our network hospitals. Please contact your TPA or any of the Oriental offices for our preferred hospitals in your area before going for a treatment. This will help us serve you in the best possible manner"

Policy History Data

Policy No.	Period From	Period To	Insurer Name	Sum Insured

Claim History Data

Policy No.	Claimant Name	Claim No.	Claim OS	Claim Paid

DISCLAIMER OF CLAIM: If the Company disclaims liability and communicates in writing to the Insured in respect of the claim and such claim has not within 12 calendar months from the date of such disclaimer been made the subject matter of a suit in a Court of law, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.



Place : MUMBAI

Date : 31/03/2022



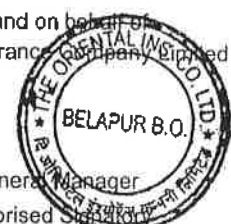
IRDA-REGNO-556

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The Oriental Insurance Company Limited

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General Manager  
Authorised Signatory



CIN: U66010DL1947GOI007158 All the Amounts mentioned in this policy are in Indian Rupees

Page 2 of 3

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दि ओरिएण्टल इन्शुरेंस कम्पनी लिमिटेड  
(भारत सरकार का उपक्रम)



THE ORIENTAL INSURANCE COMPANY LIMITED  
(A Government Undertaking)  
Date: 31-Mar-2022 15:53:20 IST  
Location: Mumbai  
Reason: Signing for OICL

Attached to and forming part of policy number 131601/48/2022/1950

GRIEVANCE REDRESSAL: When the Company repudiates a claim if not payable under the policy, the Company shall communicate the reasons for repudiation in writing to the Insured. In case of any grievance related to the policy or a claim there under, the Insured shall have the right to appeal / approach the Customer Service Department of the Company at its policy issuing office, concerned Divisional Office, concerned Regional Office or of the Head Office, situated at A-25/27, Asaf Ali Road, New Delhi-110002. E-mail id is csd@orientalinsurance.co.in. Exclusive e-mail id for grievance redressal of senior citizens is oichealthservice@orientalinsurance.co.in. If the insured is not satisfied with the reply of the Customer Service department under above, he may register complaint with IRDAI at www.igms.irda.gov.in, or at 1800 4254 732; or approach Insurance Ombudsman, established by the Central Government for redressal of grievance.

In witness whereof the undersigned being authorized by and on behalf of the Company has/have herein to set his/their hands at : (GSTIN:) on.

1. Claim Intimation: (i) Within 24hours from the date of emergency hospitalization/ Cashless Home care treatment. (ii) At least 48 hours prior to admission in Hospital in case of a planned Hospitalization.
2. Submission of claim documents: Reimbursement of Hospitalisation/Pre-Hospitalisation: 30 Days & Post Hospitalisation: 15 Days. For Reimbursement of Home Care Expenses: 30 Days from completion of home care treatment.
3. For complete details please refer policy document.
4. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.

Entered By : MRS .M.K.NAIK  
Examined By : THALE PRATIBHA

For and on behalf of  
The Oriental Insurance Company Limited  
BELAPUR B.O.  
General Manager  
Authorised Signatory

Policy Printed By :505030 IP :  
Policy Printed On :31-MAR-22 15:53:02 MAC :



Place : MUMBAI  
Date : 31/03/2022



IRDA-REGNO-556

For and on behalf of  
The Oriental Insurance Company Limited  
BELAPUR B.O.  
General Manager  
Authorised Signatory

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