

ANNUAL MAINTENANCE CONTRACTS & INSURANCES

ANNUAL MAINTENANCE CONTRACT

BETWEEN

Chandusoft Technologies Pvt.Ltd.
P-10, Sector -12, Jeevanbhimanager Main Road,
Bengaluru - 560075
GST No: 29AAECC6597P1ZN
(Hereinafter called “Service Provider”)

AND

Sibar Institute of Dental Science
Takkellapadu, Guntur, Andhra Pradesh - 522509
GST No: N/A
(Hereinafter called “the Client”)

On this 1st Jan 2022 at Bangalore, It is agreed between the suppliers and the client that the supplier agrees to provide maintenance services to the client on the following terms and conditions:-

Maintenance Contract No	AMC/20/2022-22
AMC contract Service Location	Guntur, Andhra Pradesh (1 location)
Contract /Warranty Duration	1 Year
Contract Period Validity	1 st Jan 2022 - 31 st Dec 2022

Contract Type	Service Frequency	Particulars
Annual Maintenance	Online support based on request and service issues.	The AMC is provided only for Web DIMS software installed by Chandusoft at the annual rate of Rs. 60,000 + Rs. 10,800 (GST 18%) = Rs.70,800/-

Terms & conditions of the Annual Maintenance Contract

1.Scope of Contract

The service is available during normal working hours between 9.30 AM to 6.30 PM from Monday to Friday excluding Bank holidays, Government Holidays and annual shutdown periods. The service provider will provide immediate operational help and advise the client via the helpline free of charge, such help will relate to operational queries and any requests for

software amendments/updates will be Health with separately and will be chargeable. If personal visits are required of our engineers, there will be additional charges on the day basis.

2. Client Responsibility

The client is fully responsible for the proper care of their Software maintenance such as database details and backups. The service provider accepts no responsibility for problems caused as a result of poor maintenance by the client.

3. Limitations of Liability:

The service provider is not liable for any damage or destruction of any part or parts of the related software changes, which may occur during the process of handling unless it is proved by you that same was owing to any wrongful act.

4. SERVICES NOT PROVIDED UNDER “Annual Maintenance Contract “

Any additional modules and design change will not be under AMC it will be chargeable as it's a new requirement.

5. Others:

- ❖ This contract is valid only on realization of payment of AMC cost of **Rs 60,000 + GST 18%**
- ❖ This contract is governed by the laws of India.
- ❖ In token of acceptance of the contract, **please sign and return us the duplicate of this agreement, together with payment for the amount stated above.**

Schedule -I

SI. No	Description	Periods
1	Web DMS Software for 1 location	One Year
2	Internal Database Backup	One Year
3	Support and Maintenance Offsite	One Year

FOR SERVICE PROVIDER:
Chandusoft Technologies Pvt.Ltd.
SIGN:

FOR CLIENT:
Sibar Institute of Dental Science
SIGN:

DATE : 1st Jan 2022
PLACE : Bangalore

DATE : 1st Jan 2022
PLACE : Guntur

ANNUAL MAINTENANCE CONTRACT

BETWEEN

Chandusoft Technologies Pvt.Ltd.
P-10, Sector -12, Jeevanbhimnagar Main Road,
Bengaluru - 560075
(Hereinafter called "Service Provider")
GST No: 29AAECC6597P1ZN

AND

Sibar Institute of Dental Science
Takkellapadu, Guntur, Andhra Pradesh - 522509
(Hereinafter called "the Client")
GST No: N/A

On this 1st Jan 2021 at Bangalore, It is agreed between the suppliers and the client that the supplier agrees to provide maintenance services to the client on the following terms and conditions:-

Maintenance Contract No	AMC/26/2020-21
AMC contract Service Location	Guntur, Andhra Pradesh (1 location)
Contract /Warranty Duration	1 Year
Contract Period Validity	1 st Jan 2021 - 31 st Dec 2021

Contract Type	Service Frequency	Particulars
Annual Maintenance	Online support based on request and service issues.	The AMC is provided only for Web DIMS software installed by Chandusoft at the annual rate of Rs. 60,000 + Rs. 10,800 (GST 18%)

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1	Web DIMS Software for 1 location	One Year
2	Internal Database Backup	One Year
3	Support and Maintenance Offsite	One Year

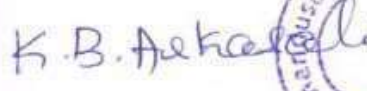

FOR SERVICE PROVIDER:
Chandusoft Technologies Pvt.Ltd.
SIGN:

FOR CLIENT:
SIBAR Institute of Dental Science
SIGN:

DATE : 1st Jan 2021
PLACE : Bangalore

DATE : 1st Jan 2021
PLACE : Guntur

Tax Invoice

To, SIBAR Institute of Dental Science Nadivelugu, Takkellapadu, Guntur, Andra Pradesh -522509 GST No : NA Contact Person : Accounts Department Location of Service : Andra Pradesh				Invoice Date : 11th Feb 2020				
				Invoice No : CSTL-031-2019-20				
				Reference No / Service Order No : AMC/21/2019-20				
				Payment Terms : One Time Payment				
				AMC For the Period : 1st Dec 2019 To 30th Nov 2020				
Sl. No	DESCRIPTION	HSN Code	UNIT Price	QTY	CGST 9%	SGST 9%	IGST 18%	TOTAL
1	Annual Maintenance Charges for Web DIMS Software Service Includes : <ul style="list-style-type: none"> Web DIMS Software Database Backup in client Server Support and Maintenance Offsite 	998314	60000	1	-	-	10800	70800
Total Amount			60000	1	-	-	10800	70800
Amount In Words		Seventy Thousand Eight Hundred Only						
CIN : U72900KA2011PTC061415 GSTN : 29AAECC6597P1ZN PAN : AAECC6597P Bank Details : Chandusoft Technologies Private Limited Bank Name: ICICI Bank Ltd Account No: 142005500141 Branch : Jeevan Bheema Nagar, Bangalore, IFSC Code: ICIC0001420				For Chandusoft Technologies Private Limited   Authorized Signatory				

ANNUAL MAINTENANCE CONTRACT

BETWEEN

Chandusoft Technologies Pvt.Ltd.
P-10, Sector -12, Jeevanbhimnagar Main Road,
Bengaluru - 560075
(Hereinafter called "Service Provider")
GST No: 29AAECC6597P1ZN

AND

Sibar Institute of Dental Science
Takkellapadu, Guntur, Andhra Pradesh - 522509
(Hereinafter called "the Client")
GST No: N/A

On this 1st Dec 2019 at Bangalore, It is agreed between the suppliers and the client that the supplier agrees to provide maintenance services to the client on the following terms and conditions:-

Maintenance Contract No	AMC/21/2019-20
AMC contract Service Location	Guntur, Andhra Pradesh (1 location)
Contract /Warranty Duration	1 Year
Contract Period Validity	1 st Dec 2019 - 30 th Nov 2020

Contract Type	Service Frequency	Particulars
Annual Maintenance	Online support based on request and service issues.	The AMC is provided only for Web DIMS software installed by Chandusoft at the annual rate of Rs. 60,000 + Rs. 10,800 (GST 18%)

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- ❖ This contract is governed by the laws of India.
- ❖ In token of acceptance of the contract, **please sign and return us the duplicate of this agreement, together with payment for the amount stated above.**

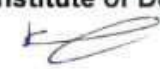
Schedule -I

SI. No	Description	Periods
1	Web DIMS Software for 1 location	One Year
2	Internal Database Backup	One Year
3	Support and Maintenance Offsite	One Year

FOR SERVICE PROVIDER:
Chandusoft Technologies Pvt.Ltd.
SIGN:



DATE : 1st Dec 2019
PLACE : Bangalore

FOR CLIENT:
SIBAR Institute of Dental Science
SIGN: 

Dr. L. KRISHNA PRASAD
DEAN
Sibar Institute Of Dental Sciences
GUNTUR, INDIA.

DATE : 1st Dec 2019
PLACE : Guntur

Sunil 9248793981@gmail.com

CARESTREAM DENTAL

CUSTOMER ADDRESS
 Sibar Institute of Dental Sciences
 Takkellapadu
 Guntur
 ANDHRA PRADESH
 Pin : 522509 : PH :0863 229 2149

SERVICE CONTRACT DETAILS
 CONTRACT TYPE: Annual Maintenance OFFER DATE: 23-Mar-22
 START DATE: 25-Mar-22 END DATE: 24-Mar-23
 VALIDITY: 12 Months PM VISITS: 1

INVOICE ADDRESS
 Sibar Institute of Dental Sciences
 Takkellapadu
 Guntur
 ANDHRA PRADESH
 Pin : 522509 : PH :0863 229 2149

BANK DETAILS FOR ELECTRONIC MODE OF PAYMENT
 NAME OF THE BANK: HSBC A/C NO: 6257414001
 IFSC CODE: HSBC0400002 PAN: AAHCC2465K

CUSTOMER CARE CONTACT DETAILS
 TELEPHONE: 022-6292 7888
 EMAIL: tech_india@csdental.com
 Sunil.Kumar@csdental.com

EQUIPMENT AND BILLING DETAILS

No	ITEM DESCRIPTION	SERIAL NO	CONTRACT TYPE	CHARGES
1	CS9300 Select	FDBL008	AMC	100,000.00
	(Tax 18 % (GST)			18,000.00
(One Lakh Eighteen Thousand Rupees Only)				
				118,000.00

In consideration of the amounts shown in this schedule above, Carestream Dental India Pvt Ltd agrees to service the equipment listed there in accordance with the conditions shown on the next page which the customer hereby accepts.

TERMS AND CONDITIONS:
 1) PAYMENT: 100% ADVANCE 2) ABOVE PRICES ARE INCLUDING OF TAXES.
 EXCLUSIONS: COMPUTER AND ASSCESORIES, UPS

Signed by: for Carestream Dental India Pvt. Ltd.

Signed by: for Customer

[Handwritten Signature]

Signature

Date

Signature

Date

CARESTREAM DENTAL INDIA PVT LTD



paid
[Handwritten Signature]
 29/3



Carestream Dental India Pvt Ltd
 Unit No. F-1601&1602, 16th Floor
 Lotus Corporate Park
 Off Western Express Highway
 Goregaon(East), Mumbai-400057

9848084760

SERVICE CONTRACT QUOTE

CUSTOMER ADDRESS

Sibar Institute of Dental Sciences
Takkellapadu
Guntur
ANDHRA PRADESH
Pin : 522509 : PH :0863 229 2149

INVOICE ADDRESS

Sibar Institute of Dental Sciences
Takkellapadu
Guntur
ANDHRA PRADESH
Pin : 522509 : PH :0863 229 2149

SERVICE CONTRACT DETAILS

CONTRACT TYPE:	Comprehensive	OFFER DATE:	25-Oct-20
START DATE:	1-Nov-20	END DATE:	30-Oct-21
VALIDITY:	12 Months	PM VISITS:	2

BANK DETAILS FOR ELECTRONIC MODE OF PAYMENT

NAME OF THE BANK:	HSBC	A/C NO:	6257414001
IFSC CODE:	HSBC0400002	PAN:	AAHCC2465K

CUSTOMER CARE CONTACT DETAILS

TELEPHONE:	022-6292 7888
EMAIL:	tech_india@csdental.com

EQUIPMENT AND BILLING DETAILS

No	ITEM DESCRIPTION	SERIAL NO	CONTRACT TYPE	CHARGES
	CS9300 Select	FDBL008	CMC	2.15.000.00
	(Tax 18 % (GST)			38.700.00
(Two Lakh Fifty Three Thousand Seven Hundred Rupees Only)				
In consideration of the amounts shown in this schedule above, Carestream Dental India Pvt Ltd agrees to service the equipment listed there in accordance with the conditions shown on the next page which the customer hereby accepts.				2.53.700.00

TERMS AND CONDITIONS:

1) PAYMENT: 100% ADVANCE 2) ABOVE PRICES ARE INCLUDING OF TAXES.

EXCLUSIONS: COMPUTER AND ASSCESORIES, UPS

Signed by: for Carestream Dental India Pvt. Ltd.

[Handwritten Signature]

Signature

Date

Signed by: for Customer

Signature

Date

CARESTREAM DENTAL INDIA PVT LTD

Carestream
DENTAL

Carestream Dental India Pvt Ltd
Unit No. F-1601&1602, 16th Floor
Lotus Corporate Park
Off Western Express Highway
Goregaon(East), Mumbai-400057

SERVICE CONTRACT QUOTE

CUSTOMER ADDRESS

Institute of Dental Sciences
 Kellapadu
 Andhra Pradesh
 522509 : PH :0863 229 2149

INVOICE ADDRESS

Institute of Dental Sciences
 Kellapadu
 Andhra Pradesh
 522509 : PH :0863 229 2149

SERVICE CONTRACT DETAILS

CONTRACT TYPE: Annual Maintenance OFFER DATE: 05-Feb-21
 START DATE: 6-Feb-21 END DATE: 5-Feb-22
 VALIDITY: 12 Months PM VISITS: 1

BANK DETAILS FOR ELECTRONIC MODE OF PAYMENT

NAME OF THE BANK: HSBC A/C NO: 6257414001
 IFSC CODE: HSBC0400002 PAN: AAHCC2465K

CUSTOMER CARE CONTACT DETAILS

TELEPHONE: 022-6292 7888
 EMAIL: tech_india@csdental.com

EQUIPMENT AND BILLING DETAILS

No	ITEM DESCRIPTION	SERIAL NO	CONTRACT TYPE	CHARGES
1	CS9300 Select (Tax 18 % (GST) (One Lakh Eighteen Thousand Rupees Only)	FDBL008	AMC	100,000.00 18,000.00
				118,000.00

In consideration of the amounts shown in this schedule above, Carestream Dental India Pvt Ltd agrees to service the equipment listed there in accordance with the conditions shown on the next page which the customer hereby accepts.

TERMS AND CONDITIONS:
 1) PAYMENT: 100% ADVANCE 2) ABOVE PRICES ARE INCLUDING OF TAXES.
 EXCLUSIONS: COMPUTER AND ACCESSORIES, UPS

Signed by: for Carestream Dental India Pvt. Ltd.

[Signature]

Signature

Date

Signed by: for Customer

Signature

Date

CARESTREAM DENTAL INDIA PVT LTD

Carestream
DENTAL

Carestream Dental India Pvt Ltd
 Unit No. F-1601&1602, 16th Floor
 Lotus Corporate Park
 Off Western Express Highway
 Goregaon(East), Mumbai-400057



Wipro GE Healthcare

(ISO 9001:2008 & ISO 13485 : 2003 Certified Service Organization)

CIN No. : U33111KA1990PTC016063

Peace of Mind



99197

Maintenance Service Agreement

MSA No.

Customer Code / Billing Account

System ID

Equipment Description

Customer Name

1 MF16015019

CS 30 Anaesthesia

Sibar Institute of Dental Sciences, Takkellapadu, Guntur

Pin Code

Contact No.

Service Package :

Procure / AMC

Customer Type : Govt/Pvt./Enterprise

Pvt.

Coverage:

Period of Agreement : From 24-09-18 To 23-09-19 No. of Preventive Maintenance Calls : Two (Please Indicate)

No. of Breakdown Calls : Unlimited Fixed Unlimited (Please Indicate). Spares Coverage : Included Not Included

Tubes / Probes / Helium / Vapourisers / Hypoxic Guard : Included Not Included Special Coverage (if any) : -

Contract Offering:

Labor Service only.

Exclusions:

All spares, Accessories, Consumables etc.,

Note: Spare parts/Probes/Tubes/Vapourisers/if not included, to be procured by Customer at prevailing list price. Accessories / Disposables / UPS Batteries / Sensors (Pressure, Flow, Temp. Etc.) Glass imtes & Consumables are not covered by this MSA Regular Service Hours, Monday through Friday 0900 Hours to 1800 Hours.

