

कर्मचारी भविष्य निधि संगठन  
Employees' Provident Fund Organization  
भविष्य निधि भवन, १४, भीकाजी कामा प्लेस, नई दिल्ली - ११००६६  
Bhavishya Nidhi Bhawan, 14, Bhikaji Cama Place, New Delhi - 110066

Generated On 11/07/2022 18:03:

**Payment Confirmation Receipt**

RRN No :	2512207001263
Challan Status :	Payment Confirmed
Challan Generated On :	11-JUL-2022 16:36:14
Establishment ID :	KNSHG0048124000
Establishment Name :	D V S ARTS - SCIENCE COLLEGE
Challan Type :	Monthly Contribution Challan
Total Members :	46
Wage Month :	JUN-2022
Total Amount (Rs) :	1,64,556
Account-1 Amount (Rs) :	1,04,182
Account-2 Amount (Rs) :	3,284
Account-10 Amount (Rs) :	53,478
Account-21 Amount (Rs) :	3,284
Account-22 Amount (Rs) :	328
Payment Confirmation Bank :	Canara Bank
CRN :	015110722702369
Payment Date :	11-JUL-2022
Payment Confirmation Date :	Not Available
Total PMRPY Benefit :	0

  
Principal  
D.V.S. College of Arts & Science  
Shimoga.





कर्मचारी भविष्य निधि संगठन  
Employees' Provident Fund Organization

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

Generated On 12/08/2022 11:51:

**Payment Confirmation Receipt**

TRRN No :	2512208001491
Challan Status :	Payment Confirmed
Challan Generated On :	12-AUG-2022 11:39:45
Establishment ID :	KNSHG0048124000
Establishment Name :	D V S ARTS - SCIENCE COLLEGE
Challan Type :	Monthly Contribution Challan
Total Members :	46
Wage Month :	JUL-2022
Total Amount (Rs) :	1,67,169
Account-1 Amount (Rs) :	1,05,815
Account-2 Amount (Rs) :	3,336
Account-10 Amount (Rs) :	54,346
Account-21 Amount (Rs) :	3,336
Account-22 Amount (Rs) :	336
Payment Confirmation Bank :	Canara Bank
CRN :	015120822748253
Payment Date :	12-AUG-2022
Payment Confirmation Date :	Not Available
Total PMRPY Benefit :	0

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

Generated On 13/09/2022 13:37:

### Payment Confirmation Receipt

TRRN No :	2512209001478
Challan Status :	Payment Confirmed
Challan Generated On :	13-SEP-2022 13:31:46
Establishment ID :	KNSHG0048124000
Establishment Name :	D V S ARTS - SCIENCE COLLEGE
Challan Type :	Monthly Contribution Challan
Total Members :	46
Wage Month :	AUG-2022
Total Amount (Rs) :	1,65,036
Account-1 Amount (Rs) :	1,04,483
Account-2 Amount (Rs) :	3,293
Account-10 Amount (Rs) :	53,637
Account-21 Amount (Rs) :	3,294
Account-22 Amount (Rs) :	329
Payment Confirmation Bank :	Canara Bank
CRN :	015130922787292
Payment Date :	13-SEP-2022
Payment Confirmation Date :	Not Available
Total PMRPY Benefit :	0

M. V. S.

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कर्मचारी भविष्य निधि संगठन  
Employees' Provident Fund Organization

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

Generated On 12/10/2022 14:05:

**Payment Confirmation Receipt**

TRRN No :	2512210001311
Challan Status :	Payment Confirmed
Challan Generated On :	11-OCT-2022 17:28:35
Establishment ID :	KNSHG0048124000
Establishment Name :	D V S ARTS - SCIENCE COLLEGE
Challan Type :	Monthly Contribution Challan
Total Members :	46
Wage Month :	SEP-2022
Total Amount (Rs) :	1,65,036
Account-1 Amount (Rs) :	1,04,483
Account-2 Amount (Rs) :	3,293
Account-10 Amount (Rs) :	53,637
Account-21 Amount (Rs) :	3,294
Account-22 Amount (Rs) :	329
Payment Confirmation Bank :	Canara Bank
CRN :	015121022822231
Payment Date :	12-OCT-2022
Payment Confirmation Date :	Not Available
Total PMRPY Benefit :	0

  
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कर्मचारी भविष्य निधि संगठन  
Employees' Provident Fund Organization

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

Generated On 15/11/2022 11:01:

**Payment Confirmation Receipt**

TRRN No :	2512211001531
Challan Status :	Payment Confirmed
Challan Generated On :	12-NOV-2022 12:17:01
Establishment ID :	KNSHG0048124000
Establishment Name :	D V S ARTS - SCIENCE COLLEGE
Challan Type :	Monthly Contribution Challan
Total Members :	47
Wage Month :	OCT-2022
Total Amount (Rs) :	1,67,841
Account-1 Amount (Rs) :	1,06,238
Account-2 Amount (Rs) :	3,349
Account-10 Amount (Rs) :	54,570
Account-21 Amount (Rs) :	3,350
Account-22 Amount (Rs) :	334
Payment Confirmation Bank :	Canara Bank
CRN :	015141122041677
Payment Date :	14-NOV-2022
Payment Confirmation Date :	Not Available
Total PMRPY Benefit :	0

  
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Bhavishya Nidhi Bhawan, 14, Bhikaji Cama Place, New Delhi - 110066

Generated On 10/12/2022 11:28:

**Payment Confirmation Receipt**

TRRN No :	2512212001081
Challan Status :	Payment Confirmed
Challan Generated On :	08-DEC-2022 14:53:39
Establishment ID :	KNSHG0048124000
Establishment Name :	D V S ARTS - SCIENCE COLLEGE
Challan Type :	Monthly Contribution Challan
Total Members :	45
Wage Month :	NOV-2022
Total Amount (Rs) :	1,60,325
Account-1 Amount (Rs) :	1,01,536
Account-2 Amount (Rs) :	3,199
Account-10 Amount (Rs) :	52,070
Account-21 Amount (Rs) :	3,200
Account-22 Amount (Rs) :	320
Payment Confirmation Bank :	Canara Bank
CRN :	015101222090335
Payment Date :	10-DEC-2022
Payment Confirmation Date :	Not Available
Total PMRPY Benefit :	0

  
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Bhavishya Nidhi Bhawan, 14, Bhikaji Cama Place, New Delhi - 110066

Generated On 13/01/2023 14:12:

**Payment Confirmation Receipt**

TRRN No :	2512301001763
Challan Status :	Payment Confirmed
Challan Generated On :	13-JAN-2023 13:02:51
Establishment ID :	KNSHG0048124000
Establishment Name :	D V S ARTS - SCIENCE COLLEGE
Challan Type :	Monthly Contribution Challan
Total Members :	43
Wage Month :	DEC-2022
Total Amount (Rs) :	1,52,807
Account-1 Amount (Rs) :	96,834
Account-2 Amount (Rs) :	3,049
Account-10 Amount (Rs) :	49,570
Account-21 Amount (Rs) :	3,050
Account-22 Amount (Rs) :	304
Payment Confirmation Bank :	Canara Bank
CRN :	015130123180334
Payment Date :	13-JAN-2023
Payment Confirmation Date :	Not Available
Total PMRPY Benefit :	0

