



**THE STANDARD FIREWORKS RAJARATNAM COLLEGE FOR WOMEN (AUTONOMOUS),
Sivakasi**

(Affiliated to Madurai Kamaraj University, Reaccredited with "A" Grade by NAAC,
College with Potential for Excellence by UGC & Mentor Institution under UGC PARAMARSH)

NAAC SSR Cycle IV (2015-2020)

6.3 Faculty Empowerment Strategies

6.3.1 Labour Welfare Measures

INSURANCE COVERAGE FOR STAFF AND STUDENTS



**THE STANDARD FIREWORKS RAJARATNAM COLLEGE FOR WOMEN (AUTONOMOUS),
SIVAKASI – 626 123.**liated to Madurai Kamaraj University, Re-accredited with A Grade by NAAC,
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INSURANCE COVERAGE FOR STUDENTS & STAFF – ROAD SAFETY POLICY

2017-2018

Date : 08/09/2017

United India Insurance Company Ltd.,
Dist.

It.

F:- Renewal of Road Safety Policy

POLICY NO.	PARTICULARS NAME	UNIT	REMARKS	POLICY TYPE	PERIOD		SUM ASSURED	PREMIUM AMOUNT
					FROM	TO		
0809092017	STUDENTS & STAFF	SFC-COLLEGE		ROAD SAFETY	08/09/2017	08/09/2018	200,000	296,617
TOTAL PREMIUM								296,617

With reference to the above, we forward herewith an I.O.B Cheque bearing No. 58808 Dated 09/09/2017 for Rs. 2,96,617/- (Rupees Two lakhs ninety six thousand six hundred and seventeen only) drawn in your favour towards the above mentioned premium.

Kindly acknowledge the receipt and send us the policy at the earliest.

Thanking You,

Yours faithfully,

[Signature]

At above

PAID

TO PAY

Date

Principal

[Signature]



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09.09.2017

To

M/s United India Insurance Company Ltd.,
Tenkasi.

Dear Sir,

Ref: Renewal of Road safety Policy- Reg

The Standard Fireworks Rajaratnam College for Women, Sivakasi- September 2017-2018

S.No	Previous Policy No	Particulars Name	Unit	Remarks	Policy type	Period		Sum assured	Premium amount
						From	To		
ROAD SAFETY POLICY									
1	091900/42/16/9/ 107762334	3823 staff & Students	SFR College	-	Road Safety	09/09/2017	08/09/2018	382300000	296617
Total premium									2,96,617

With reference to the above, we forward herewith an IOB Cheque bearing No. 958803 dated 09/09/2017 for Rs.2,96,617/ (Rupees Two lakh ninety six thousand six hundred and seventeen only) drawn in your favour towards insurance premium.

Kindly acknowledge the receipt and send us the policy at the earliest.

Thanking you,

Encl: as above

se
PRINCIPAL
PRINCIPAL
The Standard Fireworks
Rajaratnam College
for Women,
SIVAKASI.



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**GROUP PERSONAL ACCIDENT POLICY
SCHEDULE**

Policy No.:	0918004217P108518169	Prev.Pol.No.:	0919804216P107761898
Name of Customer/ID	STANDARD FIREWORKS RAJARATNAM COLLEGE FOR WOMEN, /1433014243		
Tel.(O):	Fax:	Tel.(R):	Mobile: 0111111111
Business/Occupation:	None	Email:	
Period of Insurance:	From 00:00 Hours of 09/09/2017 To MIDNIGHT of 08/09/2018		

Coinsurance	UIC 091800 : 100%
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Premium : One lakh fourteen thousand three hundred eight rupees only.

INSURED DETAILS:

Risk Category	No. of Person/Category	Covers	Premium	Loading/Discount	Calculated Amount
RiskCategory I	3823	Table II DEATH PTD	248,495.00		

Total No of Person	3823	Total Sum Insured for the Group	₹382300000
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Group Id	Designation	Risk Category	No of Person	Monthly Income (₹)	SI per Person (₹)
1	Service	RiskCategory I	3823	20000	100000

Special Conditions: STUDENTS TEACHING AND NON TEACHING STAFF AS PER SHEET ATTACHED HERETO 24 HRS COVER

Net Premium:	₹ 114,308.00
CGST(9%):	10,288.00
SGST(9%):	10,288.00
Stamp Duty:	5.00
Total:	₹134,889.00
Receipt Number :	10109180017108587838
Receipt Date:	14/09/2017
Agency/Broker Code :	AGD0111351
Dev. Officer Code :	
Direct Business :	OTHERS

Customer GST No.:		Office GST No.:	33AAACUS552C12Q
SAC Code:	9971	Invoice No. & Date:	42171108518169 & 14/09/2017
Amount Subject to Reverse Charges-NIL			

Anti Money Laundering Clause:-In the event of a claim under the policy exceeding ₹ 1 lakh or a claim for refund of premium exceeding ₹ 1 lakh, the insured will comply with the provisions of AML policy of the company. The AML policy is available in all our operating offices as well as Company's web site.