Value Proposition: Provisional Receipt

Service Agreement Charges Rs. 18,000/- Service / Works Contract Tax Inclusive Exclusive

Service / work Contract Tax @ 18%. Total Service Agreement charges inclusive of Tax Rs 18,000/-

(Rupees Eighteen thousand only.) And Payment Terms : 100% Advance Others Specify 100% Advance

Details of Payment: (DD/Cheque should be in favour of M/s., Wipro GE Healthcare Pvt.Ltd.,)

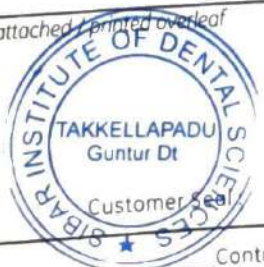
Rs. 18,000/- DD/Cheque No.: 003915 Dated: 23/9/18 Drawn On: HDFC Bank

Remarks:

This MSA is subject to the Terms & Conditions attached / printed overleaf

Customer Acceptance

Signature: [Signature] Name: [Name] Title: [Title]



Company Acceptance

Signature: [Signature] Name: K. Ramesh Kumar Employee ID: [ID] Date: [Date]



For Office Use Only : SR No.

Receipt No.

Invoice No. Regd. Off No. 4, Kadugodi Industrial Area, Bangalore - 560 67, Karnataka, India Tel. 91-80-4180 1000 Fax 91-80-2845 6108

24x7 GE Call center for your service need : Toll Free No. : 1800 102-7750, 1800 425 7255 & 1800 425 8025 www.gehealthcare.com/in/en

CUSTOMER COPY



Wipro GE Healthcare Pvt. Ltd. ("Company")

CIN No. U33111KA1990PTC016063

(ISO 13485:2016 Certified Service Organization)
Order parts @ www.services.gehealthcare.in

Service Package:



Maintenance Service Agreement ("MSA")#

MSA No.

7301

Customer Code / Billing Account

Customer Name: **Sibar Institute of Dental Sciences, Takkellapadu Guntur**
Pin code: _____

System ID:
1. **MIF/6015019**
2. _____
3. _____
4. _____
5. _____

Offerings:
 Power
 Performance
 Essential
 Harmony Advantage
 Harmony Essential
 Harmony Classic
 Protecta Performance
 Protecta Smart
 Protecta Safe
 TruPay
 Maxicare
 Comprehensive
 Biomed
 MVC
 Others

Customer GST No.: _____ PAN No.: _____
Contact No.: _____ E-mail: _____

Customer Type: Govt. Pvt. Enterprise

Coverage: Period of Agreement: From **04/10/2019** To **03/10/2020**

Probes / Helium / Vapouriser / Hypoxic Guard: Included Not Included Special Coverage (if any): **(unlimited breakdowns)**

Additional Offerings*:
 GEMP Asset Plus Dose Watch Remote Service Support ePMS Proactive Service
 Parts coverage X-Ray Tube Coverage tubes in years Unlimited X-Ray Tube Coverage
 QA Test Integrated Monitoring System (IMS) Educational Program iCenter 99% uptime

Exclusions: **All spare, Accessories, Consumable etc.**

Note: Spare parts / Probes / Tubes / Vapourisers / if not included, to be procured by Customer at prevailing list price. Accessories / Disposables / UPS Batteries / Sensors (Pressure, Flow Temp. Etc.) Glass items & Consumables are not covered by this MSA. Plastics (covers etc.) not covered. Regular Coverage Hours - Monday through Friday 0900 Hours to 1800 Hours. Excluding Company observed holidays.

Provisional Receipt:
Service Agreement Charges (exclusive of any applicable tax) Rs. _____ (A) Bill from Location _____
GST @ _____ (B) Total Agreement Charges (A+B) Rs. **18,500/-**
(Rupees **Eighteen thousand five hundred Rupees only.**)
Payment Terms: Advance Arrears
Monthly Bi-Monthly Quarterly Half-Yearly Annual 100%

The Customer acknowledges that the Total Agreement Charges as specified above is based on the effective rate of duty and taxes prevailing on the date of this MSA and agrees that any increase in any of the duties, levies or taxes or any rates thereof after such date will be paid additionally by the Customer

Details of Payment: (DD / Cheque should be in favour of M/s., Wipro GE Healthcare Pvt. Ltd.)

Rs. **18,500/-** DD / Cheque No. **004756** Dated: **04/10/2019** Drawn On: _____ Service Tax (MRS) (GRA) / AAACW1685JST001
Rs. _____ DD / Cheque No. _____ Dated: _____ Drawn On: _____ PAN: AAACW1685J
Rs. _____ DD / Cheque No. _____ Dated: _____ Drawn On: _____
Rs. _____ DD / Cheque No. _____ Dated: _____ Drawn On: _____

Remarks:
Customer Acceptance (I have read and understood the MSA terms)
Customer Seal & Signature: _____
Name: _____ Title: _____
Company Acceptance
Signature: **Gr. Venkayana Babu**
Name: **Gr. Venkat, 503120948**
Title: _____ Employee ID: _____

Gst Declaration: "I Hereby Confirm I Don't Have The GST Number" Customer Signature: _____ Date: _____
Regd. Off: No.4, Kadugodi Industrial Area, Bangalore - 560 057, Karnataka, INDIA. Fax: 91 - 80 - 2845 6108

24 X 7 GE Call center for your service need Toll Free No: 1800 102-7750, 1800 425 7255 & 1800 425 8025
Email: gehealthcareservices@ge.com or www.gehealthcare.com/in/en CUSTOMER COPY
This MSA is subject to the General Terms and Conditions for Service printed overleaf
* Customer has opted for the Service Package and the Additional Offerings as specified herein Each Service Package consists of Standard Offerings (comes as standard under each Service Package) and Additional Offerings (optional add and available at an additional cost) The Standard Offerings and Additional Offerings are also subject to applicable Terms and Conditions which are printed overleaf By agreeing to opt for a particular Service Package the Customer, in addition to the General Terms and Conditions for Service, also agrees to the terms and conditions applicable to all Standard Offerings and Additional Offerings (if any) available under such Service Package

Service Package Name: POWER	What's New with GE To avail 10% discount on your 1st order @ Service Shop, use coupon code: EASY10
Standard Offerings:	
<ol style="list-style-type: none"> Uptime Guarantee - 95% Downtime Compensation - Any Downtime over and above what is allowed shall be compensated by extension of the Period of Agreement by three (3) times of Downtime. Onwatch™ Predictive Service - A technology that constantly monitors multiple parameters of the Equipment and generates quarterly reports ePMS Proactive Service - a remote service that monitors the Equipment during the Period of Agreement. The device Unlimited X-Ray Tube Coverage Integrated Monitoring System (IMS) - An additional device (IMS Device) will be installed by the Company at Customer's side during the Period of Agreement. The device monitors the site environment of the Equipment and relays real time alerts for any deviations Quality Assurance (QA) Test - One QA test per year for the applicable equipment during the Period of Agreement as per regulatory standard applicable to such equipment. Remote Service Support on Weekends. Prioritized Response Time - Prioritized visit and handling of service issues at Customer's site Predictive Ordering and Prioritized Delivery of Parts. Proactive Service Delivery Alerts. Free Software Updates - Updates on operating software and patch software which are made available by the manufacture shall be provided free of cost Service performance dashboard - For applicable equipment, the Customer shall be provided Service Performance Dashboard (report) which will provide multiple service and MSA related information Parts Coverage 	
Additional Offerings:	
<ol style="list-style-type: none"> No Single Brakedown for more than 4 (four) days - Any Downtime which continues for more than four days (excluding weekends and Company observed holidays) shall be compensated by extension of the Period of Agreement by three (3) times of the Downtime beyond 4 days. This compensation is in addition to the Downtime Compensation the Customer is entitled under the applicable Service Package. 	



Wipro GE Healthcare Pvt. Ltd.

("Company")

Service Package :



CIN No. : U33111KA1990PTC016063

(ISO 13485:2016 Certified Service Organization)

Order parts @ www.services.gehealthcare.in

Maintenance Service Agreement ("MSA")#

MSA No.

7222

Customer Code / Billing Account: <u>1664744</u>	System ID: <u>MF16015017</u>	Offerings:	<input type="checkbox"/> Harmony Classic	<input type="checkbox"/> Biomed
Customer Name: <u>Sibar Institute of Dental Sciences, Takkellapada, Gundur</u>	1 <u>(CS30 Anaesthesia)</u>	<input type="checkbox"/> Power	<input type="checkbox"/> Protecta Performance	<input type="checkbox"/> MVC
Customer GST No.:	2	<input type="checkbox"/> Performance	<input type="checkbox"/> Protecta Smart	<input type="checkbox"/> Others
PAN No. <u>AAATS7207E</u>	3	<input type="checkbox"/> Essential	<input type="checkbox"/> Protecta Safe	
	4	<input type="checkbox"/> TruPay	<input checked="" type="checkbox"/> Procure	
	5	<input type="checkbox"/> Harmony Advantage	<input type="checkbox"/> Maxicare	
		<input type="checkbox"/> Harmony Essential	<input type="checkbox"/> Coprehensive	

Contact No.: _____ E-mail: _____ Customer Type: Govt. Pvt. Enterprise

Coverage: Period of Agreement: From 23/11/2020 To 22/11/2021 LAMC- 2PM, Unlimited B/H Cals
 Probes / Helium / Vapouriser / Hypoxic Guard: Included Not Included Special Coverage (if any): -NA-

PM: As per engineering standard.
 Additional Offerings*: GEMP Asset Plus Dose Watch Remote Service Support ePMS Proactive Service
 Parts coverage X-Ray Tube Coverage tubes in years Unlimited X-Ray Tube Coverage
 QA Test Intergrated Monitoring System (IMS) Educational Program iCenter 99% uptime

Exclusions: All Spares, Accessories, Consumables and etc.
 Note: Spare parts / Probes / Tubes / Vapourisers / if not included, to be procured by Customer at prevailing list price. Accessories / Disposables / UPS Batteries / Sensors (Pressure, Flow Temp. Etc.) Glass items & Consumables are not covered by this MSA. Plastics (covers etc.) not covered. Regular Coverage Hours - Monday through Friday 0900 Hours to 1800 Hours. Excluding Company observed holidays.

Provisional Receipt: Service Agreement Charges (exclusive of any applicable tax) Rs. 15,678/- (A) Bill from Location Vijayanagara
 GST @ 18% (B) Total Agreement Charges (A+B) Rs. 18,500/-
 (Rupees Eighteen thousand and five hundred only)
 Payment Terms: Advance Arrears
 Monthly Bi-Monthly Quarterly Half-Yearly Annual 100%

The Customer acknowledges that the Total Agreement Charges as specified above is based on the effective rate of duty and taxes prevailing on the date of this MSA and agrees that any increase in any of the duties, levies or taxes or any rates thereof after such date will be paid additionally by the Customer.
 Details of Payment: (DD / Cheque should be in favour of M/s. Wipro GE Healthcare Pvt. Ltd.)
 Rs. 18,500 DD / Cheque No. 004923 dated: 23-11-20 Drawn On: HDFC
 Rs. _____ DD / Cheque No. _____ Dated: _____ Drawn On: _____
 Rs. _____ DD / Cheque No. _____ Dated: _____ Drawn On: _____
 Rs. _____ DD / Cheque No. _____ Dated: _____ Drawn On: _____
 Service Tax (MRS) IGRA / AAACW1685JST001
 PAN: AAACW1685J

Remarks: _____
 Customer Acceptance (I have read and understood the contract terms)
 Customer Seal & Signature: [Signature]
 Name: _____
 Title: _____
 Employee ID: Sal623202
 Company Acceptance
 Signature: [Signature]
 Name: K. Lakshmi
 Title: _____
 Employee ID: _____
 GST Declaration: "I Hereby Confirm I Don't Have The GST Number"
 Customer Signature: _____ Date: _____

Regd. Off: No.4, Kadugodi Industrial Area, Bangalore - 560 057, Karnataka, INDIA. Fax: 91 - 80 - 2845 6108

24 X 7 GE Call center for your service need Toll Free No: 1800 102 7750, 1800 425 7255 & 1800 425 8025
 Email: gehealthcareservices@ge.com or www.gehealthcare.com/in/en
 # This MSA is subject to the General Terms and Conditions for Service printed overleaf.
 * Customer has opted for the Service Package and the Additional Offerings as specified herein. Each Service Package consists of Standard Offerings (comes as standard under each Service Package) and Additional Offerings (optional add and available at an additional cost). The Standard Offerings and Additional Offerings are also subject to applicable Terms and Conditions which are printed overleaf. By agreeing to opt for a particular Service Package the Customer, in addition to the General Terms and Conditions for Service, also agrees to the terms and conditions applicable to all Standard Offerings and Additional Offerings (if any) available under such Service Package.

Service Package Name: POWER	What's New with GE
Standard Offerings:	Service Shop
<ol style="list-style-type: none"> Uptime Guarantee - 95% Downtime Compensation - Any Downtime over and above what is allowed shall be compensated by extension of the Period of Agreement by three (3) times of Downtime Onwatch™ Predictive Service - A technology that constantly monitors multiple parameters of the Equipment and generates quarterly reports ePMS Proactive Service - a remote service that monitors the Equipment and generates quarterly reports Unlimited X-Ray Tube Coverage Integrated Monitoring System (IMS) - An additional device (IMS Device) will be installed by the Company at Customer's side during the Period of Agreement. The device monitors the site environment of the Equipment and relays real time alerts for any deviations. Quality Assurance (QA) Test - One QA test per year for the applicable equipment during the Period of Agreement as per regulatory standard applicable to such equipment. Remote Service Support on Weekends. Prioritized Response Time - Prioritized visit and handling of service issues at Customer's site. Predictive Ordering and Prioritized Delivery of Parts. Proactive Service Delivery Alerts. Free Software Updates - Updates on operating software and patch software which are made available by the manufacture shall be provided free of cost Service performance dashboard - For applicable equipment, the Customer shall be provided Service Performance Dashboard (report) which will provide multiple service and MSA related information Parts Coverage 	<p>For more info visit us at: 1800 102 7750 or email: shop@ge.com</p> <p>For more info visit us at: www.ge.com</p>
Additional Offerings:	
<ol style="list-style-type: none"> No Single Brakedown for more than 4 (four) days - Any Downtime which continues for more than four days (excluding weekends and Company observed holidays) shall be compensated by extension of the Period of Agreement by three (3) times of the Downtime beyond 4 days. This compensation is in addition to the Downtime Compensation the Customer is entitled under the applicable Service Package. 	



Wipro GE Healthcare Pvt. Ltd.

(ISO 13485 : 2016 Certified Service Organization)

53429

CIN No.: U33111KA1990PTC016063

Maintenance Service Agreement ("MSA")

SIEBEL QUOTE No.

Customer Code / Billing Account: 1664744

System ID		
1	ME16015019	6
2	(CS 30)	7
3		8
4		9
5		10

Customer Name: Sibar Institute of Dental Sciences, Takkalopadu, Guntur
Pin code: 522 509

Customer GST No.:
PAN No.: AADTS 7207E

Contact No

E-mail

Customer Type: Govt. Pvt. Enterprise

Coverage

Period of Agreement From: 23/11/2021 To: 22/11/2022

Remote support as 1st Intervention

Probes / Helium / Vapouriser / Hypoxic Guard: Included Not Included

Special Coverage (if any): L-AMC - 2 PM, Unlimited RFA Galka - N.A -

AMC	Imaging:		SPL. OFFERS		Ultrasound:			LCS:
	CMC				AMC	CMC	PROBE REPAIR	
<input type="checkbox"/> X-Ray Procare (Only Labour no Tube Coverage)	<input type="checkbox"/> Power	<input type="checkbox"/> Performance	<input type="checkbox"/> TruPay	Start Exam ID	<input type="checkbox"/> Protecta Safe	<input type="checkbox"/> Harmony Classic (Maxicare)	<input type="checkbox"/> Protecta Plus	<input type="checkbox"/> Comprehensive (Parts & Labour)
<input type="checkbox"/> Essential	<input type="checkbox"/> Performance with addl. offerings	Tubes In: _____ Vrs. Tube mts	<input type="checkbox"/> Biomed Service		<input type="checkbox"/> Protecta Smart	<input type="checkbox"/> Harmony Advantage 1 Probe / Year Only	<input type="checkbox"/> Harmony Classic Plus	<input checked="" type="checkbox"/> Procare (Only Labour)
	<input type="checkbox"/> Maxicare (No Tube Coverage)				PM: <u>2</u> TUD/Yr: <input type="checkbox"/> As per engineering standard.			
	<input type="checkbox"/> X-Ray Comprehensive				Additional Offerings*:	<input type="checkbox"/> iCenter	<input type="checkbox"/> ON WATCH	
					<input type="checkbox"/> GEPM	<input type="checkbox"/> My Asset	<input type="checkbox"/> TUBE WATCH	
					<input type="checkbox"/> AERB QA TEST	<input type="checkbox"/> EDUCATIONAL PROGRAM	<input type="checkbox"/> DOSE WATCH EXPLORE	
					<input type="checkbox"/> DIGITAL EXPERT			

Exclusions: All spares, Accessories, Consumables and etc.

