



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 16/07/2023 06:50:

**Payment Confirmation Receipt**

TRRN No :	3622307002138
Challan Status :	Payment Confirmed
Challan Generated On :	12-JUL-2023 16:36:29
Establishment ID :	ORBAM0010031000
Establishment Name :	JAGANNATH INSTITUTE FOR TECHNOLOGY - MGT. TRUST
Challan Type :	Monthly Contribution Challan
Total Members :	716
Wage Month :	JUN-2023
Total Amount (Rs) :	21,68,506
Account-1 Amount (Rs) :	15,06,281
Account-2 Amount (Rs) :	43,369
Account-10 Amount (Rs) :	5,75,485
Account-21 Amount (Rs) :	43,371
Account-22 Amount (Rs) :	0
Payment Confirmation Bank :	State Bank of India
CRN :	002150723669208
Payment Date :	15-JUL-2023
Payment Confirmation Date :	15-JUL-2023
Total PMRPY Benefit :	0





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 16/08/2023 12:26:

**Payment Confirmation Receipt**

TRRN No :	3622308003399
Challan Status :	Payment Confirmed
Challan Generated On :	12-AUG-2023 15:40:57
Establishment ID :	ORBAM0010031000
Establishment Name :	JAGANNATH INSTITUTE FOR TECHNOLOGY - MGT. TRUST
Challan Type :	Monthly Contribution Challan
Total Members :	722
Wage Month :	JUL-2023
Total Amount (Rs) :	21,70,252
Account-1 Amount (Rs) :	15,04,014
Account-2 Amount (Rs) :	43,404
Account-10 Amount (Rs) :	5,79,428
Account-21 Amount (Rs) :	43,406
Account-22 Amount (Rs) :	0
Payment Confirmation Bank :	State Bank of India
CRN :	002150823391967
Payment Date :	15-AUG-2023
Payment Confirmation Date :	15-AUG-2023
Total PMRPY Benefit :	0





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 14/09/2023 19:56:

**Payment Confirmation Receipt**

TRRN No :	3622309002235
Challan Status :	Payment Confirmed
Challan Generated On :	12-SEP-2023 11:45:18
Establishment ID :	ORBAM0010031000
Establishment Name :	JAGANNATH INSTITUTE FOR TECHNOLOGY - MGT. TRUST
Challan Type :	Monthly Contribution Challan
Total Members :	724
Wage Month :	AUG-2023
Total Amount (Rs) :	22,03,742
Account-1 Amount (Rs) :	15,25,762
Account-2 Amount (Rs) :	44,074
Account-10 Amount (Rs) :	5,89,830
Account-21 Amount (Rs) :	44,076
Account-22 Amount (Rs) :	0
Payment Confirmation Bank :	State Bank of India
CRN :	002140923065896
Payment Date :	14-SEP-2023
Payment Confirmation Date :	14-SEP-2023
Total PMRPY Benefit :	0





कर्मचारी भविष्य निधि संगठन  
Employees' Provident Fund Organization

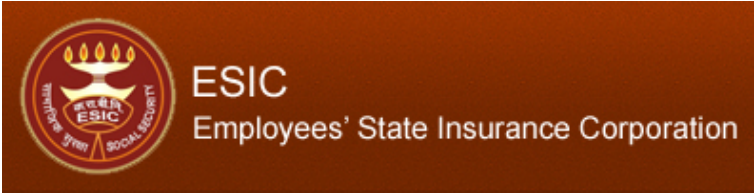
भविष्य निधि भवन, १४, भीकाजी कामा प्लेस, नई दिल्ली - ११००६६  
Bhavishya Nidhi Bhawan, 14, Bhikaji Cama Place, New Delhi - 110066

Generated On 15/11/2023 20:59:

