

## **CRITERION 6: GOVERNANCE, LEADERSHIP AND MANAGEMENT**

### **6.3 Faculty Empowerment Strategies**

#### **6.3.1 Staff Welfare Measures and Appraisal System**

##### **Preamble**

Rajarshi Shahu College of Pharmacy, Buldana, takes the utmost care of the teaching and non-teaching employees. We see this college as a single family and take numerous steps to ensure the well-being of our family members

An efficient method of performance evaluation helps faculty members develop professionally, perform better, and contribute to the success of the institute..

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1	Staff Welfare Measures	<a href="#">View document</a>
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3	Performance Appraisal Template for Non-teaching Staff	<a href="#">View document</a>



### **6.3.1 Staff Welfare Measures**

### Criterion 6: Governance, Leadership and Management

Key Indicator: 6.3 Faculty Empowerment strategies

Metric 6.3.1 Faculty welfare measures

Sr. No.	Particular	Document
1	Advance payment	<a href="#">View Document</a>
2	Financial assistance for registration to APTI	<a href="#">View Document</a>
3	Leave for blood donation	<a href="#">View Document</a>
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To,  
The Principal  
RSCP, Buldana

Subject: Requesting for advance payment of Ph.D. Fees.

Applicant's name: Mr. Dipak Vikram . Bhusari,  
Assistant professor, RSCP, Buldana.

Respected Sir,

As per mentioned in above subject, I undersigned requesting you for advance payment of Rs. 1,50,000 /- for my Ph.D. Education in pharmacy. Due to some financial issues and unavoidable circumstances I am unable to complete my education fees. So I kindly request you to please give me advance payment to do the same. I will be really thankful to you for this support. I assure you that I will work with full enthusiasm for fulfilling vision and mission of our institution.

Thanking you!

Date: 21/02/2023

Yours sincerely,  
Dipak V. Bhusari,

*28/02/2023*  
Forwarded to  
Kale sir give him  
Salary advance of Rs 1,50,000/-  
& deduct 50% salary in  
every month to  
recover advance  
amount

*III, 21/02/2023*  
Forwarded to  
Kandhe sir for  
consideration to  
upgradation to  
qualification of  
P13 note the  
same in IQAC  
record & give  
your remarks

*II. noted,  
21/02/2023*



To

Vijay Sonar

Account No: 922010001536894

IFSC Code: UTIB0000816

From

RAJARSHI SHAHU  
COLLEGE OF  
PHARMACY B-  
PHARM

Buldhana

## PAYMENT ADVICE

Beneficiary Name: Vijay Sonar

Beneficiary Nickname: Vijay Sonar

Payment Date: 22-04-2022

Beneficiary Account No.: 922010001536894

Beneficiary IFSC Code: UTIB0000816

Amount: 1750.00

Company Name:

Reference No: 671267547

Remarks: APTI Membership Contribution

Dear Sir / Madam,

We have initiated your payment through Fund Transfer on 22-04-2022 for an amount of INR 1750.00. In case of any clarification regarding this transaction please get in touch with [corporate.ib@axisbank.com](mailto:corporate.ib@axisbank.com).



Date: 8<sup>th</sup> Oct. 2020

To  
The Principal,  
Rajarshi Shahu College of Pharmacy, Buldana

Subject: Request to grant leave for Blood Donation

Applicant: Somnath Vibhute, Dept. of Pharmaceutics

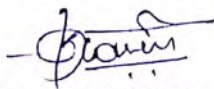
Respected Sir,


I am going celebrate my birthday on 10<sup>th</sup> Oct. I wish to donate blood on this occasion.

I sincerely request you to please grant me the leave for blood donation 10<sup>th</sup> Oct.

Thanking you,

Yours sincerely

  
Somnath Vibhute

  
02/10/2020  
Forwarded to  
Joshi Sir leave is  
approved for blood donation



DBGVF'S

**Rajarshi Shahu College of Pharmacy**

Malvihir Botha Road, Buldana - 443 001 M.S. India

**GATE PASS**

Date :- 22/3/2022

Name :- R. P. Salkar

Allowed to go outside the  
campus for Personal  
reason.

Time Out : 3 pm

Sign

[Signature]





DBGVF'S

Rajarshi Shahu College of Pharmacy  
Malvihir Botha Road, Buldana - 443 001 M.S. India

## GATE PASS

Date :- 08 / 03 / 2021

Name :- Dr. S.V. Deshmane

Allowed to go outside the  
campus for personal  
work at Bank reason.

Time Out : 12-45

Sign

[Signature]





**GROUP PERSONAL ACCIDENT  
KEY INFORMATION SHEET**

**DISCLAIMER NOTE:** The information mentioned below is illustrative and not exhaustive. The information must be read in conjunction with the policy wordings. In case of any conflict between the Key Information Sheet and the policy wordings, the terms and conditions mentioned in the policy wordings shall prevail.

S. No	Title	Description	Refer to Policy Wordings
1	Product Name	Group Personal Accident	
2	What is covered under the policy ?	The policy covers the Insured Person (or his Nominee/ legal heir, as the case may be) for the occurrence of any Insured Event, as specifically described, under different Benefit(s) (and Extensions - if any) arising due to an Injury sustained by the Insured Person during the Policy Period but not exceeding the Sum Insured as specified under the respective Benefits (and Extensions - if any) under Policy Schedule. The cover is for 24 hours or as mentioned in Part 1 of the policy and on a worldwide basis.	Part I of the Policy
3	Coverage and Optional Add-ons	<p>Benefits:</p> <ul style="list-style-type: none"><li>• Death</li><li>• Permanent Total Disablement</li><li>• Permanent Partial Disablement</li><li>• Temporary Total Disablement</li></ul> <p>Extensions:</p> <ul style="list-style-type: none"><li>• Cover for Expenses related to Burns</li><li>• Modification of residential accommodation &amp; vehicle:</li><li>• Repatriation of Mortal Remains</li><li>• Ambulance Charges</li><li>• Transportation Allowance (Compassionate visit)</li><li>• Travel Expenses for Medical Treatment</li><li>• Catastrophe Evacuation:</li><li>• Cost of Clothing Damage</li><li>• Loss of Job Cover</li><li>• Improved Disability Benefit/ Dismemberment</li><li>• Daily Cash Allowance:</li><li>• Carriage of Dead Body</li><li>• On Duty Cover</li><li>• Children’s Education Grant</li><li>• Accidental Hospitalization Expenses</li><li>• Mysterious disappearance</li><li>• Treatment outside India (along with travelling cost &amp; boarding &amp; lodging of the attendant):</li><li>• Medical Expenses</li><li>• Out Patient Department (OPD) expenses</li><li>• Loss/damage to School Bag/Books</li><li>• Widowhood Cover</li><li>• Purchase of Blood</li><li>• Prosthesis &amp; Artificial Limbs</li><li>• Broken Bones</li><li>• Legal Expenses</li></ul>	Part II of the policy  Clause No. 2 (Benefits) and Clause No. 3 (Extensions)
4	What are the major Exclusions in the Policy	<ul style="list-style-type: none"><li>• Suicide, attempt to Suicide or intentionally self- inflicted injury, sexually transmitted conditions, mental disorder, anxiety, stress or depression.</li><li>• Being under influence of drugs, alcohol, or other intoxication or hallucinogens</li><li>• Participation in actual or attempted felony, riot, civil commotion, crime misdemeanor</li><li>• Committing any breach of law of land with criminal intent.</li><li>• Death or disablement resulting from Pregnancy or childbirth</li><li>• Professional sports team in respect of specific benefit for inability to perform</li><li>• Participation in any kind of motor speed contest</li><li>• While engaged in aviation, or whilst mounting or dismounting from or traveling in any aircraft. ( Not applicable for fare Paying Passengers)</li><li>• Underground mining &amp; contractor specializing in tunneling</li><li>• Naval, military or air force personnel</li><li>• Radioactivity, Nuclear risks, ionizing radiation</li></ul>	Part I and Part II (Clause 4) of the policy  Indicative list of Exclusions
5	Payout Basis	<ul style="list-style-type: none"><li>• Reimbursement claims of covered benefits upto specified sum insured as per the scope of cover</li></ul>	Part II of the policy clause 4 (i, ii, iii and iv)- Claim Administration
6	Terms of Renewal	<p>(i) The Policy can be renewed as a separate contract under the then prevailing ICICI Lombard Group Personal Accident Insurance product or its nearest substitute (in case the product ICICI Lombard Group Personal Accident Insurance is withdrawn by the Company) approved by IRDA.</p> <p>(ii) The policy shall ordinarily be renewable except on grounds of fraud, moral hazard or misrepresentation or non- cooperation by the insured.</p>	Part II of the policy Clause 10- Terms of renewal
		<ul style="list-style-type: none"><li>• The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of</li></ul>	

7	Cancellation	<p>any material fact.</p> <ul style="list-style-type: none"><li>Insured or the Company may cancel this Policy by giving the Company or the insured, as the case may be, 15 days written notice for the cancellation of the Policy, and then the Company shall refund premium on short term rates (if initiated by the insured) or pro rata rates (if initiated by the Company) for the unexpired Policy Period. The Company shall follow the short period scale unless otherwise mutually agreed.</li></ul>	Part III of the policy Clause 9- Cancellation/ Termination
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GROUP PERSONAL ACCIDENT

PREAMBLE

UIN- ICIPAGP03004V040203 Misc 05

ICICI Lombard General Insurance Company Limited ("the Company"), having received a Proposal and the premium from the Proposer named in the Schedule referred to hereinbelow, and the said Proposal and Declaration together with any statement, report or other document leading to the issue of this Policy and referred to therein having been accepted and agreed to by the Company and the Proposer as the basis of this contract do, by this Policy agree, in consideration of and subject to the due receipt of the subsequent premiums, as set out in the Schedule with all its Parts, and further, subject to the terms and conditions contained in this Policy, as set out in the Schedule with all its Parts that on proof to the satisfaction of the Company of the compensation having become payable as set out in Part I of the Schedule to the title of the said person or persons claiming payment or upon the happening of an event upon which one or more benefits become payable under this Policy, the Sum Insured/ appropriate benefit will be paid by the Company.

Part I of Policy: Policy Schedule

Policy No 4005/170020738/00/000 (TRUE COPY)	Issued at MUMBAI
1. Name of the Insured:	RAJARSHI SHAHU COLLEGE OF PHARMACY
2. Mailing Address of the Insured:	Khamgaon Road Buldhana Buldana Maharashtra Pin- 443001
3. Intermediary Details:	Agency Code1: 10099573 Agency Name: PRAKASH JETHANAND KALTARI Agent's mobile no.: 7588565977 Agent's E-mail ID : prakash.kaltari@gmail.com
4. Period of Insurance :	From: 10/04/2019 Time: 00:00 Hours To Midnight of 09/04/2020
5. Total number of persons to be insured:	583
6. Total Capital Sum Insured:	58,300,000.00
7. Details of persons to be insured:	As per annexure attached
8. Benefit Table:	A - Accidental Death only - 100% B- Accidental Death + loss of limbs + loss of eyes + Permanent Total Disablement C - Accidental Death + loss of limbs + loss of eyes + Permanent Total Disablement + Permanent Partial Disablement
9. Premium	

Premium Break Up	(Rs.)	Premium (Rs.)
Stamp Duty	(Rs.)	05.00
*Total Premium	(Rs.)	44,999.58

\*Premium value mentioned above is inclusive of taxes applicable

10. Conditions/Endorsements

1. B- Accidental Death + loss of limbs + loss of eyes + Permanent Total Disablement

2. C - Accidental Death + loss of limbs + loss of eyes + Permanent Total Disablement + Permanent Partial Disablement

3. The policy is issued on named basis.

4. Age Limit for Students: 03-18 years

5. Age Limit for Staff: 18 to 65 years

6. A coverage for Students and staff

7. Accidental Medical Hospitalisation Expenses are covered upto Rs 100,000/- or actual whichever is lower on IPD basis.

8. 440 lives of the students age above 18 years are covered in the policy on named basis.