Note: Spare parts / TEE, Electronic ID Probes / Tubes / Vapourisers / if not included, to be procured by Customer at prevailing list price. Accessories / Disposables / UPS Batteries / Sensors (Pressure Flow Temp. Etc.) Glass items & Consumables are not covered by this MSA. Plastics (covers etc.) not covered. Regular Coverage Hours: Monday through Friday 0900 Hours to 1800 Hours. Excluding Company observed holidays.

Inclusions: Labor Service, 2 PMS per year & Unlimited RFA visits.

Provisional Receipt

Service Agreement Charges (exclusive of any applicable tax) Rs. 15,678/- (A) Bill from Location: Vijayawada

GST@ 18% (B) Total Agreement Charges (A+B) Rs. 18,500/-

(Rupees) Eighteen thousand and five hundred only

Payment Terms: Advance Arrears
Monthly Bi-Monthly Quarterly Half Yearly Annual 100%

The Customer acknowledges that the Total Agreement Charges as specified above is based on the effective rate of duty and taxes prevailing on the date of this MSA and agrees that any increase in any of the duties, levies or taxes or any rates thereof after such date will be paid additionally by the Customer.

Details of Payment: (ACH / Cheque should be in favour of M/s., Wipro GE Healthcare Pvt. Ltd.,)

Rs.	ACH / Cheque No.	Dated	Drawn On:	
Rs.	ACH / Cheque No.	Dated	Drawn On:	Service Tax (MRS) (IGRA) / AAACW1685 / 1001
Rs.	ACH / Cheque No.	Dated	Drawn On:	PAN AAACW1685
Rs.	ACH / Cheque No.	Dated	Drawn On:	

Remarks:

Customer Acceptance (I have read and understood the contract terms)

Customer Seal & Signature: [Signature]
Name:
Title:

Company Acceptance

Signature: [Signature]
Name: K. Rameshwar
Title:
Employee ID:

GST Declaration:

"I Hereby Confirm I Don't Have the GST Number" Customer Signature: _____ Date: _____

Regd. Off.: No.4, Kadugodi Industrial Area, Bangalore -560 067, KARNATAKA, INDIA.

24x7 Cf Call center for your service need Toll Free No. 1800 102 7750, 1800 425 7255 & 1800 425 8025, 18004197750

Email: gehealthcareservices@ge.com or www.gehealthcare.com/in/en

This MSA is subject to the General Terms and Conditions for Service printed overleaf

For MyGEHealthcare Mobile app <https://mgeh.page.link/ios> iOS / Apple app store, <https://mgeh.page.link/android> - Android / Google play store, Click on any button on a console

REMOTE SUPPORT & REMOTE FIX

Any breakdown or call request will always go for the On-line Engineer to attempt Remote fix with the help of the customer is expected to cooperate here. This will help us make asset in working condition in shorter time. If the issue is not resolved remotely, we will dispatch field engineer for the Onsite repair.

If customer has opted for the Service package and the Additional Offerings as specified herein. Each Service Package consists of Standard Offering (comes as standard under each

Service Package) and Additional Offerings (optional add and available at an additional cost). The Standard Offerings and Additional Offerings are also subject to applicable terms

and conditions which are printed overleaf. By agreeing to opt for a particular Service Package the customer in addition to the General Terms and Conditions for Service also agrees to

the terms and conditions applicable to all Standard Offerings and Additional Offerings (if any) available under such Service Package.

DOC0745921

CUSTOMER COPY



TAX INVOICE

DENTSPLY India Pvt. Ltd.
 CIN-U74899DL1995PTC073183
 Kh.No. 66/20 & 66/11/2 Gall No.2
 Main Rothak Road
 Mundka Industrial Area
 Delhi
 DELHI
 IN-110041

I SIBAR EDUCATIONAL ACADEMY
 N SIBAR INSTITUTE OF DENTAL
 V SCIENCES.
 O TAKKELLAPADU, GUNTUR-
 I 522509. (A.P)
 C
 E TAKKELLAPADU
 T ANDHRA P AP STATE CODE-28
 O India-522509

Tel
 GST No.
 PAN # AADTS7207E
 Place of Supply: AP STATE CODE-28
 Remarks

INVOICE NO. : DLSI2021004418
 DATE: 30/Nov/2020

GST No.: 07AAACD3171E1Z3
 ORDER NO. ...: SO-209792
 Customer PO : AMC18/11/20-17/1
 Picking list ...: PR-644593/0
 PAN #: AAACD3171E

Original for recipient
 Duplicate for Transporter
 Triplicate for Supplier
 Extra copy

S SIBAR EDUCATIONAL ACADEMY
 H SIBAR INSTITUTE OF DENTAL
 I SCIENCES.
 P TAKKELLAPADU, GUNTUR-
 522509. (A.P)

TAKKELLAPADU
 ANDHRA P. AP STATE CODE-28
 India-522509
 T
 O

GST No. :
 Region : Service-So

Terms of Delivery	DT. SHIPPED	SHIPPED VIA	PAYMENT TERMS
	30/Nov/2020	AIR	Advance Payment

Product No.	Description	Batch Expiry	UQC	HSN code	Qty	Unit price	Total	Discount	Taxable value	CGST Rate	Amount	SGST Rate	Amount	IGST Rate	Amount
S000002	ANNUAL MAINTENANCE		PC	998719	1.00	33,750.00	33,750.00	0.00	33,750.00	0.000	0.000	0.000	0.000	18.000	6,075.000
				Total	1.00		33,750.00	0.00	33,750.00		0.000		0.000		6,075.000



TAX INVOICE

DENTSPLY India Pvt. Ltd.
CIN-U74899DL1995PTC073183
Kh.No. 66/20 & 66/11/2 Gali No.2
Main Rothak Road
Mundka Industrial Area
Delhi
DELHI
IN-110041

I SIBAR EDUCATIONAL ACADEMY
N SIBAR INSTITUTE OF DENTAL
V SCIENCES,
O TAKKELLAPADU, GUNTUR-522509.
I (A.P)
C
E TAKKELLAPADDU
 ANDHRA P. AP STATE CODE-28
T India-522509
O

Tel
 GST No.
 PAN #: AADTS7207E
 Place of Supply: AP STATE CODE-28
 Remarks

INVOICE NO.: DLSI2122010341
DATE.....: 12/Nov/2021

GST No.: 07AAACD3171E1Z3
ORDER NO.: SO-219256
Customer PO.: AMC11/11/21-10/1
Picking list: PR-748702/0
PAN #.....: AAACD3171E
Customer No.: 122383

Original for recipient
 Duplicate for Transporter
 Triplicate for Supplier
 Extra copy

S SIBAR EDUCATIONAL ACADEMY
H SIBAR INSTITUTE OF DENTAL
I SCIENCES,
P TAKKELLAPADU, GUNTUR-522509.
 (A.P)

TAKKELLAPADDU
 ANDHRA P. AP STATE CODE-28
T India-522509
O

GST No. :
Region ..: Service-So

Terms of Delivery	DT. SHIPPED	SHIPPED VIA	PAYMENT TERMS
	12/Nov/2021	AIR	Advance Payment

Product No.	Description	Batch Expiry	UQC	HSN code	Qty	Unit price	Total	Discount	Taxable value	CGST Rate	Amount	SGST Rate	Amount	IGST Rate	Amount
S000002	ANNUAL MAINTENANCE		PC	998719	1.00	33,750.00	33,750.00	0.00	33,750.00	0.000	0.000	0.000	0.000	18.000	6,075.000
				Total	1.00		33,750.00	0.00	33,750.00		0.000		0.000		6,075.000

Tax Invoice

Cube Dental Equipments

No 16, Ground Floor, 4th Street,
Jai Nagar,
Valasarawakkam, Chennai
GST No 33CTOPS5572A1ZI
GSTIN/UIN: 33CTOPS5572A1ZI
State Name : Tamil Nadu, Code : 33
E-Mail cubedentalequipments@gmail.com
Consignee (Ship to)

Sibar Institute of Dental Sciences

Guntur,
Andhra Pradesh
State Name : Andhra Pradesh, Code : 37

Buyer (Bill to)

Sibar Institute of Dental Sciences

Guntur,
Andhra Pradesh
State Name : Andhra Pradesh, Code : 37

Invoice No. CDE/SR/21-22/36	Dated 1-Feb-22
Delivery Note	Mode/Terms of Payment
Reference No. & Date.	Other References Qtn No.CDE/SMICHE/2022/237 dated 06.01.22
Buyer's Order No.	Dated
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination

Terms of Delivery

Four Months once Preventive Maintenance Check up. Three Break Down Calls in a year. Unlimited Online calls for Software and other issues which can be sorted out over phone. Spares and Accessories won't cover under this contract. This Contract valid for a period of 12 months from Date of PO released.
Amc Period : 25.01.2022 - 24.01.2023

SI No	Particulars	HSN/SAC	Quantity	Rate	per	Amount
1	Annual Maintenance Charges Diagora Optime Sl.No.SL1812523 TYPE : DXR-60-01	998719				9,000.00
	Output IGST @ 18%				18 %	1,620.00
	Total					₹ 10,620.00

Amount Chargeable (in words)

INR Ten Thousand Six Hundred Twenty Only

E. & O.E

HSN/SAC

Taxable Value

Integrated Tax Rate

Total Tax Amount

HSN/SAC	Taxable Value	Rate	Amount	Total Tax Amount
998719	9,000.00	18%	1,620.00	1,620.00
Total	9,000.00		1,620.00	1,620.00

Tax Amount (in words) : **INR One Thousand Six Hundred Twenty Only**

Company's Bank Details

Bank Name : ICICI Bank - 023205004650

A/c No. : 023205004650

Branch & IFS Code: Alwarthirunagar & ICIC0000232

Company's PAN : **CTOPS5572A**

for Cube Dental Equipments

(Near PJJ Mahal), Porur, Chennai - 600 116.
Authorized Signatory

No.3, Ekambaram Street, Udhaya Nagar Extn.,



पॉलिसी अनुसूची/Policy Schedule - Electronic Equipment Insurance	
Policy Number: 56070144211000090	व्यवसाय स्रोत / Business Source 560701
जारीकर्ता कार्यालय/Issuing Office कार्यालय कोड/Office Code 560701 कार्यालय पता/Office Address GUNTUR BRANCH / Door No 3 2B 1/A, Main Road, Brahdavan Gardens, Ring Road, Guntur Andhra Pradesh - 522006 State Code 17 Andhra Pradesh GSTIN 37AAACN90RTI422 Contact Number Mobile Number 0	वितरण चैनल विवरण/ Sales Channel Details कोड/Code 9000119140 नाम/Name Mr Shaik Pentu Sahib Contact Number 9866331005 सह दलाल कोड / Co Broker Code कार्टर केयर टॉल फ्री नंबर/Customer Care Toll Free Number: 1800 345 0330 ईमेल/ email:customer.support@nic.co.in

ग्राहक का नाम/Customer Name MS SIBAR EDUCATIONAL ACADEMY	ग्राहक आईडी/Customer ID 9700525596	पैन/PAN AADTS7207E
पता/Address SIBAR NAGAR, TAKKELLAPADU VILLEGE, PEDAKAKANI MANDAL, GUNTUR DT, City GUNTUR - DISTRICT OTHERS, District GUNTUR, State ANDHRA PRADESH, PIN 522509 Cell 7702123546	फोन/Phone	ई-मेल/E-Mail

पॉलिसी 31/03/2022 के 00:00 से 30/03/2023 की मध्य रात्रि तक प्रभावी /Policy Effective from 00:00 hours, on 31/03/2022 to midnight of 30/03/2023			
प्रीमियम /Premium	₹ 2,13,719.00	कवर नोट संख्या तथा तारीख /Cover Note Number and Date	NA
CGST	₹ 19,235.00	परस्ताव संख्या और तारीख/Proposal Number and Date	8800200331091261 Dt. 29/01/2022
SGST/UTGST	₹ 19,235.00		
IGST	₹ 0.00		
केरला बाढ़ उपकर/Kerala Flood Cess	₹ 0.00		
कम जीएसटी रीवेन / Less GST_IDS	₹ 0.00	रसीद संख्या और तारीख / Receipt Number and Date	560701812110006556 Dt. 25/03/2022
पुनर्प्राप्त स्टाम्प शुल्क / Recoverable Stamp Duty	₹ 0.00	पछिली पॉलिसी संख्या तथा समाप्ती तारीख / Previous Policy Number and Expiry Date	560700442010000031 and Dt 30/03/2022 560700441910000040 and Dt 30/03/2021
कुल / Total	₹ 2,52,189.00		
(Rupees Two Lakh Fifty Two Thousand One Hundred Eighty Nine Only.)			

Note 1 The term "Equipment" includes entire computer system consisting of CPU, Keyboard(s), Monitor(s), Printer(S), UPS, etc. subject to Electronic Equipment Clause as attached.
Note 2 Software is NOT covered under the Policy.
Section wise Insurance Details
Location SIBAR DENTAL HOSPITAL & COLLEGE, NANDIVELUGU ROAD, TAKKELLAPADU(PO) GUNTUR, Guntur - District Others Guntur, Andhra Pradesh, 522509.