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

Generated On 13/02/2023 17:49:

**Payment Confirmation Receipt**

TRRN No :	2512302001171
Challan Status :	Payment Confirmed
Challan Generated On :	10-FEB-2023 16:52:31
Establishment ID :	KNSHG0048124000
Establishment Name :	D V S ARTS - SCIENCE COLLEGE
Challan Type :	Monthly Contribution Challan
Total Members :	43
Wage Month :	JAN-2023
Total Amount (Rs) :	1,52,871
Account-1 Amount (Rs) :	98,123
Account-2 Amount (Rs) :	3,051
Account-10 Amount (Rs) :	48,341
Account-21 Amount (Rs) :	3,051
Account-22 Amount (Rs) :	305
Payment Confirmation Bank :	Canara Bank
CRN :	015130223243055
Payment Date :	13-FEB-2023
Payment Confirmation Date :	Not Available
Total PMRPY Benefit :	0

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

Generated On 13/03/2023 16:53:

**Payment Confirmation Receipt**

TRRN No :	2512303001755
Challan Status :	Payment Confirmed
Challan Generated On :	13-MAR-2023 13:36:39
Establishment ID :	KNSHG0048124000
Establishment Name :	D V S ARTS - SCIENCE COLLEGE
Challan Type :	Monthly Contribution Challan
Total Members :	46
Wage Month :	FEB-2023
Total Amount (Rs) :	1,63,527
Account-1 Amount (Rs) :	1,06,038
Account-2 Amount (Rs) :	3,263
Account-10 Amount (Rs) :	50,636
Account-21 Amount (Rs) :	3,264
Account-22 Amount (Rs) :	326
Payment Confirmation Bank :	Canara Bank
CRN :	015130323320398
Payment Date :	13-MAR-2023
Payment Confirmation Date :	Not Available
Total PMRPY Benefit :	0

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

Generated On 14/04/2023 09:08:

**Payment Confirmation Receipt**

TRRN No :	2512304001550
Challan Status :	Payment Confirmed
Challan Generated On :	13-APR-2023 14:07:29
Establishment ID :	KNSHG0048124000
Establishment Name :	D V S ARTS - SCIENCE COLLEGE
Challan Type :	Monthly Contribution Challan
Total Members :	46
Wage Month :	MAR-2023-
Total Amount (Rs) :	1,63,527
Account-1 Amount (Rs) :	1,06,038
Account-2 Amount (Rs) :	3,263
Account-10 Amount (Rs) :	50,636 -
Account-21 Amount (Rs) :	3,264
Account-22 Amount (Rs) :	326
Payment Confirmation Bank :	Canara Bank
CRN :	015140423420506
Payment Date :	14-APR-2023
Payment Confirmation Date :	Not Available
Total PMRPY Benefit :	0

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

Generated On 19/05/2023 12:05:

**Payment Confirmation Receipt**

TRRN No :	2512305000876
Challan Status :	Payment Confirmed
Challan Generated On :	10-MAY-2023 18:14:20
Establishment ID :	KNSHG0048124000
Establishment Name :	D V S ARTS - SCIENCE COLLEGE
Challan Type :	Monthly Contribution Challan
Total Members :	44
Wage Month :	APR-2023
Total Amount (Rs) :	1,56,010
Account-1 Amount (Rs) :	1,01,336
Account-2 Amount (Rs) :	3,113
Account-10 Amount (Rs) :	48,136
Account-21 Amount (Rs) :	3,114
Account-22 Amount (Rs) :	311
Payment Confirmation Bank :	Canara Bank
CRN :	015100523470111
Payment Date :	10-MAY-2023
Payment Confirmation Date :	10-MAY-2023
Total PMRPY Benefit :	0

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

Generated On 14/06/2023 19:12

**Payment Confirmation Receipt**

TRRN No :	2512306001817
Challan Status :	Payment Confirmed
Challan Generated On :	14-JUN-2023 14:55:44
Establishment ID :	KNSHG0008097000
Establishment Name :	DESHIYA VIDYA SHALA
Challan Type :	Monthly Contribution Challan
Total Members :	10
Wage Month :	MAY-2023
Total Amount (Rs) :	32,978
Account-1 Amount (Rs) :	20,539
Account-2 Amount (Rs) :	660
Account-10 Amount (Rs) :	10,920
Account-21 Amount (Rs) :	659
Account-22 Amount (Rs) :	200
Payment Confirmation Bank :	Canara Bank
CRN :	015140623563933
Payment Date :	14-JUN-2023
Payment Confirmation Date :	Not Available
Total PMRPY Benefit :	0

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

Generated On 14/07/2023 18:01:

**Payment Confirmation Receipt**

TRRN No :	2512307001336
Challan Status :	Payment Confirmed
Challan Generated On :	11-JUL-2023 18:16:26
Establishment ID :	KNSHG0048124000
Establishment Name :	D V S ARTS - SCIENCE COLLEGE
Challan Type :	Monthly Contribution Challan
Total Members :	42
Wage Month :	JUN-2023
Total Amount (Rs) :	1,49,370
Account-1 Amount (Rs) :	97,183
Account-2 Amount (Rs) :	2,981
Account-10 Amount (Rs) :	45,927
Account-21 Amount (Rs) :	2,981
Account-22 Amount (Rs) :	298
Payment Confirmation Bank :	Canara Bank
CRN :	015140723636720
Payment Date :	14-JUL-2023
Payment Confirmation Date :	Not Available
Total PMRPY Benefit :	0

  
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कर्मचारी भविष्य निधि संगठन  
Employees' Provident Fund Organization

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

Generated On 15/08/2023 10:12:

**Payment Confirmation Receipt**

TRRN No :	2512308001593
Challan Status :	Payment Confirmed
Challan Generated On :	12-AUG-2023 13:42:19
Establishment ID :	KNSHG0048124000
Establishment Name :	D V S ARTS - SCIENCE COLLEGE
Challan Type :	Monthly Contribution Challan
Total Members :	42
Wage Month :	JUL-2023
Total Amount (Rs) :	1,51,499
Account-1 Amount (Rs) :	98,515
Account-2 Amount (Rs) :	3,023
Account-10 Amount (Rs) :	46,636
Account-21 Amount (Rs) :	3,023
Account-22 Amount (Rs) :	302
Payment Confirmation Bank :	Canara Bank
CRN :	015150823723675
Payment Date :	15-AUG-2023
Payment Confirmation Date :	Not Available
Total PMRPY Benefit :	0

  
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कर्मचारी भविष्य निधि संगठन  
Employees' Provident Fund Organization

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

Generated On 14/09/2023 12:28:

**Payment Confirmation Receipt**

TRRN No :	2512309001790
Challan Status :	Payment Confirmed
Challan Generated On :	14-SEP-2023 12:22:55
Establishment ID :	KNSHG0048124000
Establishment Name :	D V S ARTS - SCIENCE COLLEGE
Challan Type :	Monthly Contribution Challan
Total Members :	45
Wage Month :	AUG-2023
Total Amount (Rs) :	1,52,859
Account-1 Amount (Rs) :	98,106
Account-2 Amount (Rs) :	3,200
Account-10 Amount (Rs) :	48,333
Account-21 Amount (Rs) :	2,900
Account-22 Amount (Rs) :	320
Payment Confirmation Bank :	Canara Bank
CRN :	015140923798332
Payment Date :	14-SEP-2023
Payment Confirmation Date :	14-SEP-2023
Total PMRPY Benefit :	0

