

Accident Care (Group) Insurance
Unique Identification No: IRDA/HLT/SHAMP-H/V.II/102/2015-16
Policy Schedule

Star Health & Allied Insurance

Policy No: P-1116/02/2022/004038
Proposer Code: 219001
Proposer Name: SIDDHARTHA INSTITUTE OF ENGINEERING AND TECHNOLOGY
Address: VINOBHA NAGAR, IBRAHIMPATNAM RANGAREDDY, TELANGANA - 501506
IBrahimpatnam Rangareddy District Rangareddy, Telangana-501506
Phone No: +91906725535/
E-mail Id: INFO@SIDDARTHA.AC.IN
Proposer GSTIN: -
Date of Inception of this policy: 17-FEB-2022
Renewal Year: NEW
Receipt No: 1000039209
Receipt Date: 17/02/2022
Premium: Rs. 12,350/-
CGST @9% : 1,112/- SGST / UGST @9% : 1,112/-
Stamp Duty: Rs. 10/- Total Premium : Rs. 14,574/-

Previous Policy No :
GSTIN : 36AAJCS4517L1ZZ
SAC CODE : 997133/Accident and Health Insurance Services
Issuing Office Code : 131116
Issue Office Name : Branch Office - Taranaka
Address : 303/4, third floor, 12-13-87 Mundra Tara Tycoon, Taranaka, Hyderabad - 500 017.
Phone No : 040 - 40181125
E-mail Id : taranaka@starhealth.in
Place of Supply : -
Fulfiller Code : SH39048
Intermediary Code : BA0000632757
Name : NAGENDLA DEEPTHI
Phone : 9866725535/9866725535
E-mail Id : DEEPTHI.NAGENDLA@GMAIL.COM

Total Premium in Words : Total Premium In Words : As Agreed
Period of Insurance : From 00:00 Hrs On 17/02/2022 To Midnight Of : 16/02/2023


Risk Coverage Details

No. of Persons Covered	50
Total Sum Insured	Rs. 10000000
Total Sum Insured (in words)	Indian Rupees One Crore Only

Optional Benefit

Medical Expenses Extension	No
Hospital Cash	No
Home Concessions	No

Sector Classification:
Urban


PRINCIPAL
SIDDHARTHA
Institute of Engineering & Technology,
Vinobha Nagar(V), Ibrahimpatnam(M),
Ranga Reddy District-501 506.

Entered By : GE2675
Place:
Date: 25/02/2022

Approved by : GE2675
For and on behalf of
Star Health and Allied Insurance Company Ltd.

IRDAI Regn. No 129
Corporate Identity Number U86010TN2005PLC058649
Email ID : info@starhealth.in
All the amounts mentioned in this policy are in Indian rupees


Authorized Signatory

Policy No: P/131116/02/2022/004038


It is taken by the Employer covering the employee(s). It is hereby declared and agreed that in the event of any claim by the employee covered under the policy, the benefits shall become payable to the employer, ie. the proposer, against whom will discharge the Company (Insurer) from its obligation under the policy in respect of such claims.

Benefits cover could operate or attach only in respect of risk to employees and subject to condition that such risk was the insured at the time of commencement of insurance and also at the time of action.

In the absence of premium cheque(s) the Company shall not be liable under the policy and the policy shall stand void.

The delay in payment of claim shall read as follows and not as stated in policy wordings:
The Company shall pay interest as per Insurance Regulatory and Development Authority of India (Protection of Policyholders' Interests) Regulations, 2002 in respect of delay in payment of an admitted claim under the Policy.

This policy is subject to conditions, clauses, warranties, endorsements as per forms attached.


**PRINCIPAL
SIDDHARTHA**
Institute of Engineering & Technology,
Vinobha Nagar(V), Ibrahimpatnam(M),
Ranga Reddy District-501 506.

Policy No: GE2675

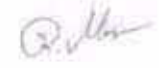
Approved by: GE2675

Name:

For and on behalf of
Star Health and Allied Insurance Company Ltd.

