

Group Personal Accident And Business Travel Accident Policy

Schedule of Insurance

Agent/Broker Name - TOYOTA TSUSHO INSURANCE BROKER INDIA PVT LTD

Agent/Broker License Code - 381

Agent/Broker Contact No -8040449923(mobile or landline)

Policy Number: 0237261478

Renewal: 02

Endorsement: 00

Policyholder Name: MAHARASHTRA EDUCATION SOCIETYS
INSTITUTE OF MANAGEMENT & CAREER
COURSES

Address: 131, CHATRAPATI RAJARAM MAHARAJ
PATH, MRUTYUNJAY COLONY
IDEAL COLONY, KOTHRUD, PUNE
PUNE - 411038
PUNE
MAHARASHTRA
INDIA
27AAATM1703E1Z3(GSTIN Number)
Place of supply -MAHARASHTRA
State code -27

Contact number :

Insurance Period :- **Effective Date** 14/02/2021 **Expiry Date** 13/02/2022
(Beginning at 12:01 AM and ending at Midnight of the expiry date)

Business Description: Service Industry

Beneficiary : As designated by each insured person on file with the Company


Eligible Persons 38 (Classification of Insured)

The following persons shall be eligible for Insurance hereunder :

Age group : From 18 To 65 Years ()

Hazards : 24-Hour Protection

Sr No	Description of Insured Persons / Category / Designation	No. per category
1	Category_1	38

Total No. of Employees / Members Covered :- 38	
Policy Comment:- Only Permanent Employees of the company are covered	
AGGREGATE LIMIT :- (PER ACCIDENT) Rs 19,000,000.00	
This Policy will only be in force if the schedule is signed by a person We have authorised	
Provisional Premium (Rs)*	15,223.56
UGST/SGST @9 % (₹)	1,370.12
CGST @9 % (₹)	1,370.12
Total Premium (Rs)	17,964.00
GSTIN : 27AABCT3518Q1ZW - MAHARASHTRA Service Accounting Code : 997133	
* Subject to final reconciliation at the end of the policy period.	
The stamp duty of ₹ 25.00/- paid in cash or demand draft or by pay order, vide Receipt/Challan no: CSD/225/2021/299/21 dated the 25/02/2021	
Producer Code	0009152000
Producer Name	TOYOTA TSUSHO INSURANCE BROKER INDIA PVT LTD
Producing Office	SERVICE CENTER
Issued at	PUNE
Issued Date	25/02/2021
	For TATA-AIG General Insurance Company Limited  Authorized Signatory

POS PAN No:

POS Aadhar No:

Insurance is the subject matter of the solicitation. For more details on risk factors, terms and conditions, please read sales brochure carefully before concluding a sale.

TATA AIG General Insurance Company Ltd. Regd. Office: 15th floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Off Senapati Bapat Marg, I
IRDA Registration No.108, CIN No:U85110MH2000PLC128425, PAN:AABCT3518Q, UIN No:TATHLIP21195V022021

Policy Number: 0237261478 02 00

Schedule of Benefits & Principal Sum Insured per Person for all Classes:										
Sr No	Category/Designation	Name	No. of Persons	Avg / Fixed Sum Insured (₹) - Maximum Upto						
				AD Only	DM Only	PTD Only	PPD Only	Weekly	Acc.Hosp.Cash	Per Mille Rate *
1	Category_1	As Per Annexure	38	500,000.000	500,000.000	500,000.000	500,000.000	5,000.000	0.00	0.80124888

AD - Accidental Death, DM - Dismemberment, PTD - Permanent Total Disability, PPD - Permanent Partial Disability, AME - Accident Medical Expenses

Weekly - No. of Weeks - 104 Hospital Cash - No. of days -

Category	No of weeks for TTD
Category_1	104

Total Capital Sum Insured ₹ 19,000,000.00

- * **Calculation for per Mille Rate (Post Tax) = Annual premium/ Sum Insured (employee) x 1000**
- Calculation for Endorsement premium / person = per mille rate/1000 * Sum insured * {(Expiry date – Endorsement Effective Date) + 1},
- Please note that the endorsement is booked subject to availability of the buffer amount & the endorsement per person premium may vary due to capping on Weekly Indemnity or Accident Medical Expenses or Sum Insured

Applicable to all categories mentioned above

TTD exception comments - 104 weeks @ 1% of CSI or ₹ 2,000/- or actual weekly salary whichever is lower.

Coma	- up to ₹ 20,000/- or actual whichever is lower
Education Benefit	- As per Annexure
Injury Burns Fractures	- up to ₹ 20,000/- or actual whichever is lower
Modification Benefit	- Up to ₹ 25,000 or actual whichever is lower.
Repatriation of Remains	- Up to ₹ 20,000/- or actual whichever is lower
Terrorism	- COVERED

24-Hour Protection - COVERED

Policy Number: 0237261478 02 00

Policy Type: Named Policy

Other Exception:

POS PAN No:

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Attached to and forming part of Policy No 0237261478 02 00

List of Insured Annexure "A"