9. Risk Category I & II are covered.

10. Premium to be charged on prorata scale for addition/ deletion endorsement

11. Any endorsements will be from the date of addition and not from the inception of the policy

12. Premium shall not be refunded for deletion if any claim is paid during the policy.

13. Terrorism is covered, however, terrorism activity arising out of Nuclear, Biological and/or Chemical means is excluded from the scope of this policy

14. A - Accidental Death only - 100%
11. Special Conditions:

1. Below mentioned activity shall be outside the scope of the policy :-  
Professional sports team in respect of specific benefit for inability to perform  
Participation in any kind of motor speed contest.  
While engaged in aviation, or whilst mounting or dismounting from or traveling in any aircraft. ( Not applicable for fare Paying Passengers)  
Underground mining & contractor specializing in tunneling  
Naval, military or air force personnel  
Radioactivity, Nuclear risks, ionizing radiation  
Drivers are excluded from the policy  
Animal bite/Snake Bite/Insect bite is not covered.  
Perils of the sea are excluded from the scope of the policy.  
Exclusions :-  
Suicide, attempt to Suicide or intentionally self- inflicted injury, sexually transmitted conditions, mental disorder, anxiety, stress or depression.  
Being under influence of drugs, alcohol, or other intoxication or hallucinogens  
Participation in actual or attempted felony, riot, civil commotion, crime misdemeanor  
Committing any breach of law of land with criminal intent.  
Death or disablement resulting from Pregnancy or childbirth  
Risk Category III people are out of the scope of the policy :-



Persons working in mines, explosives, Electrical installations on high tension lines, Racing, Circus  
People, skiing, mountaineering, big game hunting, ballooning, hang gliding, river rafting, winter sports, skiing, ice hockey, polo & such  
other persons engaged in occupation of similar hazard are not covered under GPA

For resolution of any query or grievance, Insured may contact the respective branch office of the Company or may call toll free  
no. 1800-2666 or may approach us at the sub section "Grievance Redressal" on our website [www.icicilombard.com](http://www.icicilombard.com) (Customer  
Support section). However, if the resolution provided by us is not satisfactory you may approach Insurance Regulatory and  
Development Authority (IRDA) through the Integrated Grievance Management Section (IGMS) or IRDA Grievance Call Centre  
(IGCC) at their toll free no. 155255

**12. Clauses:**

1. The Cover is subject to inclusion of loss/ damage/ liability due to terrorism activity

**13. Warranties:**

1. The claim should be intimated within the three months of the occurrence of the event, failing  
to which company shall not be liable to pay the claim

Subject otherwise to terms and conditions of Group Personal Accident Insurance Policy.

Signed for and on behalf of the ICICI Lombard General Insurance Company Limited, at Mumbai on this date 26/04/2019 .



**Authorized Signatory**

GSTIN Reg. No: 27AAACI7904G1ZN

IL GIC GSTIN Address : 414, ICICI LOMBARD HOUSE, VEER SAVARKAR MARG, NEAR SIDDHI VINAYAK TEMPLE MAIN GATE, PRABHADEVI,  
MUMBAI, 400025, MAHARASHTRA

HSN/SAC code : 9971 - GENERAL INSURANCE SERVICES

Policy shall stand cancelled ab initio in the event of non realisation of the premium

**The stamp duty of Rs 5.0000 paid in cash or by demand draft or by payorder, vide Receipt/Challan no. CSD3822019125719 dated  
19/03/2019**

## Part II of Policy

### GENERAL DEFINITIONS

The Company (ICICI Lombard General Insurance Company Limited) use certain words in this policy and Schedule, which have a specific meaning and are shown under the heading of Definitions in the policy. They have this meaning wherever they appear in the policy, including any endorsements, or Schedule. Where the context so permits, references to the singular shall also include references to the plural and references to the male gender shall also include references to the female gender, and vice versa in both cases.

- 1) **Accident** - means a sudden, unforeseen and involuntary event caused by external and visible and violent means.
- 2) **Admission** means admission of the insured in a Hospital as an inpatient for the purpose of medical treatment of an Injury and/or Illness.
- 3) **Age** - means the completed years of the Insured Person on his/her last birthday as per the English calendar.
- 4) **Break In Policy** - occurs at the end of the existing policy term, when the premium due for renewal on a given policy is not paid on or before the premium renewal date or within 30 days thereof.
- 5) **Claim** - means a demand made by You or on Your behalf for payment of Medical Expenses or any other expenses or benefits, as covered under the Policy.
- 6) **Company** – means ICICI Lombard General Insurance Company Limited.
- 7) **Co-payment** - is a cost-sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the Sum Insured.
- 8) **Condition Precedent** - shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
- 9) **Contribution** - is essentially the right of the insurer to call upon other insurers, liable to the same insured, to share the cost of an indemnity claim on a ratable proportion.
- 10) **Cover Year** - means duration of twelve months beginning from the Cover Period Start Date as specified in the Policy Schedule, and for subsequent Cover Years, it will include any successive durations of twelve months, till the Cover Period End Date, as specified in the Policy Schedule.
- 11) **Cumulative Bonus** - shall mean any increase in the Sum Insured / Mallus granted by the insurer without an associated increase in premium.
- 12) **Day** - means a period of 24 consecutive hours.

- 13) Deductible** is a cost sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies, which will apply before any benefits are payable by the insurer. This is to clarify that a deductible does not reduce the sum insured. Deductible shall be applicable per year, per life or per event as stated in Part I of the Policy and specific deductible to be applied shall be as Part I of the Policy.
- 14) Dental Treatment** – is treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery/implants.
- 15) Disclosure to Information Norm** – The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact
- 16) Child** - means dependent child/children including adopted and step child/children of the Insured Person between Ages two (2) years and eighteen (18) years (twenty three (23) years if attending as a full time student in an accredited Institution of Higher Learning) who are unmarried,, and receive the majority of maintenance and support from the Insured Person
- 17) Emergency Care** - means management of severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.
- 18) Grace Period** – means the specified period of time immediately following the premium due date during which as payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.
- 19) Family Member** - means an Insured Person's legally wedded spouse, children, siblings, siblings-in-law, parents, mother-in-law, father-in-law, legal guardian, ward, step or adopted children, stepparents.
- 20) Hospital/Nursing home** means any institution established for in- patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulations) Act 2010 or under enactments specified under the Schedule of Section 56(1) of the said Act OR comply with all minimum criteria as under:
1. Has at least 10 in-patient beds, in those towns having a population of less than 10,00,000 and 15 inpatient beds in all other places;
  2. Has qualified nursing staff under its employment round the clock;
  3. Has qualified medical practitioner(s) in charge round the clock;
  4. Has a fully equipped operation theatre of its own where surgical procedures are carried out
  5. Maintains daily records of patients and will make these accessible to the Insurance Company's authorized personnel.
- 21) Hospital Confinement** - means confinement for a continuous uninterrupted period of at least 24 hours in a Hospital as a resident/registered bed patient on the written advice and under the regular care and attendance of Medical Practitioner



- 22) Hospitalization** - shall mean admission in a Hospital for a minimum period of 24 In patient care consecutive hours except for specified Procedures/Treatments, where such admission could be for a period of less than 24 consecutive hours.
- 23) Illness** - means a sickness or disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.
- a) **Acute condition** - is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.
  - b) **Chronic condition** - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
    - 1. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
    - 2. it needs ongoing or long-term control or relief of symptoms
    - 3. it requires your rehabilitation or for you to be specially trained to cope with it
    - 4. it continues indefinitely
    - 5. it comes back or is likely to come back.
- 24) Injury** - means any accidental physical bodily harm occurring during the Policy Period, excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.
- 25) Inpatient Care** - means treatment for which the insured person has to stay in a Hospital for more than 24 hours for a covered event.
- 26) Insured Event** – means any event specifically mentioned as covered under this policy.
- 27) Insured Person(s)** - means the individuals (s) covered under the Policy whose name(s) is/are specifically appearing as such in the Policy Schedule and is/are hereinafter referred as “You”/“Your”/ “Yours”/ “Yourself”
- 28) Medical Advice** -Any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription
- 29) Medical Expenses** - means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
- 30) Medically Necessary treatment** - is defines as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which
- 1. is required for the medical management of the illness or injury suffered by the insured;
  - 2. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
  - 3. must have been prescribed by a medical practitioner;
  - 4. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

- 31) Medical Practitioner** is a person who holds a valid registration from Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license. The term Medical Practitioner would include physician, specialist, anesthetist and surgeon but would exclude the insured and his/her Immediate Family.  
"Immediate Family would comprise of spouse, dependent children, brother(s), sister(s) and dependent parent(s) of the insured.
- 32) Nominee** - means the person(s) nominated by You to receive the benefits under this Policy payable on Your death caused by an Accident. For the purpose of avoidance of doubt it is clarified that if You are a minor, Your legal guardian shall appoint the Nominee.
- 33) Notification of claim** - is the process of notifying a claim to the insurer or Third party administrator by specifying the timelines as well as the address / telephone number to which it should be notified.
- 34) OPD Treatment** - is one in which the Insured visits a clinic/hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.
- 35) Out-patient** is the one in which the Insured who is not hospitalized for more than 24 consecutive hours but who visits a Hospital, clinic, or associated facility for diagnosis or treatment. However any Insured undergoing any specified "Day care surgeries/Treatment" will not be considered as an Out-patient.
- 36) Period of Insurance** means the period as specifically appearing in the Policy Schedule and commencing from the Policy Period Start Date of the first Policy taken by the insured from the company and then, running concurrent to the current Policy subject to the Insured's continuous renewal of such Policy with the company.
- 37) Physical Separation** - means with respect to the hand, severance of limb at or above the wrists, and with respect to the foot, severance of limb at or above the ankle.
- 38) Policy** means these Policy wordings, the Policy Schedule and any applicable endorsements or extensions attaching to or forming part thereof. The Policy contains details of the extent of cover available to the insured, what is excluded from the cover and the terms & conditions on which the Policy is issued to the insured.
- 39) Policy Holder** means the person(s) or the entity named in the Policy Schedule who executed the Policy Schedule and is (are) responsible for payment of premium(s).
- 40) Policy Period** means the period commencing from the Policy Period Start Date, Time and ending at the Policy Period End Date, Time of the Policy and as specifically appearing in the Policy Schedule.
- 41) Policy Year** means a period of twelve months beginning from the Policy Period Start Date and ending on the last day of such twelve- month period. For the purpose of subsequent years, "Policy Year" shall mean a period of twelve months beginning from the end of the previous Policy Year and lapsing on the last day of such twelve-month period, till the Policy Period End Date, as specified in the Policy Schedule.