Section - I (Equipments Section)					
Sr. No.	Qty	Serial No.	Description of Items	Sum Insured (₹)	Excess
1	N/A	SL NO. ASG-ELT 1086061	ALAN AUTORY AND ITS ACCESSORIES	2,00,000.00	i) Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs 2500 ii) Winchester/Hard Disk Drive. 25% of the claim amount subject to minimum of Rs 10000
2	N/A	SL NO RFBG07 07	CONFIDENT X-RAY MACHINE AND ITS ACCESSORIES	80,000.00	i) Equipments other than Winchester/Hard Disk Drive 5% of the claim amount subject to minimum of Rs 1000 ii) Winchester/Hard Disk Drive 10% of the claim amount subject to minimum of Rs 2500

Printed on 31/03/2022 by ID 56302, AID

Page no. 1



नेशनल इन्श्योरेंस कंपनी लिमिटेड
National Insurance Company Limited
CIN U10200W1906GO1001713
IRDA Regn. No.58



पंजीयन एवं प्रधान कार्यालय: 3 मिडिलटन स्ट्रीट, कोलकाता 700 701
Registered & Head Office: 3 Middleton Street, Kolkata 700 701
P.No. 033-22031705-06 Fax: 033-22031712
email: website.administrator@nic.co.in

For any information please contact the Policy Issuing Officer or visit our website at www.nationalinsuranceindia.com

पॉलीसी अनुसूची/Policy Schedule - Electronic Equipment Insurance	
Policy Number: 560701442110000090	व्यवसाय स्रोत/ Business Source 560701
<p>जारीकर्ता कार्यालय/Issuing Office कार्यालय कोड/ Office Code: 560701 कार्यालय पता/ Office Address: GUNTUR BRANCH I Door No. 3 2B 1/A, Main Road, Brndavan Gardens, Ring Road Guntur, Andhra Pradesh - 522006 State Code: 37, Andhra Pradesh GSTIN: 37AAALN9967E4Z7 Contact Number Mobile Number: 0</p>	<p>विक्रय चैनल विवरण/ Sales Channel Details कोड/ Code: 9000119140 नाम/ Name: Mr Shaik Pentu Sahib Contact Number: 9866331005 सह दलाल कोड/ Co Broker Code</p>
	<p>कार्यकर्ता केयर टॉल फ्री नंबर/ Customer Care Toll Free Number: 1800 345 0330 ईमेल/ email: customer.support@nic.co.in</p>

3	N/A	SL NO NIC/SIDS /02/2020	DOLPHIN AUTOCLAVE N CLASS AND ITS ACCESSORIES	46,000 00	i) Equipments other than Winchester/Hard Disk Drive 5% of the claim amount subject to minimum of Rs 1000 ii) Winchester/Hard Disk Drive 10% of the claim amount subject to minimum of Rs 2500
4	N/A	S NO SA2020/0 2/001	SUMAX HYDROSOLDER UNIT AND ITS ACCESSORIES	2,50,000 00	i) Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs 2500 ii) Winchester/Hard Disk Drive 25% of the claim amount subject to minimum of Rs 10000
5	N/A	SL NO 5352/IV D CE MAKE	MICROPHONE/MICROM AND ITS ACCESSORIES	18,00,000 00	i) Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs 2500 ii) Winchester/Hard Disk Drive. 25% of the claim amount subject to minimum of Rs 10000
6	N/A	SL NO 4708- 32- 0483/TYPE P ROG RES CT3/JENOPTI K LASER, OPTIK, SYSTEME	RESEARCH MICROSCOPE AND ITS ACCESSORIES	29,00,000 00 15,00,000	i) Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs 2500 ii) Winchester/Hard Disk Drive. 25% of the claim amount subject to minimum of Rs 10000
7	N/A	SL NO C5AD17J 00066/M2M 1B1 MODEL	VISULAZER AND ITS ACCESSORIES	3,00,000 00	i) Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs 2500 ii) Winchester/Hard Disk Drive. 25% of the claim amount subject to minimum of Rs 10000
8	N/A	SL NO 3205T03 968	CONFIDENT X-RAY MACHINE AND ITS ACCESSORIES	80,000 00	i) Equipments other than Winchester/Hard Disk Drive 5% of the claim amount subject to minimum of Rs 1000 ii) Winchester/Hard Disk Drive. 10% of the claim amount subject to minimum of Rs 2500
9	N/A	SL NO 317193	SATELAC X-RAY MACHINE AND ITS ACCESSORIES	1,40,000 00	i) Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs 2500 ii) Winchester/Hard Disk Drive 25% of the claim amount subject to minimum of Rs 10000
10	N/A	SL NO 61250	SATELAC X-RAY MACHINE AND ITS ACCESSORIES	1,40,000 00	i) Equipments other than Winchester/Hard Disk Drive



पॉलिसी अनुसूची/ Policy Schedule - Electronic Equipment Insurance Policy Number: 56070144211000090		व्यवसाय स्रोत / Business Source 560701
जारीकर्ता कार्यालय/Issuing Office कार्यालय कोड/ Office Code 560701 कार्यालय पता/ Office Address: GUNTUR BRANCH / Door No 3-2B 1/A, Mam Road, Brindavan Gardens, Ring Road, Guntur Andhra Pradesh - 522006 State Code: 37 - Andhra Pradesh GSTIN: 37AAAAC189967E427 Contact Number Mobile Number: 0		विक्रय चैनल/वितरण/ Sales Channel Details कोड/ Code 9000119140 नाम/ Name Mr Shaik Pentu Sahib Contact Number 9866331005 सह दलाल कोड / Co Broker Code
		कस्टमर केयर टॉल फ्री नंबर/ Customer Care Toll Free Number: 1800 345 0330 ईमेल/ email: customer.support@nic.co.in

3	N/A	SL NO: NIC/SIDS /02/2020	DOLPHIN AUTOCLAVE N CLASS AND ITS ACCESSORIES	46,000 00	i) Equipments other than Winchester/Hard Disk Drive 5% of the claim amount subject to minimum of Rs 1000 ii) Winchester/Hard Disk Drive 10% of the claim amount subject to minimum of Rs 2500
4	N/A	S NO: SA20200 2/001	SUMAX HYDROSOLDER UNIT AND ITS ACCESSORIES	2,50,000 00	i) Equipments other than Winchester/Hard Disk Drive 5% of the claim amount subject to minimum of Rs 2500 ii) Winchester/Hard Disk Drive 25% of the claim amount subject to minimum of Rs 10000
5	N/A	SL NO: 53552/IV D CE MAKE	MICROPHONE/MICROM AND ITS ACCESSORIES	18,00,000 00	i) Equipments other than Winchester/Hard Disk Drive 5% of the claim amount subject to minimum of Rs 2500 ii) Winchester/Hard Disk Drive 25% of the claim amount subject to minimum of Rs 10000
6	N/A	SL NO: 4708- 32- 0483/TYPE P ROG RES CT3/JENOPTI K LASER, OPTIK, SYSTEME	RESEARCH MICROSCOPE AND ITS ACCESSORIES	29,00,000 00 15,00,000	i) Equipments other than Winchester/Hard Disk Drive 5% of the claim amount subject to minimum of Rs 2500 ii) Winchester/Hard Disk Drive 25% of the claim amount subject to minimum of Rs 10000
7	N/A	SL NO: C5AD17J 00066/M2M 1B1 MODEL	VISULAZER AND ITS ACCESSORIES	3,00,000 00	i) Equipments other than Winchester/Hard Disk Drive 5% of the claim amount subject to minimum of Rs 2500 ii) Winchester/Hard Disk Drive 25% of the claim amount subject to minimum of Rs 10000
8	N/A	SL NO: 3205T03 968	CONFIDENT X-RAY MACHINE AND ITS ACCESSORIES	80,000 00	i) Equipments other than Winchester/Hard Disk Drive 5% of the claim amount subject to minimum of Rs. 1000 ii) Winchester/Hard Disk Drive 10% of the claim amount subject to minimum of Rs 2500
9	N/A	SL NO: 317193	SATELAC X-RAY MACHINE AND ITS ACCESSORIES	1,40,000 00	i) Equipments other than Winchester/Hard Disk Drive 5% of the claim amount subject to minimum of Rs 2500 ii) Winchester/Hard Disk Drive 25% of the claim amount subject to minimum of Rs 10000
10	N/A	SL NO: 61250	SATELAC X-RAY MACHINE AND ITS ACCESSORIES	1,40,000 00	i) Equipments other than Winchester/Hard Disk Drive



Policy Number: 560701442110000090

जारीकर्ता कार्यालय/Issuing Office
कार्यालय कोड/ Office Code 560701
कार्यालय पता/ Office Address GUNTUR
BRANCH I Door No 3-28-1/A, Main Road,
Brindavan Gardens Ring Road,
Guntur, Andhra Pradesh - 522006
State Code: 37, Andhra Pradesh
GSTIN 37AAAC129967E4ZZ
Contact Number
Mobile Number 0

व्यवसाय स्रोत / Business Source 560701
विक्रय चैनल विवरण/
Sales Channel Details
कोड/ Code 9000119140
नाम/ Name Mr Shaik Pentu Saheb
Contact Number: 9866331005
सह दलाल कोड / Co Broker Code
कस्टमर केयर टॉल फ्री नंबर/ Customer
Care Toll Free Number:
1000 345 0330
ईमेल/
email:customer.support@nic.co.in



					5% of the claim amount subject to minimum of Rs 2500 ii) Winchester/Hard Disk Drive. 25% of the claim amount subject to minimum of Rs.10000
11	N/A	SL NO 44968116 03	GNATUS X-RAY MACHINE AND ITS ACCESSORIES	1,00,000.00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs. 1000 ii)Winchester/Hard Disk Drive. 10% of the claim amount subject to minimum of Rs.2500
12	N/A	SL NO FDBL008	CBCT MACHINE AND ITS ACCESSORIES	40,00,000.00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs 2500 ii) Winchester/Hard Disk Drive. 25% of the claim amount subject to minimum of Rs.10000
13	N/A	SL NO 86108	OPG MACHINE AND ITS ACCESSORIES	13,00,000.00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs.2500 ii) Winchester/Hard Disk Drive. 25% of the claim amount subject to minimum of Rs.10000
14	N/A	SL NO GD06213 520218	GENORY EZ,PORTABLE X-RAY SYSTEM AND ITS ACCESSORIES	1,50,000.00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs 2500 ii) Winchester/Hard Disk Drive 25% of the claim amount subject to minimum of Rs.10000
15	N/A	SL NO. FENG22L 1710108	RUNNYES AUTO CLAVE/SMALL STEAM STERILIZER AND ITS ACCESSORIES	2,00,000.00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs.2500 ii) Winchester/Hard Disk Drive. 25% of the claim amount subject to minimum of Rs.10000
16	N/A	SL NO UGDMC2 017 HXIV0000319	RVG (UNICON) AND ITS ACCESSORIES	1,00,000.00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs. 1000 ii)Winchester/Hard Disk Drive 10% of the claim amount subject to minimum of Rs 2500
17	N/A	SL NO 201623- B-1201	MELAG AUTO CLAVE AND ITS ACCESSORIES	2,00,000.00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs 2500 ii) Winchester/Hard Disk Drive.



पॉलिसी अनुसूची/Policy Schedule - Electronic Equipment Insurance

Policy Number 56070144211000090

व्यवसाय स्रोत/ Business Source 560701

विकल्प चैनल डिटेल
Sales Channel Details
कोड/ Code 9000119140

नाम/ Name Mr. Shail Parth Sahas
Contact Number 9866331005

मह दलाल कोड/ Co Broker Code

कस्टमर केयर टॉल फ्री नंबर/ Customer Care Toll Free Number: 1800 345 0330

ईमेल: email.customer.support@nic.co.in

जारीकर्ता कार्यालय/Issuing Office
कार्यालय कोड/ Office Code 560701
कार्यालय पता/ Office Address GUNTUR
BRANCH I Door No 128 1/A Main Road
Brindavan Gardens Ring Road
Guntur Andhra Pradesh - 522006
State Code 37 Andhra Pradesh
GSTIN 37AAA1F0001422
Contact Number
Mobile Number 0

					25% of the claim amount subject to minimum of Rs 10000
18	N/A	SL NO 127917	WH AUTOCLAVE(LINE) AND ITS ACCESSORIES	2,50,000.00	i) Equipments other than Winchester/Hard Disk Drive 5% of the claim amount subject to minimum of Rs 2500 ii) Winchester/Hard Disk Drive 25% of the claim amount subject to minimum of Rs 10000
19	N/A	SL NO 3205TOB 969	CONFIDENT AUTO CLAVE AND ITS ACCESSORIES	80,000.00	i) Equipments other than Winchester/Hard Disk Drive 5% of the claim amount subject to minimum of Rs 1000 ii) Winchester/Hard Disk Drive 10% of the claim amount subject to minimum of Rs 2500
20	N/A	SL NO 3205TO3 95953202017 00 MODEL	CONFIDENT X-RAY MACHINE AND ITS ACCESSORIES	80,000.00	i) Equipments other than Winchester/Hard Disk Drive 5% of the claim amount subject to minimum of Rs 1000 ii) Winchester/Hard Disk Drive 10% of the claim amount subject to minimum of Rs 2500
21	N/A	SL NO 317193	SCAN (VISTA SSCAN DURR DENTAL AND ITS ACCESSORIES)	3,50,000.00	i) Equipments other than Winchester/Hard Disk Drive 5% of the claim amount subject to minimum of Rs 2500 ii) Winchester/Hard Disk Drive 25% of the claim amount subject to minimum of Rs 10000
22	N/A	M NO SEA23	RUNNYES ATOCLAVE AND ITS ACCESSORIES	1,30,000.00	i) Equipments other than Winchester/Hard Disk Drive 5% of the claim amount subject to minimum of Rs 2500 ii) Winchester/Hard Disk Drive 25% of the claim amount subject to minimum of Rs 10000
23	N/A	S NO 300TPO3 276	CONFIDENT X-RAY MACHINE AND ITS ACCESSORIES	80,000.00	i) Equipments other than Winchester/Hard Disk Drive 5% of the claim amount subject to minimum of Rs 1000 ii) Winchester/Hard Disk Drive 10% of the claim amount subject to minimum of Rs 2500
24	N/A	SL NO MF-16015019	ANESTHESIA MACHINE AND ITS ACCESSORIES	4,50,000.00	i) Equipments other than Winchester/Hard Disk Drive 5% of the claim amount subject to minimum of Rs 2500 ii) Winchester/Hard Disk Drive 25% of the claim amount subject to minimum of Rs 10000
25	N/A	SL NO NIC	AUTO CLAVE BIN	50,000.00	



Policy Number: 560701442110000090

व्यवसाय स्रोत / Business Source: 560701

वित्तिय चैनल / Sales Channel Details
 कोड / Code: 9000119140
 नाम / Name: Mr. Shaik Pentu Sahab
 Contact Number: 9866331005

साह दस्तावेज / Co Broker Code

कार्टर केयर हॉट फ्री नंबर / Customer Care Toll Free Number: 1800 345 0330

ईमेल: email:customer.support@nic.co.in



जारीकर्ता कार्यालय / Issuing Office
 कार्यालय कोड / Office Code: 560701
 कार्यालय पता / Office Address: GUNTUR
 BRANCH I Door No 1 28 1/A Main Road
 Brindavan Gardens Ring Road
 Guntur Andhra Pradesh 522006
 State Code: 17 Andhra Pradesh
 GSTIN: 37AAACN99671422
 Contact Number
 Mobile Number: 0

		SIBS 012020	TYPE LARGE AND ITS ACCESSORIES		i) Equipments other than Winchester/Hard Disk Drive 5% of the claim amount subject to minimum of Rs 1000 ii) Winchester/Hard Disk Drive 10% of the claim amount subject to minimum of Rs 2500
26	N/A	SL NO 40000113 03	IVOCLAR VIVADENT AND ITS ACCESSORIES	2,87,000.00	i) Equipments other than Winchester/Hard Disk Drive 5% of the claim amount subject to minimum of Rs 2500 ii) Winchester/Hard Disk Drive 25% of the claim amount subject to minimum of Rs 10000
27	N/A	SL NO B116685 4	VACUUM MIXTURE RENTIN AND ITS ACCESSORIES	50,000.00	i) Equipments other than Winchester/Hard Disk Drive 5% of the claim amount subject to minimum of Rs 1000 ii) Winchester/Hard Disk Drive 10% of the claim amount subject to minimum of Rs 2500
28	N/A	SL NO. Nr.22201 51448	VITA VACCUM 60 AND ITS ACCESSORIES	2,75,000.00	i) Equipments other than Winchester/Hard Disk Drive 5% of the claim amount subject to minimum of Rs 2500 ii) Winchester/Hard Disk Drive 25% of the claim amount subject to minimum of Rs 10000
29	N/A	SL NO MSDG-20	MARATHON-20 CENTRE GRAINDER AND ITS ACCESSORIES	50,000.00	i) Equipments other than Winchester/Hard Disk Drive 5% of the claim amount subject to minimum of Rs 1000 ii) Winchester/Hard Disk Drive 10% of the claim amount subject to minimum of Rs 2500
30	N/A	SL NO B116682 0	TOPSIN DRILLING UNIT AND ITS ACCESSORIES	40,000.00	i) Equipments other than Winchester/Hard Disk Drive 5% of the claim amount subject to minimum of Rs 1000 ii) Winchester/Hard Disk Drive 10% of the claim amount subject to minimum of Rs 2500
31	N/A	SL NO 3125/W& H	DISPENSER W/H AND ITS ACCESSORIES	1,50,000.00	i) Equipments other than Winchester/Hard Disk Drive 5% of the claim amount subject to minimum of Rs 2500 ii) Winchester/Hard Disk Drive 25% of the claim amount subject to minimum of Rs 10000
32	N/A	SL NO 5215/W& H	NOBEL BIO CARE AND ITS ACCESSORIES	75,000.00	i) Equipments other than Winchester/Hard Disk Drive 5% of the claim amount subject to minimum

Printed on 31/03/2022 by ID 56302.