Sr. No.	Emp Id	Name of Insured	Category	Tata AIG Ref No	Sum Insured (₹)					
					AD	DM	PTD	PPD	TTD (Weekly)	Acc Medex
1	101	DR SANTOSH DINKARRAO DESHPANDE	Category_1	ORIG001	500,000.00	500,000.00	500,000.00	500,000.00	5,000.00	0.00
2	102	DR RAVINDRA PADMAKAR VAIDYA	Category_1	ORIG002	500,000.00	500,000.00	500,000.00	500,000.00	5,000.00	0.00
3	103	DR MANASI SAMEER BHATE	Category_1	ORIG003	500,000.00	500,000.00	500,000.00	500,000.00	5,000.00	0.00
4	104	DR RAVINDRA SHAMRAO ZIRMITE	Category_1	ORIG004	500,000.00	500,000.00	500,000.00	500,000.00	5,000.00	0.00
5	105	DR SHWETA DYANESHWAR MESHRAM	Category_1	ORIG005	500,000.00	500,000.00	500,000.00	500,000.00	5,000.00	0.00
6	106	MRS SHILPA SHAILESH PARLIKAR	Category_1	ORIG006	500,000.00	500,000.00	500,000.00	500,000.00	5,000.00	0.00
7	107	MRS JAYASHREE SWAPNIL PATIL	Category_1	ORIG007	500,000.00	500,000.00	500,000.00	500,000.00	5,000.00	0.00
8	108	MRS ASHWINI SUBHASH PATIL	Category_1	ORIG008	500,000.00	500,000.00	500,000.00	500,000.00	5,000.00	0.00
9	109	DR MINAKSHI MUKESH MORE	Category_1	ORIG009	500,000.00	500,000.00	500,000.00	500,000.00	5,000.00	0.00
10	110	MRS DARSHANA PRASAD YADAV	Category_1	ORIG010	500,000.00	500,000.00	500,000.00	500,000.00	5,000.00	0.00
11	111	DR SWAPNAJA SAMEER PATWARDHAN	Category_1	ORIG011	500,000.00	500,000.00	500,000.00	500,000.00	5,000.00	0.00
12	112	MRS APURVA ABHIJEET BARVE	Category_1	ORIG012	500,000.00	500,000.00	500,000.00	500,000.00	5,000.00	0.00
13	113	MRS KALPANA SUDAM DHENDE	Category_1	ORIG013	500,000.00	500,000.00	500,000.00	500,000.00	5,000.00	0.00
14	114	SHRI MUKUL LAXMANKUMAR KULKARNI	Category_1	ORIG014	500,000.00	500,000.00	500,000.00	500,000.00	5,000.00	0.00
15	115	MRS MANASI PRASAD SHIRURKAR	Category_1	ORIG015	500,000.00	500,000.00	500,000.00	500,000.00	5,000.00	0.00
16	116	MRS DIPTI NARENDRA BELSARE	Category_1	ORIG016	500,000.00	500,000.00	500,000.00	500,000.00	5,000.00	0.00
17	117	DR VENUGUPAL SHANKARIAH NARSINGOJU	Category_1	ORIG017	500,000.00	500,000.00	500,000.00	500,000.00	5,000.00	0.00
18	118	MR POONAM ABHIJEET RAWAT	Category_1	ORIG018	500,000.00	500,000.00	500,000.00	500,000.00	5,000.00	0.00
19	119	MR RAHUL KASHINATH SHINDE	Category_1	ORIG019	500,000.00	500,000.00	500,000.00	500,000.00	5,000.00	0.00
20	120	DR MRS MEENAL KEDAR OAK	Category_1	ORIG020	500,000.00	500,000.00	500,000.00	500,000.00	5,000.00	0.00
21	121	MR PRASHANT BABURAO PATIL	Category_1	ORIG021	500,000.00	500,000.00	500,000.00	500,000.00	5,000.00	0.00
22	122	MR SHRIDHAR VASANT RANADE	Category_1	ORIG022	500,000.00	500,000.00	500,000.00	500,000.00	5,000.00	0.00
23	123	SHRI SUBHASH RAGHU SURVE	Category_1	ORIG023	500,000.00	500,000.00	500,000.00	500,000.00	5,000.00	0.00
24	124	MR UMESH VASANT POWAR	Category_1	ORIG024	500,000.00	500,000.00	500,000.00	500,000.00	5,000.00	0.00
25	125	MRS SHITAL PRADEEP PINGALE	Category_1	ORIG025	500,000.00	500,000.00	500,000.00	500,000.00	5,000.00	0.00
26	126	MR TUSHAR GAUTAM SHELAR	Category_1	ORIG026	500,000.00	500,000.00	500,000.00	500,000.00	5,000.00	0.00
27	127	MR YOGESH VITTHAL RAUT	Category_1	ORIG027	500,000.00	500,000.00	500,000.00	500,000.00	5,000.00	0.00
28	128	MR MAHESH SADASHIV DHOK	Category_1	ORIG028	500,000.00	500,000.00	500,000.00	500,000.00	5,000.00	0.00
29	129	MR SANTOSH AARJUN MARNE	Category_1	ORIG029	500,000.00	500,000.00	500,000.00	500,000.00	5,000.00	0.00
30	130	MR SURESH SHANKAR SHINDE	Category_1	ORIG030	500,000.00	500,000.00	500,000.00	500,000.00	5,000.00	0.00
31	131	MR AMAR HARI PAIKEKAR	Category_1	ORIG031	500,000.00	500,000.00	500,000.00	500,000.00	5,000.00	0.00
32	132	MR ABHIJEET KISAN DHOPE	Category_1	ORIG032	500,000.00	500,000.00	500,000.00	500,000.00	5,000.00	0.00
33	133	MRS BHAVANA KULKARNI	Category_1	ORIG033	500,000.00	500,000.00	500,000.00	500,000.00	5,000.00	0.00
34	134	DR GIRISH ASHOK BODHANKAR	Category_1	ORIG034	500,000.00	500,000.00	500,000.00	500,000.00	5,000.00	0.00
35	135	DR POONAM SHRIPAD VATHARKAR	Category_1	ORIG035	500,000.00	500,000.00	500,000.00	500,000.00	5,000.00	0.00
36	136	MR ABHIJEET VIJAY DHONGADE	Category_1	ORIG036	500,000.00	500,000.00	500,000.00	500,000.00	5,000.00	0.00
37	137	MR ALOK AVINASH RALE	Category_1	ORIG037	500,000.00	500,000.00	500,000.00	500,000.00	5,000.00	0.00
38	138	MR KRISHNA RAMCHANDRA KHANDALE	Category_1	ORIG038	500,000.00	500,000.00	500,000.00	500,000.00	5,000.00	0.00

POS PAN No:

POS Aadhar No:

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IRDA Registration No.108, CIN No:U85110MH2000PLC128425, PAN:AABCT3518Q, UIN No:TATHLIP21195V022021

RECEIPT

Receipt No. : 102101019189303

Receipt Date : 25/02/2021

Policy No : 0237261478 02 00

Received with thanks from MAHARASHTRA EDUCATION SOCIETYS INSTITUTE OF MANAGEMENT & CAREER COURSES a sum of ₹ **17,964.00** (Rupees Seventeen Thousand Nine Hundred Sixty Four And Paise 00 Only)

Sr. No.	Policy Number	Total Premium (₹)	Utilized from the receipt for policy (₹)	Balance (₹)
1	0237261478 02 00	17,964.00	17,964.00	17,964.00

Note:

1. This is a computer generated receipt and does not require a signature.
2. Upon issuance of this Receipt, all previously issued temporary receipts, if any, related to this Policy shall be considered null and void.
3. Amounts received by cheque shall be subject to realisation.
4. Any amount received in excess of the Premium is being/shall be refunded by the Company.