**Payment Confirmation Receipt**

TRRN No :	3622311001884
Challan Status :	Payment Confirmed
Challan Generated On :	10-NOV-2023 15:42:28
Establishment ID :	ORBAM0010031000
Establishment Name :	JAGANNATH INSTITUTE FOR TECHNOLOGY - MGT. TRUST
Challan Type :	Monthly Contribution Challan
Total Members :	729
Wage Month :	OCT-2023
Total Amount (Rs) :	22,17,960
Account-1 Amount (Rs) :	15,37,260
Account-2 Amount (Rs) :	44,359
Account-10 Amount (Rs) :	5,91,982
Account-21 Amount (Rs) :	44,359
Account-22 Amount (Rs) :	0
Payment Confirmation Bank :	State Bank of India
CRN :	002141123544814
Payment Date :	14-NOV-2023
Payment Confirmation Date :	14-NOV-2023
Total PMRPY Benefit :	0





User Login: 44000201110001303

Saturday, July 15, 2023 4:31:46 PM

Home  
 Close

[Monthly Contribution](#) > [Online Challan Status](#)

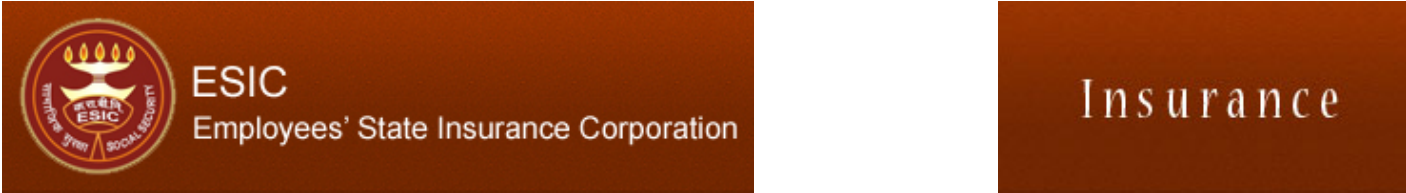
ChallanDoubleVerification

\* Required Fields

Employer's Code No.:

44000201110001303

Transaction Details		* Required Fields
Transaction status:	Transaction Completed Successfully	
Employer's Code No:	44000201110001303	
Employer's Name:	Centurion University of Technology and Management	
Challan Period:	Jun-2023	
Challan Number :	04423125216486	
Challan Created Date	12-07-2023 15:19:09	
Challan Submitted Date	13-07-2023 10:58:24	
Amount Paid:	227316.00	
Transaction Number:	CHN1119483	
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User Login: 44000201110001303

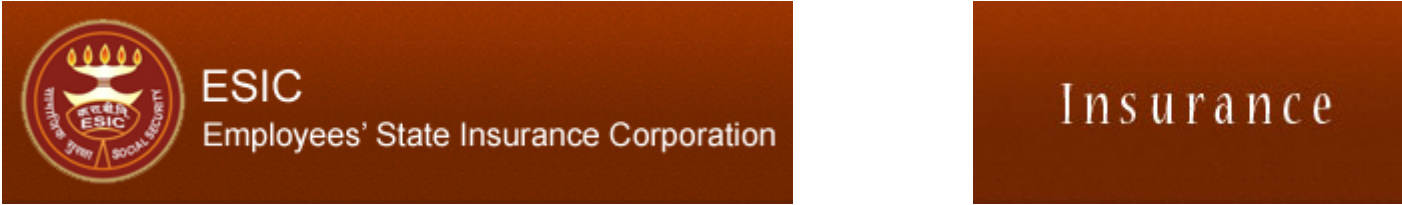
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[Monthly Contribution](#) > [Online Challan Status](#)


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Transaction Details		* Required Fields
Transaction status:	Transaction Completed Successfully	
Employer's Code No:	44000201110001303	
Employer's Name:	Centurion University of Technology and Management	
Challan Period:	jul-2023	
Challan Number :	04423129352065	
Challan Created Date	12-08-2023 13:55:02	
Challan Submitted Date	14-08-2023 17:49:28	
Amount Paid:	234362.00	
Transaction Number:	CHN4140529	
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User Login: 44000201110001303