Page no. 5

नेशनल इन्स्योरेन्स कम्पनी लिमिटेड
 National Insurance Company Limited
 CIN: U10200W1906GO1001713
 IRDA Regn. No.58



पंजीकृत एवं प्रधान कार्यालय: 3 मिडिलटन स्ट्रीट, कोलकाता 700 701
 Registered & Head Office: 3 Middleton Street, Kolkata 700 701
 P.No. 033-22831705-06 Fax: 033-22831712
 email: website.administrator@nic.co.in

For any information please contact the Policy Issuing Officer or visit our website at www.nationalinsuranceindia.com

पॉलीसी अनुसूची/ Policy Schedule - Electronic Equipment Insurance

Policy Number: 56070144211000090

व्यवसाय स्रोत / Business Source: 560701

विक्रय चैनल विवरण / Sales Channel Details

कोड / Code: 9000119140

नाम / Name: Mr Shaik Pentu Sahab

संपर्क नंबर / Contact Number: 9866331005

साह दलाल कोड / Co Broker Code

कस्टमर केयर टॉल फ्री नंबर / Customer Care Toll Free Number: 1800 345 0330

ईमेल / email: customer.support@nic.co.in

जारीकर्ता कार्यालय / Issuing Office

कार्यालय कोड / Office Code: 560701

कार्यालय पता / Office Address: GUNTUR BRANCH | Door No 3 2B 1/A Main Road Brindavan Gardens Ring Road Guntur Andhra Pradesh - 522006

State Code: 37 Andhra Pradesh

GSTIN: 37AAAC16967E422

Contact Number

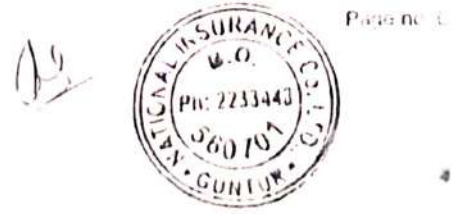
Mobile Number: 0

					of Rs 1000 ii) Winchester/Hard Disk Drive 10% of the claim amount subject to minimum of Rs 2500
33	N/A	SL NO 201523-B1075	MILOG AUTO CLAVE AND ITS ACCESSORIES	2,80,000 00	i) Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs 2500 ii) Winchester/Hard Disk Drive. 25% of the claim amount subject to minimum of Rs 10000
34	N/A	SL NO LX16/T	DENTAL DIODE LASER SYSTEM AND ITS ACCESSORIES	3,20,000 00	i) Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs 2500 ii) Winchester/Hard Disk Drive 25% of the claim amount subject to minimum of Rs 10000
35	N/A	SL NO. GD-012705-20212/EZX-60	PORTABLE X-RAY UNIT EZX-60 GENRAY AND ITS ACCESSORIES	1,00,000 00	i) Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs 1000 ii) Winchester/Hard Disk Drive 10% of the claim amount subject to minimum of Rs 2500
36	N/A	AS PER SCHEDULE ATTACHED HEREWITH	19 NOS OF 2019 & 2021 YEAR ANOTHER MEDICAL EQUIPMENTS	35,84,936 00	i) Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs.2500 ii) Winchester/Hard Disk Drive. 25% of the claim amount subject to minimum of Rs.10000

Clauses	As per Annexure I
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Standard Excess	
Section	Excess Amount
Equipment's	a) For equipment's with values upto Rs.1 lakh i) Equipment's (other than Winchester Drive/ Hard Disk drive) - 5 % of the claim amount subject to a minimum of Rs 1,000/- ii) Winchester Drive/ Hard Disk drive - 10 % of the claim amount subject to minimum of Rs. 2, 500/- iii) Personal Computer - 5 % of the claim amount subject to a minimum of Rs 2,500/-
	b) For equipment's with values more than Rs.1 lakh i) Equipment's (other than Winchester Drive/ Hard Disk drive) - 5 % of the claim amount subject to a minimum of Rs. 2,500/- ii) Winchester Drive/ Hard Disk drive - 25 % of the claim amount subject to minimum of Rs. 10,000/-
External Data Media	a) For equipment's with values upto Rs.1 lakh - 5% of the claim amount subject to a minimum of Rs 1, 000/-
	b) For equipment's with values more than Rs.1 lakh - 5 % of the claim amount subject to a minimum of Rs 2, 500/-
V.C.T	Excess for AOG pens - 10% of claim amount subject to a minimum of Rs 10,000/- Excess for other losses - As applicable for other equipment's

For increased cost of working time excess, pl. refer erstwhile EEI tariff



पॉलिसी अनुसूची/ Policy Schedule - Electronic Equipment Insurance	
Policy Number: 560701442110000090	
जारीकर्ता कार्यालय/Issuing Office कार्यालय कोड/ Office Code: 560701 कार्यालय पते/ Office Address: GUNTUR BRANCH I Door No 3-2B-1/A, Main Road, Brindavan Gardens, Ring Road, Guntur, Andhra Pradesh - 522006 State Code: 37, Andhra Pradesh GSTIN: 37AAACN9907E4Z2 Contact Number Mobile Number: 0	व्यवसाय स्रोत/ Business Source: 560701 विक्रय चैनल विवरण/ Sales Channel Details कोड/ Code: 9000119140 नाम/ Name: Mr Shaik Pentu Sahib Contact Number: 9866331005 साह दत्ताय कोड/ Co Broker Code
कस्टमर केयर टॉल फ्री नंबर/ Customer Care Toll Free Number: 1800 345 0330 ईमेल/ email: customer.support@nic.co.in	

NOTE: If any other deductible is imposed/mentioned elsewhere in this policy, then that deductible shall supersede the deductible mentioned above.
Terrorism excess (if opted) shall be as per GIC Terrorism pool

टिप्पणी/ Remarks: THIS POLICY ISSUED SUBJECT TO
EXCLUSION OF COMMUNICABLE DISEASES

जिसकी गवाही में दनि/ माह /वर्ष को उपरोक्त उल्लेखित कार्यालय पते पर अधोहस्ताक्षरी को वधिवित अधकृत किया जा रहा है उसके हाथ नरिधारति किए जाएं। यह अनुसूची, संलग्न पॉलिसी, खण्ड, पृष्ठोंकन और पॉलिसी शर्दों, जो कंपनी वेबसाईट <https://nationalinsurance.nic.co.in> पर उपलब्ध है, को एक अनुबंध के रूप में एक साथ पढा जाए तथा कोई भी शब्द या अभावियकृत जिसके लिए यह वशिष्ट अर्थ पॉलिसी या अनुसूची के कश्चि भी हसिसे में संलग्न कशिया गया हो, एक ही अर्थ वहन करेगा चाहे जहाँ भी उल्लेखित हो। यह आशुवासन दशिया जाता है कि पुरीमयिम चेक के अशुवीकृत के मागते में, यह दसुतावेज सवत: पुराथमकित्ता नरिसुत हो जाएगी। *IN WITNESS WHEREOF, the undersigned being duly authorized hereunto set his/ her hand at the office address mentioned above, this 31/March/2022. 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'*

इंशुरीरेनुसइंडियानसिडिड

स्टांप इशुलिंग टिडि/ For and on behalf of National Insurance
Stamp
Duty:
(₹ 0.25)

कृते नेशनल इंशुरीरेनुस कंपनी
Company Limited

अधकृत हसुतातुकरकरता/ Authorized
BSRKM. SAKMA
Admn. Officer

CONSOLIDATED
STAMP DUTY
No.GSO5/1054/2020
Dt. 26-01-2021



TAX INVOICE

Invoice Date: 31/03/2022

Invoice Serial No: 30620E1P00000090

Details of Supplier

National Insurance Company Limited,
GUNTUR BRANCH (Door No 3 2B 1/A, Main Road, Brindavan Gardens, Ring Road, Guntur, Andhra Pradesh - 522006
State: 37 Andhra Pradesh
GSTIN No: 37AAAUN9067E422

Details Of Receiver MS SIBAR EDUCATIONAL ACADEMY

Address: SIBAR NAGAR, TARKELLAPADU VILLEGE, PEDAKAKANI MANDAL, GUNTUR DT
City: GUNTUR, DISTRICT OTHERS,
District: GUNTUR,
State: ANDHRA PRADESH,
PIN: 522509

Place Of Supply State: Andhra Pradesh
State Code: 37
GSTIN No: NA

शैक कोड SAC Code	सेवा का विवरण Description of Service	कुल/Total (₹)	छूट/ Discou nt	टैक्स योग्य/ मूल्य/Taxable Value(₹)	रोजीएसटी की राशि/ CGST		एसजीएसटी/यूटीजीएसटी/ SGST/UTGST		आईजीएसटी/GST		केरला बाढ़ उपकर/Kerala Flood Cess
					दर/Rate	राशि/ Amount(₹)	दर/Rate	राशि/ Amount(₹)	दर/Rate	राशि/ Amount(₹)	राशि/Amount(₹)
997137	Other property insurance services	2,13,719	0%	2,13,719	9%	19,235	9%	19,235	0%	0	0
TOTAL		2,13,719		2,13,719		19,235		19,235		0	0

कुल इनवीस मूल्य (अंकी में) Total Invoice Value (In figures) :
₹ 2,52,189

कुल इनवीस मूल्य (शब्दी में) Total Invoice Value (In words) : रुपए/Rupees
Two Lakh Fifty Two Thousand One Hundred Eighty Nine
बस/Only

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

E & O E



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

अधिकृत हस्ताक्षरकर्ता/ Authorized Signatory

P.K.M. SARMA

Admn. (



SCHEDULE ATTACHED HEREWITH PART OF POLICY NO : 560701442110000090

S.NO.	QTY.	SL.NO	DISCRIPTION	YEAR OF MAKE	SUM INSURED
1	1	SN N 445715069	PHOSPHOR VISTA SCAN		
2	1	EM DC 2	MINI EASY READER	2021	285000.00
3	1	SA 2105449	DIE CUTTING MECHINE	2021	70000.00
4	1	SA2006295P	SUN AUTOCLOVE	2019	42712.00
5	1	SA2105037P	SUN AUTOCLOVE	2021	94916.00
6	1	SA21050226P	SUN AUTOCLOVE	2021	94916.00
7	1	SA2105443	SUN AUTOCLOVE	2019	94916.00
8	1	SA2105027P	SUN AUTOCLOVE	2021	42712.00
9	1	SA2007348	SUN AUTOCLOVE	2021	94916.00
10	1	SA1904082P	SUN AUTOCLOVE	2021	42712.00
11	1	SA2105018P	SUN AUTOCLOVE	2021	94916.00
12	1	SA1904386	SUN AUTOCLOVE	2021	94916.00
13	1	SA2105039P	SUN AUTOCLOVE	2021	42712.00
14	1	2109134	SUN AUTOCLOVE	2019	94916.00
15	1	2109133	CONFIDENT 16 LTR	2021	48380.00
16	1	SA2105439	CONFIDENT 16 LTR	2021	48380.00
17	1	SA2105439	SUN AUTOCLOVE	2021	42916.00
18	1	ASC/1948/100035B	TRIOS 4PENGRIIP INTRANAL SCANNER /PROSTHO	2021	1800000.00
19	1	AHC200450/03/1B	TRIOS DESIGN STUDO EDUCATION SYSTEM	2021	300000.00
20	1	SN0292854	SATELLE WALL MOUNT DE- X-RAY	2021	155000.00

Gr.Total : 3584936.00

For National Insurance Co.Ltd

Authorised Signatory

K.M. SARMA
Admn. Officer



वसूली रसीद/Collection Receipt

जारीकर्ता कार्यालय कोड/Issuing Office Code 560701	जारीकर्ता कार्यालय का नाम व पता/Name and Address of Issuing Office CENTUR BRANCH II Drive No 3, 2B 1/A, Main Road, Brindavan Gardens Ring Road, Contur Andhra Pradesh - 522006
राज्य कोड/State Code 37	राज्य का नाम/State Name Andhra Pradesh
जीएसटी आईएन/GSTIN 37AAACN9967L4Z2	संपर्क संख्या/Contact Number
रसीद सं./Receipt No 560701812110006717	स्कॉल सं. (यदि कोई हो)/Scroll No(if any)
रसीद की तिथि व समय/Receipt Date & Time 31/03/2022, 18:25 hours	स्कॉल तिथि (यदि कोई हो)/Scroll Date(if any)

श्री MS SIBAR EDUCATIONAL ACADEMY से सीडी- नकद जमा के रूप में रुपये
 Rs. 2,52,189.00 निम्नलिखित लेनदेन के अनुसार धन्यवाद सहित प्राप्त हुआ।
 Received with thanks from MS SIBAR EDUCATIONAL ACADEMY a sum of Rs. 2,52,189.00 (Rupees Two Lakh Fifty Two Thousand One Hundred Eighty Nine Only) by way of CD-Cash Deposit towards the following transactions.

भुगतान विवरण/Paymode Details :

भुगतान मोड का नाम/Paymode Name : CD Cash Deposit	जमा खाता धारक का नाम/Deposit Account Holder Name : MS SIBAR EDUCATIONAL ACADEMY
संदर्भ सं./Ref No 881101166372	संदर्भ तिथि/Ref Date :
बैंक का नाम (यदि कोई हो)/Bank Name(if any) :	बैंक शाखा (यदि कोई हो)/Bank Branch(if any) :

आपके नकद जमा खाते में समायोजन के बाद उपलब्ध शेष रुपये

The available Balance of your Cash Deposit A/C. after adjustment is - CD a/c. 881101166372 : Balance-Rs.14018
 Adjusted from Receipt No: 560701812110006556 Balance Available - Rs. 14018

क्र. सं./ S. No	विभाग/ Dept	वर्ष/ Year	पॉलिसी/ पृष्ठांकन Policy/Endorsement संख्या/ Number	व्यव स्रोत कोड/ Blz Source Code विक्रय चैनल/ Sales Channel	व्यव का वर्ग/ विवरण / Class of Business/Narration लेखा विवरण/ Account Description	राशि ₹./ Amount Rs.
1	44 16	2022	560701442110000090	560701 9090119140	Electronic Equipment Insurance Direct Premium CGST SGST Total	2,13,719.00 19,235.00 19,235.00 2,52,189.00

कृते नेशनल इन्स्योरेन्स कं. लि./For National Insurance Co. Ltd.

रोकड़िया/Cashier :



प्राधिकृत हस्ताक्षरकर्ता/Authorised Signatory
S. SRKM. SARMA
 Admn. Officer



पॉलिसी अनुसूची/ Policy Schedule - Electronic Equipment Insurance	
Policy Number: 560700442010000031	व्यवसाय स्रोत / Business Source: 560700
जारीकर्ता कार्यालय/Issuing Office कार्यालय कोड/ Office Code: 560700 कार्यालय पता/ Office Address: GUNTUR DIVISION I Second Floor, Nineth Lane, 6-9- 18, Arundalpet, Guntur, Andhra Pradesh - 522002 State Code: 37, Andhra Pradesh GSTIN: 37AAACN9967E4ZZ Contact Number: Mobile Number	विक्रय चैनल विवरण/ Sales Channel Details कोड/ Code: 9000119140 नाम/ Name: Mr Shaik Pentu Saheb Contact Number: 9866331005 सह दलाल कोड / Co Broker Code: कस्टमर केयर टॉल फ्री नंबर/Customer Care Toll Free Number: 1800 345 0330 ईमेल/ email:customer.support@nic.co.in

ग्राहक का नाम/Customer Name: MS SIBAR EDUCATIONAL ACADEMY	ग्राहक आईडी/ Customer ID: 9700525596	पैन/ PAN: AADTS7207E
पता/ Address: SIBAR NAGAR, TAKKELLAPADU VILLEGE, PEDAKAKANI MANDAL, GUNTUR DT, City: GUNTUR - DISTRICT OTHERS, District: GUNTUR, State: ANDHRA PRADESH, PIN: 522509 Cell: 7702123546	फोन/ Phone:	ई-मेल/ E-Mail:

पॉलिसी 31/03/2021 के 00:00 से 30/03/2022 की मध्य रात्रि तक प्रभावी /Policy Effective from 00:00 hours, on 31/03/2021 to midnight of 30/03/2022			
प्रीमियम /Premium	₹ 1,29,271.00	कवर नोट संख्या तथा तथि/ Cover Note Number and Date	NA
CGST	₹ 11,634.00	प्रस्ताव संख्या और तथि/Proposal Number and Date	8800200331091261 Dt. 29/01/2021
SGST/UTGST	₹ 11,634.00		
IGST	₹ 0.00		
केरला बाढ़ उपकर/Kerala Flood Cess	₹ 0.00		
कम जीएसटी टीडीएस / Less GST TDS	₹ 0.00	रसीद संख्या और तथि/ Receipt Number and Date	560700812010004115 Dt. 24/03/2021
पुनर्प्राप्त स्टाम्प शुल्क / Recoverable Stamp Duty	₹ 0.00	पछिली पॉलिसी संख्या तथा समाप्ती तथि/ Previous Policy Number and Expiry Date	560700441910000040 and Dt.30/03/2021
कुल / Total	₹ 1,52,539.00		
(Rupees One Lakh Fifty Two Thousand Five Hundred Thirty Nine Only)			

Note 1 : The term "Equipment" includes entire computer system consisting of CPU, Keyboard(s), Monitor(s), Printer(S), UPS, etc. subject to Electronic Equipment Clause as attached.