GSTIN : 27AABCT3518Q1ZW - MAHARASHTRA Service Accounting Code : 997133

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TATA AIG General Insurance Company Ltd. Regd. Office: 15th floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Off Senapati Bapat Marg, Lower Parel, Mumbai-400 013.

IRDA Registration No.108, CIN No : U85110MH2000PLC128425, PAN : AABCT3518Q
Website: www.tataaig.com 24X7 Tollfree Helpline 1800-266-7780 E-mail: customersupport@tataaig.com

POS PAN No:

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IRDA Registration No.108, CIN No:U85110MH2000PLC128425, PAN:AABCT3518Q, UIN No:TATHLIP21195V022021

Attached to and forming part of Policy No. 0237261478 02 00

Part E. COVERAGE

Section: ACCIDENTAL DEATH

We will pay the Principal Sum shown in the Policy Schedule if Injury to You results in loss of life. The loss must occur under the circumstances described in a Hazard within 365 Days from the date of the Accident which caused Injury.

We will pay, the Principal Sum less any other amount paid or payable under: Accidental Dismemberment including Paralysis, Permanent Total Disability section of this Policy, if these coverages are offered under this Policy, as the result of the same Accident

Limitation

With regard to the Accidental Death of an Insured Person Age Seventeen (17) or below, the maximum Principal Sum payable is 10% of the principal sum insured.

Exposure

For the purposes of the Accidental Death benefit above, a loss resulting from You being unavoidably exposed to the elements due to an Accident occurring under the circumstances described in a Hazard will be payable as if resulting from an Injury. Loss must occur within 365 Days of the date of the Accident.

Disappearance

We will pay the benefit for Loss of Life under the circumstances described in a Hazard if Your body cannot be located within 365 Days after the forced landing, stranding, sinking or wrecking of a conveyance in which You were a passenger or as a result of any Acts of God, in which case it shall be deemed, subject to all other terms and provisions of the Policy, that You shall have suffered loss of life within the meaning of the Policy.

Exclusions:

In addition to the General Exclusions listed in this Policy this coverage section shall not cover:

1. loss caused directly or indirectly, wholly or partly by:
 - a. infections (except pyogenic infections which shall occur through an Accidental cut or wound) or any other kind of Disease;
 - b. medical or surgical treatment except as may be necessary solely as a result of Injury;
2. any Injury which shall result in hernia.

POS PAN No:

POS Aadhar No:

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Attached to and forming part of Policy No. 0237261478 02 00

Part E. COVERAGE

Section: REPATRIATION BENEFIT

In the event accidental Loss of Life is sustained by an Insured Person, within three hundred and sixty-five (365) days of the date of the Accident, not less than 150 kilometres from the Insured Person normal place of residence and indemnity for such Loss becomes payable in accordance with the terms of this Policy, We will pay the actual expenses incurred for preparing the deceased for burial or cremation and shipment of the body to the city of residence of the deceased but not to exceed the amount as shown in the Policy Schedule.

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It is hereby declared & agreed upon that the "Terrorism Exclusion" under SECTION III - GENERAL POLICY EXCLUSIONS (Nos. 8 & 9) have been deleted.

Act of Terrorism - 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

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Part E. COVERAGE

Section: TEMPORARY TOTAL DISABILITY - (Weekly Indemnity)

We shall pay a weekly benefit amount during a period of continuous Temporary Total Disability of an Insured Person resulting from Injury under the circumstances described in a Hazard after completion of the Elimination Period shown in the Policy Schedule, provided that:

1. such period of disability commences within 30 Days after the date of the Accident causing such Injury; and
2. such amount shall be payable as stated in the Policy Schedule, as applicable to such Insured Person; and
3. the maximum period for which such amount shall be payable for any one such period of disability shall not exceed the maximum number of weeks payable as stated in the Policy Schedule and in no event to exceed 52/104 weeks whichever is less.
4. We will not pay more than the Insured Persons Gross Weekly Wage for the Temporary Total Disability benefit.

Any payment made under this benefit shall be deducted from any Accidental Death, or Accidental Dismemberment, or Permanent Total Disability, or Permanent Partial Disability, or Permanent Total Loss of Use benefits, if available under this Policy, which ultimately become payable under this Policy as a result of the same Accident.

Definitions:

Gross Weekly Wage - means the Insured Persons base weekly earnings in his or her occupation at the time of the Accident causing the Injury for which benefits are claimed under this coverage, but not including, overtime, bonuses, tips, commissions, and special compensation.

Elimination Period - means the number of consecutive days of Temporary Total Disability that must elapse before weekly benefit amounts become payable. The Elimination Period is shown in the Policy Schedule. Weekly benefit amounts are not payable, nor do they accrue, during the Elimination Period.

Temporary Total Disability - means disability which wholly and continuously prevents such Insured Person from performing each and every duty pertaining to his occupation.

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Part E. COVERAGE

Section : ACCIDENTAL DISMEMBERMENT
(Including Loss of Sight and Hearing)

We will pay a percentage of the Principal Sum shown in the Policy Schedule if Injury to You results in one of the losses shown in the Table of Losses below. The loss must occur under the circumstances described in a Hazard within 365 Days from the date of the Accident which caused Injury.

We will pay, provided such disability has continued for a period of 12 consecutive months and is total, continuous and Permanent at the end of this period, the Principal Sum less any other amount paid or payable under: Permanent Total Disability or Permanent Partial Disability section of this Policy, if these coverages are offered under this Policy, as the result of the same Accident

If more than one loss results from any one Accident, only one amount, the largest, will be paid.