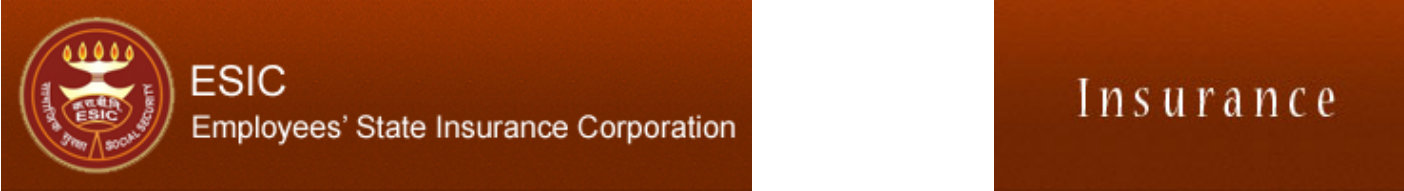
Thursday, September 14, 2023 8:00:24 PM



[Monthly Contribution](#) > [Online Challan Status](#)

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Transaction Details		* Required Fields
Transaction status:	Transaction Completed Successfully	
Employer's Code No:	44000201110001303	
Employer's Name:	Centurion University of Technology and Management	
Challan Period:	Aug-2023	
Challan Number :	04423133295246	
Challan Created Date	12-09-2023 22:08:19	
Challan Submitted Date	14-09-2023 13:23:03	
Amount Paid:	234571.00	
Transaction Number:	CHN6806825	
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User Login: 44000201110001303

Friday, October 13, 2023 7:19:18 PM

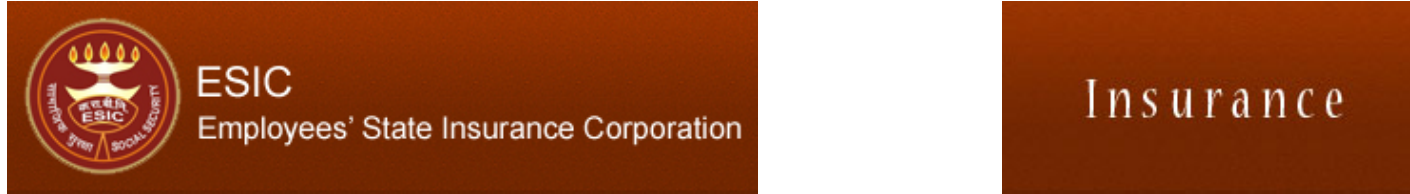


[Monthly Contribution](#) > [Online Challan Status](#)

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Transaction Details		* Required Fields
Transaction status:	Transaction Completed Successfully	
Employer's Code No:	44000201110001303	
Employer's Name:	Centurion University of Technology and Management	
Challan Period:	Sep-2023	
Challan Number :	04423137393351	
Challan Created Date	12-10-2023 14:49:28	
Challan Submitted Date	13-10-2023 15:09:03	
Amount Paid:	237115.00	
Transaction Number:	CHN9419247	
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User Login: 44000201110001303

Thursday, May 16, 2024 3:20:40 PM



[Monthly Contribution](#) > [Online Challan Status](#)

ChallanDoubleVerification		* Required Fields
Employer's Code No.:	44000201110001303	

Transaction Details		* Required Fields
Transaction status:	Transaction Completed Successfully	
Employer's Code No:	44000201110001303	
Employer's Name:	Centurion University of Technology and Management	
Challan Period:	Apr-2024	
Challan Number :	04424118981725	
Challan Created Date	14-05-2024 15:16:47	
Challan Submitted Date	16-05-2024 12:02:25	
Amount Paid:	246631.00	
Transaction Number:	CHP9459292	
<div>PrintClose</div>		



JITM 2023 - 2024

Alluri Nagar, P.O. - R Sitapur, Via- Uppalada  
Bakhemundi, Dist: Gajapati - 761211, Odisha, India  
Phone: (06815) 222999, 223088, Fax: (06815) 222150  
State Name : Odisha, Code : 21