Note 2 : Software is NOT covered under the Policy.

Section wise Insurance Details

Location: SIBAR DENTAL HOSPITAL & COLLEGE, NANDIVELUGU ROAD, TAKKELLAPADU(PO) GUNTUR, Guntur - District Others, Guntur, Andhra Pradesh, 522509.

Section - I (Equipments Section)					
Sr. No.	Qty	Serial No.	Description of Items	Sum Insured (₹)	Excess
1	N/A	SL NO. ASG- ELT 1086061	ALAN AUTORY AND ITS ACCESSORIES	2,00,000.00	i) Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs.2500 ii) Winchester/Hard Disk Drive. 25% of the claim amount subject to minimum of Rs.10000
2	N/A	SL NO. RF8GO7 0/	CONFIDENT X-RAY MACHINE AND ITS ACCESSORIES	80,000.00	i) Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs.1000 ii) Winchester/Hard Disk Drive. 10% of the claim amount subject to minimum of Rs.2500
3	N/A	SL NO 8802-	RVG SOPIX AND ITS	1,20,000.00	i) Equipments other than Winchester/Hard

पॉलिसी अनुसूची/ Policy Schedule - Electronic Equipment Insurance	
Policy Number: 560700442010000031	व्यवसाय स्रोत / Business Source 560700
जारीकर्ता कार्यालय/Issuing Office कार्यालय कोड/ Office Code 560700 कार्यालय पता/ Office Address GUNTUR DIVISION I Second Floor, Ninth Lane, 6-9- 18, Arundalpet, Guntur, Andhra Pradesh - 522002 State Code: 37, Andhra Pradesh GSTIN 37AAACN9967E4ZZ Contact Number Mobile Number	वित्तिय चैनल विवरण/ Sales Channel Details कोड/ Code: 9000119140 नाम/ Name: Mr Shaik Pentu Saheb Contact Number: 9866331005 सह दलाल कोड / Co Broker Code
	कस्टमर केयर टॉल फ्री नंबर/Customer Care Toll Free Number: 1800 345 0330 ईमेल/ email:customer.support@nic.co.in

		10028	ACCESSORIES		Disk Drive. 5% of the claim amount subject to minimum of Rs.2500 ii) Winchester/Hard Disk Drive. 25% of the claim amount subject to minimum of Rs.10000
4	N/A	SL NO. NIC/SIDS 102/2020	DOLPHIN AUTOCLAVE N CLASS AND ITS ACCESSORIES	46,000.00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs.1000 ii)Winchester/Hard Disk Drive. 10% of the claim amount subject to minimum of Rs.2500
5	N/A	S NO. SA2020/0 2/001	SUMAX HYDROSOLDER UNIT AND ITS ACCESSORIES	2,50,000.00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs.2500 ii) Winchester/Hard Disk Drive. 25% of the claim amount subject to minimum of Rs.10000
6	N/A	SL NO :53552/IV D CE MAKE	MICROTONE/MICROM AND ITS ACCESSORIES	18,00,000.00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs.2500 ii) Winchester/Hard Disk Drive. 25% of the claim amount subject to minimum of Rs.10000
7	N/A	SL NO 4708- 32- 0483/TYPE:P ROG RES CT3/JENOPTI K LASER, OPTIK, SYSTEME	RESEARCH MICROSCOPE AND ITS ACCESSORIES	29,00,000.00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs.2500 ii) Winchester/Hard Disk Drive. 25% of the claim amount subject to minimum of Rs.10000
8	N/A	SL NO C5AD17J 00066/M2M 1B1 MODEL	VISULAZER AND ITS ACCESSORIES	3,00,000.00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs.2500 ii) Winchester/Hard Disk Drive 25% of the claim amount subject to minimum of Rs.10000
9	N/A	SL NO :0S12129	SATELAC X-RAY MACHINE AND ITS ACCESSORIES	2,00,000.00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs.2500 ii) Winchester/Hard Disk Drive. 25% of the claim amount subject to minimum of Rs.10000
10	N/A	SL NO :3205T03 968	CONFIDENT X-RAY MACHINE AND ITS ACCESSORIES	80,000.00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs.1000 ii)Winchester/Hard Disk Drive.

<p>पॉलिसी अनुसूची/ Policy Schedule - Electronic Equipment Insurance</p> <p>Policy Number: 560700442010000031</p>		<p>व्यवसाय स्रोत / Business Source 560700</p>
<p>जारीकर्ता कार्यालय/Issuing Office</p> <p>कार्यालय कोड/ Office Code 560700</p> <p>कार्यालय पता/ Office Address GUNTUR DIVISION I Second Floor, Ninth Lane, 6-9, 1B, Arundelpet, Guntur, Andhra Pradesh - 522002</p> <p>State Code: 37, Andhra Pradesh GSTIN 37AAACN9967E42Z Contact Number Mobile Number</p>		<p>विक्रय चैनल विवरण/ Sales Channel Details</p> <p>कोड/ Code 9000119140</p> <p>नाम/ Name Mr Shalk Pentu Saheti Contact Number 9866331005</p> <p>सह दायता कोड / Co Broker Code</p>
		<p>कार्यालय बेचने वाले का नंबर/ Customer Care Toll Free Number: 1800 345 0330</p> <p>ईमेल/ email:customer.support@nic.co.in</p>

					10% of the claim amount subject to minimum of Rs 2500
11	N/A	SL NO.:317193	SATELAC X-RAY MACHINE AND ITS ACCESSORIES	1,40,000 00	i)Equipments other than Winchester/Hard Disk Drive 5% of the claim amount subject to minimum of Rs 2500 ii) Winchester/Hard Disk Drive. 25% of the claim amount subject to minimum of Rs 10000
12	N/A	SL NO.:61250	SATELAC X-RAY MACHINE AND ITS ACCESSORIES	1,40,000 00	i)Equipments other than Winchester/Hard Disk Drive 5% of the claim amount subject to minimum of Rs 2500 ii) Winchester/Hard Disk Drive. 25% of the claim amount subject to minimum of Rs 10000
13	N/A	SL NO.:44968116 03	GNATUS X-RAY MACHINE AND ITS ACCESSORIES	1,00,000 00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs 1000 ii)Winchester/Hard Disk Drive. 10% of the claim amount subject to minimum of Rs 2500
14	N/A	SL NO.:FENG22L 1710108	RUNNYES AUTO CLAVE/SMALL STEAM STERILIZER AND ITS ACCESSORIES	2,00,000 00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs 2500 ii) Winchester/Hard Disk Drive. 25% of the claim amount subject to minimum of Rs 10000
15	N/A	SL NO FDBL008	CBCT MACHINE AND ITS ACCESSORIES	40,00,000 00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs 2500 ii) Winchester/Hard Disk Drive. 25% of the claim amount subject to minimum of Rs 10000
16	N/A	SL NO .86108	OPG MACHINE AND ITS ACCESSORIES	13,00,000 00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs 2500 ii) Winchester/Hard Disk Drive. 25% of the claim amount subject to minimum of Rs 10000
17	N/A	SL NO GD06213 520218	GENORY EZX,PORTABLE X-RAY SYSTEM AND ITS ACCESSORIES	1,50,000 00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs 2500 ii) Winchester/Hard Disk Drive. 25% of the claim amount subject to minimum of Rs 10000
18	N/A	SL NO.:UGDMC2	RVG (UNICON) AND ITS ACCESSORIES	1,00,000 00	i)Equipments other than Winchester/Hard

पॉलीसी अनुसूची/ Policy Schedule - Electronic Equipment Insurance

Policy Number: 560700442010000031 वयवसाय सत्रोत / Business Source 560700

<p>जारीकर्ता कार्यालय/Issuing Office कार्यालय कोड/ Office Code 560700 कार्यालय पता/ Office Address: GUNTUR DIVISION I Second Floor, Ninth Lane, 6-9- 1B, Arundalpet, Guntur, Andhra Pradesh - 522002 State Code: 37, Andhra Pradesh GSTIN 37AAACN9967E4ZZ Contact Number Mobile Number</p>	<p>विक्रय चैनल विवरण/ Sales Channel Details कोड/ Code 9000119140 नाम/ Name Mr Shaik Pentu Saheb Contact Number: 9866331005 साह दलाल कोड / Co Broker Code</p>
	<p>कस्टमर केयर टॉल फ्री नंबर/Customer Care Toll Free Number: 1800 345 0330 ईमेल/ email:customer.support@nic.co.in</p>

		017 HXIV0000319			Disk Drive. 5% of the claim amount subject to minimum of Rs.1000 ii)Winchester/Hard Disk Drive. 10% of the claim amount subject to minimum of Rs.2500
19	N/A	SL NO. 201623- B-1201	MELAG AUTO CLAVE AND ITS ACCESSORIES	2,00,000 00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs.2500 ii) Winchester/Hard Disk Drive. 25% of the claim amount subject to minimum of Rs.10000
20	N/A	SL NO. 3205T0B 969	CONFIDENT AUTO CLAVE AND ITS ACCESSORIES	80,000 00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs. 1000 ii)Winchester/Hard Disk Drive. 10% of the claim amount subject to minimum of Rs. 2500
21	N/A	M NO. SEA23	RUNNYES ATOCLAVE AND ITS ACCESSORIES	1,30,000 00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs.2500 ii) Winchester/Hard Disk Drive. 25% of the claim amount subject to minimum of Rs.10000
22	N/A	SL NO :3205T03 959/93202017 00 MODEL	CONFIDENT X-RAY MACHINE AND ITS ACCESSORIES	80,000 00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs.1000 ii)Winchester/Hard Disk Drive. 10% of the claim amount subject to minimum of Rs.2500
23	N/A	SL NO. 317193	SCAN (VISTA SSCAN DURR DENTAL AND ITS ACCESSORIES)	3,50,000 00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs. 2500 ii) Winchester/Hard Disk Drive. 25% of the claim amount subject to minimum of Rs. 10000
24	N/A	SL NO. 127917	W/H AUTOCLAVE(LINE) AND ITS ACCESSORIES	2,50,000 00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs. 2500 ii) Winchester/Hard Disk Drive. 25% of the claim amount subject to minimum of Rs. 10000
25	N/A	S NO 300TPO3 276	CONFIDENT X-RAY MACHINE AND ITS ACCESSORIES	80,000 00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs. 1000 ii)Winchester/Hard Disk Drive

पॉलिसी अनुसूची/ Policy Schedule - Electronic Equipment Insurance

Policy Number: 560700442010000031

व्यवसाय स्रोत / Business Source 560700

जारीकर्ता कार्यालय/Issuing Office
कार्यालय कोड/ Office Code 560700
कार्यालय पता/ Office Address GUNTUR
DIVISION I Second Floor, Ninth Lane, 6-9,
18, Arundalpet, Guntur, Andhra Pradesh -
522002
State Code 37, Andhra Pradesh
GSTIN 37AAACN9967E422
Contact Number
Mobile Number

वितरण चैनल विवरण /
Sales Channel Details
कोड/ Code 9000119140
नाम/ Name: Mr Shaik Pentu Sahab
Contact Number 9866331005

सह दस्तावेज कोड / Co Broker Code

कस्टमर केयर टॉल फ्री नंबर/ Customer
Care Toll Free Number:
1800 345 0330

ईमेल/
email:customer.support@nic.co.in

					10% of the claim amount subject to minimum of Rs 2500
26	N/A	SL NO..NIC SIBS 012020	AUTO CLAVE BIN TYPE LARGE AND ITS ACCESSORIES	50,000.00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs 1000 ii)Winchester/Hard Disk Drive 10% of the claim amount subject to minimum of Rs 2500
27	N/A	SL NO..MF- 16015019	ANESTHESIA MACHINE AND ITS ACCESSORIES	4,50,000.00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs 2500 ii) Winchester/Hard Disk Drive 25% of the claim amount subject to minimum of Rs.10000
28	N/A	SL NO..40000113 03	IVOCLAR VIVADENT AND ITS ACCESSORIES	2,87,000.00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs.2500 ii) Winchester/Hard Disk Drive. 25% of the claim amount subject to minimum of Rs.10000
29	N/A	SL NO..Nr.22201 51448	VITA VACCUM 60 AND TIS ACCESSORIES	2,75,000.00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs.2500 ii) Winchester/Hard Disk Drive. 25% of the claim amount subject to minimum of Rs.10000
30	N/A	SL NO..MSDG-20	MARATHON-20 CENTRE GRAINDER AND ITS ACCESSORIES	50,000.00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs.1000 ii)Winchester/Hard Disk Drive. 10% of the claim amount subject to minimum of Rs 2500
31	N/A	SL NO..B116682 0	TOPSIN DRILLING UNIT AND ITS ACCESSORIES	40,000.00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs 1000 ii)Winchester/Hard Disk Drive. 10% of the claim amount subject to minimum of Rs 2500
32	N/A	SL NO..B116685 4	VACUUM MIXTURE RENFINT AND ITS ACCESSORIES	50,000.00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs.1000 ii)Winchester/Hard Disk Drive. 10% of the claim amount subject to minimum of Rs 2500
33	N/A	SL NO..201523-	MILOG AUTO CLAVE AND ITS	2,80,000.00	i)Equipments other than Winchester/Hard

पॉलिसी अनुसूची/ Policy Schedule - Electronic Equipment Insurance	
Policy Number: 560700442010000031	व्यवसाय स्रोत / Business Source 560700
<p>जारीकर्ता कार्यालय/Issuing Office</p> <p>कार्यालय कोड/ Office Code 560700</p> <p>कार्यालय पता/ Office Address GUNTUR DIVISION I Second Floor, Ninth Lane, 6-9-18, Arundalpet, Guntur, Andhra Pradesh - 522002</p> <p>State Code: 37, Andhra Pradesh</p> <p>GSTIN 37AAACN9967E42Z</p> <p>Contact Number</p> <p>Mobile Number</p>	<p>विक्रय चैनल विवरण</p> <p>Sales Channel Details</p> <p>कोड/ Code 9000119140</p> <p>नाम/ Name Mr Shaik Pentu Sahab</p> <p>Contact Number: 9866331005</p> <p>सह दस्तावेज कोड / Co Broker Code</p> <p>कस्टमर केयर टॉल फ्री नंबर/ Customer Care Toll Free Number: 1800 345 0330</p> <p>ईमेल/ email:customer.support@nic.co.in</p>