Table of Losses

Loss of: % of Principal Sum

Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot ...	100%
Either Hand or Foot and Sight of One Eye ...	100%
Speech and Hearing in Both Ears	100%
Either Hand or Foot	50%
Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
Hearing in One Ear	25%
Thumb and Index Finger of Same Hand ...	25%

"Loss" with regard to:

1. hand or foot means actual severance through or above the wrist or ankle joints respectively;
2. eye means entire and irrecoverable loss of sight;
3. thumb and index finger means actual severance through or above the joint that meets the hand at the palm;
4. speech or hearing means entire and irrecoverable loss of speech or hearing of both ears;

Limitation

With regard to the Accidental Death of a named Insured Person Age Seventeen (17) or below, the maximum Principal Sum payable is 10% of the principal sum insured .

Exposure:

For the purposes of the Accidental Dismemberment benefit above, a loss resulting from You being unavoidably exposed to the elements due to an Accident occurring under the circumstances described in a Hazard will be payable as if resulting from an Injury. Loss must occur within 365 Days of the date of the Accident.

Exclusions:

In addition to the General Exclusions listed in this Policy this coverage section shall not cover:

1. loss caused directly or indirectly, wholly or partly by:
 - (a) infections (except pyogenic infections which shall occur through an Accidental cut or wound) or any other kind of Disease;
 - (b) medical or surgical treatment except as may be necessary solely as a result of Injury;
2. any Injury which shall result in hernia.

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Part E. COVERAGE

Section: TUITION BENEFIT (Education Benefit) :-

We will pay the following benefit if You suffer Accidental Death during the circumstances described in a Hazard, such that an Accidental Death benefit is payable under the Policy.

For the Eligible Children - We will pay a benefit to or on behalf of Your Eligible Children on the date of the Accident causing Your death and who on the date of Your death:

- (1) is a full time student in any Educational Institution; and
- (2) The benefit will be paid for each year of the Eligible Childrens continuous enrollment as a full time student in an Institution of Higher Learning to a maximum of four (4) consecutive years or the date the Eligible Children reaches age 23 whichever comes first. The total amount of the benefit each year is equal to the least of :

1. The actual tuition (exclusive of room and board) charged by that institution for enrollment during that year for that child;
2. Percentage of Your Principal Sum, as shown in the policy schedule, on the date of the Accident causing death;
3. Amount, as mentioned in the policy Schedule

The applicable portion of the yearly benefit for each term of enrolment is payable upon receipt of proof of enrolment for that term.

We will pay an amount equal to Percentage of Your Accidental Death Principal Sum as shown in the policy schedule ,for each Eligible Child but not to exceed 50% of the Accidental Death Principal Sum combined for all of Your Eligible Children

Eligible Children who cease to be enrolled as a full time student become permanently ineligible for the benefit, even if he or she enrolls at a later date. The benefit is not payable for any term of enrollment as a full time student that begins before that date of the Insured Persons death.

It is hereby declared & agreed upon that the claim payment will be as per below:

In the case of a student's death, all eligible claims will be paid in favor of the Parent as per the first name appearing in institute's records in the event of non availability of nominee details.

In the case of death of an Insured Parent, all eligible claims will be paid in favor of the institution towards education continuity of the student.

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Part E. COVERAGE

Section: PERMANENT TOTAL DISABILITY

When as the result of Injury occurring under the circumstances described in a Hazard and commencing within 365 Days from the date of the Accident You suffer a Permanent Total Disability, We will pay, provided such disability has continued for a period of 12 consecutive months and is total, continuous and Permanent at the end of this period, the Principal Sum less any other amount paid or payable under: Accidental Death, or Accidental Dismemberment, or Permanent Partial Disability, or Permanent Total Loss of Use sections of this Policy, if these coverages are offered under this Policy, as the result of the same Accident.

Definitions:

Permanent - means lasting twelve calendar months and at the expiry of that period being beyond reasonable hope of improvement.

Permanent Total Disability - means You are unable to engage in each and every occupation or employment for compensation or profit for which You are reasonably qualified by education, training or experience for the rest of your life. If at the time of loss You are unemployed, Permanent Total Disability shall mean the total and Permanent inability to perform all of the usual and customary duties and activities of a person of like age and sex.

POS PAN No:

POS Aadhar No:

Insurance is the subject matter of the solicitation. For more details on risk factors, terms and conditions, please read sales brochure carefully before concluding a sale.

TATA AIG General Insurance Company Ltd. Regd. Office: 15th floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Off Senapati Bapat Marg, 1
IRDA Registration No.108, CIN No:U85110MH2000PLC128425, PAN:AABCT3518Q, UIN No:TATHLIP21195V022021

Attached to and forming part of Policy No. 0237261478 02 00

Section : PERMANENT PARTIAL DISABILITY

When as the result of Injury occurring under the circumstances described in a Hazard and commencing within 365 Days from the date of the Accident You suffer a Permanent Partial Disability, We will pay, provided such disability has continued for a period of 12 consecutive months and is continuous and Permanent at the end of this period, a percentage of the Principal Sum shown in the Policy Schedule if Injury to You results in one of the losses shown in the Scale below less any other amount paid or payable under the Accidental Dismemberment, or Permanent Total Disability, or Permanent Total Loss of Use sections of this Policy as the result of the same Accident.

Scale: Sum	Percentage of Principal
1. Loss of toes - all	20%
Great toe	5%
Other than great toe , if more than one toe lost, each	1%
2. Loss of hearing - both ears	50%
3. Loss of hearing - one ear	25%
4. Loss of four fingers and thumb of one hand	40%
5. Loss of four fingers	25%
6. Loss of thumb	15%
7. Loss of index finger	10%
8. Loss of middle	6%
9. Loss of ring finger	5%
10. Loss of little finger	4%

"Loss" with regard to:

- (a) toe, finger, thumb means actual complete severance from the foot or hand;
- (b) hearing means entire and irrecoverable loss of hearing .

