

पॉलिसी अनुसूची/ Policy Schedule-GroupMediclaim-Tailormade	
पॉलिसी संख्या / Policy Number: 200100502510000181	व्यवसाय स्रोत/ <i>Business Source:</i> 200100
जारीकर्ता कार्यालय/ Issuing Office कार्यालय कोड/ <i>Office Code:</i> 200100 कार्यालय पता/ <i>Office Address:</i> GUWAHATI BUSINESS OFFICE I 2nd Floor, Lohia Mansion,GS Road, Bhangagarh, Guwahati, - 781005. राज्य कोड/ State Code: 18 , Assam जीएसटीएन/ GSTIN: 18AAACN9967E1Z2 संपर्क संख्या/ <i>Contact Number:</i> 361 2451163 मोबाइल संख्या / <i>Mobile Number:</i> 0	विक्रय चैनल विवरण/ Sales Channel Details कोड/ <i>Code:</i> 200100 नाम/ <i>Name:</i> Guwahati Division I संपर्क संख्या/ <i>Contact Number:</i> UIN No: NICHLGP14033V011314 Customer Care Toll Free Number:1800 345 0330 email:customer.support@nic.co.in 9920501906



ग्राहक का नाम /Customer Name: INDIAN INSTITUTE OF TECHNOLOGY GUWAHATI पता/ Address: INDIAN INSTITUTE OF TECHNOLOGY GUWAHATI GUWAHATI 781039 ASSAM, INDIA, शहर/City: GUWAHATI, जिला/District: KAMRUP METRO, राज्य/State: ASSAM, पिन/PIN: 781039. सेल/Cell: *****80	ग्राहक आईडी /Customer ID: 9702295899 आधार /AADHAR: फोन /Phone: *****80 ई-मेल /E-Mail: *****is@iitg.ac.in	पैन /PAN: *****0P
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पॉलिसी: 01/08/2025 के 00:00 से 31/07/2026 की मध्य रात्रि तक प्रभावी / Policy Effective from 00:00 hours, on 01/08/2025 to midnight of 31/07/2026			
प्रीमियम/ Premium	₹2,99,71,631.00	कवर नोट संख्या और तिथि / Cover Note Number and Date	लागू नहीं /NA
Less:Digital Discount	₹ 0.00		
Total Premium	₹ 2,99,71,631.00		
सीजीएसटी/CGST	₹ 26,97,447.00	प्रस्ताव संख्या और तिथि/ Proposal Number and Date	8800230731883007 दिनांक/Dt. 30/07/2025
एसजीएसटी/यूटीजीएसटी / SGST/UTGST	₹ 26,97,447.00		
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	200100812510001144,200100812510001145, 200100812510001147,200100812510001146, 200100812510001152 दिनांक/Dt. 30/07/2025,30/07/2025,30/07/2025,30/07/2025,31/07/2025
कुल राशि / Total Amount	₹ 3,53,66,525.00	पिछली पॉलिसी संख्या और समाप्ति तिथि / Previous Policy Number and Expiry Date	200100502310000159दिनांक/Dt.31/07/2024 / 200100502410000163दिनांक/Dt.31/07/2025
(रूपए/Rupees Three Crore Fifty Three Lakh Sixty Six Thousand Five Hundred Twenty Five केवल/Only.)			
*सरकारी सब्सिडी Government Subsidy:	₹ 0.00		

LocationAddress:

1)INDIAN INSTITUTE OF TECHNOLOGY,GUWAHATI, ASSAM,Guwahati,Kamrup Metro,Assam,781039.

Number of families:7780 Number of Lives covered: 10220

SL. No	Coverage	Coverage Description	Sum Insured
1	Standard Cover	GROUP MEDICAL INSURANCE SCHEME 2025-26 OF STUDENTS, EMPLOYEES AND DEPENDENTS, RETIREES AND DEPENDENTS	₹ 50,65,00,000.00
	Additional Information: NA		
2	Corporate buffer	CORPORATE BUFFER - GROUP MEDICAL INSURANCE SCHEME 2025-26 OF STUDENTS, EMPLOYEES AND DEPENDENTS, RETIREES AND DEPENDENTS	₹ 1,00,00,000.00
	Additional Information: NA		

TPA Details: MEDI ASSIST INDIA TPA PVT LTD - KOLKATA CRO II, Thappar House, 8th Floor ,25 Brabourne Road, Kolkata. - 700001 Contact No : 33 - 39835717 Fax : 33 - 39835702 Email : nic@mediassist.in.

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Clauses	
As per Annexure I	



FINANCIER DETAILS

टिप्पणियां/ **Remarks:** GROUP MEDICLAIM INSURANCE SCHEME 2025-26 FOR IITG STUDENTS, EMPLOYEES AND DEPENDENTS, RETIREES AND DEPENDENTS.

GROUP SIZE
1. STUDENTS- 6745 nos.
2. EMPLOYEES- 1013 nos.
3. RETIREES- 22 nos.
4. TOTAL LIVES-10220 nos.

BASIC SUM INSURED:
1. CORPORATE BUFFER- RS 1 CRORE.
2. EMPLOYEES, RETIREES -05 LAC PER FAMILY ON FLOATER BASIS.
3. STUDENTS- 02 LAC PER STUDENT

COVERAGE-

1. AS PER TENDER REF NO IITG/MS/GMIS/6/2025-26 Dt. 24th June 2025
2. AS PER CORRIGENDUM DT 26-06-2025
3. As per expiring policy 200100502410000163 and expiring agreement No IN-AS15597935519601W.
4. AS PER AWARD letter-IITG/MS/GMIS/6/2025-26/95
5. All other terms and conditions will be as per National Group Mediclaim Policy.