		B1075	ACCESSORIES		<p>Disk Drive. 5% of the claim amount subject to minimum of Rs 2500</p> <p>ii) Winchester/Hard Disk Drive. 25% of the claim amount subject to minimum of Rs.10000</p>
34	N/A	SL NO: 3125/W&H	DISPENSER W/H AND ITS ACCESSORIES	1,50,000.00	<p>i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs 2500</p> <p>ii) Winchester/Hard Disk Drive. 25% of the claim amount subject to minimum of Rs.10000</p>
35	N/A	SL NO: 5215/W&H	NOBEL BIO CARE AND ITS ACCESSORIES	75,000.00	<p>i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs.1000</p> <p>ii)Winchester/Hard Disk Drive. 10% of the claim amount subject to minimum of Rs.2500</p>
36	N/A	SL NO: LX16/T	DENTAL DIODE LASER SYSTEM AND ITS ACCESSORIES	3,20,000.00	<p>i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs.2500</p> <p>ii) Winchester/Hard Disk Drive. 25% of the claim amount subject to minimum of Rs.10000</p>
37	N/A	SL NO.:GD-012705-20212/EZX-60	PORTABLE X-RAY UNIT EZX-60 GENRAY AND ITS ACCESSORIES	1,00,000.00	<p>i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs.1000</p> <p>ii)Winchester/Hard Disk Drive 10% of the claim amount subject to minimum of Rs.2500</p>

Cluses	As per Annexure I
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टिप्पणी/ Remarks: THIS POLICY ISSUED SUBJECT TO EXCLUSION OF COMMUNICABLE DISEASES

Invoice Serial No: 30619E0P00000031

TAX INVOICE

Invoice Date: 24/03/2021

Details of Supplier

National Insurance Company Limited.,
GUNTUR DIVISION I Second Floor, Ninth Lane, 6-9-18, Arundalpet, Guntur, Andhra Pradesh - 522002
State : 37 - Andhra Pradesh
GSTIN No : 37AAACN9967E4ZZ

Details Of Receiver:

MS SIBAR EDUCATIONAL ACADEMY
Address : SIBAR NAGAR, TAKKELLAPADU VILLEGE, PEDAKAKANI MANDAL, GUNTUR DT
City : GUNTUR - DISTRICT OTHERS.
District : GUNTUR,
State : ANDHRA PRADESH,
PIN : 522509

Place Of Supply State : Andhra Pradesh
State Code : 37
GSTIN 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	केरला बट उपकर/Kerala Flood Cess			
					दर/Rate	राशि Amount(₹)	दर/Rate	राशि Amount(₹)	दर/Rate	राशि Amount(₹)	राशि/Amount(₹)
997137	Other property insurance services	1,29,271	0%	1,29,271	9%	11,634	9%	11,634	0%	0	0
TOTAL		1,29,271		1,29,271		11,634		11,634		0	0

कुल इनवॉयस मूल्य (अंकों में) Total Invoice Value (In figures) :
₹ 1,52,539

कुल इनवॉयस मूल्य (शब्दों में) Total Invoice Value (In words) : रुपए/Rupees
One Lakh Fifty Two Thousand Five Hundred Thirty Nine
केवल/Only.

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

E & O.E

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

अधिकृत हस्ताक्षरकर्ता/ Authorized Signatory

पॉलिसी अनुसूची/ Policy Schedule - Electronic Equipment Insurance	
पॉलिसी नम्बर/ Policy Number: 560700442010000031	व्यवसाय स्रोत/ Business Source: 560700
जारीकर्ता कार्यालय/Issuing Office कार्यालय कोड/ Office Code: 560700 कार्यालय पता/ Office Address: GUNTUR DIVISION I Second Floor, Ninth Lane, 6-9- 18, Arundalpet, Guntur, Andhra Pradesh - 522002 State Code: 37 Andhra Pradesh GSTIN: 37AAACN9967E422 Contact Number Mobile Number	वितरक चैनल विवरण/ Sales Channel Details कोड/ Code: 9000119140 नाम/ Name: Mr. Shaik Pentu Sahab Contact Number: 9866331005 साह दस्तावेज कोड/ Co Broker Code
	कस्टमर केयर टॉल फ्री नंबर/ Customer Care Toll Free Number: 1800 345 0330 ईमेल/ email:customer.support@nic.co.in

जिसकी मक्दमी में दिने माह वर्ष को उपरोक्त उल्लेखित कार्यालय पते पर अधोहस्ताक्षरी को विधिवत अधिहित किया जा रहा है इसके द्वारा निर्धारित करि जाए। यह अनुसूची, सलग्न पॉलिसी, खण्ड, पृष्ठठांकन और पॉलिसी शब्दों जो कंपनी वेबसाईट <https://nationalinsurance.nic.co.in> पर उपलब्ध है, को एक अनुबंध के रूप में एक साथ पढा जाए तथा कोई भी शब्द या अभिव्यक्ति जिसके लिए यह विशिष्ट अर्थ पॉलिसी या अनुसूची के कति भी हिससे में सलग्न किया गया हो, एक ही अर्थ वहन करेगा चाहे जहाँ भी उल्लेखित हो। यह आशुवासन दिया जाता है कि प्रीमियम एक के असवीकृत के मामले में, यह दस्तावेज स्वतः प्रारथमिकता नरिस्त हो जाएगी। /IN WITNESS WHEREOF, the undersigned being duly authorized hereunto set his/ her hand at the office address mentioned above, this 24/March/2021. 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'

इशारेनसइटीयोनमितेड

स्टाम्प ड्युटी
Stamp
Duty:
(₹ 0.25)

कृते नेशनल इन्शुरेंस कंपनी

For and on behalf of National Insurance
Company Limited

अधिहित हस्ताक्षरकर्ता/ Authorized
Signatory

पॉलिसी अनुसूची/ Policy Schedule - Electronic Equipment Insurance Policy Number: 56070044191000040		व्यवसाय स्रोत/ Business Source: 560700
जाहीशुदा कार्यालय/Issuing Office कार्यालय कोड/ Office Code: 560700 कार्यालय पता/ Office Address: GUNTUR DIVISION I Second Floor, Ninth Lane, 6-9, 18, Avundhpet, Guntur, Andhra Pradesh - 522002 State Code: 37, Andhra Pradesh GSTIN: 37AAACN9987E4ZZ Contact Number: - Mobile Number: -		विक्रय चैनल विवरण/ Sales Channel Details कोड/ Code: 9000119140 नाम/ Name: Mr Shaik Pentu Sahib Contact Number: 9860331005 साह दलाल कोड/ Co Broker Code: Customer Care Toll Free Number: 1800 345 0330 email:customer.support@nlc.co.in

Equipment

ग्राहक का नाम/ Customer Name: MS SIBAR EDUCATIONAL ACADEMY	ग्राहक आईडी/ Customer ID: 9700525590	पैन/ PAN: AADTS7207E
पता/ Address: SIBAR NAGAR, TAKKELLAPADU VILLEGE, PEDAKAKANI MANDAL, GUNTUR DT, City: GUNTUR - DISTRICT OTHERS, District: GUNTUR, State: ANDHRA PRADESH, PIN: 522509. Cell: 7702123546	फोन/ Phone:	ई-मेल/ E-Mail:

पॉलिसी 31/03/2020 को 09:22 से 30/03/2021 की मध्य रात्रि तक प्रभावी /Policy Effective from 09:22 hours, on 31/03/2020 to midnight of 30/03/2021			
प्रीमियम /Premium	₹ 1,29,271.00	कवर नोट संख्या तथा तिथि/ Cover Note Number and Date	NA
CGST	₹ 11,034.00	प्रस्ताव संख्या और तिथि/ Proposal Number and Date	8800200331091261 Dt. 31/03/2020
SGST/UTGST	₹ 11,034.00		
IGST	₹ 0.00		
कैरला बाढ़ उपकर/ Kerala Flood Cess	₹ 0.00		
कम, जीएसटी, टीडीएस / Less GST, TDS	₹ 0.00	रसीद संख्या और तिथि/ Receipt Number and Date	560700811910004970 Dt. 30/03/2020
पुनर्प्राप्त स्टाम्प धुसक / Recoverable Stamp Duty	₹ 0.00	पहिली पॉलिसी संख्या तथा समाप्ति तिथि/ Previous Policy Number and Expiry Date	NA
कुल / Total	₹ 1,52,539.00	(Rupees One Lakh Fifty Two Thousand Five Hundred Thirty Nine Only.)	

Note 1 : The term "Equipment" includes entire computer system consisting of CPU, Keyboard(s), Monitor(s), Printer(S), UPS, etc. subject to Electronic Equipment Clause as attached.
 Note 2 : Software is NOT covered under the Policy.
Section wise Insurance Details
 Location: SIBAR DENTAL HOSPITAL & COLLEGE, NANDIVELUGU ROAD, TAKKELLAPADU (PO) GUNTUR, Guntur - District
 Others, Guntur, Andhra Pradesh, 522509.

Section - I (Equipments Section)					
Br. No.	Qty	Serial No.	Description of Items	Sum Insured (₹)	Excess
1	N/A	SL NO.:3205T03 968	CONFIDENT X-RAY MACHINE AND ITS ACCESSORIES	✓ 80,000.00	i) Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs.1000 ii) Winchester/Hard Disk Drive. 10% of the claim amount subject to minimum of Rs.2500
2	N/A	SL NO.:317193	SATELAC X-RAY MACHINE AND ITS ACCESSORIES	✓ 1,40,000.00	i) Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs.2500 ii) Winchester/Hard Disk Drive. 25% of the claim amount subject to minimum of Rs.10000
3	N/A	SL NO.:61250	SATELAC X-RAY MACHINE AND ITS ACCESSORIES	✓ 1,40,000.00	i) Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs.2500 ii) Winchester/Hard Disk Drive.

पॉलीसी अनुसूची/Policy Schedule - Electronic Equipment Insurance
Policy Number: 560700441910000040 व्यवसाय स्रोत / Business Source 560700

जारीकर्ता कार्यालय/Issuing Office
 कार्यालय कोड/Office Code 560700
 कार्यालय पता/Office Address GUNTUR
 DIVISION 1 Second Floor, Niseth Lane, 6-9-
 18 Anandapuri, Guntur, Andhra Pradesh -
 522002
 State Code: 31, Andhra Pradesh
 GSTIN 31AAACH99871422
 Contact Number
 Mobile Number

विक्रय चैनल/वेबसाइट/
Sales Channel Details
 कोड/Code 9000119140
 नाम/Name: Mr Shaik Penlu Sahab
 Contact Number 9866331005
 सह दलाल कोड / Co Broker Code.
Customer Care Toll Free Number:
1800 345 0330
email:customer.support@nlc.co.in

4	N/A	SL NO 0S12129	SATELAC X-RAY MACHINE AND ITS ACCESSORIES	✓ 2,00,000.00	25% of the claim amount subject to minimum of Rs 10000 i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs.2500 ii) Winchester/Hard Disk Drive. 25% of the claim amount subject to minimum of Rs.10000
5	N/A	SL NO 44968116 03	GNATUS X-RAY MACHINE AND ITS ACCESSORIES	✓ 1,00,000.00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs 1000 ii)Winchester/Hard Disk Drive. 10% of the claim amount subject to minimum of Rs 2500
6	N/A	SL NO FDBL008	CBCT MACHINE AND ITS ACCESSORIES	✓ 40,00,000.00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs 2500 ii) Winchester/Hard Disk Drive. 25% of the claim amount subject to minimum of Rs.10000
7	N/A	SL NO.:86108	OPG MACHINE AND ITS ACCESSORIES	✓ 13,00,000.00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs.2500 ii) Winchester/Hard Disk Drive. 25% of the claim amount subject to minimum of Rs 10000
8	N/A	SL NO GD06213 520218	GENORY EZX,PORTABLE X-RAY SYSTEM AND ITS ACCESSORIES	✓ 1,50,000.00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs.2500 ii) Winchester/Hard Disk Drive. 25% of the claim amount subject to minimum of Rs.10000
9	N/A	SL NO FENG22L 1710108	RUNNYES AUTO CLAVE/SMALL STEAM STERILIZER AND ITS ACCESSORIES	✓ 2,00,000.00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs.2500 ii) Winchester/Hard Disk Drive. 25% of the claim amount subject to minimum of Rs 10000
10	N/A	SL NO UGDMC2 017 HXIV0000319	RVG (UNICON) AND ITS ACCESSORIES	✓ 1,00,000.00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs 1000 ii)Winchester/Hard Disk Drive. 10% of the claim amount subject to minimum of Rs 2500
11	N/A	SL NO 201623- B-1201	MELAG AUTO CLAVE AND ITS ACCESSORIES	✓ 2,00,000.00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs 2500 ii) Winchester/Hard Disk Drive. 25% of the claim amount subject to minimum

पॉलिसी अनुसूची/ Policy Schedule - Electronic Equipment Insurance Policy Number: 560700441910000040		व्यवसाय स्रोत/ Business Source: 560700
जारीकर्ता कार्यालय/Issuing Office कार्यालय कोड/ Office Code: 560700 कार्यालय पता/ Office Address: GUNTUR DIVISION I Second Floor, Ninth Lane, G-9, 1B, Arundalpet, Guntur, Andhra Pradesh - 522002. State Code: 37, Andhra Pradesh GSTIN: 37AAAGN9907E4ZZ Contact Number: Mobile Number:		विक्रय चैनल विवरण/ Sales Channel Details कोड/ Code: 9000119140 नाम/ Name: Mr. Shaik Pentu Saheb Contact Number: 9866331005 राह दस्तान कोड/ Co Broker Code: Customer Care Toll Free Number: 1800 345 0330 email:customer.support@nic.co.in

					of Rs.10000
12	N/A	SL NO.:3205T0B 969	CONFIDENT AUTO CLAVE AND ITS ACCESSORIES	✓ 80,000.00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs.1000 ii)Winchester/Hard Disk Drive. 10% of the claim amount subject to minimum of Rs.2500
13	N/A	SL NO.:ASG- ELT 1080061	ALAN AUTORY AND ITS ACCESSORIES	✓ 2,00,000.00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs.2500 ii) Winchester/Hard Disk Drive. 25% of the claim amount subject to minimum of Rs.10000
14	N/A	SL NO.:MF- 16015019	ANESTHESIA MACHINE AND ITS ACCESSORIES	✓ 4,50,000.00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs.2500 ii) Winchester/Hard Disk Drive. 25% of the claim amount subject to minimum of Rs.10000
15	N/A	SL NO.:NIC SIBS 012020	AUTO CLAVE BIN TYPE LARGE AND ITS ACCESSORIES	✓ 50,000.00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs.1000 ii)Winchester/Hard Disk Drive. 10% of the claim amount subject to minimum of Rs.2500
16	N/A	SL NO.:40000113 03	IVOCLAR VIVADENT AND ITS ACCESSORIES	✓ 2,87,000.00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs.2500 ii) Winchester/Hard Disk Drive. 25% of the claim amount subject to minimum of Rs.10000
17	N/A	SL NO.:Nr.22201 5144B	VITA VACCUM 60 AND TIS ACCESSORIES	✓ 2,75,000.00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs.2500 ii) Winchester/Hard Disk Drive. 25% of the claim amount subject to minimum of Rs.10000
18	N/A	SL NO.:MSDG-20	MARATHON-20 CENTRE GRAINDER AND ITS ACCESSORIES	✓ 50,000.00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs.1000 ii)Winchester/Hard Disk Drive. 10% of the claim amount subject to minimum of Rs.2500
19	N/A	SL NO.:B110002 0	TOPSIN DRILLING UNIT AND ITS ACCESSORIES	✓ 40,000.00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs.1000 ii)Winchester/Hard Disk Drive. 10% of the claim amount subject to minimum