When more than one form of disability results from one Accident, We add the percentages from each together. However, We will not pay more than 100% of the Sum Insured shown in the Policy Schedule

If claim is payable for loss or loss of use of a whole member of the body, a claim for parts of that member cannot also be made.

We will assess at our discretion any disability not specifically mentioned by considering the nature of the disability alongside the percentages given to the specific types of disability above. The Insured Person's occupation will not be a relevant factor.

If the Insured Person has an existing medical condition and they suffer Injury , We will assess:

- (a) whether the Insured Person's medical condition has contributed to their disability; and
- (b) whether the disability makes the Insured Person's medical condition worse.

In either case We will assess the difference between the Insured Person's medical condition before, and their disability after the Accident. Any payment We make will be based on the difference, expressed as a percentage, and applied to the appropriate benefit above or in the Scale.

Definitions:

Permanent - means lasting twelve calendar months and at the expiry of that period being beyond reasonable hope of improvement.

Permanent Partial Disability - means the Insured Person has suffered a Permanent loss of physical function or anatomical loss of use of a body part, substantiated by a diagnosis from a Physician.

Exclusion:

In addition to the General Exclusions listed in this Policy this coverage section shall not cover loss caused directly or indirectly, wholly or partly by:

- 1. infections (except pyogenic infections which shall occur through an Accidental cut or wound) or any other kind of Disease;
- 2. medical or surgical treatment except as may be necessary solely as a result of Injury.

POS PAN No:

POS Aadhar No:

Insurance is the subject matter of the solicitation. For more details on risk factors, terms and conditions, please read sales brochure carefully before concluding a sale.

TATA AIG General Insurance Company Ltd. Regd. Office: 15th floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Off Senapati Bapat Marg, I
IRDA Registration No.108, CIN No:U85110MH2000PLC128425, PAN:AABCT3518Q, UIN No:TATHLIP21195V022021

Part D. COVERAGE

Coverage C-8

Section: COMA

If under the circumstances described in a Hazard, Injury renders an Insured Person Comatose within 30 Days of the date of the Accident that caused the Injury and if the Coma continues for a period of 60 consecutive Days, We will pay a monthly benefit of <>% of the Principal Sum as shown in the Policy Schedule. No benefit is provided for the first 30 Days of Coma. The benefit is payable monthly as long as the Insured Person remains Comatose due to the Injury, but ceases on the earliest of: (1) the date the Insured Person ceases to be Comatose due to that Injury, (2) the date the Insured Person dies, or (3) the date the total amount of monthly Coma benefits paid for all Injuries caused by the same Accident equals 100% of the Principal Sum. The Company will pay benefits calculated at a rate of 1/30th of the monthly benefit for each Day for which the Company is liable when the Insured Person is Comatose for less than a full month. Only one benefit is provided for any one month of Coma, regardless of the number of Injuries causing the Coma.

We reserve the right at the end of the first 30 consecutive Days of Coma and as often as it may be reasonably require thereafter, to determine, on the basis of all the facts and circumstances that the Insured Person is Comatose, including, but not limited to, requiring an independent medical examination provided at the expense of the Company.

Definition:

Coma/Comatose - means a profound state of unconsciousness from which the Insured Person cannot be aroused to consciousness, even by powerful stimulation, as determined by a Physician.

Part E. COVERAGE

Section: HOME ALTERATION AND VEHICLE MODIFICATION BENEFIT

If an Insured Person:

1. suffers one of the following Injuries listed under the Accidental Dismemberment and Paralysis Coverage Section of the Policy under the circumstances described in a Hazard is payable while this Policy is in effect; and,
2. did not; prior to the date of the Accident causing such loss(es), require the use of a wheelchair to be ambulatory; and
3. as a direct result of such loss(es) is now required to use a wheelchair to be ambulatory;

the Company will pay Covered Home Alteration and Vehicle Modification Expenses that are incurred within one year after the date of the Accident causing such loss(es), up to the maximum amount stated in the Policy Schedule for all such losses caused by the same Accident.

Definition:

Covered Home Alteration and Vehicle Modification Expenses - means one-time expenses that:

1. are charged for:
 - (a) alterations to the Insured Person's residence that are necessary to make the residence accessible and habitable for a wheelchair-confined person; or
 - (b) modifications to one motor vehicle owned or leased by the Insured Person or modifications to a motor vehicle newly purchased for the Insured Person that are necessary to make the vehicle accessible to and/or driveable by the Insured Person; and
2. do not include charges that would not have been made if no insurance existed; and
3. do not exceed the usual level of charges for similar alterations and modifications in the locality where the expense is incurred;

but only if the alterations to the Insured Person's residence and the modifications to his or her motor vehicle are:

1. made on behalf of the Insured Person;
2. recognized by a nationally-recognized organization providing support and assistance to wheelchair users;
3. carried out by individuals experienced in such alterations and modifications; and
4. in compliance with any applicable laws or requirements for approval by the appropriate government authorities.

Exclusion:

In addition to the General Exclusions listed in this Policy, this coverage shall not cover any expense for or resulting from any condition for which the Insured Person is entitled to benefits under any Worker's Compensation Act or similar law.

Attached to and forming part of Policy No. 0237261478 02 00

BURNS

We will pay a percentage of the Principal Sum shown in the Policy Schedule if Injury to You results in one of the losses shown in the Schedule of Injuries below. The Injury must occur during the circumstances described in Hazard H-1 within 90 Days from the date of the Accident, which caused Injury.

Provision :

If more than one Injury results from any one Accident, only one amount, the largest, will be paid.

I. Burns

<<

2nd or 3rd degree burns on

- at least 27% of body surface	100%
- at least 18% of body surface	80%
- at least 9% of body surface	40%
- at least 4.5% of body surface	20%>>

Definition:

Second degree burns: Burns which penetrate beyond the epidermis, causing formation of blisters.

Third degree burns: These destroy the full skin thickness.

POS PAN No:

POS Aadhar No:

Insurance is the subject matter of the solicitation. For more details on risk factors, terms and conditions, please read sales brochure carefully before concluding a sale.