  
Principal  
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**ESIC**  
Employees' State Insurance Corporation

**Insurance**

0

Monthly Contribution > Online Challan Form

\* Required Fields

**Transaction Details**

Transaction status:	Transaction is successful
Employer's Code No:	58005057390001303
Employer's Name:	DESHEEYA VIDYA SHALA SAMITI (R)
Challan Period:	Jun-2022
Challan Number :	05822123879348
Challan Created Date	11-07-2022 13:41:46
Challan Submitted Date	11-07-2022 13:42:09
Amount Paid:	67801.00
Transaction Number:	105110722472753

Print

Close

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ದೇಶೀಯ ವಿದ್ಯಾಶಾಲಾ ಸಮಿತಿ (ರ)  
ನರಸೀಕೆರೆ, ಬೆಂಗಳೂರು  
ಈ ಪಾವತಿಯನ್ನು ಪಾವತಿಸಿ.

*Reflected*  
ಇಲ್ಲಿಗೆ / ಇಲ್ಲಿಂದ / ಇಲ್ಲಿಗೆ  
ದಿನಾಂಕ: .....

*M. V. S.*

Principal  
D.V.S. College of Arts & Science  
Shimoga.

OR: 214





**ESIC**  
Employees' State Insurance Corporation

Insurance

0

Monthly Contribution > Online Challan Form

**Transaction Details**

\* Required Fields

Transaction status:	Transaction is successful
Employer's Code No:	58005057390001303
Employer's Name:	DESHEEYA VIDYA SHALA SAMITI (R)
Challan Period:	Jul-2022
Challan Number :	05822128683526
Challan Created Date	13-08-2022 12:39:06
Challan Submitted Date	15-08-2022 11:26:47
Amount Paid:	68660.00
Transaction Number:	105150822566285

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ವಿಜಯ ವಿಜಯಲಾಹರಿ ಸಂಘ (ರಿ)  
ಇವರ ಜಿಲ್ಲಾ ಮಟ್ಟದ ಶಾಲಾ ಸಮಿತಿ  
ಈ ಒಪ್ಪಂದವನ್ನು ಸಹಿ ಮಾಡಿರುತ್ತಾರೆ.

*(Signature)*  
ಇವರು / ಈ ಸಂಘದ / ಶಾಲಾ ಸಮಿತಿಯ  
ನಿರ್ದೇಶಕರು.....

*(Signature)*  
Principal  
D.V.S. College of Arts & Science  
Shimoga.

OB : 279



User Login: 58005057390001303

Thursday, September 15, 2022  
11:38:34 AM



Monthly Contribution - (Online Challan Status)

ChallanDoubleVerification

\* Required Fields

Employer's Code No.:

58005057390001303

Transaction Details

\* Required Fields

Transaction status:	Transaction Completed Successfully
Employer's Code No.:	58005057390001303
Employer's Name:	DESHEEYA VIDYA SHALA SAMITI (R)
Challan Period:	Aug 2022
Challan Number :	05822132180028
Challan Created Date	14-09-2022 17:04:12
Challan Submitted Date	14-09-2022 17:47:57
Amount Paid:	72321.00
Transaction Number:	105140922622956

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ಶಿವಮೊಗ್ಗ ಜಿಲ್ಲಾಪಾಲಕರ ಕಛೇರಿ (೨)  
 ಸರ್ಕಾರಿ ಕಚೇರಿ, ಪಿ.ಎಂ.ಎ.ಸಿ.ಎ.ಸಿ.ಎ.ಸಿ.  
 ೨೨೨, ಕಾಂಟೋನ್ಮೆಂಟ್ ರಸ್ತೆ, ಶಿವಮೊಗ್ಗ.

*(Handwritten signature)*  
 ಸಹಾಯಕ ಮುಖ್ಯಸ್ಥರು  
 ಕಾರ್ಯಾಲಯ, ಪಿ.ಎಂ.ಎ.ಸಿ.ಎ.ಸಿ.ಎ.ಸಿ.ಎ.ಸಿ.

*(Handwritten signature)*  
 Principal  
 D.V.S. College of Arts & Science  
 Shimoga.

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**ESIC**  
Employees' State Insurance Corporation

**Insurance**

0

Monthly Contribution > Online Challan Form

Transaction Details

\* Required Fields

Transaction status:	Transaction is successful
Employer's Code No:	58005057390001303
Employer's Name:	DESHEEYA VIDYA SHALA SAMITI (R)
Challan Period:	Sep-2022
Challan Number :	05822135923239
Challan Created Date	12-10-2022 18:07:04
Challan Submitted Date	13-10-2022 14:03:31
Amount Paid:	75763.00
Transaction Number:	105131022688138

Print

Close

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ದೇಶೀಯ ವಿದ್ಯಾಶಾಲಾ ಸಮಿತಿ (ರ)  
ಸದರಿ ಚಲ್ಲನ್ನು ಪರಿಶೀಲಿಸಲಾಗಿತ್ತು  
ಆದಿ ಭಾವತೀತಿಯ ಅನುಮತಿಸಲಾಗಿದೆ.

10/11/22  
ಅಧ್ಯಕ್ಷರು / ಕಾರ್ಯದರ್ಶಿ / ನಿರೀಕ್ಷಾಧಿಕಾರಿ  
ದಿನಾಂಕ:.....

*M. V. S.*  
Principal  
D.V.S. College of Arts & Science  
Shimoga.

03:392



**ESIC**  
Employees' State Insurance Corporation

Insurance

0

Monthly Contribution > Online Challan Form

Transaction Details

\* Required Fields

Transaction status:	Transaction is successful
Employer's Code No:	58005057390001303
Employer's Name:	DESHEEYA VIDYA SHALA SAMITI (R)
Challan Period:	Oct-2022
Challan Number :	05822140699011
Challan Created Date	15-11-2022 13:11:32
Challan Submitted Date	15-11-2022 13:41:29
Amount Paid:	77079.00
Transaction Number:	105151122042207

Print

Close

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ದೇಶೀಯ ವಿಜ್ಞಾನಶಾಲಾ ಸಮಿತಿ (ರಿ)  
ಸದರಿ ಜಲ್ಲನ್ನು ಪರಿಶೀಲಿಸಲಾಗಿದ್ದು,  
ಪದ್ಮ ಪಾವತಿಸಲು ಅನುಮತಿಸಲಾಗಿದೆ.

*[Signature]*  
ಅಧ್ಯಕ್ಷರು / ಕಾರ್ಯದರ್ಶಿ / ಕೊಠಡಿಪಾಲಕರು  
ದಿನಾಂಕ.....

*[Signature]*  
Principal  
D.V.S. College of Arts & Science  
Shimoga.

