

FIDELITY GUARANTEE - POLICY SCHEDULE
FIDELITY GUARANTEE - UNNAMED

Policy No. : 151400/48/2022/4143	Prev. Policy No. : 151400/48/2021/7897
Cover Note No. : -	Cover Note Date : -
Insured's Code : 64172993	Issuing Office Code : 151400
Insured's Name : 64172993 - R C PATEL INSTITUTE OF TECHNOLOGY (GSTIN: 0)	Issuing Office : 151400 - DO 4 INDORE (GSTIN: 23AAACT0627R4Z4)
Address : NIMZARI NAKA, SHIRPUR DISTT-DHULE DHULE MAHARASHTRA 424001	Address : "Kanchan Sagar" 18/1,Old Palasia,A.B.Road INDORE INDORE MADHYA PRADESH 452003
Tel./Fax/Email : 0 / / 0 / slibindore@gmail.com	Tel./Fax/Email : 0731-2534550 / 0731-4067574 / lskanoj@orientalinsurance.co.in;151400@orien talinsurance.co.in

Agent/Broker Details

Dev.Off.Code :
Agent/Broker : LC000000281 JAINUINE INSURANCE BROKERS PVT LTD
Address : F-63 FIRST FLOOR, GOLANI MARKET,JALGAON,JALGAON,MAHARASHTRA,425001
Tel/Fax/Email : 02572225747/

Period of Insurance : FROM 00:00 ON 17/11/2021 TO MIDNIGHT OF 16/11/2022
Collection No. & Dt. : DC_I_IND 3100009979 - 16/11/2021 **GST INVOICE NO** :2320265108 **UIN** :0
Gross Premium : 800 **GST** : 144 **Stamp Duty** : .5 **Total** : 944
Co-insurance Details: Nil
Retroactive Date :
Per Event Limit :

SCHEDULE OF EMPLOYEES COVERED

SI No	Designation	No. of Persons	Gurantee Per Person	Amount Guaranteed For Designation
1	Clerical Staff, Accountant and Peons	10	10000	100000

Total Premium in words : Indian Rupees Nine Hundred Forty-Four Only

The Insurance under this policy is extended to cover risks of : Nil

The Insurance under this policy is subject to Warranties & Clauses :

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 operaing offices as well as Company's website.
Compl. Excess 5 of claim amount minimum Rs 1000/- in each and every claim. AOA Rs 50000/-

Place : INDORE
Date : 16/11/2021

For and on behalf of
The Oriental Insurance Company Limited

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

Authorised Signatory

Attached to and forming part of policy number 151400/48/2022/4143

Excess : Nil

Hypothecation /Lease//Hire Names are as per the List Attached:

None

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).

In witness whereof the undersigned being authorised by and on behalf of the Company has/have herein to set his/their hands at DO 4 INDORE (GSTIN: 23AAACT0627R4Z4) on 16TH DAY OF NOVEMBER 2021.

Entered By : SANJAY RAGHUWANSHI

Examined By : RAJENDRA TAYADE

For and on behalf of
The Oriental Insurance Company Limited

Authorised Signatory

Place : INDORE
Date : 16/11/2021

For and on behalf of
The Oriental Insurance Company Limited

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

Authorised Signatory