- 42) Policy Schedule** - means the Policy Schedule attached to and forming part of the Policy.
- 43) Portability**- means transfer by an individual health insurance policyholder (including Family cover) of the credit gained for pre- existing conditions and time-bound exclusions if he/she chooses to switch from one insurer to another.
- 44) Professional Sports** - means a sport which would remunerate a player in excess of 50% of his or her annual income as a means of their livelihood..
- 45) Proposal and Declaration Form** - means any initial or subsequent declaration made by the policyholder and is deemed to be attached and which forms a part of this Policy.
- 46) Scheduled Airline** - means any civilian aircraft operated by a civilian scheduled air carrier, holding a certificate license or similar authorization for civilian scheduled air carrier transport issued by the country of the aircraft's registry, and which in accordance therewith flies, maintains and publishes tariffs for regular passenger service between named cities at regular and at specified times, on regular or chartered flights operated by such carrier.
- 47) Reasonable and Customary Charges** - means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved .
- 48) Renewal** - defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.
- 49) Surgery** - Surgery or Surgical Procedure means manual and/or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner.
- 50) Sum Insured** - means and denotes the maximum amount of cover available to the Insured Person under each section and extension (s) therein as detailed in Part I of the Policy to this Policy, subject to the terms and conditions of this Policy, which represents the Company's maximum liability for all claims in aggregate payable to such Insured Person by the Company under each of the respective section(s) and extension (s) therein.
- 51) Subrogation** - shall mean the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.
- 52) Terrorism/Terrorism Activity** - means any actual or threatened use of force or violence directed at or causing damage, Injury, harm or disruption, or commission of an act dangerous to human life or property, against any individual, property or government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests, whether such interests are declared or not. Robberies or other criminal acts, primarily committed for personal gain and acts arising primarily from prior personal relationships between perpetrator(s) and victim (s) shall not be considered Terrorist Acts. Terrorism shall also include any act, which is verified or recognized by the relevant Government as an act of terrorism.
- 53) Third Party Administrator (TPA)** means the services rendered by a TPA to an insurer under an agreement in connection with health insurance business but does not include the business of an insurance company or the soliciting either directly or indirectly, of health insurance business or deciding on the admissibility of a claim or its rejection.



- 54) **War** -means war, whether declared or not, or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.
- 55) **You / Your / Yours / Yourself** - means the person(s) that We insure and is/are specifically named as Insured Person(s) in the Policy Schedule.
- 56) **We/ Our / Ours / Us** - means the ICICI Lombard General Insurance Company Limited

## 1. Scope of Cover

The Company hereby agrees, subject to the terms, exclusions and conditions herein contained or otherwise expressed hereon, to pay to the Insured Person (or his Nominee/ legal heir, as the case may be) a sum as compensation on occurrence of any Insured Event, as specifically described hereunder, under different Benefit(s) (and Extensions - if any) arising due to an Injury sustained by the Insured Person during the Policy Period but not exceeding the Sum Insured as specified under the respective Benefits (and Extensions - if any) under Policy Schedule. The cover is for 24 hours or as mentioned in Part 1 of the schedule and on a worldwide basis. The Company would be liable for the add-on coverages mentioned in Part I of the Policy only if the Insured purchases the same in terms of the policy.

## 2. Benefit Covers

### 2.1 Benefit: Insured Event - Death resulting from Accident

The Company hereby agrees, subject to the terms, conditions and exclusions applicable to this Section 2.1 and the terms, conditions, general exclusions stated in the Policy, to pay such Sum Insured as mentioned against Death benefit under the Schedule to this Policy, on the occurrence of death of the Insured Person, provided such death results solely and directly from an Injury, within twelve months from the date of Accident resulting in such Injury, provided that the date of occurrence of the Accident falls within the Policy Period/Policy Year.

### 2.2 Benefit: Insured Event - Permanent Total Disablement (PTD) resulting from Accident

The Company hereby agrees, subject to the terms, conditions and exclusions applicable to this Section 2.2 and the terms, conditions, general exclusions stated in the Policy, to pay such Sum Insured, in the manner indicated below or as stated in Part I of the Policy, on the occurrence of any of the following losses, provided such losses to the Insured Person are total and irrecoverable losses which result solely and directly from an Injury, within twelve months from the date of Accident resulting in such Injury. Provided that the date of occurrence of the Accident falls within the Policy Period/Policy Year:

1. Loss of Sight of both eyes, or Physical Separation of two entire hands or two entire feet, or one entire hand and one entire foot, or of such Loss of sight of one eye and such Physical Separation/ Loss of one entire hand or one entire foot, then the Sum Insured as stated in the Schedule to this Policy hereto as applicable to such Insured Person.
  2. Loss of Use of two hands or two feet, or of one hand and one foot, or of Loss of sight of one eye and Loss of Use of one hand or one foot, then the Sum Insured as stated in the Schedule to this Policy hereto as applicable to such Insured Person.
- (iii) The sight of one eye, or of the Physical Separation of one entire hand or one entire foot, then fifty percent (50%) of the Sum Insured as stated in the Schedule to this Policy hereto as applicable to such Insured Person.
1. Total and irrecoverable loss of use of a hand or a foot without physical separation then fifty percent (50%) of the Sum Insured as stated in the Schedule to this Policy hereto as applicable to such Insured Person.

2. If such Injury shall as a direct consequence thereof, permanently, and totally, disable the Insured Person from engaging in any employment or occupation of any description whatsoever, then a lump sum equal to hundred percent (100%) of Sum Insured as stated in the Schedule to this Policy hereto as applicable to such Insured Person.

2.3 Benefit: Insured Event - Permanent Partial Disablement (PPD) resulting from Accident

The Company hereby agrees, subject to the terms, conditions and exclusions applicable to this Section and the terms, conditions, general exclusions stated in the Policy, to pay such Sum Insured as mentioned against Permanent Partial Benefit under the Schedule to this Policy as applicable to such Insured Person in the manner indicated below or as stated in Part I of the Policy, on the occurrence of any of the following losses, provided such losses to the Insured Person are irrecoverable losses and result in Loss of Use or Physical Separation which arises solely and directly from an Injury, within twelve months from the date of Accident resulting in such Injury, provided that the date of occurrence of the Accident falls within the Policy Period/Policy Year.

	Losses covered	% of Sum insured
i	Loss of toes - all	20
	Great both phalanges	5
	Great - one phalanx	2
	Other than great if more than one toe lost each	1
ii	loss of hearing- both ears	75
iii	loss of hearing- one ear	30
iv	Loss of four fingers and thumb of one hand	40
v	Loss of four fingers	35
vi	Loss of thumb - both phalanges	25
	one phalanx	10
vii	Loss of Index finger - three phalanges	10
	two phalanges	8
	one phalanx	4
viii	Loss of middle finger - three phalanges	6
	two phalanges	4
	one phalanx	2
ix	Loss of ring finger - three phalanges	5
	two phalanges	4
	one phalanx	2
x	Loss of little finger - three phalanges	4
	two phalanges	3
	one phalanx	2
xi	Loss of metacarpus	
	- first or second (additional)	3
	third, fourth or fifth (additional)	2
xii	Any other permanent partial disablement	% as assessed by the Doctor

## 2.4 Benefit: Insured Event - Temporary Total Disablement (TTD) resulting from Accident

On the occurrence of Temporary Total Disablement, which means such loss caused to the Insured Person, which results solely and directly from an accidental Injury sustained within the Policy Period/Policy Year, and completely incapacitates the Insured Person from engaging in any employment or occupation of any description whatsoever which he/ she was capable of performing at the time of Accident resulting in such Injury, the Company hereby agrees, subject to the terms, conditions and exclusions applicable to this Section 2.4 and the terms, conditions, general exclusions stated in the Policy, to pay a sum as stated under Temporary Total Disablement, in the Schedule to this Policy per week, for such time period for which the Insured Person is totally disabled from engaging in any employment or occupation of any description whatsoever.

Provided that the compensation payable under this Benefit shall not be payable for more than 104 weeks or as stated in Part I of the Policy in respect of an Injury, calculated from the date of commencement of disablement, provided that the date of occurrence of the Accident falls within the Policy Period/Policy Year. However the Company's liability for payment of all claims under this benefit in aggregate for Policy Period/Policy Year in no case shall exceed the Sum Insured as stated under the Schedule to this Policy hereto as applicable to such Insured Person.

## 2.5 Maximum Liability of the Company for Benefits Mentioned from Section 2.1 to 2.4

Notwithstanding anything to the contrary stated under this Policy the Company's total liability for payment of compensation for an individual under various benefit(s) mentioned from Section 2.1 to 2.4 in aggregate shall not exceed the amount mentioned as Sum Insured against each individual in Policy Schedule. On payment of the Sum Insured as referred for all the above benefits, such benefits and relevant extensions shall cease to exist.

## 3. Extension Covers

The Company hereby agrees, subject to the terms, exclusions and conditions herein contained or otherwise expressed hereon, to extend **the above mentioned (Section 2.1 - 2.4) benefit covers** availed under Schedule of the Policy to include the following on payment of additional premium, and reimburse the Insured Person (or his Nominee/ legal heir, as the case may be) a sum as compensation on occurrence of any Insured Event specified in Schedule to this Policy.

Claims under the extensions mentioned hereunder shall be admissible only consequent to the admissibility of the claim under the corresponding Benefits of Section 2 as mentioned in the Schedule to this Policy.

- 3.1 Cover for Expenses related to Burns:** This add-on covers the Insured against expenses incurred during hospitalization because of any degree of burns sustained due to an Accident as specifically mentioned in the policy schedule.
- 3.2 Modification of residential accommodation & vehicle:** The add-on covers the expenses incurred for modification of house and/or vehicle necessitated due to disability resulting from an accident.
- 3.3 Repatriation of Mortal Remains:** This add-on covers the expenses incurred for the repatriation of mortal remains of the Insured from his place of death to his place of residence.