08.436





User  
Login: 58005057390001303

Monday, December 12, 2022  
11:04:29 AM



Monthly Contribution > Online Challan Status

Transaction Details		* Required Fields
Transaction status:	Transaction Completed Successfully	
Employer's Code No:	58005057390001303	
Employer's Name:	DESHEEYA VIDYA SHALA SAMITI (R)	
Challan Period:	Nov-2022	
Challan Number :	05822143057269	
Challan Created Date	10-12-2022 13:30:25	
Challan Submitted Date	12-12-2022 11:00:05	
Amount Paid:	78714.00	
Transaction Number:	105121222083692	
<input type="button" value="Print"/> <input type="button" value="Close"/>		

ದೇಶೀಯ ವಿದ್ಯಾಶಾಲಾ ಸಮಿತಿ (ರಿ)  
ಸದರಿ ಒಟ್ಟನ್ನು ಪರಿಶೀಲಿಸಲಾಗಿದ್ದು  
ಪಣಿ ಪಾವತಿಸಲು ಅನುಮತಿಸಲಾಗಿದೆ.

*Signature*  
ಅಧ್ಯಕ್ಷರು / ಕಾರ್ಯದರ್ಶಿ / ನಿರ್ದೇಶಕರು  
ದಿನಾಂಕ.....

*Signature*  
Principal  
D.V.S. College of Arts & Science  
Shimoga.

08810



**ESIC**  
Employees' State Insurance Corporation

Insurance

0

Monthly Contribution > Online Challan Form

Transaction Details

\* Required Fields

Transaction status:	Transaction is successful
Employer's Code No:	58005057390001303
Employer's Name:	DESHEEYA VIDYA SHALA SAMITI (R)
Challan Period:	Dec-2022
Challan Number :	05823102723669
Challan Created Date	13-01-2023 17:55:31
Challan Submitted Date	13-01-2023 17:55:47
Amount Paid:	79440.00
Transaction Number:	105130123167613

Print

Close

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ದೇಶೀಯ ವಿದ್ಯಾಶಾಲಾ ಸಮಿತಿ (ರಿ)

ಸರಕಾರಿ ಅಧಿಕಾರಿಗಳನ್ನು ಪರಿಶೀಲಿಸಲಾಗಿದ್ದು,  
ಪರಿಶೀಲಿಸಿದ ನಂತರ ಅನುಮೋದಿಸಲಾಗಿದೆ.

1. ಸಹಾಯಕ ನಿರ್ದೇಶಕರು / ವ್ಯವಹಾರ ನಿರ್ದೇಶಕರು / ಮುಖ್ಯಸ್ಥರು  
ದಿನಾಂಕ: .....

M. V. S.

Principal  
D.V.S. College of Arts & Science  
Shimoga.

08:52




0

Monthly Contribution > Online Challan Form

Transaction Details		* Required Fields
Transaction status:	Transaction is successful	
Employer's Code No:	58005057390001303	
Employer's Name:	DESHEEYA VIDYA SHALA SAMITI (R)	
Challan Period:	Jan-2023	
Challan Number :	05823106099579	
Challan Created Date	13-02-2023 17:24:57	
Challan Submitted Date	13-02-2023 17:25:33	
Amount Paid:	85591.00	
Transaction Number:	105130223223460	

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ಕರ್ನಾಟಕ ಉದ್ಯೋಗಾಹಾರ ಸಮಿತಿಯ (ಉ)  
 ಸರ್ಕಾರಿ ಉದ್ಯೋಗ ವರ್ಗೀಕರಣಕ್ಕಾಗಿ  
 ಈ ಪಾವತಿಯನ್ನು ಸಲ್ಲಿಸಬೇಕಾಗಿದೆ.

  
 ಅಧ್ಯಕ್ಷರು / ಅಧೀನಾಧಿಕಾರಿ / ನಿರ್ದೇಶಕರು  
 ಉದ್ಯೋಗಾಹಾರ ಸಮಿತಿ

  
 Principal  
 D.V.S. College of Arts & Science  
 Shimoga.

08:99

Transaction Details		* Required Fields
Transaction status:	Transaction is successful	
Employer's Code No:	58005057390001303	
Employer's Name:	DESHEEYA VIDYA SHALA SAMITI (R)	
Challan Period:	Feb-2023	
Challan Number :	05823109967127	
Challan Created Date	13-03-2023 18:04:49	
Challan Submitted Date	14-03-2023 10:51:05	
Amount Paid:	89119.00	
Transaction Number:	105140323290835	

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ದೇಶೀಯ ವಿದ್ಯಾಶಾಲಾ ಸಮಿತಿ (ರಿ)  
ನವರಿ ಬಿಲ್ಡ್‌ನ್ನು ಪರಿಶೀಲಿಸಲಾಗಿದ್ದು  
ಈಗ ಪಾವತಿಸಲು ಅನುಮತಿಸಲಾಗಿದೆ.

*U. S. R. Rajgopal*  
ಅಧ್ಯಕ್ಷರು / ಕಾರ್ಯದರ್ಶಿ / ನಿರೀಕ್ಷಕರು  
ದಿನಾಂಕ: .....

*M. V. ...*  
Principal  
D.V.S. College of Arts & Science  
Shimoga.





Transaction Details		* Required Fields
Transaction status:	Transaction is successful	
Employer's Code No:	58005057390001303	
Employer's Name:	DE-SHEEYA VIDYA SHALA SAMITI (R)	
Challan Period:	Mar-2023	
Challan Number :	05823114279343	
Challan Created Date	14-04-2023 09:28:19	
Challan Submitted Date	14-04-2023 09:28:35	
Amount Paid:	89653.00	
Transaction Number:	105140423361033	
Print		Close

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ದೇಶೀಯ ಐದ್ಯಾಚಾರಾಲಾ ಸಮಿತಿ (ರಿ)  
ಸಮಗಿ ಜಿಲ್ಲಾಸ್ಥಾನ ಪರಿಷತ್‌ನಲ್ಲಿ  
ಈ ಖಾತೆಯನ್ನು ತೆರೆದುಕೊಳ್ಳುವುದು.

1. ಶಾಖಾ : Rygleady..  
ಜಿಲ್ಲಾಸ್ಥಾನ / ತಾಲ್ಲೂಕು / ತಿರೀಕಾಸ್ಥಾನ  
ದಿನಾಂಕ.....

M. V. S.  
Principal  
D.V.S. College of Arts & Science  
Shimoga.



Login: 58005057390001303

Thursday, May 18, 2023 12:00:38 PM



Monthly Contribution > Online Challan Status

Challan Double Verification

\* Required Field

Employer's Code No.: 58005057390001303

Transaction Details

\* Required Field

Transaction status:	Transaction Completed Successfully
Employer's Code No:	58005057390001303
Employer's Name:	DESHEEYA VIDYA SHALA SAMITI (R)
Challan Period:	Apr-2023
Challan Number :	05823118125628
Challan Created Date	13-05-2023 16:07:39
Challan Submitted Date	18-05-2023 11:56:26
Amount Paid:	73814.00
Transaction Number:	105180523486147

Print Close

ಬೇಡಿಯ ವಿಶ್ವಾಸಾರ್ಥಿ ಸಮಿತಿ (ರಿ)  
ನಗರಿ ಜಿಲ್ಲೆಯ ಪರಿಶಿಷ್ಟ ಪಂಚಾಯತ್,  
ಬಹು ಪಾಠಶಾಲಾ ಕಾಲೇಜು ಶಿಮೋಗಿ.

*(Signature)*  
ಅಧ್ಯಕ್ಷರು / ಕಾರ್ಯದರ್ಶಿ / ಕೊಠಡುಪುಸ್ತಕ  
ದಿನಾಂಕ:.....