Date of Proposal and Declaration:09/09/2017

WITNESS WHEREOF, the undersigned being duly authorised has hereunto set his/her hand at DO TENKASI on this 14 th day of September, 2017

For United India Insurance Co. Ltd.

Affix Policy
Stamp Here.


<http://gccore.uic.in/Configuration/UnderwritingMasters/reports/frmPolicySchedule.aspx?Referen...> 14/09/2017



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UNITED INDIA INSURANCE COMPANY LIMITED

RECEIPT

Issuing Office code/Address :	091900 / DO MARTHANDAM 2/60/1, P.P.K. BUILDINGTRIVANDRUM MAIN ROAD629165	Receipt Number :	10109190016107986662
		Collection Date :	12/09/2016


Received with thanks from STANDARD FIREWORKS RAJARATNAM COLLEGE FOR WOMEN, (Customer ID : 1433014243) a sum of Rs. 131489.00(One lakh thirty-one thousand four hundred eighty-nine rupees only) as per detail given hereunder:

SL No	Policy Number	Policy Type	Endt/Ren/Clm/Decln No	Particulars	Total Amount
1	0919004216P10776189	GroupPersonalAccident	0	Final Premium	1,14,338.00
2	0919004216P10776189	GroupPersonalAccident	0	Service Tax	16,007.00
3	0919004216P10776189	GroupPersonalAccident	0	Education Cess	0.00
4	0919004216P10776189	GroupPersonalAccident	0	Higher Education Cess	0.00
5	0919004216P10776189	GroupPersonalAccident	0	Swachh Bharat Cess	572.00
6	0919004216P10776189	GroupPersonalAccident	0	Krishi Kalyan Cess	572.00
Total (Rounded Off) :					1,31,489.00
Stamp Duty :					0.00
Bank Charges :					0.00
Total Amount :					1,31,489.00

Instrument Details							
SL No	Payment ID	Mode of Payment	Instrument Number	Instrument Date	Bank Name	Branch Name	Tagged Amount
1	116091900104899219	CHEQUE	968770	03/09/2016	INDIAN OVERSEAS BANK	SIVAKASI	1,31,489.00

Particulars :
Service Tax Registration Number : AAACU5552CST001 for UNITED INDIA INSURANCE COMPANY LIMITED

Cashier Initial
Note:
1. Receipt valid subject to realisation of cheque
2. Please quote policy no., collection no., and date in all correspondences:


AUTHORISED SIGNATORY



**THE STANDARD FIREWORKS RAJARATNAM COLLEGE FOR WOMEN (AUTONOMOUS),
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**GROUP PERSONAL ACCIDENT POLICY
SCHEDULE**

Policy No.:	0919004216P107761898	Prev. Pol. No.:	
Name of Customer/ID	STANDARD FIREWORKS RAJARATNAM COLLEGE FOR WOMEN, /1433014743		
Tel. (O):		Fax:	
Tel. (R):		Mobile:	8111111111
Business/Occupation:	None		
Period of Insurance:	From 00:00 Hours of 09/09/2016 To MIDNIGHT of 08/09/2017		

Coinurance	UIIC 091900 : 100%
Premium :	One lakh fourteen thousand three hundred thirty-eight rupees only

INSURED DETAILS:

Risk Category	No. of Person/Category	Covers	Premium	Loading/Discount	Calculated Amount
RiskCategory 1	3824	Table II DEATH PTD	248,560.00		

Total No Of Person	3824	Total Sum Insured for the Group	₹382400000
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Group Id	Designation	Risk Category	No of Person	Monthly Income (₹)	SI per Person (₹)
1	Service	RiskCategory 1	3824	20000	100000

Special Conditions STUDENTS TEACHING AND NON TEACHING STAFF AS PER SHEET ATTACHED HERETO 24 HRS COVER

Net Premium:	114,338.00
Service Tax:	16,007.00
Swachh Bharat Cess:	572.00
Krishi Kalyan Cess:	572.00
Stamp Duty:	5.00
Total :	131,489.00
Receipt Number :	10209190016104914807
Receipt Date:	09/09/2016
STax Regn No.:	AAACU5552CST001
Agency/Broker Code :	AGD0011351
Dev. Officer Code :	
Direct Business :	OTHERS

Anti Money Laundering Clause:-In the event of a claim under the policy exceeding ₹ 1 lakh or a claim for refund of premium exceeding ₹ 1 lakh, the insured will comply with the provisions of AML policy of the company. The AML policy is available in all our operating offices as well as Company's web site.

Date of Proposal and Declaration:09/09/2016
WITNESS WHEREOF, the undersigned being duly authorised has hereunto set his/her hand at DO MARTHANDAM on this 12 th day of September 2016

For United India Insurance Co. Ltd.