TATA AIG General Insurance Company Ltd. Regd. Office: 15th floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Off Senapati Bapat Marg, I
IRDA Registration No.108, CIN No:U85110MH2000PLC128425, PAN:AABCT3518Q, UIN No:TATHLIP21195V022021

Attached to and forming part of Policy No. 0237261478 02 00

Part F. SCOPE OF COVERAGE:

Hazard H-1

24-HOUR PROTECTION

(Business and Pleasure)

The hazards described in this Hazard H-1 apply only to those Insured Persons who are within a class to which this Hazard applies as stated in the Policy Schedule.

DESCRIPTION OF HAZARDS

Such insurance as is afforded to an Insured Person to which this Hazard H-1 applies, shall apply only to Injury sustained by such Insured Person anywhere in the world.

Such insurance includes such Injury sustained while the Insured Person is riding as a passenger (but not as a pilot, operator or member of the crew) in or on, boarding or alighting from any civilian / scheduled aircrafts aircraft having a current and valid Airworthiness Certificate, (and piloted by a person who then holds a valid and current certificate of competency of a rating authorizing him to pilot such aircraft.) This Hazard H-1 shall not apply while such Insured Person is riding in any civilian aircraft other than as expressly described herein, unless previously consented to in writing by Us.

Exclusion:

In addition to the General Exclusions listed in this Policy this Hazard-1 shall not cover any loss, fatal or non-fatal, caused by or resulting from travel or flight in or on (including getting in or out of, or on or off of) any Policyholder Aircraft, unless otherwise provided by this Policy, and any aircraft while it is being used for any Specialized Aviation Activity(ies).

POS PAN No:

POS Aadhar No:

Insurance is the subject matter of the solicitation. For more details on risk factors, terms and conditions, please read sales brochure carefully before concluding a sale.

TATA AIG General Insurance Company Ltd. Regd. Office: 15th floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Off Senapati Bapat Marg, I
IRDA Registration No.108, CIN No:U85110MH2000PLC128425, PAN:AABCT3518Q, UIN No:TATHLIP21195V022021

TO,
The Director,
MES's IMCC,
Kothrud, Pune.

31/08/2019.

Subject: Application for maternity leave.

Respected Sir,

I Mrs. Manasi Prasad Shindekar,
request you to please sanction my maternity
leave from 3rd September 2019 to 29th February
2020. I will join after completing the
maternity leave soon at next working day.
Kindly consider & approve the

same.

TO,
Shri. Pankaj Sir
Kindly put into file
CSC and take approval
SJK

Thanking You.

Mrs.
Yours Faithfully
Mrs. Manasi Shindekar

Sept 28
Oct 31
Nov 30
Dec 31
Jan 31
Feb 29

— 2
180 days

Dr. Girish Pote
M.B.B.S., MS (OBGY)
F.M.A.S., D.M.A.S., Fellowship in A.R.T.
Consulting Obstetrician & Gynaecologist
Infertility Specialist
Laparoscopic Surgeon
Regd.No. 88417



PATIENT'S NAME Mrs. Manasi Shirurkar.

..... AGE

From : 03/09/2019 To 29/02/2020.

This is to certify that,

Mrs. Manasi Shirurkar 31 yrs old female patient has 32 weeks twin pregnancy.

She is fit to rejoin her work

on 31/08/19.

DR. GIRISH POTE
SPECIALIST IN ART & ENDOSCOPY
MBBS MS (O/G)
REGD. NO. MNC 88417

Follow up after days / weeks Date

SaiShree Infertility & Test Tube Baby Center

251 / 252, Nr.DAV School, Ramban Soc. Opp.BSNL Tel. Exchange, Aundh, Pune - 411 007.

For Appointment Contact: 020-67448600 / 25888600 / 9689930608 / 9689930612

Dt-22nd Oct. 2019

To,
The Director,
Dr. Santosh Deshpande,
MES'S IMCC,
Pune.

Sub : APPLICATION FOR MATERNITY LEAVE

Respected Sir,

I, Kalpana Dhende, writing this application to inform you about my pregnancy and my intention to avail the maternity leaves starting from 4th November 2019 To

3rd May 2020.

30 April
It would be kind to sanction my

Maternity Leaves.

Nov 27
Dec 31
Jan 31
Feb 29
Mar 31
April 30

~~179~~
179 days.

Thanking you,
Yours faithfully,

Kalpana

[Kalpana Dhende]



MAHARASHTRA EDUCATION SOCIETY'S
(SINCE 1860)

INSTITUTE OF MANAGEMENT & CAREER COURSES (IMCC)

Approved by AICTE and Recognised by Savitribai Phule Pune University, Pune

IMCC Campus, 131, Mayur Colony, Kothrud, Pune 411038, Maharashtra, India | Ph.: 020-25463453 / 6271 / 73 | e-mail: info.imcc@mespune.in | www.mesimcc.org

NBA Accredited MCA Programme

MINUTES OF MEETING

Meeting of the Hon'ble College Advisory Committee (CAC) of MES' Institute of Management & Career Courses (IMCC) was held on Saturday, 09/11/2019 at 3.30 pm in the Meeting Room.

The following members were present:

- | | | |
|--------------------------|-----|------------------|
| 1. Shri A. P. Kshirsagar | ... | Chairman |
| 2. Shri. D. C. Bhishikar | ... | Member |
| 3. Dr. B. S. Vhankate | ... | Member |
| 4. Dr. Mrs. M. S. Bhate | ... | Member |
| 5. Dr. S. D. Deshpande | ... | Member-Secretary |

Shri A. Y. Kulkarni, Dr. A. Y. Lele and Shri S. A. Ambardekar expressed their inability to attend the said Meeting due to pre-occupation. Their leave of absence were sanctioned by Hon'ble CAC.

Following business was transacted in the Meeting.

1. To read and confirm the minutes of the last CAC Meeting that was held on 09/08/2019 at 05:00 p.m.
RESOLUTION: The minutes of the last CAC Meeting that was held on 09/08/2019 were read and confirmed.