## Payment Voucher

No. : BP/03/123

Dated : 23-Mar-24

Particulars	Amount
<b>Account :</b> Rashmi Mishra(W/a)	<b>47,022.00</b>
<b>Through :</b> Axis Bank, Jitm (A/c No.- 911010022097952)	
<b>On Account of :</b> Chq no-183202 issued to Rashmi mishra towards Gratuity	
<b>Amount (in words) :</b> Rupees Forty Seven Thousand Twenty Two Only	
	<b>R₹ 47,022.00</b>

Receiver's Signature:



Authorised Signatory



Date:23.03.2024

To  
The Branch Manager,  
Axis Bank Ltd  
Paralakhemundi

Sub:-Transfer of Staff Gratuity Payment- Regarding

Sir,

We are enclosing a cheque bearing No.183202 date 23.03.2024 for an amount of Rs 47,022 ( Fourty Seven Thousand Twenty Two Only) Which May Please be credited at our Staff Gratuity payment as per

Sl.No	Account Holder Name	Bank Name	Account Number	IFSC Code	Branch	Amount
01	RASHMI MISHRA	UNION BANK OF INDIA	406902010600114	UBIN0540692	PARLAKHEMUNDI	47,022
					Total	47,022

Yours Faithfully

*Anita Patre*  
Authorized Signature  
Cell No-9007890777

*Durga Patel Patel*



2185

At - Village Alluri Nagar,P.O. - R Sitapur, Via- Uppalada  
Paralakhemundi,Dist: Gajapati – 761211,Odisha, India  
Phone: (06815) 222999, 223088, Fax: (06815) 222150  
State Name : Odisha, Code : 21

No. : JV/03/371

Particulars	Debit	Credit
Gratuity Payable <i>Dr</i>	<b>47,022.00</b>	
<i>To</i> Rashmi Mishra(W/a)		<b>47,022.00</b>
<b>On Account of :</b> Being the Gratuity amount charged now account for		
	<b>R₹ 47,022.00</b>	<b>R₹ 47,022.00</b>

Being the Gratuity  
amount charged now  
account for

Authorised Signatory



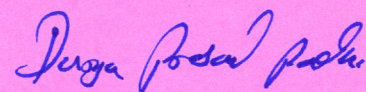
**JITM 2023 - 2024**

At - Village Alluri Nagar, P.O. - R Sitapur, Via- Uppalada  
Paralakhemundi, Dist: Gajapati - 761211, Odisha, India  
Phone: (06815) 222999, 223088, Fax: (06815) 222150  
State Name : Odisha, Code : 21

**Payment Voucher**No. : **BP/09/102**Dated : **29-Sep-23**

Particulars	Amount
Account : Gratuity	1,11,661.00
Through : Axis Bank, Jitm (A/c No.- 911010022097952)	
On Account of : Ch.No.176049 issued towards Gratuity amount Of K. Srinivas Raju and amount paid to his wife account to K. Nagmani.	
Amount (in words) : Rupees One Lakh Eleven Thousand Six Hundred Sixty One Only	
	<b>₹ 1,11,661.00</b>

Receiver's Signature :



Authorised Signatory

Prepared by

Checked by

Verified by



To  
The Branch Manager,  
Axis Bank Ltd  
Paralakhemundi

Date:29.09.2023

Sub:-Transfer of Staff Gratuity Payment- Regarding

Sir,

We are enclosing a cheque bearing No.176049 date29.09.2023 for an amount of Rs 1,11,661 ( One Lakh Eleven Thousand Six Hundred Sixty One Only) Which May Please be credited at our Staff Gratuity payment as per

Sl. No	Account Holder Name	Bank Name	Account Number	IFSC Code	Branch	Amount
01	K NAGAMANI	PUNJAB NATIONAL BANK	16682121013339	PUNB0166810	R SITAPUR	1,11,661
					Total	1,11,661