*(Signature)*  
Principal  
D.V.S. College of Arts & Science  
Shimoga.

05.207



User Login: 58005057390001303

Thursday, June 15, 2023 4:41:16 PM



Monthly Contribution > Online Challan Status

Challan Double Verification

\* Required Field

Employer's Code No.: 58005057390001303

**Transaction Details**

\* Required Field

Transaction status:	Transaction Completed Successfully
Employer's Code No:	58005057390001303
Employer's Name:	DESHEEYA VIDYA SHALA SAMITI (R)
Challan Period:	May-2023
Challan Number :	05823122381289
Challan Created Date	15-06-2023 12:04:11
Challan Submitted Date	15-06-2023 16:31:44
Amount Paid:	72520.00
Transaction Number:	105150623567382

Print Close

  
Principal  
D.V.S. College of Arts & Science  
Shimoga.

ಕೇಶವ ಬಿವಾಕಾಲಾ ಸಮಿತಿ (ರಿ)  
ಸದರಿ ಷಲ್ಲನ್ನು ಪರಿಶೀಲಿಸಲಾಗಿದೆ,  
ಇದರ ವಿವರಗಳನ್ನು ಕನಡಾಪತ್ರಗಳಲ್ಲಿ  
12.6.2023 ರಲ್ಲಿ  
ಇವುಗಳನ್ನು / ಶುರುಮಾಡಿದ / ಕನಡಾಪತ್ರಗಳಲ್ಲಿ  
ಉಪಯುಕ್ತವಾಗಿರುತ್ತದೆ.

083246



User Login: 58005057390001303

Saturday, July 15, 2023 8:35:42 PM



Monthly Contribution >>> Online Challan Status

<b>ChallanDoubleVerification</b> <span style="float: right;">* Required Fields</span>	
Employer's Code No.:	58005057390001303

<b>Transaction Details</b> <span style="float: right;">* Required Fields</span>	
Transaction status:	Transaction Completed Successfully
Employer's Code No:	58005057390001303
Employer's Name:	DESHEEYA VIDYA SHALA SAMITI (R)
Challan Period:	Jun-2023
Challan Number :	05823126378942
Challan Created Date	15-07-2023 19:52:08
Challan Submitted Date	15-07-2023 20:32:18
Amount Paid:	72439.00
Transaction Number:	105150723656746
<input type="button" value="Print"/> <input type="button" value="Close"/>	

*(Handwritten notes in Kannada script)*

*(Signature)*

*(Signature)*  
Principal  
D.V.S. College of Arts & Science  
Shimoga.

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05:299





0

Monthly Contribution > Online Challan Form

Transaction Details		* Required Fields
Transaction status:	Transaction is successful	
Employer's Code No:	58005057390001303	
Employer's Name:	DESHEEYA VIDYA SHALA SAMITI (R)	
Challan Period:	Jul-2023	
Challan Number :	05823130241957	
Challan Created Date	15-08-2023 22:06:39	
Challan Submitted Date	15-08-2023 22:07:13	
Amount Paid:	74668.00	
Transaction Number:	105150823740344	
<a href="#">Print</a> <a href="#">Close</a>		

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ದೇಶೀಯ ವಿದ್ಯಾಶಾಲಾ ಸಮಿತಿ (ರ)  
 ಸದರಿ ಚಲ್ಲನ್ನು ಪರಿಶೀಲಿಸಿ  
 ತನು ಪಾವತಿಸಲು ಕಾರ್ಯನಿರ್ವಹಿಸಿ.  
 \_\_\_\_\_  
 ಅಧಿಕಾರಿ / ಸಹಾಯಕಿ / ಜಿಲ್ಲಾಧ್ಯಕ್ಷರು  
 \_\_\_\_\_

M. V. ...  
 Principal  
 D. V. S. College of Arts & Science  
 Shimoga.

08:347



ದಿ ಓರಿಯಂಟಲ್ ಇನ್ಶೂರೆನ್ಸ್ ಕಂಪನಿ ಲಿಮಿಟೆಡ್  
(ಭಾರತ ಸರ್ಕಾರದ ಒಂದು ಉದ್ಯಮ)  
ಕಾರ್ಪೊರೇಟ್ & ರಿಜಿಸ್ಟರ್ಡ್ ಕಛೇರಿ : 'ಓರಿಯಂಟಲ್ ಹೌಸ್'  
ಪಿ.ಒ. ನಂ. 7037, ಎ-25/27, ಅಸಫ್ ಅಲಿ ರೋಡ್, ನ್ಯೂ ದೆಹಲಿ-110002

दि ओरिएण्टल इश्योरेन्स कम्पनी लिमिटेड  
(भारत सरकार का एक उपक्रम)  
पंजीकृत कार्यालय : 'ओरिएण्टल हाऊस', पो.बॉ.नं.-7037  
ए-25/27, असाफ अली रोड, नई दिल्ली-110002

THE ORIENTAL INSURANCE COMPANY LIMITED  
(A Govt. of India Undertaking)  
Corporate & Regd. Office : 'Oriental House',  
P.B.No. 7037, A-25/27, Asaf Ali Road, New Delhi-110002  
Date: 25/10/2022 12:25:02  
Location: NOIDA  
Reason: Signing Policy for OICL

### GPA - TAILOR MADE POLICY SCHEDULE

**Policy No** : 473100/48/2023/353 **Prev Policy No** : \_\_\_  
**Cover Note No** : \_\_\_ **Cover Note Dt** : \_\_\_  
**Insured Code** : 74532175 **Issue Office code** : 473100  
**Insured's Name** : M/S DESHEEYA VIDYA SHALA  
SAMITHI (R).. SHIMOGA (GSTIN: 0) **Issue Office Name**: DO SHIMOGA (GSTIN:  
29AAACT0627R4ZS)  
**Address** : A/C STUDENTS OF THE ABOVE  
VARIOUS EDUCATIONAL  
INSTITUTIONS AS PER THE  
SCHEDULE ATTACHED HEREWITH **Address** : VINAYAKA COMPLEX,  
GARDEN AREA 1ST CROSS,  
SHIMOGA 577201  
HUBLI KARNATAKA 577201  
**Tel /Fax /Email** : / / 0 / dvsmc1@gmail.com **Tel /Fax /Email** : 08182222156,  
SHIMOGA KARNATAKA 577201 08182229656;9448433913 / /  
girishhjoshi@orientalinsurance.co.in

#### Agent/Broker Details

**Dev.Off.Code** : NA0000002935  
**Agent/Broker** : BA0000039186 N C VIJAYA N C VIJAYA KUMAR  
KUMAR  
**Address** : s/o NYAMATHI GURUSIDDAPPA, SHIFA NILAYA, 3rd CROSS, A N K ROAD, VENKATESH  
NAGAR, SHVAMOGGA 577201, Agency Number :  
**Tel/Fax/Email** : OIC/470000/322/0705, SHIMOGA, KARNATAKA, 577201  
: 9449327788/9449327788//ncvijayakumar.oicsmg@gmail.com