2. To take approval for following leave application/s.

SN	Name of Applicant and his/her designation	Type of leave applied	Details of leave applied		
			From	To	No. of days
01	Mrs. Manasi P. Shirurkar Assistant Professor	Maternity Leave	03/09/2019	29/02/2020	180 days Maternity Leave
02	Ms. K. S. Dhende Assistant Professor	Maternity Leave	04/11/2019	30/04/2020	179 days Maternity Leave

Resolution: Hon'ble CAC has approved in the principle the Maternity Leave applications of Mrs. Manasi P. Shirurkar, Assistant Professor and Ms. K. S. Dhende, Assistant Professor and directed to forward the said resolution to M E Society for its final approval.

3. To take note of acquisition of Ph. D. Degree by Dr. Mrs. Swapnaja S. Patwardhan, Asst. Professor and seek approval for grant of 03 non-compounded increments to her on account of acquisition of Ph. D. Degree.

RESOLUTION: Director, MES' IMCC informed Hon'ble CAC about acquisition of Ph. D. Degree by Dr. Mrs. Swapnaja S. Patwardhan, Asst. Professor and proposed to grant 03 non-compounded increments to her on account of acquisition of Ph. D. Degree on 09/09/2019. Hon'ble CAC resolved vote of congratulations to her and also resolved to grant 03 non-compounded increments with effect from 09/09/2019 subject to final approval of M E Society. Her salary details are as follows:

Contd. 2



MAHARASHTRA EDUCATION SOCIETY'S
(SINCE 1860)

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IMCC Campus, 131, Mayur Colony, Kolhurd, Pune 411038, Maharashtra, India | Ph.: 020-25463453/6271/73 | e-mail: info.imcc@mespune.in | www.mesimcc.org

NBA Accredited MCA Programme

...2...

Current Salary Details of Dr. Mrs. Swapnaja S. Patwardhan, Assistant Professor.

Basic Pay	AGP	DA	HRA	CLA	TA	Gross Salary
19,810.00	8,000.00	32,650.00	6,453.00	240.00	2,400.00	67,553.00

4. To inform about result of University Staff Selection Committee interviews conducted on 19/10/2019 for the posts of Professor and Assistant Professor.

RESOLUTION: Director, MES' IMCC informed Hon'ble CAC about following result of University Staff Selection Committee interviews conducted on 19/10/2019 for the posts of Professor and Assistant Professor.

S.N.	Date of Interview	Name of Post and Reservation	Result of University Staff Selection Committee
01	19/10/2019	Professor Vacancy - 01 No. (Open to All)	Dr. Ravindra P. Vaidya (Open Category)
02	19/10/2019	Assistant Professor Vacancy - 01 No. (SC)	No eligible candidate found. Hence post remained vacant.

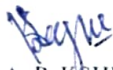
Hon'ble CAC resolved to forward the said resolution to M E Society for its final approval before implementation.

5. To seek approval for filing of an application to Savitribai Phule Pune University for "Best College/Institute Award".

RESOLUTION: Director, MES' IMCC proposed Hon'ble CAC about filing an application to Savitribai Phule Pune University for "Best College/Institute Award". After thorough discussion, Hon'ble CAC has resolved its approval for the said application.

Since there being no other subject, the meeting ended with a vote of thanks to the Chair by Dr. S. D. Deshpande, Director and Member Secretary.

DR. S. D. DESHPANDE
Member Secretary
College Advisory Committee


SHRI A. P. KSHIRSAGAR
Chairman,
College Advisory Committee

Date: 30/7/15

To,
The Director,
IMCC, Pune.

Subject: - Leave application for adopted child care.

Respected Sir,

I have adopted a baby girl (age 3 months) whose custody will be issued on 6th Aug. 2015.

As per the adoption process I have to stay with baby at least for 6 months. I request you to kindly sanction my leave for 6 months.

Thanking you.


30/7/15
Jayashree Patil

To

Registrar

Please place
before C.A.C.

(Director)

30/07/15.



Maharashtra Education Society's

INSTITUTE OF MANAGEMENT AND CAREER COURSES (IMCC)

(Recognised by University of Pune & Approved by AICTE)

IMCC Campus, 131, Mayur Colony, Kothrud, Pune 411 029

Telefax : +91-20-25466271, 25463453 • E-mail: directorimcc@vsnl.net

DR. V. H. INAMDAR Director

Tel: +91-20-25445067 (Director) Telefax: +91-20-25466271 (O.S.)

Tel: +91-20-25440196 (TPO) Web Site: <www.mesimcc.org>

Ref. No : **MES/ 113 /2015-2016**

Date : **24/08/2015**

To,

The Administrative Officer,

Maharashtra Education Society,

MES Bhavan, 1215, Sadashiv Peth,

PUNE - 411 030.

Sir,

The enclosed 6 months Leave Application Case of Mrs. Jayashree Patil, Assistant Professor, IMCC; came for discussion in Institute's Advisory Committee Meeting that was held on 13/08/2015.


As discussed in the said CAC Meeting, kindly place matter before ensuing Governing Body Meeting of M E Society after taking legal opinion on the same for final decision and arrange to communicate the same to the undersigned.

Thanking you,

Yours faithfully,


V. H. Inamdar
Director-IMCC

Encl.: Copy of Application alongwith Government Resolution.


24/8/2015
MAHARASHTRA EDUCATION SOCIETY
PUNE 411 030



महाराष्ट्र एज्युकेशन सोसायटी

"मएसो भवन" १२१४/१२१५, सदाशिव पेठ, पुणे ४११०३०. ☎ ४१०३८१००
website : www.mespune.in e-mail : info@mespune.in



जा.क्र.: ५४८/२०१५-१६

दिनांक : १८-९-२०१५

प्रति,
संचालक,
म.ए.सो.इन्स्टिट्यूट ऑफ मॅनेजमेंट अॅण्ड करिअर कोर्सेस,
१३१, मयूर कॉलनी, कोथरुड,
पुणे ४११ ०२९

संदर्भ : आपलेकडील जा.क्र.११३ दिनांक २४-८-२०१५ चे पत्र

स.न.वि.वि.

आपल्या उपरोक्त संदर्भित पत्रास अनुसरून कळविण्यात येते की, प्रा.जयश्री पाटील, असिस्टंट प्राध्यापक यांची ३ महिन्यांची रजा खास बाब म्हणून मंजूर करण्यात यावी. त्याप्रमाणे संबंधितांना कळविण्यात यावे.

कळावे,

आपला विश्वासू

(ज.रा.मालखरे)

प्रशासन अधिकारी,
महाराष्ट्र एज्युकेशन सोसायटी,
पुणे ३०.

To

Registrar

Accounts Dept.

Please note.

(Director) 18/09/2015

MAHARASHTRA EDUCATION SOCIETY
1214-1215, Sadashiv peth, Pune 411030

DATE : 31.8.2018

IMCC
Details of Expenses incurred

V.No & Date of Payment	Name of the Party	Bill No.	Bill Date	Amount (Rs)
aswat-061/2	Informatics Publishing Ltd	1135 - For Koha Software	31.03.2018	130,980.00
Jv/May18/018	Advance to Dextrity Infosys Pvt	Tally Synchronised & Upgraded	31.03.2018	4,035.00
Jv	Kunal Kumar	Pof fees	23.07.2018	12,000.00
BOM- 1184/59	Mr. Vikas Inamdar	Levae Encashment	29.07.2018	950,000.00
BOM- 1184/59	Mr. Vikas Inamdar	Levae Encashment	30.7.2018	649,900.00
		Total Rs		1,746,915.00

For Maharashtra Education Society,

P.S. Marathe
Accounts Officer

Maharashtra Education Society - (From 1-Apr-2017)

1214-1215, Sadashiv Peth
Pune-411030

I M C C -Bal Tr
Ledger Account

1-Apr-2018 to 31-Aug-2018

Page

Cred

Date	Particulars	Vch Type	Vch No.	Debit	Cred
10-4-2018	Cr Bank of Maharashtra (1184)	Bank	BOM -1184/05	4,00,000.00	
	Cr ICICI BANK A/C NO -6501	Bank	ICICI -6501/12	4,00,000.00	
27-4-2018	Cr Janata Sahakari Bank (6226)	Bank	JSBL -6226/30	5,00,015.00	
	Cr ICICI BANK A/C NO -6501	Bank	ICICI -6501/57	5,00,000.00	
30-4-2018	Cr Output GST (Units)	Journal Voucher	JV/Apr18/016	1,907.00	
	Cr ICICI BANK A/C NO -6501	Bank	ICICI -6501/57	5,00,000.00	
5-5-2018	Cr Saraswat Co Op -0061	Bank	SARASWAT-061/12	5,00,000.00	
6-5-2018	Cr Bank of Maharashtra(3421)	Bank	BOM -3421/05	9,00,000.00	
12-5-2018	Cr Saraswat Co Op -0061	Bank	SARASWAT-061/20	1,30,980.00	
29-5-2018	Cr Advance to Dextirity Infosys Pvt Ltd	Journal Voucher	Jv/May18/018	4,035.00	
	Cr Output GST (Units)	Journal Voucher	Jv/May18/023	3,860.00	
2-6-2018	Cr Janata Sahakari Bank (6226)	Bank	JSBL - 6226/71	5,00,000.00	
5-6-2018	Cr Janata Sahakari Bank (6226)	Bank	JSBL - 6224/75	9,00,000.00	
30-6-2018	Cr Output GST (Units)	Journal Voucher	JV/Jun18/019	1,907.00	
3-7-2018	Cr Janata Sahakari Bank (6226)	Bank	JSBL - 6226/113	2,00,000.00	
23-7-2018	Cr Kunal Kumar (Tds)	Journal	13	12,000.00	45,00,000.00
27-7-2018	Dr Bank of Maharashtra(3421)	Bank (R)		9,50,000.00	
29-7-2018	Cr Bank of Maharashtra (1184)	Bank	BOM - 1184/59	6,49,900.00	
30-7-2018	Cr Bank of Maharashtra (1184)	Bank	BOM - 1184/59	6,138.00	
31-7-2018	Cr Output GST (Units)	Journal Voucher	JV/Jul18/029		
				70,60,742.00	45,00,000.00
					25,60,742.00
				70,60,742.00	70,60,742.00
Dr	Closing Balance				

MES INSTITUTE OF MANAGEMENT AND CAREER COURSES (IMCC)

ENCASHMENT OF LEAVE

Name of Employee	Mr. Alok Rale	Last serving MES Unit	MES IMCC
Designation at the time of Relieving	Assistant – HR	Date of Resignation	07th April, 2022
		Date of Relieving	07th July 2022 (at closing working hours)
Monthly Basic Pay at the time of Relieving	8,720.00	Monthly Grade Pay at the time of Relieving	1,900.00
Monthly D. A. at the time of Relieving	16,355.00		

Balanced Earned Leave eligible for Leave Encashment	103 Days
Basic Pay (pm)	8,720.00
Grade Pay (pm)	1,900.00
D. A. (pm)	16,355.00
TOTAL OF Basic Pay+Grade Pay+D.A.	26,975.00
The above total of Basic Pay + Grade Pay + D.A. to be divided by 30 in order to derive value of one day.	
One Day Value (Rs.26975.00 / 30 days)	8,99.00
One day value x no. of balanced EL (Rs. 899 x 103 days)	92,597.00
Rounded off	92,597.00


DIRECTOR

Maharashtra Education Society's
Institute of Management & Career Courses (IMCC)
IMCC Campus, 131, Mayur Colony, Kothrud.
Pune-411033

To

Alok Rale

Account No: 919010062923781

IFSC Code: UTIB0001436

From

MAHARASHTRA
EDUCATION
SOCIETY

KOTHRUD - PUNE

PAYMENT ADVICE

Beneficiary Name: Alok Rale

Beneficiary Nickname: Alok Rale

Payment Date: 30-08-2022

Beneficiary Account No.: 919010062923781

Beneficiary IFSC Code: UTIB0001436

Amount: 92597.00

Company Name:

Reference No: 687606506

Remarks: LEAVE ENCASHMENT PAYMENT

Dear Sir / Madam,

We have initiated your payment through Fund Transfer on 30-08-2022 for an amount of INR 92597.00. In case of any clarification regarding this transaction please get in touch with corporate.ib@axisbank.com.