Yours Faithfully

*[Signature]*  
Authorized Signature  
Cell No-9337672481

*A. M. M.*






## Payment Voucher

Dated : 4-Oct-2

**₹ 1,37,862.00**

*Anita Patil*  
Authorised Signatory

Checked by 

Verified by



Date:04.10.2023

To  
The Branch Manager,  
Axis Bank Ltd  
Paralakhemundi

Sub:-Transfer of Staff Gratuity Payment- Regarding

Sir,

We are enclosing a cheque bearing No.176057 date 04.10.2023 for an amount of Rs 1,37,862/- ( One Lakh Thirty Seven Thousand Eight Hundred SixtyTwo Only) Which May Please be credited at our Staff Gratuity payment as per

Sl. No	Account Holder Name	Bank Name	Account Number	IFSC Code	Branch	Amount
01	GURRAM ARUN MANOHAR	STATE BANK OF INDIA	30038537970	SBIN0006057	VISAKHAPATNAM	1,37,862
					Total	1,37,862

Yours Faithfully

*Anita Patil*  
Authorized Signature  
Cell No-9337672481

*Durga Prasad Pruthi*







दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड  
(भारत सरकार का एक उपक्रम)

THE ORIENTAL INSURANCE COMPANY LIMITED  
(A Govt. of India Undertaking)

This Document is Digitally Signed

Signer: SUNITA TULI MAOPAL  
Date: Wed, Nov 29, 2023 13:52:17 IST  
Location: NOIDA  
Reason: Signing Policy for OICL

## GROUP MEDICLAIM TAILORMADE POLICY SHEDULE

UIN : OICHLGP449V022021

Policy No. : 345300/48/2024/1740	Prev. Policy No. : -
Cover Note No. : ROBBS2569	Cover Note Date : 20/11/2023
Insured's Code : AB0000045565	Issue Office Code : 345300
Insured's Name : CENTURION UNIVERSITY OF TECHNOLOGY AND MANAGEMENT (GSTIN: 21AAATC9278Q1Z6)	Issue Office Name : KBO JANPATH BHUBANESWAR (GSTIN: 21AAACT0627R3Z9)
Address : BHUBANESWAR - - BHUBANESWAR ODISHA 751001	Address : 1st FLOOR, OCHC COMPLEX NEAR RAM MANDIR, UNIT- III, JANPATH - BHUBANESWAR ODISHA 751001
Tel./Fax/Email : / / 0 / NA	Tel./Fax/Email : 0674 2392554 / / 345300@orientalinsurance.co.in

### Agent/Broker Details

Dev.Off.Code :  
Agent/Broker : LC0000000822 M/S UNILIGHT REINSURANCE BROKERS PRIVATE LIMITED  
Address : A-301,3RD Floor Hallmark business Plaza,,NEAR GURUNANAK HOSPITAL, SANT DYNANESHWAR MARG,,BANDRA EAST, Mumbai City, Maharashtra, 400051,MUMBAI,MAHARASHTRA,400051  
Tel/Fax/Email : /9819624449///

Period of Insurance : FROM 00:00 ON 21/11/2023 TO MIDNIGHT OF 20/11/2024  
Collection No. & Dt. : CD A/C AB0000045565 GST INVOICE NO :212210209509 UIN :0  
Gross Premium : 1,20,80,727 GST : 21,74,530 Stamp Duty : 1 Total : 1,42,55,257  
Co-insurance Details : NIL

### TPA Details :

TPA ID : YA0000000333  
TPA Name : M/S HERITAGE HEALTH  
TPA Address : Nicco House, 5 th Floor 2 Hare Street Kolkata  
heritage\_health@bajoria.in  
CALCUTTA 700001  
Telephone No : 033-22486430 Toll free : 18003453477  
Toll Free No : 18003453477  
Fax No : 033-22100837