This is a Master Policy and addition of Employees, Students, Retirees will be processed through subsequent endorsement on receipt of premium.

जिसकी गवाही में **31/July/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 रूप 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 जहाँ 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 31/July/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'**

इंश्योरेंसइंडियालिमिटेड ओम्बड्समैन का विवरण/Ombudsman Details: Office of the Insurance Ombudsman, Jeevan Nivesh Bldg., 5th Floor, Near Panbazar, S.S. Road, Guwahati - 781001.
Tel.: 0361 - 2632204 / 2632205 / 2631307
Email: bimalokpal.guwahati@ciains.co.in.

स्टॉप ड्यूटी
**Stamp
Duty:**
(₹ 1.00)

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

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अनुलग्नक I / ANNEXURE I- लागू खंडों की सूची/ List of Applicable Clauses

क्लॉज सं./ Clause No.	शीर्षक/Title
	<p>REVISED COVERAGE FROM EXPIRING POLICY : REVISED COVERAGE FROM EXPIRING POLICY AND AGREEMENT</p> <ol style="list-style-type: none"> 1. Basic SI 5 lakh per employee Family 2. Basic SI 2 lakh per Student 3. Corporate Buffer- Rs 1 Crore 4. New born babies shall be covered under a cashless facility from day one(1) for the entire policy period not exceeding the Total Sum Insured opted/available for each family. 5. Internal Congenital/ Psychiatric cases: Disorders under this category also will be covered for the entire policy period not exceeding the Total Sum Insured opted/available for each family or student. External Congenital cover only Cleft Lip & Cleft Palate. Covered upto Rs 15 lakhs for the entire group in the policy period. Only for congenital cases since birth. No coverage for any other similar conditions not related to external congenital cases. 6. Reimbursement of serology test (HIV, HbsAg, HCV)- upto Rs 5000 7. Reimbursement of RT-PCR test and Rapid Antigen test for Covid-19 in respect of any treatment as the current situations demand that before admitting in-patients, hospitals take the COVID test for the patients and their assistant(s) upto Rs. 5000. 8. Revised capping: Rs. 40,000 per injection, upto a maximum Rs. 1,20,000 per family <p>DELETED: Dental treatment like Root Canal Treatment (RCT) on OPD basis (without hospitalization), maximum upto Rs. 20,000/- in a policy period. Only RCT is covered. Charges for the crown and other aesthetic treatment are not covered. No referral is required for availing this facility in Government Dental Hospitals. Treatment must be done in a GMIS Network Hospital. Referral from XYZG Medical Officer is required for availing this service in a GMIS Network Hospital- STANDS DELETED</p> <p>All other terms and conditions will as per tender IITG/MS/GMIS/6/2025-26 Dt. 24th June 2025,Corrigendum DTD 26-06-2025, AWARD letter-IITG/MS/GMIS/6/2025-26/95 and National Group Mediclaim Policy.</p> <p>Any terms, conditions, interpretations, definitions, clauses, exclusions, warranties and day care procedures not mentioned/defined/written/elaborated in this agreement shall be referred to/governed by National Group Mediclaim Policy, IRDAI guidelines and GOI regulations.</p>

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

अधिकृत हस्ताक्षरकर्ता/ Authorized Signatory

टैक्स इनवॉयस/TAX INVOICE

इनवॉयस क्र.सं./Invoice Serial No: 30096H5PE0000181

इनवॉयस तिथि/Invoice Date: 31/07/2025

आपूर्तिकर्ता का विवरण/Details of Supplier:

नेशनल इन्श्योरेंस कंपनी लिमिटेड/National Insurance Company Limited.,
GUWAHATI BUSINESS OFFICE I 2nd Floor, Lohia Mansion,GS Road, Bhangagarh, Guwahati, - 781005
राज्य/State : 18 , Assam
जीएसटीआएन नंबर/
GSTIN No : 18AAACN9967E1Z2

प्राप्तकर्ता का विवरण/Details Of Receiver : INDIAN INSTITUTE OF TECHNOLOGY GUWAHATI

पता/Address : INDIAN INSTITUTE OF TECHNOLOGY GUWAHATI
GUWAHATI 781039
ASSAM, INDIA
शहर/City : GUWAHATI,
जिला/District: KAMRUP METRO,
राज्य/State: ASSAM,
पिन/PIN: 781039.

आपूर्ति का स्थान/Place Of
Supply State : Assam
राज्य कोड/State Code : 18
जीएसटीआईएन नंबर/GSTIN No : 18AAAJI0130P1Z8
यूआयएन नं./UIN No : NA

सैक कोड/SAC Code	सेवा का विवरण/Description of Service	कुल/Total(₹)	ड्यूटी/Disco unt	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	2,99,71,631	0%	2,99,71,631	9%	26,97,447	9%	26,97,447	0%	0	0
TOTAL		2,99,71,631		2,99,71,631		26,97,447		26,97,447		0	0

कुल इनवॉयस मूल्य (अंकों में)Total Invoice Value (In figures) : ₹ 3,53,66,525

कुल इनवॉयस मूल्य (शब्दों में)Total Invoice Value (In words) : रूपए/Rupees Three Crore Fifty Three Lakh Sixty Six Thousand Five Hundred Twenty Five केवल/Only.

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

E.&.O.E

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

अधिकृत हस्ताक्षरकर्ता/ Authorized Signatory