**Period of Insurance** : FROM 00:00 ON 22/10/2022 TO MIDNIGHT OF 21/10/2023

**Collection No & Dt** : DC\_I\_IND 1043803217 - 25/10/2022 **GST INVOICE NO** :2921386603 **UIN** :0  
**Gross Premium** : 3,60,924 **Service Tax** : 64,966 **Stamp Duty** : 250 **Total** : 4,25,890  
**Coinurance Details** : NIL

#### RISK DETAILS

**Section** : GPA - TAILOR MADE - UNNAMED

**Number of Locations covered** : 1  
**Total Sum Insured** : 9,49,80,00,00  
**AOA Limit** : 2,00,000

#### Details of Insured Persons :

Loc ID	Location Description	Nature of Risk	NO. OF PERSONS	M.E %	Section	Sum Insured	Additional Covers
1	SHIMOGA	NormalRisk	4749				GPA Tailor Made - Basic

**Place** : HUBLI  
**Date** : 21/10/2022



For and on behalf of  
The Oriental Insurance Company Limited

Authorised Signatory

All the Amount mentioned in this policy are in Indian Rupees

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



Page 1 of 2

Signer: RASHMI RAMAN SINGH  
Date: Tue, Oct 25, 2022 10:21:25 IST  
Location: NOIDA  
Reason: Signing Policy for OICL

Attached to and forming part of policy number 473100/48/2023/353

Term of Insurance: As per the Clauses written hereunder and/or attached herewith

In case of any single accident, the liability under this policy shall be restricted to the AOA Limit specified in the Schedule.

In the event of a claim under the policy exceeding Rs. 1 lac or a claim for refund of premium exceeding Rs. 1 lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating offices as well as Company's website.

4749 Nos. OF STUDENTS & STAFF OF VARIOUS EDUCATIONAL INSTITUTIONS OF DESHEEYA VIDYA SHALA SAMITHI, SHIMOGA

Excess : NIL

Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

In witness whereof the undersigned being authorised by and on behalf of the company has/have herein to set his/their hands at DO SHIMOGA (GSTIN: 29AAACT0627R4ZS) on 21ST DAY OF OCTOBER 2022

Entered By : S V SURESH

Examined By : MR K RUDRESH



For and on behalf of  
The Oriental Insurance Company Limited

  
Authorised Signatory

Place : HUBLI  
Date : 21/10/2022



For and on behalf of  
The Oriental Insurance Company Limited

  
Authorised Signatory

All the Amount mentioned in this policy are in Indian Rupees





ದಿ ಓರಿಯಂಟಲ್ ಇನ್ಶೂರೆನ್ಸ್ ಕಂಪನಿ ಲಿಮಿಟೆಡ್

(ಭಾರತ ಸರ್ಕಾರದ ಒಂದು ಉದ್ಯಮ)

ಶಿಮೋಗಾ & ವಿಜಯಪುರ ಕಛೇರಿ : ಓರಿಯಂಟಲ್ ಫಿನ್

ದಿ. ಸಂ. 7037, ಎ-25/27, ಅಸಾಫ್ ಅಲಿ ರೋಡ್, ನ್ಯೂ ದೆಹಲಿ-110002

दि ओरिएण्टल इन्शुरेंस कम्पनी लिमिटेड

(भारत सरकार का एक उद्यम)

पंजीकृत कार्यालय : ओरिएण्टल हाऊस, पी.नं. 7-7037

ए-25/27, असाफ अली रोड, नई दिल्ली-110 002

THE ORIENTAL INSURANCE COMPANY LIMITED

(A Govt. of India Undertaking)

Corporate & Regd. Office : 'Oriental House',

P.B.No. 7037, A-25/27, Asaf Ali Road, New Delhi-110 002

## GPA - TAILOR MADE - ENDORSEMENT SCHEDULE

Attached to and forming part of Policy No : 473100/48/2023/353

Endorsement No : 473100/48/2023/353/001

Endorsement Date : 25/10/2022

Endorsement Effective From 12:02 On 25/10/2022 To Midnight Of 21/10/2023

Insured's Code : 74532175

Issue Office Code : 473100

Insured's Name : M/S DESHEEYA VIDYA SHALA  
SAMITHI (R)., SHIMOGA (GSTIN: 0)

Issue Office Name : DO SHIMOGA (GSTIN:  
29AAACT0627R4ZS)

Address : A/C STUDENTS OF THE ABOVE  
VARIOUS EDUCATIONAL  
INSTITUTIONS AS PER THE  
SCHEDULE ATTACHED HEREWITH

Address : VINAYAKA COMPLEX,  
GARDEN AREA IST CROSS,  
SHIMOGA 577201  
HUBLI KARNATAKA 577201

SHIMOGA KARNATAKA 577201

### Agent/Broker Details

Dev.Off.Code : NA0000002935 BO SHIMOGA DIRECT

Agent/Broker : BA0000039186 N C VIJAYA KUMAR

Address : s/o NYAMATHI GURUSIDDAPPA, SHIFA NILAYA, 3rd CROSS, A N  
K ROAD, VENKATESH NAGAR, SHVAMOGGA 577201, Agency

Tel/Fax/Email Number : OIC/470000/322/0705, SHIMOGA, KARNATAKA, 577201

: 9449327788/9449327788//ncvijayakumar.oicsmg@gmail.com

Total Premium : 0

Type of Endorsement : Nil Endorsements

Collection No & Dt : GST INVOICE NO :2921386603 UIN :0

Co Insurance Details :

## ENDORSEMENT

Notwithstanding anything contained herein to the contrary in the within mentioned policy it is hereby declared and agreed that: 1.Rs.2 lakh shall be payable as per the policy condition for accidental death of student or staff member covered as per the schedule attached. 2.Rs.1 lakh shall be payable as per the policy condition for permanent total disablement ie., loss of one eye or one limb due to accident of student or staff member covered as per the schedule attached (disability must to be certified by the Govt District Health Officer or Govt District Surgeon) as per pa policy condition 3. Rs.2 lakh shall be payable as per the policy condition for permanent total disablement ie., loss of two eyes or two limbs or one eye and one limb due to accident of student or staff member covered as per the schedule attached (disability must to be certified by the Govt District Health Officer or Govt District Surgeon) as per pa policy condition. 4. Disablement percentage (as specified in the policy) of sum insured as per the policy condition shall be payable for permanent partial disablement due to accident of student or staff member covered as per the schedule attached (disability must to be certified by the Govt District Health Officer or Govt District Surgeon) as per pa policy condition subject to maximum of rs.2 lakhs. 5. Re-imbursment of accidental hospital medical expenses (as in-patient) up to rs.5000 or actuals, whichever is less and this is restricted to one claim per student/ staff member during the policy period. 6. Maximum limit of liability per student/ staff member is rs.2 lakhs for the policy period. Subject otherwise to the terms, conditions, exceptions, exclusions and limitations of the policy

## SCHEDULE OF PREMIUM

### Cover Description

Place : : HUBLI

Date : 25/10/2022



For and on behalf of  
The Oriental Insurance Company Limited



Authorized Signatory

Page 1 of 2

All the Amounts mentioned in this policy are in INDIAN RUPEES





# The Oriental Insurance Company Limited

Attached to and forming part of policy number 473100/48/2023/353

Original Sum Insured	Endorsement Sum Insured	Revised Sum Insured	Endorsement Premium
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Total Amount in figures and words : 0 ( INDIAN RUPEES only )

The Insurance under this policy / endorsement is subject to following terms, conditions, warranties & clauses specified in the policy / endorsement:

All other terms/conditions/warranties/clauses in the policy remain unaltered

Warranted that in case of dishonour of premium cheque(s) the company shall not be liable under the endorsement and the endorsement shall be void ab initio

In witness whereof the undersigned begin authorised by and on behalf of the company has herein to set his hands.

Entered By : S V SURESH

Examined By : S V SURESH

For and on behalf of  
The Oriental Insurance Company Limited

Authorised Signatory



Place : : HUBLI

Date : 25/10/2022



For and on behalf of  
The Oriental Insurance Company Limited

Authorised Signatory



All the Amounts mentioned in this policy are in INDIAN RUPEES

**PERSONAL ACCIDENT POLICY (GROUP)**  
**UIN: IRDA/NL- HLT/OIC/P- P/V .1/457/13-14**

**ISSUING OFFICE**

**The Oriental Insurance Company Limited**  
**Head Office: A 25/27, Asaf Ali Road, New Delhi -110002**

**PERSONAL ACCIDENT POLICY (Group)**

WHEREAS the Insured named in the Schedule hereto (herein after called the 'Insured') had made and/or caused to be made to 'The Oriental Insurance Co. Ltd.' (hereinafter called the 'Company') a written proposal and/or declaration dated as stated in the Schedule hereto (warranting the truth of the statements contained therein) has made and/or declaration dated as stated in schedule here to which together with any statements and warranties contained therein shall be the basis of this contract and is/are deemed to be incorporated herein, for the insurance herein after set forth in respect of persons detailed in the schedule of Insured persons (hereinafter called the "Insured Persons").

**NOW THE POLICY WITNESSETH** that subject to and in consideration of the payment made or agreed to pay the company the premium for the period stated in the schedule or for any further period for which the company may accept payment for the renewal of this policy and subject to the terms, provisions, definitions, exceptions and conditions therein expressed or contained or hereon endorsed the company shall pay to the insured to the extent and in the manner herein after provided that if any of the insured persons shall sustain any bodily injury resulting solely and directly from accident caused by external, violent and visible means the sum herein after set forth in respect of any of the insured specified in the schedule .

(a) If such injury shall within Twelve(12) calendar months of its occurrence be the sole and direct cause of the death of the Insured Person, the Capital Sum Insured (CSI) stated in the Schedule hereto applicable to such insured person.

(b) If such injury shall within Twelve (12) calendar months of its occurrence be the sole and direct cause of the total and Irrecoverable loss of

i) sight of both eyes, or, of the actual loss by physical separation of two entire hands or two entire feet or of one entire hand and one entire foot, or of such loss of sight of one eye and such loss of one entire hand or one entire foot, the Capital Sum Insured stated in the Schedule hereto applicable to such insured person.

ii) Use of two hands or two feet, or of one hand and one foot, or of such loss of sight of one eye and such loss of use of one foot or one hand, the Capital Sum Insured stated in the Schedule hereto applicable to such insured person.

(c) If such injury shall within Twelve (12) calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of:

i ) the sight of one eye, or of the actual loss by physical separation of one entire hand or of one entire foot, fifty percent (50%) of the Capital Sum Insured stated in the schedule hereto applicable to such insured person.

ii ) total and irrecoverable loss of use of a hand or a foot without physical separation, fifty percent (50%) of the Capital Sum Insured stated in the Schedule hereto applicable to such insured person. PERSONAL ACCIDENT POLICY (GROUP) UIN: IRDA/NL- HLT/OIC/P- P/V 1/457/13-14



**NOTE:** For the purpose of Clause (b) and Clause (c) above, 'physical separation' of a hand or foot means separation at or above the wrist and/or of the foot at or above the ankle.

(d) If such injury shall, as direct consequence thereof, immediately, permanently, totally and absolutely, disable the Insured person from engaging in any employment or occupation of any description whatsoever then a lump sum equal to 100% of the capital Sum Insured stated in the schedule hereto applicable to such insured person.

(e) If such injury shall within twelve (12) calendar months of its occurrence be the sole and direct cause of the total and/or partial irrecoverable loss of use or the actual loss by physical separation of the following, then the percentage of the capital Sum Insured applicable to such insured person in the manner indicated below shall be payable:

LOSS	% OF CAPITAL SUM INSURED
i) Loss of toes – all	20
	5
Both Great phalanges	2
One Great phalanx	1
Other than great, if more than one toe lost each	
ii) Loss of hearing both ears	50
iii) Loss of hearing one ear	15
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	10
-three phalanges	8
-two phalanges	4
-one phalanx	
viii) Loss of middle finger	6
-three phalanges	4
-two phalanges	2
-one phalanx	
ix) Loss of ring finger	5
-three phalanges	4
-two phalanges	2
-one phalanx	
x) Loss of little finger	4
-three phalanges	3
-two phalanges	2
-one phalanx	
xi) Loss of metacarpals	3
-first or second(additional)	2
-third, fourth or fifth(additional)	
xii) Any other permanent-Partial disablement	As assessed by the doctor

**EXPENSES FOR CARRIAGE OF DEAD BODY AND/OR FUNERAL EXPENSES:** in the event of the death of insured person due to accident, as defined in the policy, outside his/her residence, the company shall reimburse expenses incurred for transportation of insured's dead body to the place of residence and or funeral expenses subject to a maximum of 2% of capital sum insured or Rs 2500/- whichever is less.

**MEDICAL EXPENSES** (When opted for an additional premium) : The accident portion can be extended to include Medical Expenses to the extent of 25% of valid admissible claim amount subject to payment of additional premium at the rate of 10% or to the extent of 50% of valid admissible claim amount subject to





payment of additional premium at the rate of 25% on basic premium for accident cover. The payment of medical expenses shall be subject to the policy terms, condition, exception and definition provided herein.

### 3. DEFINITIONS:

(a) ACCIDENT - An accident is a sudden, unforeseen and involuntary event caused by external and visible and violent means

(b) CONDITION PRECEDENT - Condition Precedent shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

(c) 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.

(d) HOSPITAL / NURSING HOME - A Hospital means any institution established for in-patient care and day care treatment of injuries and which has been registered as a Hospital with the local authorities under the Clinical establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

- i. Has qualified nursing staff under its employment round the clock.
- ii. Has at least 10 in-patient beds in towns having a population of less than 10 lacs and at least 15 in-patient beds in all other places;
- iii. Has qualified medical practitioner(s) in charge round the clock;
- iv. Has a fully equipped Operation Theatre of its own where surgical procedures are carried out;
- v. Maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

(e) HOSPITALISATION - Means admission in a Hospital/Nursing Home 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.

(f) INJURY - Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

(g) LOSS OF LIMB(S): It shall mean physical separation of one or more hands or feet or permanent and total loss of use of one or more hands or feet.

(h).PHYSICAL SEPERATION: It shall mean separation of hand at or above the wrist and/or of the foot at or above the ankle.

(i)PERMANENT TOTAL DISABLEMENT: The bodily injury, which is direct cause of permanently, totally and absolutely disabling the person insured from engaging in being occupied with or giving attention to any employment or occupation of any description whatsoever.

(j)PERMANENT PARTIAL DISABLEMENT: The bodily injury which is the sole and direct cause of total and irrecoverable loss of use of or the actual loss by physical separation permanently incapacitating the Insured Person to the extent of 40% or more in aggregate.

(k) IN-PATIENT CARE - In-patient care means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

(l) MEDICALLY NECESSARY - Medically Necessary treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which

- i. Is required for the medical management of injury suffered by the insured;
- ii. Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in

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scope, duration or intensity;

iii. Must have been prescribed by a Medical Practitioner;

iv. Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

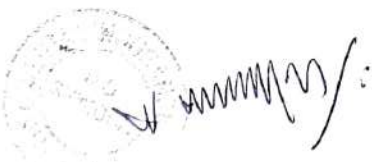
(m) **MEDICAL PRACTITIONER** - A Medical Practitioner is a person who holds a valid registration from the Medical Council of any State of India or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license. The term Medical Practitioner would include Physician, Specialist and Surgeon. (The Registered Practitioner should not be the insured or close family members such as parents, in-laws, spouse and children).

(n) **REASONABLE CHARGES** - 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 injury involved.

**EXCEPTIONS PROVIDED ALWAYS THAT:**

The Company shall not be liable under this Policy for:

1. Compensation under more than one of the foregoing Sub-Clauses i.e. (a), (b), (c) and (d) except (e) in respect of the same period of disablement.
2. Any other payment after a claim under one of the Sub-Clauses (a), (b), (c) or (d) has been admitted and become payable.
3. Any payment, in case of more than one claim in respect of such Insured Person under the Policy, during any one period of insurance by which the maximum liability of the Company specified in the schedule applicable to such Insured Person exceed the sum payable under sub-clauses (a) of this Policy to such Insured Person.
4. Payment of weekly compensation until the total amount shall have been ascertained and agreed.
5. Payment of compensation in respect of Death, Injury or Disablement of the 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, 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,
  - (d) directly or indirectly caused by venereal disease/s, or insanity,
  - (e) arising or resulting from the insured person committing any breach of law with criminal intent.
6. 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 kings, princes and people of whatsoever nation, condition or quality.
7. Payment of Compensation in case of death of, or bodily injury to the Insured Person:
  - (a) Directly or indirectly caused by or contributed to by or arising from ionizing radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste 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 weapons material.Provided also that the due observance and fulfillment of the terms and conditions of this Policy (which conditions and all endorsements hereon are to be read as part of this Policy) shall so far as they relate to anything to be done or not to be done by the insured be a condition precedent to any liability of the Company under this Policy.

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8. Pregnancy Exclusion Clause: The Insurance under this Policy shall not extend to cover death or disablement resulting directly or indirectly caused by, contributed to or aggravated or prolonged by childbirth or from pregnancy or in consequence thereof.

### CONDITIONS

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

2. 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 postmortem examination of the body of the Insured Persons . Such evidence as the Company may from time to time require shall be furnished and a post-mortem examination report, if necessary, be furnished within the space of fourteen days after demand in writing and 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.

~~No sum payable under this policy shall carry interest.~~

### PROVISION

Provided the all sums payable hereunder shall be payable:

(i) In case of death or permanent total disablement only after deleting by an endorsement the name of insured person in respect of whom such sum shall become payable without any refund of premium.

(ii) In case of permanent partial disablement only after reduction by an endorsement of the capital sum insured by the amount admissible under the claim in respect of the insured person to whom such shall become payable and

(iii) In case of temporary total disablement upon termination of such disablement.

3. The Company shall not be liable to make any payment under the policy in respect of any claim if such claim be in any manner fraudulent or supported by any fraudulent statement or device, whether by the insured or by any person on behalf of the insured Person(s).

4. (a) The insured shall give immediate notice to the Company of any change in any of the insured Person's business or occupation.

(b) The insured shall, on tendering any premium for the renewal of his 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 last preceding premium.

5. The Policy may be renewed by mutual consent every year and in such event, the renewal premium shall be paid to the Company on or before the date of expiry of the Policy or of the subsequent renewal thereof. The Company shall not, however, be bound to give notice that such Renewal Premium is due.

6. The company may at any time, by notice in writing, terminate this Policy, provided that the Company shall in that case return to the insured the then last paid premium in respect of such persons in respect of whom no claim has arisen less a pro-rata part thereof for the portion of the current insurance period which shall have expired. Such notice shall be deemed sufficiently given if posted and addressed to the insured at the address last registered in the Company's books and shall be deemed to have been received by the insured at the time when the same would be delivered in the ordinary course of post.

**OR**

The Policy may be canceled at any time by the insured by a notice in writing under a certificate of Posting or a Regd. A. D. Such notice shall be deemed to be effective from the date of dispatch of the same by the insured.

**PROVIDED** no claim has arisen under the within mentioned Policy prior to the dispatch of such notice by the insured to the Company, the insured would be entitled to the return of premium less premium at Company's short period rate for the period the policy has been in force. PERSONAL ACCIDENT POLICY (GROUP) UIN:

IRDA/NL- HLT/OIC/P- P/V .1/457/13-14





7. The Company shall not be bound to take 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 shall in all cases be an effective discharge to the Company.

8. "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 an sole arbitrator to be appointed in writing by the parties in difference 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 3 arbitrators, comprising of two arbitrators one to be appointed by each of the party 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 arbitrations and conciliation Act 1996.

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration 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 the award by such arbitrator, arbitrators of the amount of the loss or damage shall be first obtained.

It is also hereby further expressly agreed and declared that if the Company shall disclaim liability to the insured for any claim hereunder and such claim shall not within 12 calendar months from the date of such disclaimer have been made the subject matter of a suit in a court of Law, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

**9. IRDA REGULATIONS:** This policy is subject to IRDA (Health Insurance) Regulations 2013 and IRDA (Protection of Policyholders' Interest) Regulations 2002 as amended from time to time.

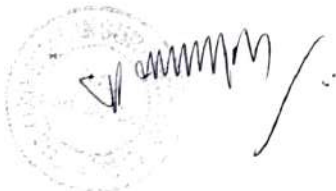
**10. GRIEVANCE REDRESSAL :** In the event of the policyholder having any grievance relating to the insurance, the insured person may submit in writing to the Policy Issuing Office or Grievance cells at Regional Office of the Company for redressal. If the grievance remains unaddressed, the insured person may contact the Officer, Uni-Customer Care Department, Head Office email us at [csd@orientalinsurance.co.in](mailto:csd@orientalinsurance.co.in).

**11. OMBUDSMAN:** The Insured person can also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance. The updated list of Office of Insurance Ombudsman are available on IRDA website [www.irda.gov.in](http://www.irda.gov.in) and on the website of General Insurance Council [www.gicouncil.in](http://www.gicouncil.in)

## **12. IMPORTANT NOTICE**

i. The Company may revise any of the terms, conditions and exceptions of this insurance including the premium payable on renewal in accordance with the guidelines/rules framed by the Insurance Regulatory and Development Authority (IRDA) and after obtaining prior approval from the Authority. We shall notify you of such changes at least three months before the revision are to take effect.

ii. The Company may also withdraw the insurance as offered hereunder after following the due process as laid down by the IRDA and after obtaining prior approval of the IRDA and we shall offer to cover you under such revised/new terms, conditions, exceptions and premium for which we shall have obtained prior approval from the Authority

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