### Risk Details As per attached Annexure

Sr No : 1 Emp/Dependant : 4116 NO OF SI : 500800000 No Of : 4116

Place : BHUBNESWAR

Date : 28/11/2023



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 Rupee

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



Authorized Signatory





दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड  
(भारत सरकार का एक उपक्रम)

THE ORIENTAL INSURANCE COMPANY LIMITED

(A Govt. of India Undertaking)

This Document is Digitally Signed

Signer: SUNITA TULI MACPALL  
Date: Wed, Nov 29, 2023 13:52:17 IST  
Location: NOIDA  
Reason: Signing Policy for OICL

Attached to and forming part of policy number 345300/48/2024/1740

Name	LIVES COVERED - STAFFS OF CUTM	Dependants
------	--------------------------------------	------------

Particulars of the Persons covered

Sr. No.	Name	Relationship	Sex	Age	Pre-existing Ailments, if Any
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Total Sum Insured in words : Indian Rupees Fifty Crores Eight Lakhs Only

Total Premium in words : Indian Rupees One Crore Forty-Two Lakhs Fifty-Five Thousand Two Hundred Fifty-Seven Only

Installment Details

Inst. No	Installment Date	Installment %	Installment Amount	Tax	Total	Remarks
1	21/11/2023	100	1,20,80,727	21,74,530	1,42,55,257	

The insurance under this policy is subject to conditions, clauses, warranties, endorsements.

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

Robotic or Radiosurgery treatments like Cyberknife, Gamma Knife, etc-50% of the admissible claim, Dialysis, Chemotherapy/Oral Chemotherapy and Radiotherapy, Immunotherapy(monoclonal antibody to be given as injection)-10% of the Sum Insured subject to a maximum of Rs.3,00,000/- during the Period of Insurance, Ambulance Charges-1% of SI subject to maximum INR-2000/-whichever is less Per Policy Period subject to admissibility of claim, Day Care Treatment-Covered all IRDA specified Daycare treatment

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.

Policy Type-Family Floater, Sum Insured-As per List

Family Definition-Self +Spouse+2 Children up to 25 years+ Either Parents or Parents-in-Laws

Special Condition-Sanjog Pati, more than Age 25 is covered as an exception, Room Rent-1.5% in Normal and 3% in ICU

Pre and Post Hospitalisation-30 and 60 Days, Maternity Benefit-30000.00 in Normal and 60000.00 in C Section, 9 Months Waiting Period for maternity benefit-DELETED

Pre-Existing Disease Cover-Waived, Deletion of 30 Days Waiting Period-YES, Deletion of 2nd & 4th Year Exclusion-YES, Cochlear implant-50% of the admissible claim, Genetic Disorders-50% of the admissible claim, Cataract (Per eye)-25,000.00, Pre and Post Natal Expenses-Covered within Maternity Benefit, Baby Day One Cover-Covered within Family SI

Proportionate Clause-In the event of insured getting admitted in higher room category, all hospital related expenses will be on proportionate basis to the eligibility limit as per room rent restriction. All other related charges in accordance with the room rent restriction or actuals whichever is lower.

Corporate Buffer-Rs 20,00,000 limited to critical illness only & Limited to family sum insured or Rs 5,00,000 per family whichever is lower. Co-pay will be 20% in each & every claim while utilizing from corporate floater in case of claims for Parent, Co Pay -80%: 20% for each and every Claim of Parents or Parents in Laws,

Reimbursement Claim will attract 10% Co-pay in case of intimation of Claim is more than 30 Days from date of discharge and/or Submission of Documents is more than 30 Days of Discharge, No Existing Employee or his/her dependents allowed for mid-term addition, New Employee and their dependents can be added on Pro Rata Basis subject to sufficient CD Balance

Ayush Treatment is Covered only in case of In Patient, Dental Treatment is covered on IPD Basis only in case of Accident.

Place : BHUBNESWAR

Date : 28/11/2023



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.