Authorized Signatory.

Affix Policy
Stamp here.




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INSURANCE COVERAGE FOR STUDENTS & STAFF

2016-2017



UNITED INDIA INSURANCE COMPANY LIMITED

RECEIPT


Issuing Office code/Address :	091900 / DO MARTHANDAM 2/60/1, P.P.K. BUILDING TRIVANDRUM MAIN ROAD 629165	Receipt Number :	1010919001610798713
		Collection Date :	12/09/2016

Received with thanks from STANDARD FIREWORKS RAJARATNAM COLLEGE FOR WOMEN, (Customer ID : 1-33014243) a sum of Rs. 289151.00 (Two lakhs eighty-nine thousand one hundred fifty-one rupees only) as per detail given hereunder:

Sl No	Policy Number	Policy Type	Endt/Ret/Cln/Decln	Particulars	Total Amount
1	0919004216P107762334	GroupRoadsafetyInsurance	0	Final Premium	2,51,436.00
2	0919004216P107762334	GroupRoadsafetyInsurance	0	Service Tax	35,201.00
3	0919004216P107762334	GroupRoadsafetyInsurance	0	Education Cess	0.00
4	0919004216P107762334	GroupRoadsafetyInsurance	0	Higher Education Cess	0.00
5	0919004216P107762334	GroupRoadsafetyInsurance	0	Swachh Bharat Cess	1,257.00
6	0919004216P107762334	GroupRoadsafetyInsurance	0	Krishi Kalyan Cess	1,257.00
				(Rounded Off) :	2,89,151.00
				Stamp Duty :	0.00
				Bank Charges :	0.00
				Total Amount :	2,89,151.00

Instrument Details							
SL No	Payment ID	Mode of Payment	Instrument Number	Instrument Date	Bank Name	Branch Name	Tagged Amount
1	116091900104899219	CHEQUE	968770	03/09/2016	INDIAN OVERSEAS BANK	SIVAKASI	2,89,151.00

Particulars :
Service Tax Registration Number : AAACU5532CST001 for UNITED INDIA INSURANCE COMPANY LIMITED


AUTHORISED SIGNATORY

Cashier Initial
Note:
1. Receipt valid subject to realisation of cheque
2. Please quote policy no., collection no., and date in all correspondences.

http://www.uia.in/canfirmation/accounts/Ann_Det_DownloadDownload.aspx?l4...




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INSURANCE COVERAGE FOR STUDENTS & STAFF – 2015-2016

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GROUP ROAD SAFETY INSURANCE POLICY SCHEDULE
UIN NO.IRDAI/HLT/UII/P-P/V.I/5/2015-16

Policy No.: 0919004216P102762134 ✓

Name of Insured/ID: STANDARD FIREWORKS RAJARATNAM COLLEGE FOR WOMEN, /1433014243

Tel. (C): _____ Fax: _____ Tel. (R): _____ Email: _____ Mobile: _____

Business/Occupation: 0

Period of Insurance: From 00:00 Hours of 09/09/2016 To MIDNIGHT of 08/09/2017 ✓

Coinurance: UIIC 091900 : 100%

Premium: Two lakhs fifty-one thousand four hundred thirty-six rupees only

No. of Members	Total Sum Insured	Type of Cover
3824 ✓	3240000 ✓	Cover B

Assignee Details

Name Of Assignee	Relationship

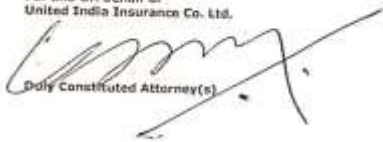
Net Premium: ₹ 251,436.00
Service Tax: ₹ 35,201.00
Swachh Bharat Cess: ₹ 1,257.00
Krishi Kalyan Cess: ₹ 1,257.00
Stamp Duty: ₹ 5.00
Total: ₹ 289,151.00 ✓
Receipt No: 10200190010104914807
Receipt Date: 09/09/2016
Service Tax Regn. No: AAACUSS52CST001

Agency/Broker Code: AGD0111351
Dev. Officer Code:
Direct Business:

Anti Money Laundering Clause: -In the event of a claim under the policy exceeding ₹ 1 lakh or a claim for refund of premium exceeding ₹ 1 lakh, the insured will comply with the provisions of AML policy of the company. The AML policy is available in all our operating offices as well as Company's web site.

Date of Proposal and Declaration: 09/09/2016
IN WITNESS WHEREOF, the undersigned being duly authorised has hereunto set his/her hand at DD MARTHANDAM 091900 on this 12th day of September 2016.

For and On behalf of
United India Insurance Co. Ltd.



Duly Constituted Attorney(s)

Affix Policy Stamp here.

<http://gccore.uiic.in/Configurator/UnderwritingMasters/reports/firmPolicySchedule.as...> 12/09/2016