Date: 25/02/2022

All the amounts mentioned in this policy are in Indian rupees


Authorised Signatory



Invoice No : IBH00123P003125
 Invoice Date : 25/02/2022

Customer ID : CB0000113592
 Policy No : P/131116/02/2022/004038

Proposer Name : SIDDHARTHA INSTITUTE OF ENGINEERING AND TECHNOLOGY
 Address : VINOBHA NAGAR, IBRAHIMPATNAM, RANGAREDDY, TELANGANA - 501506

GSTIN : 36AAJCS4517L1ZZ
 NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Tarnaka

Address : 303/4, third floor, 12-13-07 Mundra Tara Tycoon, Taranaka, Hyderabad - 500 017.

City : TARNAKA
 State : Telangana
 Pincode : 501506
 Client Category : CORP.

City : TARNAKA
 State :
 Pincode : 500007
 Place of Supply : 36 -

HCN / SAC Code	Description of Service(s)	Total A	Discount B	Taxable Value C = A - B	IGST @ 18% D = C * IGST	CGST @ 9% E = C * CGST	UT/SGST@9% F = C * UTGST or SGST	CESS@1% G = C * Cess	Total Invoice Value H = C + D + E + F + G
997131	Insurance Service	13000	650	12350		1112	1112		Rs. 14574

Total Invoice value (in Figures) : Rs. 14574
 Total Invoice value (in Words) : Rupees Fourteen thousand five hundred seventy-four only
 Amount of Tax Subject to reverse Charge : No

Important Note:

The invoice is issued as per Section 31 of the CGST Act

Invoice No. GSTIN and correct GSTIN is provided by the Proposer at Proposal stage, Star Health and Allied Insurance Co Ltd shall not be responsible for any Input Tax Credit losses and no subsequent revision of invoice will be undertaken.

E & O E

This is a digitally signed document and hence no physical signature is required

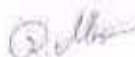
IRDAI Regn.No-129 Corporate Identity Number U66010TN2005PLC056649 Email ID : stargst@starhealth.in


PRINCIPAL
SIDDHARTHA
 Institute of Engineering & Technology,
 Vinobha Nagar(V), Ibrahimpatnam(H),
 Ranga Reddy District-501 506.

Generated by : GE2675
 Price :
 Date : 25/02/2022

Approved by : GE2675
 For and on behalf of
 Star Health and Allied Insurance Company Ltd.

All the amounts mentioned in this policy are in Indian Rupees


 Authorised Signatory

Policy No: SHI/2022/0020000000

Sl No	Name of the insured person	Emp no/Grader	DOB	Age in (Yrs)	Relationship	Occupation	Risk Group	Pre Existing Conditions	Effective		Sum Insured (Rs.)		
									From Date	To Date	Total A	Total B	Total C
1	E CHANDRA SHEKAR	1	M	03/05/1942	59	EMPLOYEE	OTHERS	Risk Group II	17/02/2022	16/02/2023	0	200000	0
2	K MAHESH	2	M	16/04/1965	56	EMPLOYEE	OTHERS	Risk Group II	17/02/2022	16/02/2023	0	200000	0
3	K RAJU	3	M	02/05/1980	42	EMPLOYEE	OTHERS	Risk Group II	17/02/2022	16/02/2023	0	200000	0
4	J RAJU	4	M	05/05/1990	31	EMPLOYEE	OTHERS	Risk Group II	17/02/2022	16/02/2023	0	200000	0
5	J JANGAIAH	5	M	01/01/1988	34	EMPLOYEE	OTHERS	Risk Group II	17/02/2022	16/02/2023	0	200000	0
6	B BHASKAR	6	M	01/02/1983	39	EMPLOYEE	OTHERS	Risk Group II	17/02/2022	16/02/2023	0	200000	0
7	S BALRAJU	7	M	01/01/1975	47	EMPLOYEE	OTHERS	Risk Group II	17/02/2022	16/02/2023	0	200000	0
8	M JAGAN	8	M	27/11/1986	35	EMPLOYEE	OTHERS	Risk Group II	17/02/2022	16/02/2023	0	200000	0
9	K MOHAN RAO	9	M	01/01/1955	67	EMPLOYEE	OTHERS	Risk Group II	17/02/2022	16/02/2023	0	200000	0
10	G JANGAIAH	10	M	27/05/1977	44	EMPLOYEE	OTHERS	Risk Group II	17/02/2022	16/02/2023	0	200000	0
11	R APPANNA	11	M	01/01/1961	61	EMPLOYEE	OTHERS	Risk Group II	17/02/2022	16/02/2023	0	200000	0
12	V YADHAGIRI	12	M	09/11/1956	65	EMPLOYEE	OTHERS	Risk Group II	17/02/2022	16/02/2023	0	200000	0
13	T RANAMMA	13	F	02/12/1972	49	EMPLOYEE	OTHERS	Risk Group II	17/02/2022	16/02/2023	0	200000	0
14	K ANDALU	14	F	09/03/1969	52	EMPLOYEE	OTHERS	Risk Group II	17/02/2022	16/02/2023	0	200000	0
15	P SWAROOPA	15	F	15/08/1985	36	EMPLOYEE	OTHERS	Risk Group II	17/02/2022	16/02/2023	0	200000	0
16	G DANAMMA	16	F	01/01/1964	58	EMPLOYEE	OTHERS	Risk Group II	17/02/2022	16/02/2023	0	200000	0
17	M SHARADHA	17	F	26/08/1982	39	EMPLOYEE	OTHERS	Risk Group II	17/02/2022	16/02/2023	0	200000	0
18	M MANJULA	18	F	01/01/1976	46	EMPLOYEE	OTHERS	Risk Group II	17/02/2022	16/02/2023	0	200000	0
19	CH KANLAMMA	19	F	29/07/1967	54	EMPLOYEE	OTHERS	Risk Group II	17/02/2022	16/02/2023	0	200000	0
20	M BALAMANI	20	F	09/11/1982	39	EMPLOYEE	OTHERS	Risk Group II	17/02/2022	16/02/2023	0	200000	0

Entered by : GE2875
 Place
 Date : 25/02/2022

Approved by : GE2875
 For and on behalf of
 Star Health and Allied Insurance Company Ltd

All the amounts mentioned in this policy are in Indian rupees


 Authorised Signatory

PRINCIPAL
SIDDHARTHA
 Institute of Engineering & Technology
 Vinobha Nagar(V), Ibrahimpatnam(I.P.)
 Rang Reddy District-501 506.

Approved by _____

43	MADHANA	F	04/01/1981	43	EMPLOYEE	OTHERS	Risk Group	0	20000	17/02/2022
42		F		42	EMPLOYEE	OTHERS	Risk Group	0	20000	17/02/2022
41	M MADHANI	F	10/05/1984	41	EMPLOYEE	OTHERS	Risk Group	0	20000	17/02/2022
40	P BHARAGANI	F	05/05/1993	40	EMPLOYEE	OTHERS	Risk Group	0	20000	17/02/2022
39	P LAKSHMANAMA	F	04/05/1988	41	EMPLOYEE	OTHERS	Risk Group	0	20000	17/02/2022
38	A JAYARAMA	F	09/05/1981	40	EMPLOYEE	OTHERS	Risk Group	0	20000	17/02/2022
37	CH SUNITHA	F	20/04/1988	39	EMPLOYEE	OTHERS	Risk Group	0	20000	17/02/2022
36	CH JAYARAMA	F	01/01/1977	45	EMPLOYEE	OTHERS	Risk Group	0	20000	17/02/2022
35	M BHARATHYANAMA	F	09/09/1975	46	EMPLOYEE	OTHERS	Risk Group	0	20000	17/02/2022
34	M JAGANNA	F	01/01/1981	41	EMPLOYEE	OTHERS	Risk Group	0	20000	17/02/2022
33	K BHARATHYANAMA	F	02/02/1968	54	EMPLOYEE	OTHERS	Risk Group	0	20000	17/02/2022
32	K UMA	F	29/07/1995	26	EMPLOYEE	OTHERS	Risk Group	0	20000	17/02/2022
31	CH ANDALU	F	01/11/1978	43	EMPLOYEE	OTHERS	Risk Group	0	20000	17/02/2022
30	K ARUNA	F	25/02/1996	25	EMPLOYEE	OTHERS	Risk Group	0	20000	17/02/2022
29	P PADMA	F	01/01/1968	54	EMPLOYEE	OTHERS	Risk Group	0	20000	17/02/2022
28	M RAJAMANI	F	04/03/1977	44	EMPLOYEE	OTHERS	Risk Group	0	20000	17/02/2022
27	S PADMA	F	09/11/1987	54	EMPLOYEE	OTHERS	Risk Group	0	20000	17/02/2022
26	CH LALITHA	F	10/11/1983	38	EMPLOYEE	OTHERS	Risk Group	0	20000	17/02/2022
25	CH ARUNA	F	20/05/1988	39	EMPLOYEE	OTHERS	Risk Group	0	20000	17/02/2022
24	B BHARATHYANAMA	F	20/11/1993	29	EMPLOYEE	OTHERS	Risk Group	0	20000	17/02/2022
23	SRINIVASA	F	18/01/1982	30	EMPLOYEE	OTHERS	Risk Group	0	20000	17/02/2022
22	A BHARATHYANAMA	F	02/01/1984	37	EMPLOYEE	OTHERS	Risk Group	0	20000	17/02/2022
21	M BHARATHYANAMA	F	04/01/1984	36	EMPLOYEE	OTHERS	Risk Group	0	20000	17/02/2022