Authorised Signatory

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

Page 2 of 3

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दि ओरिएण्टल इन्श्योरेंस कंपनी लिमिटेड  
(भारत सरकार का एक उपक्रम)

THE ORIENTAL INSURANCE COMPANY LIMITED  
(A Govt. of India Undertaking)

This Document is Digitally Signed

Signer: SUNITA TULI NAGPAL  
Date: Wed, Nov 29, 2023 13:52:17 IST  
Location: NOIDA  
Reason: Signing Policy for OICL

Attached to and forming part of policy number 345300/48/2024/1740

All other terms and condition will be as per the standard GMC Tailormade policy of OIC.

Warranted that in case the person covered under the policy has lodged any claim under the previous policy and the sum insured is enhanced under the current policy, for a further claim for the same disease during the current policy, the earlier Limit of Sum Insured shall be applicable and not the enhanced sum insured

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"**

In witness whereof the undersigned being authorised by and on behalf of the Company has/have herein to set his/her hands at KBO JANPATH BHUBANESWAR (GSTIN: 21AACT0627R3Z9) on 29-NOV-23

"In case of grievance related to any issue related to this policy the same may be addressed to the office In-Charge or the Grievance Officer at above policy address. If the grievance remains pending, it may be escalated to Grievance Officer of the concerned Regional Office 4TH FLOOR, ALOK BHARATI TOWERS, SAHID NAGAR, BHUBANESWAR,. The next escalation in case grievance remains unresolved is CSD, Head Office, situated at Oriental House, A-25/27, Asaf Ali Road, New Delhi-110002.

If the insured is not satisfied with the resolution/reply provided by the company, he/she may approach the Office of Insurance Ombudsman, within his/her jurisdiction. The list of offices of Ombudsman is available on Company's portal."

Entered By : BHABENDU SHANKAR DALAI

Examined By : JADU NATH SETHI

Policy Printed By :900851

IP :

Policy Printed On :29-NOV-23 13:53:12

MAC :

For and on behalf of  
The Oriental Insurance Company Limited



Place : BHUBNESWAR



IRDA-REGNO-556

Date : 28/11/2023

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 Rupee

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



दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड  
(भारत सरकार का एक उपक्रम)

THE ORIENTAL INSURANCE COMPANY LIMITED  
(A Govt. of India Undertaking)

The Oriental Insurance Company Ltd.

CDO-I BHUBANESWAR 1st FLOOR, OCHC COMPLEX, NEAR RAM MANDIR, UNIT-  
III, JANPATH, , BHUBNESWAR, 751001

21AAACT0627R3Z9

Tax Invoice

Office Code : 345300 - KBO JANPATH BHUBANESWAR  
GST NO : 21AAACT0627R3Z9  
ORIGINAL FOR RECIPIENT  
Invoice No. : 212210209509  
Invoice Date : 28-11-2023  
Billing Details Sh./Smt./ M/s. : CENTURION UNIVERSITY OF TECHNOLOGY AND MANAGEMENT  
BHUBANESWAR  
OD  
751001  
STATE CODE : 21-OD  
GSTIN: 21AAATC9278Q1Z6  
UIN : 0

Towards HSN/SAC - 997133-Accident  
and health insurance services

Tax is Payable on Reverse Charge : No

Sl No.	Dept Code	Policy No.	Policy Statu	Endorsemen t No	Amount Collected	Taxable Value	IGST Perc	IGST Amt	CGST Perc	CGST Amt	SGST/UT GST Perc	SGST/UTGST Amt
1	48	2024/1740	New Policy		1,42,55,257.00	1,20,80,727.00			9%	10,87,265.00	9%	10,87,265.00
Total					1,42,55,257.00	1,20,80,727.00				10,87,265.00		10,87,265.00

The Sum of : Indian Rupees One Crore Forty-Two Lakhs Fifty-Five Thousand Two Hundred Fifty-Six

Policy Type / Zone : GROUP  
MEDICLAIM  
TAILORMADE

FOR THE ORIENTAL INSURANCE COMPANY LTD

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

Cashier / Authorised Signatory

We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule