पॉलिसी अनुसूची/ Policy Schedule-GroupMediclaim-Tailormade	
पॉलिसी संख्या / ***Policy Number: 602100502510000552***	व्यवसाय स्रोत/ *Business Source: 602100*
जारीकर्ता कार्यालय/***Issuing Office*** कार्यालय कोड/ *Office Code: 602100* कार्यालय पता/ *Office Address: BENGALURU BUSINESS OFFICE II No 672, First Floor,11th Main Jayanagar 4T Block, - 560011.* राज्य कोड/***State Code:*** 29 , Karnataka जीएसटीएन/***GSTIN****:* 29AAACN9967E1ZZ संपर्क संख्या/*Contact Number: 80 26542333* मोबाइल संख्या /*Mobile Number: 0*	विक्रय चैनल विवरण/ ***Sales Channel Details*** कोड/ *Code: 602100* नाम/ *Name: Bengaluru Corporate Business Office (CBO)* संपर्क संख्या/*Contact Number:* UIN No: NICHLGP14033V011314 **Customer Care Toll Free Number:1800 345 0330** **email:customer.support@nic.co.in** ***9920501906***

ग्राहक का नाम /Customer Name: BHARATIYA RESERVE BANK NOTE MUDRAN PVT LTD	ग्राहक आईडी /Customer ID: 9510378024	पैन /PAN: ********1E
पता/ Address: CORPORATE OFFICE, NO 3 & 4, 1ST PHASE 1ST STAGE, BTM LAYOUT, BANNERGHATTA, शहर/City: BENGALURU, जिला/District: BENGALURU, राज्य/State: KARNATAKA, पिन/PIN: 560076. सेल/Cell: ********11	आधार /AADHAR: फोन /Phone: ********11 ई-मेल /E-Mail: **********ru@brbnmpl.co.in	

पॉलिसी: 01/10/2025 के 00:00 से 30/09/2026 की मध्य रात्रि तक प्रभावी **/Policy Effective from 00:00 hours, on 01/10/2025 to midnight of 30/09/2026**

प्रीमियम/ Premium	₹18,32,884.00	कवर नोट संख्या और तिथि / Cover Note Number and Date	लागू नहीं /NA
Less:Digital Discount	₹ 0.00		
Total Premium	₹ 18,32,884.00		
सीजीएसटी/CGST	₹ 1,64,960.00	प्रस्ताव संख्या और तिथि/ Proposal Number and Date	8800231009200414 दिनांक/Dt. 29/09/2025
एसजीएसटी/यूटीजीएसटी / SGST/UTGST	₹ 1,64,960.00		
आईजीएसटी/IGST	₹ 0.00		
कम:जीएसटी_टीडीएस / Less:GST_TDS	₹ 0.00		
वसूली योग्य योग्य स्टाम्प ड्यूटी /Recoverable Stamp Duty	₹ 0.00	रसीद संख्या और तिथि/ Receipt Number and Date	602100502582100052,602100502382100054, 602100502582100050,602100502482100528, 602100502382100230,602100422282100046, 602100502482100526,602100422382100026, 602100422382100028,602100502382100110, 602100502382100144,602100502482100096, 602100502482100070,602100812510002209, 602100502482100108,602100502482100512 दिनांक/Dt. 20/08/2025,30/10/2023,20/08/2025,29/05/2025,18/02/2025,02/11/2023,22/05/2025,22/05/2024,07/12/2024,29/01/2024,07/03/2024,11/12/2024,21/11/2024,26/09/2025,09/01/2025,09/04/2025
कुल राशि **/Total Amount**	₹ 21,62,804.00	पिछली पॉलिसी संख्या और समाप्ति तिथि / Previous Policy Number and Expiry Date	602100502210000743दिनांक/Dt.30/09/2023 602100501910001047दिनांक/Dt.05/10/2020 602100502010000947दिनांक/Dt.05/10/2021 602100502110000764दिनांक/Dt.05/10/2022 602100502310000654दिनांक/Dt.30/09/2024 602100502410000558दिनांक/Dt.30/09/2025
(रूपए/Rupees Twenty One Lakh Sixty Two Thousand Eight Hundred Four केवल/Only.)			
*सरकारी सब्सिडी Government Subsidy:	₹ 0.00		

LocationAddress:
1)3 & 4, 1st Stage, 1st Phase, BTM Lay Out, Bannerghatta Road,,Bengaluru,Bengaluru,Karnataka,560029.

Number of families:39 **Number of Lives covered:** 79

SL. No	Coverage	Coverage Description	Sum Insured
1	Standard Cover	Tailor Made Group Mediclaim Policy(Trust) covering 79 lives (39 Self and 40 of their dependents) as per List attached	₹ 1,67,00,000.00

पॉलिसी अनुसूची/ Policy Schedule-GroupMediclaim-Tailormade	
पॉलिसी संख्या / ***Policy Number: 602100502510000552***	व्यवसाय स्रोत/ *Business Source: 602100*
जारीकर्ता कार्यालय/***Issuing Office*** कार्यालय कोड/ *Office Code: 602100* कार्यालय पता/ *Office Address: BENGALURU BUSINESS OFFICE II No 672, First Floor,11th Main Jayanagar 4T Block, - 560011.* राज्य कोड/***State Code:*** 29 , Karnataka जीएसटीएन/***GSTIN****:* 29AAACN9967E1ZZ संपर्क संख्या/*Contact Number: 80 26542333* मोबाइल संख्या /*Mobile Number: 0*	विक्रय चैनल विवरण/ ***Sales Channel Details*** कोड/ *Code: 602100* नाम/ *Name: Bengaluru Corporate Business Office (CBO)* संपर्क संख्या/*Contact Number:* UIN No: NICHLGP14033V011314 **Customer Care Toll Free Number:1800 345 0330** **email:customer.support@nic.co.in** ***9920501906***

	अधिक**/Excess:** As per Group Mediclaim policy.

TPA Details: GOOD HEALTH TPA LTD - BENGALURU, No 31, 7th Cross, 2nd Main, Binnamangala Extn, Near BDA complex, Indira Nagar 1st Stage, Bangalore, Karnataka - 560038 Contact No : 80 - 41521384 Email : customer.care@ghpltpa.com.

Clauses	As per Annexure I

FINANCIER DETAILS

टिप्पणियां/ **Remarks:** As per policy Terms and conditions

जिसकी गवाही में **29/September/2025** को उपरोक्त उल्लिखित कार्यालय पते पर अधोहस्ताक्षरी को विधिवत अधिकृत किया जा रहा है उसके हाथ निर्धारित किए जाएं। यह अनुसूची, संलग्न पॉलिसी, खण्ड, पृष्ठांकन और पॉलिसी शब्दों, जो कंपनी वेबसाईट ***https://nationalinsurance.nic.co.in*** पर उपलब्ध है, को एक अनुबंध के रुप में एक साथ पढ़ा जाए तथा कोई भी शब्द या अभिव्यक्ति जिसके लिए यह विशिष्ट अर्थ पॉलिसी या अनुसूची के किसी भी हिस्से में संलग्न किया गया हो, एक ही अर्थ वहन करेगा चाहे जहॉ भी उल्लिखित हो। यह आश्वासन दिया जाता है कि प्रीमियम चेक की अस्वीकृति के मामले में, यह दस्तावेज स्वतः आरंभ से ही निरस्त मानी जाएगी । ***/IN WITNESS WHEREOF****, the undersigned being duly authorized hereunto set his/ her hand at the office address mentioned above, this* **29/September/2025.***This schedule, the attached policy, the clauses, the endorsements and policy wordings as available in the website* ***https://nationalinsurance.nic.co.in*** *shall be read together as one contract and any word or expression to which the specific meaning has been attached in any part of this policy or of the schedule shall bear the same meaning wherever it may appear. It is warranted that* ***IN CASE OF DISHONOUR OF THE PREMIUM CHEQUE, THIS DOCUMENT STANDS AUTOMATICALLY CANCELLED 'AB-INITIO'***

इंश्योरेन्सइंडियालिमिटेड ओम्बड्समैन का विवरण/Ombudsman Details: Office of the Insurance Ombudsman,Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, No.-19/19, 24th Main Road,1st Phase,JP Nagar,Bengaluru - 560 078.
Tel.: 080 - 26652048 / 26652049
Email: bimalokpal.bengaluru@cioins.co.in.

स्टांप ड्यूटी **Stamp Duty:** (₹ *1.00*)

कृते नेशनल इन्श्योरेन्स कंपनी लिमिटेड/
For and on behalf of National Insurance Company Limited
अधिकृत हस्ताक्षरकर्ता/ ***Authorized Signatory***

पॉलिसी अनुसूची/ Policy Schedule-GroupMediclaim-Tailormade	
पॉलिसी संख्या / ***Policy Number: 602100502510000552***	व्यवसाय स्रोत/ *Business Source: 602100*
जारीकर्ता कार्यालय/***Issuing Office*** कार्यालय कोड/ *Office Code: 602100* कार्यालय पता/ *Office Address: BENGALURU BUSINESS OFFICE II No 672, First Floor,11th Main Jayanagar 4T Block, - 560011.* राज्य कोड/***State Code:*** 29 , Karnataka जीएसटीएन/***GSTIN****:* 29AAACN9967E1ZZ संपर्क संख्या/*Contact Number: 80 26542333* मोबाइल संख्या /*Mobile Number: 0*	विक्रय चैनल विवरण/ ***Sales Channel Details*** कोड/ *Code: 602100* नाम/ *Name: Bengaluru Corporate Business Office (CBO)* संपर्क संख्या/*Contact Number:* UIN No: NICHLGP14033V011314 **Customer Care Toll Free Number:1800 345 0330** **email:customer.support@nic.co.in** ***9920501906***

अनुलग्नक I / **ANNEXURE I**– लागू खंडों की सूची/ **List of Applicable Clauses**	
क्लॉज सं./ Clause No.	**शीर्षक/Title**
	TERMS AND CONDITIONS : Tailor Made Group Mediclaim Policy(Trust) covering 79 lives (39 Self and 40 of their dependents) as per List attached Sum Insured and OPD Cover Bifurcation Sum Insured-3 Lakhs & OPD Cover-10,000/- Sum Insured-4 Lakhs &OPD Cover-15,000/- Sum Insured-5 Lakhs &OPD Cover-20,000/- Family Definition: Retired Employee,dep. spouse and unmarried dep.son and unmarried dep.daughter upto 25 years of age. 1. Retired Employees of BRBNMPL are covered 1. In consideration of additional premium paid by the Insured, it is hereby agreed and declared that exclusion numbered 4.1, 4.2, 4.3, 4.12 of the Policy shall stand deleted. 2. Sum Insured on floater basis as per the schedule attached hereto 3. Room rent limit 1% of the SI per day for normal hospitalization & 2% limit for ICU charges. The maximum over all limit under section1-A, 1-B & 1-C is not applicable. 4. Pre & post Hospitalization of 30 days and 60 days covered. 5. 140 daycare procedures are covered from day one. 6. Ayurveda treatment taken in Govt. hospitals are covered up to 20% of the sum insured. 7. Ambulance Charges: 1% of the SI or Rs.2000/- whichever is less 8.OPD is covered For Sum Insured of 3 Lakhs-OPD Cover of 10,000/- For Sum Insured of 4 Lakhs-OPD Cover of 15,000/- For Sum Insured of 5 Lakhs-OPD Cover of 20,000/- Subject to other Terms and Condition of Standard Group Mediclaim Policy attached. TPA: GHPL, BANGALORE

कृते नेशनल इन्श्योरेन्स कंपनी लिमिटेड/
For and on behalf of National Insurance Company Limited

अधिकृत हस्ताक्षरकर्ता/ **Authorized Signatory**

टैक्स इनवॉयस/TAX INVOICE

इनवॉयस क.सं./**Invoice Serial No:** 30671H5PE0000552 इनवॉयस ि तिथ/**Invoice Date:** 29/09/2025

आपूर्तिकर्ता का विवरण/**Details of Supplier**:

नेशनल इन्श्योरेन्स कंपनी लिमिटेड/National Insurance Company Limited.,
BENGALURU BUSINESS OFFICE II No 672, First Floor,11th Main Jayanagar 4T Block, - 560011
राज्य/State : 29 , Karnataka
जीएसटीआएन नंबर/ GSTIN No : 29AAACN9967E1ZZ

प्राप्तकर्ता का विवरण/**Details Of Receiver** : BHARATIYA RESERVE BANK NOTE MUDRAN PVT LTD

पता/Address : CORPORATE OFFICE, NO 3 & 4, 1ST PHASE 1ST STAGE, BTM LAYOUT, BANNERGHATTA
शहर/City : BENGALURU,
जिला/District: BENGALURU,
राज्य/State: KARNATAKA,
पिन/PIN: 560076.

आपूर्ति का स्थान/Place Of Supply State : Karnataka
राज्य कोड/State Code : 29
जीएसटीआईएन नंबर/GSTIN No : 29AAACB8111E1Z1
यूआयएन नं.UIN No : NA

सैक कोड/**SAC Code**	सेवा का विवरण/ **Description of Service**	कुल/**Total(₹)**	छूट/ **Discount**	टैक्स योग्य/ मूल्य/ **Taxable Value(₹)**	सीजीएसटी की राशि/ **CGST**		एसजीएसटी/यूटीजीएसटी /**SGST/UTGST**		आईजीएसटी/**IGST**		**Kerala Flood Cess**
					दर/ **Rate**	राशि/**Amount(₹)**	दर/ **Rate**	राशि **Amount(₹)**	दर/ **Rate**	राशि/ **Amount(₹)**	राशि/ **Amount(₹)**
997133	Accident and health insurance services	18,32,884	0%	18,32,884	9%	1,64,960	9%	1,64,960	0%	0	0
TOTAL		18,32,884		18,32,884		1,64,960		1,64,960		0	0

कुल इनवॉयस मूल्य (अंकों में)**Total Invoice Value (In figures) :** ₹ 21,62,804

कुल इनवॉयस मूल्य (शब्दों में)**Total Invoice Value (In words) :** रूपए/**Rupees Twenty One Lakh Sixty Two Thousand Eight Hundred Four** केवल/**Only.**

रिवर्स चार्ज के अधीन टैक्स की राशि/ **Amount of Tax Subject to Reverse Charge : No**

E.&.O.E

कृते नेशनल इन्श्योरेन्स कंपनी लिमिटेड/
For and on behalf of National Insurance Company Limited

अधिकृत हस्ताक्षरकर्ता/ **Authorized Signatory**

Azadi Ka Amrit Mahotsav