- 3.4 Ambulance Charges:** This add-on covers the reasonable ambulance charges incurred for transporting the Insured to the nearest hospital in the event of a life threatening emergency conditions. Provided that , such life threatening emergency condition must be prescribed by medical practitioner.
- 3.5 Transportation Allowance (Compassionate visit):** In case the Insured is hospitalized and the attending medical practitioner recommends the personal attendance of an immediate family member. This add-on covers the transportation expenses incurred by the Insured's immediate family member in commuting to the hospital to and fro from the place of residence. Provided that, maximum number of family member who can accompany Insured is upto 4 members.
- 3.6 Travel expenses for medical treatment:** This add on covers the travelling expenses incurred to move outside the city of residence at a nearest place as prescribed by treating Medical Practitioner. The cover under this add-on will be subject to the sum insured or actual expenses incurred whichever is less.
- 3.7 Catastrophe Evacuation:** This add-on covers the actual expenses incurred due to necessary immediate evacuation in order to avoid risk of personal Injury or illness on happening of catastrophes like fire, flood, earthquake, storm, lightening, explosion, hurricane or epidemic due to contagious disease).
- 3.8 Cost of clothing damage:** This add-on covers the loss/damage of clothes especially uniforms etc of employees / members of a group as a result of an Accident subject to sum insured for this add-on.
- 3.9 Loss of Job cover:** In the unfortunate event of loss of job to the Insured, as a result of an injury sustained due to Accident during the policy period, this add-on provides the Insured with an amount as specifically stated in the Schedule subject to the sum insured for this add on. Provided that injury sustained should result in disablement rendering the Insured unfit for job.
- 3.10 Improved Disability Benefit/ Dismemberment:** This add-on provides that in the event of Accidental Permanent Total Disablement of the Insured, the Insured shall be paid a lump sum benefit of up to 2 times of the Accidental Death sum insured (or as mentioned in Part I of the Policy) instead of the Accidental Permanent Total Disablement sum insured as specifically mentioned in the policy schedule.
- 3.11 Daily Cash Allowance:** By way of this add-on, the Company will pay the Insured an amount specifically mentioned in the Schedule for each and every completed day of hospitalization on account of Accidental injury as mentioned in Part I of the Policy.
- 3.12 Carriage of Dead Body:** In the event of death of the insured due to Accident, Company will reimburse the expenses incurred for transportation of Insured's dead body to the place of residence from the place of death in India subject to the sum insured or the actual cost incurred whichever is less.
- 3.13 On Duty Cover:** This add-on covers the Insured against injury sustained on account of Accident only during official hours while the Insured is on duty (and not for all the 24 hours of the day & night). This cover will be restricted to injury sustained in office or during official visit, training, seminars, conference etc

- 3.14 Children's Education Grant:** In the event of Death or Permanent Total Disablement of the Insured due to accident, this add-on entitles the Insured's dependent children for the amount as mentioned in Part I of the Policy as education grant.
- 3.15 Accidental Hospitalization Expenses:** This add-on provides coverage for the medical expenses incurred by the insured during hospitalization as an inpatient for more than 24 consecutive hours as a result of an accident
- 3.16 Mysterious Disappearance:** In the event of an accident which leads to 'mysterious disappearance' of the Insured, this add-on pays the insured's nominee the **Sum Insured in lump sum**, provided that such disappearance should be certified by the local police authorities. Provided further that, the cover under this add-on would end on the payment of the sum insured under this add-on after the specific tenure as mentioned in the policy schedule .
- 3.17 Treatment outside India (along with travelling cost & boarding & lodging of the attendant):** This add-on covers the cost of medical treatment along with the travelling cost and cost pertaining to boarding and lodging attendant in a country outside India in case of any accidental injury when required and prescribed by treating Medical Practitioner.
- 3.18 Medical Expenses:** In case the Insured's claim is considered admissible under any of the covered benefits namely Accidental Death/ Permanent Total Disablement on account of Accident/ Permanent Partial Disablement on account of Accident/ Temporary Total Disablement on account of Accident, this add-on covers the medical expenses incurred by the Insured in relation to his treatment which is necessitated due to an Accident which has resulted in the any one out of above mentioned causes.
- 3.19 Out Patient Department (OPD) expenses:** This Add on cover will cover the medical expenses incurred by the Insured as an Outpatient due to Accidental injury only and which does not entail in-patient hospitalization or day-care treatments.
- 3.20 Loss/damage to School Bag/Books:** This add-on covers for the loss or damage to the school bag/books especially text/additional course material etc of the students/members of an education institute as a result of an accident. (the benefit being restricted up to a maximum of Individual Sum Insured)
- 3.21 Widowhood cover:** by way of this add-on, in event of Accidental Death of the Insured, the Policy shall pay the spouse of the Insured a sum not greater than the Sum Insured over and above the claim amount up to a maximum limit of 300 times of the Sum Insured or as mentioned in Part I of the Policy.
- 3.22 Purchase of blood:** This add on will cover for the cost incurred in purchase of blood from blood bank, in the event of accidental injury sustained by the Insured who needs blood.
- 3.23 Prosthesis & Artificial Limbs:** This add on will cover the cost borne by the Insured in the purchase of artificial limbs/prosthesis (artificial devices)in case of Permanent Total Disablement on account of Accident.
- 3.24 Broken Bones:** This Add on will cover the medical expenses borne by the Insured against broken bones resulting from an accident and will be covered to a maximum limit of 200 times of individual Sum insured or as mentioned in Part I of the Policy.

**3.25 Legal Expenses:** This Add on will cover the legal/court expenses borne by the Insured against any legal litigations resulting due to any involvement in an accident of the insured and will be covered to a maximum limit of 500 times of individual Sum insured or as mentioned in Part I of the Policy.

#### 4. Exclusions:

The Company shall not be liable under this policy for:

- (i) Compensation under more than one of the categories specified in the Benefit covers in respect of the same period of disablement of the Insured Person. However, amounts relating to extensions would be payable in addition, if applicable provided the extension is taken.
- (ii) Any other payment to the same person after a claim under one of the categories 2.1 and 2.2 as specified in the Benefit covers has been admitted and becomes payable. However, amounts relating to extension covers would be payable in addition, if applicable provided the extension is taken.
- (iii) Any payment in case of more than one claim in respect of such Insured Person, under this policy during any one period of insurance by which the sum payable as per the Benefit covers of this policy to such Insured Person exceeds the maximum liability of the Company specified in Part I of the Policy applicable to such Insured Person. However, amounts relating to carriage of dead body would be payable in addition if applicable.
- (iv) Payment of compensation relating to medical expenses until an additional premium is paid for the same as mentioned in Part I Schedule to this policy.
- (v) Payment of compensation in respect of death, injury or disablement of Insured Person (a) from intentional self-injury, suicide or attempted suicide; (b) whilst under the influence of intoxicating liquor or drugs; (c) whilst engaging in aviation or ballooning, or whilst mounting into, or dismounting from or traveling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world. Standard type of aircraft means any aircraft duly licensed to carry passengers (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned or chartered or operated by a regular airline or whether such an aircraft has a single engine or multiengine; or Operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft, or schedule Airlines;
- (vi) Payment of compensation in respect of death, injury or disablement of Insured Person (a) from Participation in winter sports, skydiving/parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot-holing, hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), participation in any Professional Sports, any bodily contact sport or any other hazardous or potentially dangerous sport for which the Insured is untrained, unless specifically covered under the policy (d) directly or indirectly caused by venereal disease or insanity; (e) arising or resulting from the Insured committing any breach of the law.

- (vii) Payment of compensation in respect of death, injury or disablement of the Insured Person due to, or arising out of, or directly or indirectly connected with or traceable to, war, invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detainment of all kinds.
- (viii) Payment of compensation in respect of death of, or bodily injury or any disease or illness to the Insured Persons.
  - (a) Directly or indirectly caused by or contributed to by or arising from ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel. For the purpose of this exception, combustion shall include any self-sustaining process of nuclear fission.
  - (b) Directly or indirectly caused by or contributed to by or arising from nuclear weapon Materials.
- (ix) Payment of compensation in respect of Death or disablement resulting directly or indirectly caused by contributed to or aggravated or prolonged by childbirth or pregnancy or in consequence thereof.
- (x) Payment of compensation in respect of death of, or bodily injury or any disease or illness to the Insured Persons while serving in any branch of the Military or Armed Forces of any country during war or warlike operations.

**Special Condition applicable to all the Exclusion:** If the Company alleges that by reason of any of the above Exclusion i.e. any loss, damage, cost or expenses is not covered by this insurance, the onus of proving the contrary shall be upon the Insured.

#### 5. The procedure of lodging the claim shall be as under:

Upon the happening of any event giving rise or likely to give rise to a claim under this Policy:

- (a) The Insured shall give immediate notice thereof in writing to the Company.
- (b) The Insured shall deliver to the Company, within 14 days of the date on which the event shall have come to his knowledge, a detailed statement in writing as per the claim form and any other material particular, relevant to the making of such claim.
- (c) The Insured shall tender to the Company all reasonable information, assistance and proofs in connection with any claim hereunder.

#### 6. Claim Documents:

##### A) Mandatory Documents:

##### a) Death:

- i) Completely filled PA claim Form with Company Stamp & Covering Letter from Employer



- ii) Attested Copy of FIR.
- iii) Attested Copy of PM Report.
- iv) Attested Death Certificate.
- v) Attested Spot Panchnama (In case of spot accidental death)
- vi) Attested Inquest panchnama (in case of spot accidental death where dead body shifted to hospital without informing to police - In case of panchayat).
- vii) Attested Railway Police Panchnama and attested Railway station master report (In case of railway Accident)
- viii) Certificate from State electricity board, Electricity Board's Panchnama (Optional) in case of Electrocution
- ix) The Forensic Science Laboratory (FSL) Report (If recommended in PM Report) in case of Snake Bite/Poisonous Animal Bite

**b) Permanent Total Disablement:**

- i) Completely filled PA claim form with Company Stamp & Covering Letter from Employer
- ii) Attested Copy of FIR. (If reported to police authority)
- iii) Disability Certificate (Authorised by medical officer/civil surgeon of civil hospital / govt. hospital of the district / units concerned, stating percentage of disablement)
- iv) Reports like X-rays, etc essential for confirmation of the type and percentage of disability
- v) Letter from the Employer stating the Description of accident.
- vi) Colour photograph of the injured reflecting disability.
- vii) Original medical bills with prescriptions/treatment papers. (If medical benefits are covered)

**c) Permanent Partial Disablement**

- i) Completely filled PA claim Form with Company Stamp & Covering Letter from Employer
- ii) Attested Copy of FIR. (If reported to police authority)
- iii) Disability Certificate (Authorised by medical officer/civil surgeon of civil hospital / govt. hospital of the district / units concerned, stating percentage of disablement)
- iv) Reports like X-rays, etc essential for confirmation of the type and percentage of disability
- v) Letter from the Employer stating the Description of accident.

- vi) Colour photograph of the injured reflecting disability.
- vii) Original medical bills with prescriptions/treatment papers. (If medical expense is covered)

**d) Temporary Total Disablement:**

- i) Completely filled PA claim Form with Company Stamp & Covering Letter from Employer
- ii) Medical Certificate (Medical Practitioner's certificate confirming injury and advising rest/ unfit to work for specified number of days. fitness certificate from treating Doctor).
- iii) Attested copy of FIR. (If reported to police)
- iv) Leave certificate from the employer.
- v) Original Medical Bills with prescription, photocopy of Discharge Card, X-ray report in case of fracture or as the case may be. (Original medical bills required if medical expense is covered)

**B) If claim payment needs to be on the name of the employee**

- i) Indemnity cum Declaration Bond (Rs. 100 Bond Paper)
- ii) No Objection certificate from Insured

**C) In case of un-named policy**

Salary Certificate (Grade or category) from employer authority and Photo id proof

**D) Additional Documents required for Payment of Claims:**

- a) If payable to **insured**, following additional documents are required for all nature of loss
  - (i) Payee name of the insured
  - (ii) Account details for Electronic Funds Transfer (EFT mandate form and cancelled cheque)
- b) If payable to **injured**, following additional documents are required for all claims other than death
  - (i) Payee name of the injured
  - (ii) No objection certificate from the insured that claim is paid in the name of injured
  - (iii) Account details for Electronic Funds Transfer (EFT mandate form and cancelled cheque)
  - (iv) AML documents (PAN card/Photo ID, Address proof, and 2 colour photographs) in case of claim amount is more than Rs. 100,000.
- c) If payable to **nominee**, following additional documents for Death claims
  - (i) Payee name of the nominee

- (ii) If the policy is employer employee relation based, then No Objection certificate is required from employer to process the claim in the name of nominee.
- (iii) Account details for Electronic funds transfer (EFT mandate form and cancelled cheque)
- (iv) AML documents (PAN card/Photo ID, Address proof, Relationship proof and 2 colour photographs) in case of payment to Nominee/Legal heir.
- (v) Legal Heir certificate/Consent letter from all nominees/legal heirs in case of more than 1 nominee/legal heir

In addition to above mentioned documents, additional supporting documents may be asked by the company or Third party administrator (TPA), on behalf of the Company, to investigate the Claim or the Company's obligation to make payment for it.

\* Attestation should be from a gazette officer or notary.

- 7. Settlement/Rejection of Claim** - The settlement of claims would be done by the Company within 30 days, after the receipt of last necessary documents. The claim shall be paid through Electronic Fund Transfer mode.  
Penal interest provision shall be as per Regulation 9(6) of (Protection of Policyholders' Interests) Regulations, 2002

## **8. Limitation period**

In no case whatsoever shall the company be liable, for any expenses after the expiry of 30 days from the date of completion of treatment, unless the claim is the subject of pending action or arbitration; it being expressly agreed and declared that if the Company shall disclaim liability for any claim hereunder and such claim shall not within 12 calendar months from the date of disclaimer have been made the subject matter of a suit in court of law then the claim for all such purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

## **9. Policy Related Terms and Conditions**

(i) Upon the happening of any event, which may give rise to a claim under this Policy, written notice with full particulars must be given to the Company immediately. In case of death, written notice must be given before internment, cremation and in any case, within one calendar month after the death, unless reasonable cause is shown for delay in intimation. In the event of loss of sight or amputation of limbs, written notice thereof must be given within one calendar month after such loss of sight or amputation.

(ii) Proof satisfactory to the Company shall be furnished of all matters upon which a claim is based. Any medical or other agent of the Company shall be allowed to examine the insured Person(s) on the occasion of any alleged injury or disablement when and so often as the same may reasonably be required on behalf of the Company and in the event of death to make a post-mortem examination of the body of the Insured Person. Such evidence as the Company may from time to time require shall be furnished and a post-mortem examination report, be furnished within a period of thirty days.

(iii) In the event of a claim in respect of loss of sight, the Insured Person(s) shall undergo at the Insured's expense such operation or treatment as the Company may reasonably deem desirable. In the event the sight is not regained after such operation or treatment, and such loss of sight is of a permanent nature, compensation shall be payable as specified in the Benefit covers in Part II of the Policy of this Policy.

(iv) Position after a claim:

- (a) In case of death or Permanent Total Disablement of the Insured (as specified in Benefit covers) the Company shall delete the name of the Insured Person in respect of whom such sums shall become payable from the Part I of the Policy without any refund of the premium.
- (b) In case of Permanent Partial Disablement (as specified in Benefit covers) the Company shall reduce the sum insured in respect of person to whom such sum shall become payable, by the amount admissible under the claim.

(v) The Proposer or Insured shall give immediate notice to the Company of any change in any of the business or occupation of any of the Insured Persons. The Proposer shall on tendering any premium for the renewal of this policy give notice in writing to the Company of any disease, physical defect or infirmity with which any of the Insured Person(s) have become affected since the payment of the last preceding premium.

(vi) The scope of cover shall extend on a world wide basis, and therefore the cause of action may arise in India or elsewhere.

## 10. Terms of Renewal

1. The Policy can be renewed as a separate contract under the then prevailing ICICI Lombard Group Personal Accident Insurance product or its nearest substitute (in case the product ICICI Lombard Group Personal Accident Insurance is withdrawn by the Company) approved by IRDA.
2. The policy shall ordinarily be renewable except on grounds of fraud, moral hazard or misrepresentation or non- cooperation by the insured.

## Part III of Policy

Standard terms and conditions applicable to group benefits

### 1. Incontestability and Duty of Disclosure

The policy shall be null and void and no benefit shall be payable in the event of untrue or incorrect statements, misrepresentation, misdescription or on non-disclosure in any material particular in the proposal form, personal statement, declaration and connected documents, or any material information having been withheld, or a claim being fraudulent or any fraudulent means or devices being used by the Insured or any one acting on his behalf to obtain any benefit under this policy.

### 2. Observance of terms and conditions

The due observance and fulfilment of the terms, conditions and endorsement of this policy insofar as they relate to anything to be done or complied with by the Insured, shall be a condition precedent to any liability of the Company to make any payment under this policy.

### 3. No constructive Notice

Any of the circumstances in relation to these conditions coming to the knowledge of any official of the Company shall not be the notice to or be held to bind or prejudicially affect the Company notwithstanding subsequent acceptance of any premium.

### 4. Notice of charge etc.

The Company shall not be bound to notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this policy but the receipt of the Insured or his legal personal representative shall in all cases be an effectual discharge to the company.

### 5. Special Provisions

Any special provisions subject to which this policy has been entered into and endorsed in the policy or in any separate instrument shall be deemed to be part of this policy and shall have effect accordingly.

### 6. Overriding effect of Part II of the Policy

The terms and conditions contained herein and in Part II of the Policy shall be deemed to form part of the policy and shall be read as if they are specifically incorporated herein; however in case of any inconsistency of any term and condition with the scope of cover contained in Part II of the Policy, then the term(s) and condition(s) contained herein shall be read *mutatis mutandis* with the scope of cover/terms and conditions contained in Part II of the Policy and shall be deemed to be modified accordingly or superseded in case of inconsistency being irreconcilable. In case of any inconsistency in terms and conditions mentioned in Part II of the Policy with Part I of the Policy then terms and conditions contained in Part I of the Policy will prevail over Part II of the Policy.



7. Electronic Transactions

The Insured agrees to adhere to and comply with all such terms and conditions as the Company may prescribe from time to time, and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centers, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of the Company, for and in respect of the policy or its terms, or the Company's other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time. The Insured agrees that the Company may exchange, share or part with any information to or with other ICICI Group Companies or any other person in connection with the Policy, as may be determined by the Company and shall not hold the Company liable for such use/application.

8. Fraudulent claims

If any claim is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured or anyone acting on his behalf to obtain any benefit under this policy, or if a claim is made and rejected and no court action or suit is commenced within twelve months after such rejection or, in case of arbitration taking place as provided therein, within twelve (12) calendar months after the Arbitrator or Arbitrators have made their award, all benefits under this policy shall be forfeited.

9. Cancellation/termination

- a. Disclosure to information norm  
The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
- b. Insured or the Company may cancel this Policy by giving the Company or the insured, as the case may be, 15 days written notice for the cancellation of the Policy, and then the Company shall refund premium on short term rates (if initiated by the insured) or pro rata rates (if initiated by the Company) for the unexpired Policy Period. The Company shall follow the below short period scale unless otherwise mutually agreed.

Short Period Scales- Policy Cancellation*	
Covered Upto Days	% of Refund
7	Up to 90%
30	Up to 75%
60	Up to 65%
90	Up to 50%
120	Up to 40%
180	Up to 25%
240	Up to 15%
Exceeding 240	Up to 0%

\*The table is applicable only when Free Look Period is not applicable

#### 10. Free Look Period

The insured shall be given a period of 15 days (Free Look Period) from the date of receipt of the Policy to review its terms and conditions. Where the Policy Holder disagrees to any of the terms or conditions of the Policy, he has the option to return the Policy stating the reasons for his objection, when he shall be entitled to a refund of the premium paid, subject only to a deduction of the expenses incurred by the Company on medical examination of the Insured Person(s) and the stamp duty charges.

#### 11. Cause of Action/ Currency for payment

No Claims shall be payable under this policy unless the cause of action arises in India, unless otherwise specifically provided in Part II of the Policy to this policy. All claims shall be payable in India in Indian Rupees only.

#### 12. Policy Disputes

Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreed to by both the Insured and the Company to be subject to Indian Law. Each party agrees to submit to the exclusive jurisdiction of the High Court of Mumbai and to comply with all requirements necessary to give such Court the jurisdiction. All matters arising hereunder shall be determined in accordance with the law and practice of such Court.

#### 13. Arbitration clause

If any dispute or difference shall arise as to the quantum to be paid under the policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties to or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/ difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of The Arbitration and Conciliation Act, 1996.

It is clearly agreed and understood that no difference or dispute shall be preferable to arbitrations as herein before provided, if the Company has disputed or not accepted liability under or in respect of this policy.

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this policy that award by such arbitrator/ arbitrators of the amount of the loss or damage shall be first obtained

#### 14. Renewal notice

- a) The Company shall ordinarily renew the policy except on grounds of moral hazard, misrepresentation or fraud or non cooperation by the Insured. The Company shall not be bound to give notice that the renewal premium is due. Every renewal premium (which shall be paid and accepted in respect of this Policy) shall be so paid and accepted upon the distinct understanding that no alteration has taken place in the facts contained in the proposal or declaration herein before mentioned and that nothing is known to Insured that may result to enhance Company's risk under the guarantee hereby given. Any change in the risk will be intimated by Insured to the Company. Nothing herein or otherwise shall affect the Companies right to impose any additional terms and conditions on renewal or restrict any renewal terms as to premium or otherwise.

- b) The policy may be renewed by mutual consent and in such event the renewal premium shall be paid to the Company on or before the date of expiry of the previous year policy.

15. Contribution

Contribution is essentially the right of an insurer to call upon other insurers liable to the same insured to share the cost of an indemnity claim on a rateable proportion of Sum Insured.

This clause shall not apply to any Benefit offered on fixed Benefit basis.

16. Notices

Any notice, direction or instruction given under this policy shall be in writing to:

- In case of the Insured, at the address specified in Part I of the Policy.
- In case of the Company:  
 ICICI Lombard General Insurance Company Limited  
 ICICI Lombard House  
 414, Veer Savarkar Marg,  
 Near Siddhi Vinayak Temple,  
 Prabhadevi, Mumbai 400025

Notice and instructions will be deemed served 7 days after posting or immediately upon receipt in the case of hand delivery or e-mail.

17. Customer Service

If at any time the Insured requires any clarification or assistance, the Insured may contact the offices of the Company at the address specified, during normal business hours.

18. Grievance Clause

In case you are aggrieved in any way, You should do the following

- i. For resolution of any query or grievance, Insured may contact the respective branch office of The Company or may call us at toll free no. 1800 2666 or email us at [customersupport@icicilombard.com](mailto:customersupport@icicilombard.com) or write to us at

Grievance Redressal Officer  
 ICICI Lombard General Insurance Company Ltd.  
 ICICI Lombard House, 414, Veer Savarkar Marg,  
 Near Siddhi Vinayak Temple, Prabhadevi, Mumbai- 400025.

- ii. If you are not satisfied with the resolution provided, you may approach us at the sub section "Grievance Redressal" on our website [www.icicilombard.com](http://www.icicilombard.com) (Customer Support section).
- iii. In case your complaint is not fully addressed by the insurer, you may use the Integrated Grievance Management System (IGMS) for escalating the complaint to IRDA. Through IGMS you can register your complaint online and track its status. For registration please visit IRDA website [www.irda.gov.in](http://www.irda.gov.in). If the issue still remains unresolved, you may,subject to vested jurisdiction, approach Insurance Ombudsman for the redressal of the grievance.

The details of Insurance Ombudsman are available below:-

Sr. No	Name of office of insurance Ombudsman	Territorial Area of jurisdiction
1	<b>Ahmedabad:</b> 2nd Floor, Ambika House, near C.U. Shah college, Ashram road, Ahmedabad-380014 Tel No. 079-27546840, 27545441 Fax No..079-27546412. Email-bimalokpal.ahmedabad@gbic.co.in	State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu.
2	<b>Bengaluru:</b> 19/19, Jeevan Soudha Building, Ground Floor, 24th Main Road, JP Nagar, 1st Phase, Bengaluru-560 078. Tel.:- 080-26652048 / 26652049 Email:- bimalokpal.bengaluru@gbic.co.in	State of Karnataka.
3	<b>BHOPAL:</b> Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp.Airtel Office, Near New Market, Bhopal-462 033. Tel.:- 0755-2769200/201/202 Fax:- 0755-2769203 Email:- bimalokpalbhopal@gbic.co.in	States of Madhya Pradesh and Chattisgarh.
4	<b>BHUBANESHWAR:</b> 62, Forest park, Bhubaneswar-751 009. Tel.:- 0674-2596461 / 2596455 Fax:- 0674-2596429 Email:- bimalokpal.bhubaneswar@gbic.co.in	State of Orissa.
5	<b>CHANDIGARH:</b> S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17-D, Chandigarh-160 017. Tel.:- 0172-2706196/5861 / 2706468 Fax:- 0172-2708274 Email:- bimalokpal.chandigarh@gbic.co.in	States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh.
	<b>CHENNAI:</b> Fatima Akhtar Court,	

6	4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI-600 018. Tel.: - 044-24333668 / 24335284 Fax:- 044-24333664 Email:- bimalokpal.chennai@gbic.co.in	State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).
7	<b>DELHI:</b> 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi-110 002. Tel.: - 011-23239611/7539/7532 Fax:- 011-23230858 Email:- bimalokpal.delhi@gbic.co.in	State of Delhi
8	<b>ERNAKULAM:</b> 2nd floor, Pulinat Building, Opp. Cochin Shipyard, M.G. Road, Ernakulum - 682 015. Tel.: - 0484-2358759/2359338 Fax:- 0484-2359336 Email:- bimalokpal.ernakulum@gbic.co.in	States of Kerala and Union territory of (a) Lakshadweep (b) Mahe-a part of Union territory of Pondicherry
9	<b>GUWAHATI:</b> 'Jeevan Nivesh', 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati-781001(ASSAM). Tel.: - 0361- 2132204 / 2132205 Fax:- 0361-2732937 Email:- bimalokpal.guwahati@gbic.co.in	States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
10	<b>HYDERABAD:</b> 6-2-46, 1st floor, "Moin Court" Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: - 040-65504123/23312122 Fax:- 040-23376599 Email:- bimalokpal.hyderabad@gbic.co.in	States of Andhra Pradesh, Telangana and Union Territory of Yanam - a part of the Union Territory of Pondicherry.
11	<b>JAIPUR:</b> Jeevan Nidhi-II Bldg., Ground Floor, Bhawani Singh Marg, Jaipur - 302005. Tel.: - 0141-2740363 Email:- bimalokpal.jaipur@gbic.co.in	State of Rajasthan.
12	<b>KOLKATA:</b> Hindustan Building Annexe, 4th floor, 4, CR Avenue, Kolkata - 700 072. Tel.: - 033-22124339 / 22124340 Fax:- 033-22124341 Email:- bimalokpal.kolkata@gbic.co.in	States of West Bengal, Bihar, Sikkim and Union Territories of Andaman and Nicobar Islands.
13	<b>LUCKNOW:</b> 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow-226 001. Tel.: - 0522-2231330 / 2231331 Fax:- 0522-2231310. Email:- bimalokpal.lucknow@gbic.co.in	District of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur, Varansi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sulanpur, Maharajganj, Santkabirnagar, Azamgarh, Kaushinagar, Gorkhpur, Deoria, Mau, Chandauli, Ballia, Sidharathnagar.
14	<b>MUMBAI:</b> 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: - 022-26106928/360/889 Fax:- 022-26106052 Email:- bimalokpal.mumbai@gbic.co.in	States of Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
15	<b>NOIDA:</b> Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector-15, Gautam Budh Nagar, Noida Email:- bimalokpal.noida@gbic.co.in	States of Uttaranchal and the following Districts of Uttar Pradesh:. Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozabad, Gautam Budh Nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
16	<b>PATNA:</b> Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna - 800 006. Email:- bimalokpal.patna@gbic.co.in	States of Bihar and Jharkhand.

17	<b>PUNE:</b> Office of the Insurance Ombudsman, Jeevan Darshan Building, 3rd Floor, CTS Nos. 195 to 198, NC Kelkar Road, Narayan Peth, Pune - 411 030 Tel: 020 -32341320 Email:- bimalokpal.pune@gbic.co.in	States of Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.
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The updated details of Insurance Ombudsman are available on IRDA website:[www.irdaindia.org](http://www.irdaindia.org), on the website of General Insurance Council:[www.generalinsurancecouncil.org.in](http://www.generalinsurancecouncil.org.in), website of the Company [www.icicilombard.com](http://www.icicilombard.com) or from any of the offices of the Company

Note :- The policy could be subject to certain changes in terms and conditions including change in premium rate" - this would be applicable to all group product

ICICI Lombard General Insurance Company Limited

<b>IRDA Reg. No. 115</b>	<b>CIN: L67200MH2000PLC129408</b>	
<b>Mailing Address:</b> 401 & 402, 4th Floor, Interface 11, New Linking Road, Malad (West), Mumbai - 400 064.	<b>Registered Office:</b> ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai - 400 025.	<b>Toll free No. : 1800 2666</b> <b>Alternate No. : +9192236 22666 (chargeable)</b> <b>Email : customersupport@icicilombard.com</b> <b>Website : www.icicilombard.com</b>



## Maternity Leave Application Form

Miss. Meena V. Bhalke as  
Mrs. Meena V. Shelke  
Near Saraswati High School,  
Congress Nagar, Chikhali Road, Buldana

To,  
Dr. Shirish P. Jain  
Principal  
Rajarshi Shahu College of Pharmacy, Buldana

**Subject:** Request for Early Maternity Leave Letter for 12 weeks from 1st March 2021.

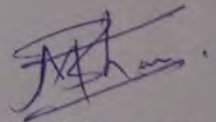
Respected Sir,

I am writing this letter to inform you about my pregnancy and I want to take the allotted 12 weeks of maternity leave available to me by the organization. My expected due date is 7th April 2021. As per discussed with you regarding Maternity Leave for 12 weeks, I would like to request you to grant me from 1st March 2021 and return to the job by 17th June 2021.

I will let you know in case of any unforeseen issues with delivery and pregnancy that can cause a delay in the joining date. I am attaching the reports from my doctor confirming all the details. With due respect, I would like to request you for allowing me .

Please contact me in case of any information required.

10/08/2021  
As per Norms Maternity  
leave granted. Forwarded  
to Jishi Sir for  
information & record.



Thanking you,  
Yours Sincerely  
M. V. Bhalke

PATIENT'S NAME : MRS. MEENA SHELKE

AGE: 30YEAR/ SEX:FEMALE

REFERRED BY : DR. D.A.PAWAR. MB.DGO

DATE : 21/12/2020

CLINICAL PROFILE : LMP – 09-07-2020  
EDD – 15-04-2021

23 weeks 4 days

Obstetric ultrasound & anomaly scanning preformed with  
transabdominal probe. the findings are as follows:

- B mode grey scale real time sonography of the gravid uterus reveals single viable fetus in Breech presentation.
- The fetal cardiac activity & fetal movements are well visualized during scanning. The FHR is 147 beats per minute, Rhythm is regular.

The B.P.D. measures 55 mms corresponding to 23 weeks 0 days of gestation.

The H.C. measures 206 mms corresponding to 22 weeks 5 days of gestation.

The A.C. measures 181 mms corresponding to 23 weeks 0 days of gestation.

The F.L. measures 42 mms corresponding to 23 weeks 6 days of gestation.

The H.L. measures 39 mms corresponding to 24 weeks 0 days of gestation.

Nasal bone seen.

- The calculated average gestational age 23 weeks 2 days,
- EDD : 17/04/2021 is sonar date.
- The estimated fetal weight : 581 grams.
- Placenta : Fundo-anterior in location, maturity 2 grade, upper end 6.1 cm away from internal os
- Liquor adequate & clear AFI : 12.3 cm.
- Internal OS is closed, cervical length : 3.9 cm.
- There is no evidence of nuchal loop of the umbilical cord.

○ FETAL ANAMOLY REPORT :

- HEAD : Mid-line flax well seen. No focal intracranial lesion noted. Posterior fossa structures appear normal.
- SPINE : Entire spine is visualized in both transverse & longitudinal axis. No e/o any obvious spinal defect noted.
- NECK : No e/o any cystic lesion noted in & around neck.
- FACE : Fetal face is seen in both coronal & profile view. Both orbits, mouth & nose appears normal. No e/o any facial cleft noted.



Name	: MRS. MEENA VIJAY SHELKE	Age/Sex	: 30 YEARS/F
Ref By	: Dr. DHANANJAY PAWAR	Date	: 16 Mar 2021

INDICATION :- FOR GA/ FETAL WELL BEING.

### ULTRASONOGRAPHY REPORT OF GRAVID UTERUS:

- Single intrauterine fetus seen in CEPHALIC presentation.
- Fetal cardiac activity and movement's normal. FHR 136 BPM
- Fetal maturity biometrics parameters are:-  
 BPD measured: - 87 mms./ 35W 3D      HC measured: -323mms / 36W 0D  
 AC measured: - 320 mms./ 36W 1D      FL measured: - 67mms./ 34W 0D
- Average gestational age **35wk 3d.**
- EDD by USG **17-04-2021.**      EFW- 2683gms( +/- 10%)
- Placenta **ANTERIOR** grade III maturity. Internal OS closed. Cervical canal adequate.
- Liquor quantity . AFI-10.9 CM
- Fetal biophysical profile is normal.
- No obvious sonologically detectable structural fetal anomaly is seen today.
- Both adnexae appearing normal today.

### IMPRESSION:-

- **SINGLE LIVE INTRAUTERINE FETUS WITH CEPHALIC PRESENTAION AT PRESENT OF AVG. GESTATIONAL AGE 35W 3D .**

It must be noted that detail fetal anatomy may not always be visible due to technical difficulties related to fetal position, amniotic fluid amount, fetal movements and abdominal wall thickness. There fore all fetal anomalies may not necessarily be detected at every sonography examination. All measurements including estimated fetal weight are subject to statistical variation.

I DR D.PAWAR HAVE NEITHER DETECTED NOR DISCLOSED THE SEX OF HER FOETUS TO ANY BODY IN ANY MANNER. ( PHOTO WITH CONSENT FORM ENCLOSED)

**NOTE:- THIS USG IS NOT DONE FOR FETAL ANOMALIES.**

*Dr. Dhananjay A. Pawar*  
 M.B.B.S.DGO.  
 R.No.2005/03/1846  
 Pawar Maternity Hospital, Buldana


- THORAX : Heart appears normal in position & situs. Four chamber view normal. Both ventricular out-flow tract appear normal. Both lungs seen & appear normal. No e/o pleural or pericardial effusion noted. No e/o any S.O.L. in the thorax.
- ABDOMEN : Abdominal situs appears normal. Stomach bubble well seen. Normal bowel pattern noted appropriate for gestational age. Abdominal wall is intact. No e/o ascites.
- K.U. B. : Both kidneys & urinary bladder well seen & appear normal for gestational age. Both hands & feet with digits appear normal.
- UMBILICAL CORD : Three vessel cord seen & is normal.

#### IMPRESSION :

- There is single live intrauterine fetus in Breech presentation having average gestational age 23 weeks 2 days.
- There is no nuchal loop of cord.
- No obvious fetal anomaly noted at present scan.

Suggest – follow up

✓ I have not disclosed the sex fetus to patient or anyone in any form.

  
DR. MADHUSUDAN SAWALE M.D.

Clinical Radiologist & Sonologist

Reg.No. 080230

(MANY THANKS FOR REFERRAL)



● C/o.

पेशंटचे नांव :

Shelke Meena . दिनांक : 16.03.21

पत्ता :

वजन 65 वय :

● Menstrual History

LMP :  
EDD : 17.04.21  
PMC :

● Obstetric History :

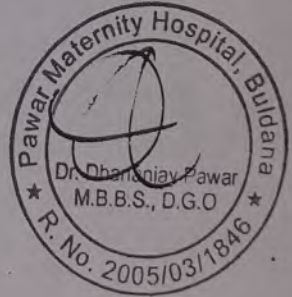
● O/E :

Temp : 93  
Pulse : 108  
B.P. : 120/70  
Pallor : (+)  
Icterus :  
Odema :  
P/A : Ut 36w

0 T. Cor 30 (10)  
OT Relax (10)  
OT Calm (10)

P/V :

Cephalic  
FHR 140  
Relaxed.



Adv. :

फेर तपासणी :

10

दिवसांनी



Dwarka Bahuuddeshiya Gramin Vikas Foundation's, Buldana  
**RAJARSHI SHAHU COLLEGE OF PHARMACY,  
BULDANA**  
**LEAVE APPLICATION**

Date: 24/08/2019

To,

The Principal

1. Name Dr. P. N. Keshre  
Designation Asso. Professor Dept. Pharmaceutics
2. Nature of leave: CL/ML/DL
3. Leave requested for: four days  
From 24/08/2019 to 27/08/2019
4. Reason for leave Medical Emergency
5. Workload Adjusted by:

Sr. No.	Name	Date	Period	
			From	To

Total No. of leaves taken : \_\_\_\_\_ Signature of Applicant P. N. Keshre

**LEAVE GRANTED / NOT GRANTED**

P. N. Keshre  
Principal

**Abbreviation used**

CL- Casual leave

ML- Medical leave (applicable to permanent employees only)

DL- Duty leave for which remuneration will be paid by college.





## DISCHARGE SUMMARY

NAME OF PATIENT: YASHODA NAMDEO KENDRE		AGE: 65	SEX: Female
NAME OF CONSULTANT: Dr. Dr. Sainidh Patel			
DATE OF ADM: 23/08/2019	DATE OF DISCHARGE: 27/08/2019		ROOM: 401-1
REGISTRATION NO: UC-100288		IPD NO: UC/IP/1903/1275	
<b>DIAGNOSIS: ICD Code</b> <b>VIRAL FEVER WITH EARLY RESPIRATORY FAILURE</b>			
<b>HISTORY:</b> ADMITTED IN HOSPITAL WITH C/O- FEVER SINCE 7-11 DAYS, GENERALISED WEAKNESS, DYSPNOEA FOR FURTHER EVALUATION AND MANAGEMENT.			
<b>Q/E:</b> PATIENT DISCHARGED IN STABLE CONDITION. TEMP-AFEBRILE BP-120/70 MM HG PR-72/MIN SPO2-97% CVS-S1S2 HEARD CNS-CONSCIOUS, ORIENTED RS-AEBS			
<b>COURSE IN THE HOSPITAL:</b> INJ XONE 1 GM IV BD TAB DOXY 100 BD INJ HYDROCORT 100MG STAT INJ LASIX 10 MG STAT TAB ONDEM 4 MG TDS NEBULISATION WITH LEVOLIN & BUDECORT INJ NEOMOL 1 GM STAT			
<b>IMPLANT DETAILS (Number):</b>			
<b>INVESTIGATION DONE:</b> URINE ROUTINE CBC/RMT/THYROID PROFILE/PROCALCITONIN/DENGUE PROFILE PREOP PROFILE/LFT CRP			
(No Known Drug Allergy)			



*Signature*



242

To

Mahesh Madanrao Jadhav

Account No: 50200051671596

IFSC Code: HDFC0000825

From

RAJARSHI SHAHU  
COLLEGE OF  
PHARMACY B-  
PHARM

Buldhana

## PAYMENT ADVICE

Beneficiary Name: Mahesh Madanrao Jadhav

Beneficiary Nickname: Mahesh Madanrao Jadhav

Payment Date: 17-11-2021

Beneficiary Account No.: 50200051671596

Beneficiary IFSC Code: HDFC0000825

Amount: 17500.00

Company Name:

Reference No: 652865068

Remarks: Patent fees

Payee LEI: INDGOV

Dear Sir / Madam,

We have initiated your payment through Fund Transfer on 17-11-2021 for an amount of INR 17500.00. In case of any clarification regarding this transaction please get in touch with [corporate.ib@axisbank.com](mailto:corporate.ib@axisbank.com).





INTELLECT IPR SOLUTIONS

PATENT/TRADEMARK/COPYRIGHT

Intellect IPR Solutions, Division of IPIS, Yashodanand Bungalow, Near Ram Mandir, Ambegaon pathar, Ambegaon Bk, Pune-411046, Maharashtra, Mob No: 7083086554

Email: tmindia123@gmail.com

Ref: PERE21/105

Proforma INVOICE

To  
Dr. Shailesh M Kewatkar  
Associate Professor & Head, Department of Pharmacognosy  
Rajarshi Shahu College of Pharmacy, Buldana, Maharashtra  
Place of Supply: (27) Maharashtra

Kind Atten: Dr. Shailesh M Kewatkar

Sr No	Date	Particulars	Service Fee (INR)
01	17.10.2021	Professional Fees for filing patent application till early publication including searching, drafting, filing and early publication	17500.00
Total			17500.00
Grand Total: Seventeen thousand five hundred Only			17500.00

The amount is net of all taxes and payment is due in 30 days from the date of invoice.

RTGS/NEFT Transfer to: Intellect IPR Solution; Proprietor- Mahesh Madanrao Jadhav

Account No: 50200051671596

Bank Name: HDFC Bank

Branch Address: Hingre Khurd, Pune -411051

IFSC Code: HDFC0000825



*21/10/21*  
*Approved:*  
*Forwarded to*  
*Mr. Kale Sir.*

Intellect IPR Solutions, Division of IPIS,

Address: Yashodanand Bungalow, Near Ram Mandir, Ambegaon pathar, Ambegaon Bk, Pune-411046, Maharashtra, Mob No : 7083086554

Email: tmindia123@gmail.com



Scanned with OKEN Scanner

To

Sachin Purushottam Borikar

Account No: 920010055845382

IFSC Code: UTIB0000816

From

RAJARSHI SHAHU  
COLLEGE OF  
PHARMACY B-  
PHARM

Buldhana

## **PAYMENT ADVICE**

Beneficiary Name: Sachin Purushottam Borikar

Beneficiary Nickname: Sachin Purushottam Borika

Payment Date: 18-08-2022

Beneficiary Account No.: 920010055845382

Beneficiary IFSC Code: UTIB0000816

Amount: 3000.00

Company Name:

Reference No: 686245022

Remarks: Research and Publication

Dear Sir / Madam,

We have initiated your payment through Fund Transfer on 18-08-2022 for an amount of INR 3000.00. In case of any clarification regarding this transaction please get in touch with [corporate.ib@axisbank.com](mailto:corporate.ib@axisbank.com).



Dwarka Bahuuddeshiya Gramin Vikas Foundation's, Buldana  
**RAJARSHI SHAHU COLLEGE OF PHARMACY,  
BULDANA**  
**LEAVE APPLICATION**

Date: 17-03-2019

To,

The Principal

1. Name Mr. Y.B. Ubarhande  
Designation Asst. Prof. Dept. Pharm.
2. Nature of leave: CL/ ML/ DL
3. Leave requested for 67 days  
From 08-01-2019 to 15-03-2019
4. Reason for leave Accidental Fracture of clavicle &  
hand
5. Workload Adjusted by: hand

Sr. No.	Name	Date	Period	
			From	To

Total No. of leaves taken : 67 Signature of Applicant [Signature]

**LEAVE GRANTED / NOT GRANTED**

[Signature]  
Principal



**Abbreviation used**

- CL- Casual leave  
ML- Medical leave (applicable to permanent employees only)  
DL- Duty leave for which remuneration will be paid by college.



# ACCIDENT & CRITICAL CARE HOSPITAL

NEAR DR. TAYDE HOSPITAL, OPPOSITE BUS STAND  
CHIKHLI DIST. BULDANA MOB. 07264011888

**Dr. Gaurav Dilip Mahindre**  
TRAUMA & JOINT REPLACEMENT SURGEON  
M.B.B.S., D ORTHO, MSEF (FIR)  
FIGR, FIA, AFIH MUMBAI  
REG. NO. 2013/03/0701

## MEDICAL CERTIFICATE

TO WHOM SO EVER CONCERN

Date 8-3-19

This is to Certify that Mr./ ~~Mrs.~~ / ~~Master~~ \_\_\_\_\_

YOGESH VIBARHANDE is/was under

my treatment for # Clavicle & # Humerus from 8-1-19

He/She is/was advised rest from 8-1-19 to 8-3-19

He/She has been examined by me and is found to be fit to

resume normal duties/attendance from 9-3-19



Dr. Gaurav Dilip Mahindre  
ORTHOPAEDIC TRAUMA & JOINT  
REPLACEMENT SURGEON  
REG. NO. 2013/03/0701

STAMP & SIGN. OF DOCTOR





To,

Date 6/09/2019

Principal,

Rajarshi Shahu College of Pharmacy,

Buldhana.

**Applicant:** Gajanan M. Sonwane

**Subject:** Request for considering my leave as preparation leave.

Respected sir,

I, Gajanan M. Sonwane Assistant professor in our institute would like to request you refer to above subject.

For my PhD thesis submission process, I have taken leaves dated on 26-29 august 2019(4days), and 3-5 sept. 2019 (3days). It's requested to grant my leave as a preparation leave for above mention dates.

I shall be thankful to you for this favor.

Attaching submission original copy

ENCL.

1. Provisional admission letter
2. Pre-PhD Viva letter
3. PhD Submission letter



Yours faithfully,

Gajanan M. Sonwane

Assistant professor

Rajarshi Shahu College of Pharmacy, Buldhana

*Okas forwarded to  
Resp. Principal  
for further action.*

*6/09/2019  
Forwarded to  
Mr. Jethi Sir &  
Academic Incharge  
consider this leave  
as preparation leave  
for PhD. submission*



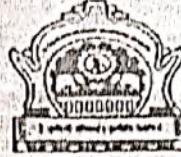


REDIM  
AI DE  
Telephone  
Fax  
Telegram  
Website  
E-Mail  
E-Mail

DR. BABASAHEB AMBEDKAR MARATHIWADA UNIVERSITY  
AURANGABAD - 431 004. (MAHARASHTRA (INDIA))  
NAAC Accredited 'A'

(0240)2403122

(Office) (0240) 2403334  
(Reti) (0240) 2400203  
0240-2403335  
BAMUSITY  
www.bamu.net  
www.bamuniversity.org  
www.bamu.net  
registrars@bamu.net



UNIVERSITY CAMPUS,  
AURANGABAD-431 004  
(Maharashtra (INDIA))

Ref. No. PG/Ph.D./2016/6044-96

Date: 18/09/2015

### PROVISIONAL ADMISSION LETTER

To,

GAJANAN MARUTI SONWANE,  
PUNDLIK NAGAR LANE  
NO.7 GARKHEDA ZONE  
AURANGABAD.

Subject: Registration for Research leading to Ph.D. Degree  
in the subject of PHARMACY,  
under the faculty of ENGINEERING AND TECHNOLOGY. (Full-Time).

With reference to your application in the subject noted above, I am to state that you have been registered for Research leading to Ph.D. in PHARMACY under the provisions of O.188, on probation for a period of six months in the first instance with effect from December-2014 under the guidance of Dr. Kale Mayura Ajay. Your registration will be continued on report of satisfactory report from your research guide regarding your research work and fulfillment of all terms and conditions during the probationary period.

The topic of your research is as under:

**SYNTHESIS AND EXPLORATION OF PHARMACOLOGICAL ACTIVITY OF SOME  
NOVEL HETEROCYCLIC COMPOUNDS.**

\* I am to request you to return the enclosed proforma duly filled in within ten days from the receipt of this letter.

Encl. (One)

Deputy Registrar,  
(Ph.D. Section)

Copy forwarded with compliments for information and necessary action to:

1. The Head, Department of CHEMICAL TECHNOLOGY, Dr. Babasaheb Ambedkar Marathwada University, Aurangabad.
2. Dr. Kale Mayura Ajay, Govt College of Pharmacy, Aurangabad.

Deputy Registrar,  
(Ph.D. Section)



PTO





# Govt. College of Pharmacy, Aurangabad

Opposite Govt. Polytechnic, Hotel Vedant Road, Osmanpura,  
Aurangabad 431 005 (M.S.), INDIA

Ph.D. 2016/6094-96, dated: 18.9.2015, w.e.f Dec-2014

Ref. No. GCPA/PhD/2019/1068

Dated 28 AUG 2019

To,

The Deputy Registrar,

Ph.D. Section,

Dr. Babasaheb Ambedkar Marathwada University,

Aurangabad

Subject: Regarding conductance of Pre PhD viva of research scholar Mr. Gajanan M Sonwane

Reference: 1. Admission letter of Dr. B. A. Marathwada University, Aurangabad, Letter PG/PhD/2016/6094-96, dated: 18.9.2015, w.e.f Dec-2014

2. PhD Ordinance No. 198/2014 of Dr. Babasaheb Ambedkar Marathwada University, Aurangabad

Dear Sir,

With reference to the above mentioned subject, Mr. Gajanan M. Sonwane has registered for PhD in Pharmacy with Research Centre as this Institute in with effect from Dec 2014, as per above referred letter (1). As per the ordinance mentioned in referred letter no (2), his pre-PhD viva voce was conducted in this Institute/ Research centre on Wednesday, 28 Aug 2019 at 12.00 p.m. His work and performance was found to be satisfactory. Herewith, submitting the attendance sheet of Pre PhD viva for your further processing.

Thanking you.

Yours sincerely,

Dr. V. K. Mourya

(PRINCIPAL)

ENCL:

1. Admission letter of PhD research scholar
2. Attendance sheet of Pre PhD viva voce

Copy to:

1. PG/PhD Incharge
2. Student section
3. Guard file

Approved by AICTE, New Delhi and Pharmacy Council of India, New Delhi



5.9.2019  
Ph.D. Section  
Dr. Babasaheb Ambedkar  
Marathwada University,  
Aurangabad. (M.S.) 431004



To,  
The Deputy Registrar,  
Ph.D. Section  
Dr. Babasaheb Ambedkar Marathwada University,  
Aurangabad.

- Reference: 1. Your letter no Ph.D.SNN/2018-19/20165-67, dated 09/05/2019  
2. Provisional admission letter of Dr. B.A. Marathwada University, Aurangabad  
Letter PG/PhD/2016/6094-96, dated: 18.9.2015, w.e.f Dec-2014  
3. BAMU PhD Ordinance No. 198/2014

Subject: Completion of research work and submission of Ph.D. thesis of my student Mr.  
Gajanan M. Sonwane.

Respected Sir,

With reference to above cited subject, I am forwarding the thesis (03 copies) of the Ph.D. research work of my research scholar Mr. Gajanan M. Sonwane. I hereby certify that work embodied in the thesis entitled, "Synthesis and exploration of pharmacological activity of some novel heterocyclic compounds" being submitted by the above mentioned student Mr. Gajanan M. Sonwane to Dr. Babasaheb Ambedkar Marathwada University, Aurangabad for the award of degree of Doctor of Philosophy in Pharmacy is a record of bonafide research work carried out by him under my guidance and supervision. He has fulfilled the requirements for the submission of this thesis to my knowledge, has reached requisite standard.

The results contained in this thesis have not been submitted in part or in full, to any other University or Institute for the award of any degree or diploma. I request you to accept the same for further processing.

Thanking you,

Attachment: 03 copies of Ph.D. thesis

Yours faithfully,

(Dr. Mayura A. Kale)

Associate Professor and Research guide

Mr. Gajanan M. Sonwane

DR. MAYURA A. KALE  
ASSOCIATE PROFESSOR AND RESEARCH GUIDE  
GOVERNMENT COLLEGE OF PHARMACY  
AURANGABAD-431005





Date: 29.8.2019

To,  
The Principal,  
Government College of Pharmacy  
Aurangabad, 431004

Subject: Application of consideration PhD Fees paid and issue of "No Dues" certificate

Reference: PhD Ordinance No. 198/2014 of Dr Babasaheb Ambedkar Marathiwada University,  
Aurangabad


Respected Sir,

Myself, Gajanan M. Sonwane, working as a research student under the guidance of your faculty Dr. Mrs. Mayura A. Kale, Government College of Pharmacy, Aurangabad, would like to request you to kindly accept my PhD tuition fees amount required to be paid to this Institute / Research Centre: Rs.30,862/- (Rs. Thirty thousand eight hundred and sixty two only), in accordance with the norms of Dr Babasaheb Ambedkar Marathiwada University, Aurangabad as stated in above mentioned reference.


Further, I have to submit my PhD thesis to the University and for that I require "No dues" certificate. So kindly consider my application and issue the "No dues" certificate at your earliest convenience.

Thanking you in anticipation.

UT-81 h8 h0 432  
date - 4/9/2019  
Rs. 30862/-

  
Yours sincerely,

Mr. Gajanan M. Sonwane  
(Research student)



O/C



spes Univ. Norms  
approved

Pl. collect  
Rs 30,862/-  
amt from  
Research guide  
& PhD IC  
qualified  
Date

ENCL. Univ. Ordinance  
(To 14)





### **6.3.1 Appraisal System for Teaching Staff**

### Academic Performance Indicator (API)

(Academic Year-                      )

<b>Name of Faculty</b>	
<b>Designation</b>	
<b>Department</b>	
<b>Date of joining</b>	
<b>Total experience</b>	
<b>E-mail Id</b>	
<b>Contact Number</b>	
<b>Year of Performance Appraisal</b>	

**\*Frequency of API= Month of June for every year OR as per joining date of faculty**

Sr. No.	Major Parameters	Score	Achieved Score
1.	Academic Performance Minimum score	40	
2.	Academic Result	40	
3.	Contribution to Governance and Management of Institution with Extension activities	40	
4.	Professional Development Activities	5	
5.	Outreach and Inclusivity	10	
6.	Publication and Presentation	5	
7.	Books and Chapters	10	
8.	Awards and Achievements	10	
9.	Research Proposal Writing and Grants	20	
10.	IPR	20	
	<b>Total</b>	200	
	<b>Qualifying Score</b>	125	
	<b>HOD special remark/score</b>		
	<b>Principal special remark/score</b>		

## PERFORMANNCE APPRIASAL REPORT

(Academic Year- )

Sr. No.	Parameters	Self-Score	HOD	Principal
1.	<b>Academic Performance</b> (Student Feedback) a) >80 % = 60 marks b) 70 to 80 % =40 c) < 70 % = 10			
2.	<b>Academic Result</b> a) >80 % = 60 marks b) 70 to 80 % =40 c) < 70 % = 10			
3.	<b>Contribution to Governance and Management of Institution with Extension Activities =40 Marks</b>			
4.	<b>Professional Development Activities</b> (Conduction of various events) a) Institute Level =5 per event			
	b) Other than institute =10 per event			
5.	<b>Outreach and Inclusivity</b> (As resource Person) =10 marks per event			
6.	<b>Publication and Presentation</b> (Included on Web of Science, Scopus, Pubmed) a) *Peer reviewed referred journal =5			
	b) *Non-referred journal=5			
	c) **Impact Factor (Thomson Reuters Citation) -up to 1= 10 marks; 1= 15 marks; 1 to 2 =20 marks; above 2=30 marks			
7.	<b>Books and Chapters</b> (Books with ISBN)			

	a) Books = 20 per book			
	b) Chapter =10 per Chapter			
8.	<b>Awards and Achievements</b>			
	a) University level =10			
	b) State level=15			
	c) National level=20			
	d) International=30			
9.	<b>Research Proposal Writing and Grants</b>			
	a) Writing and submitting proposal=20			
	b) Grants fetched =30			
10.	<b>IPR</b>			
	a) Filed =20			
	b) Granted=40			
	c) Commercialization of IP=60			

\*Publications with corresponding author and first author will share 50% of the total score and remaining 50% will be shared equally by all other co-authors

**\*\* Impact Factor:** Thomson Reuters Citation only

**Date:**

**Place:**

**Sign. of Faculty**

**Principal**



  
**Principal**  
**Rajarshi Shahu College of Pharmacy,**  
**Malvihir, Buldana.**





### **6.3.1 Appraisal System for Non-teaching Staff**

**Performance Appraisal Form for Non-teaching Staff**

1. General Information

Name	
Designation	
Qualification	
Department	
Date of joining	
Experience	

2. Job Description / Nature of Job

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Please give score out of 10

3. Job related Initiative/s Undertaken :
4. Other Institutional Responsibilities Undertaken :
5. Ability to work in a team :
6. Overall performance :

HOD

Principal



  
Principal  
Principal  
Rajarshi Shahu College of Pharmacy,  
Malvihir, Buldana.

## शिक्षकेतर कर्मचार्यांसाठी कामगिरी मूल्यांकन नमुना

### 1. सर्वसाधारण माहिती

नाव	
पदनाम	
पात्रता	
विभाग	
नियुक्ती दिनांक	
अनुभव	

### 2. कामाचे स्वरूप

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### 10 पैकी एकूण गुण

कार्यासंबंधी उपक्रम/ हाती घेतले	
इतर संस्थात्मक जबाबदाऱ्या	
सांघिक काम करण्याची क्षमता	
एकूण कामगिरी	

विभाग प्रमुख

प्राचार्य



  
Principal  
Principal  
Rajarshi Shahu College of Pharmacy,  
Malvihir, Buldana.