Entered by : G2675
 Approved by : G2675
 For and on behalf of
 Our Health and Allied Insurance Company Ltd.
 Date : 25/02/2022

All the amounts mentioned in this policy are in Indian Rupees

Approved Signatory


Sl No	Y SURNAME	Age	Sex	DT of B (DOB)	Age	EMPLOYEE	OTHERS	Risk Group	17/02/2022	16/02/2023	0	200000	0
43	V. SWATHI	33	F	25/06/1988	33	EMPLOYEE	OTHERS	Risk Group II	17/02/2022	16/02/2023	0	200000	0
44	B. RAJALINGAM	44	M	09/08/1978	44	EMPLOYEE	OTHERS	Risk Group II	17/02/2022	16/02/2023	0	200000	0
45	CH. SHEVARAM	45	M	12/05/1976	45	EMPLOYEE	OTHERS	Risk Group II	17/02/2022	16/02/2023	0	200000	0
46	K. SADANAND	46	M	20/05/1976	46	EMPLOYEE	OTHERS	Risk Group II	17/02/2022	16/02/2023	0	200000	0
47	E. SHANKAR	47	M	20/07/1974	47	EMPLOYEE	OTHERS	Risk Group II	17/02/2022	16/02/2023	0	200000	0
48	A. BALRAJ	48	M	07/04/1974	48	EMPLOYEE	OTHERS	Risk Group II	17/02/2022	16/02/2023	0	200000	0
49	G. CHALMA REDDY	49	M	10/10/1972	49	EMPLOYEE	OTHERS	Risk Group II	17/02/2022	16/02/2023	0	200000	0
50	B. IBRAHIM	50	M	16/04/1972	50	EMPLOYEE	OTHERS	Risk Group II	17/02/2022	16/02/2023	0	200000	0

"Consolidated Stamp duty paid vide Proceeding No : GSD5/6009/P/2021 Dated 09/09/2021"

In witness whereof the undersigned being authorised by and on behalf of the company has/have herein to set his/their hands at Branch Office - Tamaka on 25th Day of February 2022.

Entered by : GE2675


Place :

Date : 25/02/2022

Approved by : GE2675

For and on behalf of
Star Health and Allied Insurance Company Ltd.




Authorised Signatory

All the amounts mentioned in this policy are in Indian rupees.

Star Group Health Insurance
Unique id : SHAHLGP21214V022021
Policy Schedule

*Taranaka
 Health Insurance*

Policy No	27402421	Previous Policy No.	
Policy Series Code	27402421	GSTIN	36AAJCS4517L1ZZ
Policy Series	SIDDHARTHA INSTITUTE OF ENGINEERING AND TECHNOLOGY	SAC Code	997133/Accident and Health Insurance Services
Address	VINOBHA NAGAR, IBRAHIMPATNAM, RANGAREDDY, TELANGANA - 501506	Issuing Office Code	131116
		Issue Office Name	Branch Office - Taranaka
		Address	303/4, third floor, 12-13-97 Mundra Tara Tycoon, Taranaka, Hyderabad - 500 017.
	ibrahimpatnam Rangareddy District, Rangareddy, Telangana-501506	Phone No	040 - 40181125
Phone No	9866725535/	Email id	taranaka@starhealth.in
Email id	INFO@SIDDHARTHA.AC.IN	Place of Supply	*
Proposer GSTIN		Fulfiller Code	SH39048
Collection No	1050039209	Intermediary Code	BA0000632757
Collection Date	17/02/2022	Name	NAGENDLA DEEPTHI
Premium	Rs. 2,45,185	Phone	9866725535/9866725535
Collection %	100%	Email id	DEEPTHI.NAGENDLA@GMAIL.COM
Stamp Duty	Rs. 1		
Total Premium	Rs. 2,46,186		

Total Premium in words : Indian Rupees Two Lakhs Eighty Nine Thousand Three Hundred Twenty Only

Period Of Insurance From : 17/02/2022 10:00 Hrs To Midnight Of : 16/02/2023 23:59:59

Co-insurance

Risk Coverage Details

No. of Employees / Members Covered	110
No. of Dependents Covered	0
Total No. of Persons covered	110
Sum Insured (Suo)	Rs. 1,00,000/- only
Total Sum Insured	Rs. 1,10,00,000/- only
Total Sum Insured (in words)	Indian Rupees One Crore Ten Lakhs Only

Extensions Offered

30 days waiting Period	Exclusion no.1 appearing in the policy clause stands deleted
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Errorefly : 2502439
 Approval By : 27402421
 Place :
 Date : 25/02/2022


For and on behalf of
 Star Health and Allied Insurance Company Ltd
PRINCIPAL
SIDDHARTHA
 Institute of Engineering & Technology,
 Vinobha Nagar(V), Ibrahimpatnam(M),
 Rangareddy District-501 506.
 Authorised Signatory
 Please see overleaf

PH01116/01/2022/035204

Special Conditions

Family Details	Individual Sum Insured(Employee only)
Room Rent - Boarding, Nursing Charges	Room Rent 1% of SI For Normal & ICU Actual If insured occupies room / ICU with room rent limit other than eligibility as per insurance policy , then all charges as per eligible room rent / ICU. If the Insured occupies a room with a room rent limit other than his eligibility as per the insurance policy, all the other charges shall be limited to the charges applicable for the eligible room rent or actuals, and whichever is lower. Treatment in our network hospitals only, However in the case of Medical Emergencies & Accidents, treatment can be taken in other Hospitals. In all cases immediate intimation shall be given to our Call Center within 24 hours of Hospitalization.
Pre & Post Hospitalisation limits	- Pre Hospitalization - 30 Days - Pre hospitalization expenses incurred prior to inception of policy with the company is inadmissible. - Post Hospitalization - 60 Days
Ambulance Expenses limits	Emergency ambulance charges up-to a sum of Rs.750/- per hospitalization and overall limit of Rs.1,500/- per policy period
Sub Limits	Sublimits only for Cataract Rs.20,000/- per eye.
Addition / Deletion of Employees & Dependents	After the inception of the Policy, No midterm inclusion of any employee unless he is a new joiner and such inclusion is also subject to payment of additional premium on pro rata basis. For newly joined employees, the Insured shall provide the date of joining. The coverage under the policy in respect of the insured persons will cease once they cease to be an employee/ member of the Insured or on the expiry of the policy, whichever is earlier. In respect of deletions, refund will be effected on prorata basis from the date of deletion of the employee under the policy - subject to NO claim for the employee or the family members, for which the Insured shall provide date of relieving of the employee. The Insured shall submit of list of additions and deletions on monthly basis to reach us at the latest by the 10th of subsequent month. We agree for providing cover for additions from the date of joining of

Expiry Date: 20/12/2022
 Policy No: SH14897
 Issue Date: 05/02/2022


PRINCIPAL
SIDDHARTHA
 Institute of Engineering & Technology,
 Vinobha Nagar(V), Ibrahimpatnam(M),
 Ranga Reddy District-501 506.

For and on behalf of
 Star Health and Allied Insurance Company Ltd


 Authorized Signatory
 Please see overleaf

	<p>the new employee by charging prorata premium from the date of joining till the expiry of the policy, subject to maintenance of free and adequate balance under Cash Deposit maintained by the Insured with us or the coverage will be effective from the date of payment of premium.</p> <p>Insured will be allowed a window period of 30 days from the policy Inception date to review the employee list covered under the policy. All Addition / deletion / Correction of the persons to be done subject to additional premium. If there is a change in the group size.</p>
<p>Other conditions:</p>	<p>We shall issue photo ID cards in respect of all the covered persons and we require the passport size/stamp size photo for the same.</p> <p>AYUSH Treatment: Expenses incurred on treatment under Ayurveda, Unani, Sidha and Homeopathy systems of medicines in a Government Hospital or in any institute recognized by the government and/or accredited by the Quality Council of India/National Accreditation Board on Health up to 25% of the sum insured subject to a maximum of Rs. 25,000/- per policy period.</p> <p>Any hospitalisation expenses taken in our excluded Hospitals is not admissible. For detailed list on on the excluded service providers kindly visit our website.</p> <p>All Day Care Procedures covered.</p>
<p>Other conditions:</p>	<p>All Other Terms & Conditions Subject to printed Policy (Star - Group Health Insurance Policy) Clauses attached.</p>

The coverage under the policy in respect of the insured persons will cease once they cease to be an employee/ member of the Insured or on the expiry of the policy, whichever is earlier. In respect of deletions, refund will be effected on prorata basis from the date of deletion of the employee under the policy - subject to NO claim for the employee or the family members, for which the insured should provide date of relieving of the employee.

Claims will be settled through Inhouse claims team.

Sector Classification :

Urban

Renewability: In the event of the group policy being discontinued or not renewed or when the members of the group leave the group on account of resignation/retirement/termination or otherwise, the following provision shall apply.

The cover for the persons covered earlier under the group policy will be granted only as per standard retail policies. However, in respect of persons who have been covered continuously for a period of one year under the group policy with our Company, we shall waive the 30 days waiting period and First year exclusions. In respect of persons who have been covered continuously for a period of two years under the group policy with our Company, we shall waive the 30 days waiting period, First year exclusions and First two year exclusions.

Enquiry : 0422410
 Feedback : 0424387
 Email :
 Fax : 04225022

For and on behalf of
 Star Health and Allied Insurance Company Ltd.

Siddhartha
PRINCIPAL
SIDDHARTHA

[Signature]
 Authorised Signatory
 Please see overleaf

Institute of Engineering & Technology,
 Vinobha Nagar(V), Ibrahimpatnam(M),
 Ranga Reddy District-501 506.

PH1311601/2022/035204

Individuals who have been continuously covered for a period a four years under the group policy with our
substant cover for Pre Existing diseases also.

In the event of any claim under the policy or intimation should be given to the company immediately
through call no 1800 426 2255 or 1800 102 4477, 044 2826 3300 (chargeable), or email: support@starhealth.in or fax - 1800
426 2255

STARVALUE added unique services : Web enabled service for Policy details and health tips
Inhouse Cashless facility for treatment at network hospitals across
india,
24*7 customer care center
Free General Physician advice

Where in the case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy
shall be void ab initio (from inception).

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


PRINCIPAL
SIDDHARTHA
Institute of Engineering & Technology,
Vinobha Nagar(V), Warangal(M),
Ranga Reddy District-501 506.

Entered by : SH22430
Approved by : SH54687
Printed :
Date : 20/02/2022

For and on behalf of
Star Health and Allied Insurance Company Ltd.


Authorised Signatory
Please see overleaf