पॉलिसी अनुसूची/ Policy Schedule - Electronic Equipment Insurance Policy Number: 560700441910000040		व्यवसाय स्रोत / Business Source: 560700
जारीकर्ता कार्यालय/Issuing Office कार्यालय कोड/ Office Code: 560700 कार्यालय पता/ Office Address: GUNTUR DIVISION I Second Floor, Ninth Lane, 6-9- 1B, Arundalpat, Guntur, Andhra Pradesh - 522002 State Code: 37, Andhra Pradesh GSTIN: 37AAACN006TE4ZZ Contact Number: Mobile Number:		विक्रय चैनल विवरण/ Sales Channel Details कोड/ Code: 9000119140 नाम/ Name: Mr Shaik Pentu Saheb Contact Number: 9866331005 सह दलाल कोड / Co Broker Code: Customer Care Toll Free Number: 1800 345 0330 email:customer.support@nic.co.in

					of Rs.2500
20	N/A	SL NO. B116685 4	VACUUM MIXTURE RENFINT AND ITS ACCESSORIES	✓ 50,000.00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs.1000 ii)Winchester/Hard Disk Drive. 10% of the claim amount subject to minimum of Rs.2500
21	N/A	SL NO. 3205TO3 959/3202017 00 MODEL.	CONFIDENT X-RAY MACHINE AND ITS ACCESSORIES	✓ 80,000.00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs.1000 ii)Winchester/Hard Disk Drive. 10% of the claim amount subject to minimum of Rs.2500
22	N/A	SL NO. :317193	SCAN (VISTA SSCAN DURR DENTAL AND ITS ACCESSORIES)	✓ 3,50,000.00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs.2500 ii) Winchester/Hard Disk Drive. 25% of the claim amount subject to minimum of Rs.10000
23	N/A	SL NO. :127917	W/H AUTOCLAVE(LINE) AND ITS ACCESSORIES	✓ 2,50,000.00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs.2500 ii) Winchester/Hard Disk Drive. 25% of the claim amount subject to minimum of Rs.10000
24	N/A	M NO.:SEA23	RUNNYES ATOCLAVE AND ITS ACCESSORIES	✓ 1,30,000.00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs.2500 ii) Winchester/Hard Disk Drive. 25% of the claim amount subject to minimum of Rs.10000
25	N/A	S NO. :300TPO3 276	CONFIDENT X-RAY MACHINE AND ITS ACCESSORIES	✓ 80,000.00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs.1000 ii)Winchester/Hard Disk Drive. 10% of the claim amount subject to minimum of Rs.2500
26	N/A	SL NO. :3125/W& H	DISPENSER W/H AND ITS ACCESSORIES	✓ 1,50,000.00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs.2500 ii) Winchester/Hard Disk Drive. 25% of the claim amount subject to minimum of Rs.10000
27	N/A	SL NO. 5215/W& H	NOBEL BIO CARE AND ITS ACCESSORIES	✓ 75,000.00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs.1000 ii)Winchester/Hard Disk Drive. 10% of the claim amount subject to minimum

पॉलिसी अनुसूची/ Policy Schedule - Electronic Equipment Insurance	
Policy Number: 56070044191000040	व्यवसाय स्रोत / Business Source: 560700
जारीकर्ता कार्यालय/Issuing Office कार्यालय कोड/ Office Code: 560700 कार्यालय पता/ Office Address: GUNTUR DIVISION I Second Floor, Ninth Lane, 6-9- 18, Annadapet, Guntur, Andhra Pradesh - 522002 State Code: 37, Andhra Pradesh GSTIN 37AAACN9967E4ZZ Contact Number Mobile Number	विक्रय चैनल विवरण/ Sales Channel Details कोड/ Code: 9000119140 नाम/ Name: Mr Shaik Pentu Saheb Contact Number: 9866331005 साह दत्तास कोड / Co Broker Code: Customer Care Toll Free Number: 1800 345 0330 email:customer.support@nlc.co.in

					of Rs 2500
28	N/A	SL NO.:201523- B1075	MILOG AUTO CLAVE AND ITS ACCESSORIES	✓ 2,80,000.00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs 2500 ii) Winchester/Hard Disk Drive 25% of the claim amount subject to minimum of Rs.10000
29	N/A	SL NO.:LX16/T	DENTAL DIODE LASER SYSTEM AND ITS ACCESSORIES	✓ 3,20,000.00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs 2500 ii) Winchester/Hard Disk Drive 25% of the claim amount subject to minimum of Rs.10000
30	N/A	SL NO.:GD- 012705- 20212/EZX-60	PORTABLE X-RAY UNIT EZX-60 GENRAY AND ITS ACCESSORIES	✓ 1,00,000.00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs.1000 ii)Winchester/Hard Disk Drive. 10% of the claim amount subject to minimum of Rs.2500
31	N/A	SL NO.:RF8G07 0/	CONFIDENT X-RAY MACHINE AND ITS ACCESSORIES	✓ 80,000.00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs.1000 ii)Winchester/Hard Disk Drive. 10% of the claim amount subject to minimum of Rs.2500
32	N/A	SL NO.:8002- 10028	RVG SOPIX AND ITS ACCESSORIES	✓ 1,20,000.00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs.2500 ii) Winchester/Hard Disk Drive. 25% of the claim amount subject to minimum of Rs.10000
33	N/A	SL NO.:NIC/SIDS 102/2020	DOLPHIN AUTOCLAVE N CLASS AND ITS ACCESSORIES	✓ 48,000.00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs.1000 ii)Winchester/Hard Disk Drive. 10% of the claim amount subject to minimum of Rs 2500
34	N/A	S NO.:SA2020/0 2/001	SUMAX HYDROSOLDER UNIT AND ITS ACCESSORIES	✓ 2,50,000.00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs 2500 ii) Winchester/Hard Disk Drive. 25% of the claim amount subject to minimum of Rs.10000
35	N/A	SL NO.:53552/IV D CE MAKE	MICROTONE/MICROM AND ITS ACCESSORIES	✓ 18,00,000.00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs.2500 ii) Winchester/Hard Disk Drive. 25% of the claim amount subject to minimum

पॉलीसी शेड्यूल/Policy Schedule - Electronic Equipment Insurance

पॉलीसी नंबर/Policy Number: 560700441910000040

व्यवसाय स्रोत/Business Source: 560700

जारीकर्ता कार्यालय/Issuing Office
 कार्यालय कोड/Office Code: 560700
 कार्यालय पता/Office Address: GUNTUR
 DIVISION I Second Floor, Ninth Lane, 6-9-
 18, Arundajpet, Guntur, Andhra Pradesh -
 522002
 State Code: 37, Andhra Pradesh
 GSTIN: 37AAACH0967E472
 Contact Number
 Mobile Number

विक्रय चैनल/वेबसाइट/
 Sales Channel Details
 कोड/Code: 9000119140
 नाम/Name: Mr Shaik Pentu Sahab
 Contact Number: 9866331005

साह दलाल कोड/Co Broker Code:
 Customer Care Toll Free Number:
 1800 345 0330
 email: customer.support@nlc.co.in

20	N/A	SL NO B116685 4	VACUUM MIXTURE RENFINT AND ITS ACCESSORIES	✓ 50,000.00	of Rs 2500 i)Equipments other than Winchester/Hard Disk Drive 5% of the claim amount subject to minimum of Rs. 1000 ii)Winchester/Hard Disk Drive 10% of the claim amount subject to minimum of Rs 2500
21	N/A	SL NO .3205TO3 959/33202017 00 MODEL.	CONFIDENT X-RAY MACHINE AND ITS ACCESSORIES	✓ 80,000.00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs. 1000 ii)Winchester/Hard Disk Drive. 10% of the claim amount subject to minimum of Rs. 2500
22	N/A	SL NO :317193	SCAN (VISTA SSCAN DURR DENTAL AND ITS ACCESSORIES)	✓ 3,50,000.00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs 2500 ii) Winchester/Hard Disk Drive. 25% of the claim amount subject to minimum of Rs. 10000
23	N/A	SL NO :127917	WH AUTOCLAVE(LINE) AND ITS ACCESSORIES	✓ 2,50,000.00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs. 2500 ii) Winchester/Hard Disk Drive. 25% of the claim amount subject to minimum of Rs. 10000
24	N/A	M NO.:SEA23	RUNNYES ATOCLAVE AND ITS ACCESSORIES	✓ 1,30,000.00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs 2500 ii) Winchester/Hard Disk Drive. 25% of the claim amount subject to minimum of Rs. 10000
25	N/A	S NO.:300TPO3 276	CONFIDENT X-RAY MACHINE AND ITS ACCESSORIES	✓ 80,000.00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs 1000 ii)Winchester/Hard Disk Drive. 10% of the claim amount subject to minimum of Rs 2500
26	N/A	SL NO 3125W& H	DISPENSER WH AND ITS ACCESSORIES	✓ 1,50,000.00	i)Equipments other than Winchester/Hard Disk Drive 5% of the claim amount subject to minimum of Rs 2500 ii) Winchester/Hard Disk Drive 25% of the claim amount subject to minimum of Rs 10000
27	N/A	SL NO :5215W& H	NOBEL BIO CARE AND ITS ACCESSORIES	✓ 75,000.00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs 1000 ii)Winchester/Hard Disk Drive. 10% of the claim amount subject to minimum

पॉलिसी अनुसूची/ Policy Schedule - Electronic Equipment Insurance Policy Number: 560700441910000040		व्यवसाय स्रोत/ Business Source: 560700
जारीकर्ता कार्यालय/Issuing Office कार्यालय कोड/ Office Code: 560700 कार्यालय पता/ Office Address: GUNTUR DIVISION I Second Floor, Ninth Lane, 6-9, 18, Arundalpet, Guntur, Andhra Pradesh - 522002. State Code: 37, Andhra Pradesh GSTIN 37AAACH0067E4Z2 Contact Number: Mobile Number:		विक्रय चैनल विवरण/ Sales Channel Details कोड/ Code: 9000119140 नाम/ Name: Mr Shaik Pentu Saheb Contact Number: 9866331005 राह दस्तान कोड/ Co Broker Code: Customer Care Toll Free Number: 1800 345 0330 email:customer.support@nic.co.in

					of Rs 2500
28	N/A	SL NO.:201523-B1075	MILOG AUTO CLAVE AND ITS ACCESSORIES	✓ 2,80,000.00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs 2500 ii) Winchester/Hard Disk Drive 25% of the claim amount subject to minimum of Rs. 10000
29	N/A	SL NO.:LX16/T	DENTAL DIODE LASER SYSTEM AND ITS ACCESSORIES	✓ 3,20,000.00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs 2500 ii) Winchester/Hard Disk Drive 25% of the claim amount subject to minimum of Rs. 10000
30	N/A	SL NO.:GD-012705-20212/EZX-60	PORTABLE X-RAY UNIT EZX-60 GENRAY AND ITS ACCESSORIES	✓ 1,00,000.00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs. 1000 ii)Winchester/Hard Disk Drive. 10% of the claim amount subject to minimum of Rs.2500
31	N/A	SL NO.:RF8G07 0/	CONFIDENT X-RAY MACHINE AND ITS ACCESSORIES	✓ 80,000.00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs.1000 ii)Winchester/Hard Disk Drive. 10% of the claim amount subject to minimum of Rs.2500
32	N/A	SL NO.:8802-1002B	RVG SOPIX AND ITS ACCESSORIES	✓ 1,20,000.00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs.2500 ii) Winchester/Hard Disk Drive. 25% of the claim amount subject to minimum of Rs. 10000
33	N/A	SL NO.:NIC/SIDS 102/2020	DOLPHIN AUTOCLAVE N CLASS AND ITS ACCESSORIES	✓ 46,000.00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs. 1000 ii)Winchester/Hard Disk Drive. 10% of the claim amount subject to minimum of Rs.2500
34	N/A	S NO.:SA2020/0 2/001	SUMAX HYDROSOLDER UNIT AND ITS ACCESSORIES	✓ 2,50,000.00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs 2500 ii) Winchester/Hard Disk Drive. 25% of the claim amount subject to minimum of Rs. 10000
35	N/A	SL NO.:53552/IV D CE MAKE	MICROTONE/MICROM AND ITS ACCESSORIES	✓ 18,00,000.00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs.2500 ii) Winchester/Hard Disk Drive. 25% of the claim amount subject to minimum

पॉलिसी अनुसूची/ Policy Schedule - Electronic Equipment Insurance	
Policy Number: 560700441910000040	व्यवसाय स्रोत / Business Source: 560700
जारीकर्ता कार्यालय/Issuing Office कार्यालय कोड/ Office Code 560700 कार्यालय पता/ Office Address: GUNTUR DIVISION I Second Floor, Ninth Lane, G-9- 1B, Arundalpet, Guntur, Andhra Pradesh - 522002 State Code: 37, Andhra Pradesh GSTIN 37AAACN9987E4ZZ Contact Number Mobile Number	विक्रय चैनल/ बिक्रेता/ Sales Channel Details कोड/ Code: 9000110140 नाम/ Name: Mr Shalk Pentu Saheb Contact Number: 9866331005 सह दलाल कोड / Co Broker Code: Customer Care Toll Free Number: 1000 345 0330 email:customer.support@nli.co.in

36	N/A	SL NO.:4708-32-0483/TYPE:P ROG RES CT3/JENOPTI K LASER, OPTIK, SYSTEME	RESEARCH MICROSCOPE AND ITS ACCESSORIES	✓ 29,00,000.00	of Rs.10000 i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs.2500 ii) Winchester/Hard Disk Drive. 25% of the claim amount subject to minimum of Rs.10000
37	N/A	SL NO.:C5AD17J 00066/M2M 1B1 MODEL	VISULAZER AND ITS ACCESSORIES	✓ 3,00,000.00	i)Equipments other than Winchester/Hard Disk Drive. 5% of the claim amount subject to minimum of Rs.2500 ii) Winchester/Hard Disk Drive. 25% of the claim amount subject to minimum of Rs.10000

Clauses	As per Annexure I
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1,54,62,000/-

टिप्पणी/ Remarks: THIS POLICY ISSUED SUBJECT TO EXCLUSION OF COMMUNICABLE DISEASES

जिसकी गवाही में दिना/ माह /वर्ष को उपरोक्त उल्लेखित कार्यालय पते पर अधोहस्ताक्षरी को विधिवित अधकृत किया जा रहा है उसके हाथ मरिधारति करि जाए। यह अनुसूची, संलग्न पॉलिसी, खण्ड, पृष्ठोंकन और पॉलिसी शब्दों, जो कंपनी वेबसाईट <https://nationalinsurance.nli.co.in> पर उपलब्ध है, को एक अनुबंध के रुप में एक साथ पढा जाए तथा कोई भी शब्द या अभिव्यक्ति जिसके लिए यह वरिधित अरु पॉलिसी या अनुसूची के कर्षी भी हरिरो में संलग्न कर्षी गया हो, एक ही अरुष वहन करेगा चाहे जहाँ भी उल्लेखति हो। यह आश्वासन दयि जाता है कि प्रीमियम चेक के अस्वीकृति के मामले में, यह दरुतावेज स्वतः प्राथमकितता नरिस्त हो जाएगी। **IN WITNESS WHEREOF, the undersigned being duly authorized herunto set his/ her hand at the office address mentioned above, this 31/March/2020. This schedule, the attached policy, the clauses, the endorsements and policy wordings as available in the website <https://nationalinsurance.nli.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'**

इंश्योरेंसर्स लिमिटेड

स्टैम्प ड्यूटी
Stamp
Duty:
(₹ 0.50)

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

Invoice Serial No: 30619EP00000040

TAX INVOICE

Invoice Date: 31/03/2020

Details of Supplier

National Insurance Company Limited,
GUNTUR DIVISION I Second Floor, Ninth Lane, 6 B. 1B, Arundajpet, Guntur, Andhra Pradesh - 522002
State 37, Andhra Pradesh
GSTIN No 37AAACN9967E4ZZ

Details Of Receiver MS SIBAR EDUCATIONAL ACADEMY
Address SIBAR NAGAR, TARKELLAPADU VILLEGE, PEDAKAKANI MANDAL, GUNTUR DT
City GUNTUR - DISTRICT OTHERS,
District GUNTUR,
State ANDHRA PRADESH,
PIN 522509.

Place Of Supply State Andhra Pradesh
State Code 37
GSTIN No NA

शिक कोड/ SAC Code	सेवा का विवरण/ Description of Service	कुल/Total (₹)	छूट/ Discount	टैक्स योग्य/ ग्राह्य/Taxable Value(₹)	सीजीएसटी की राशि/ CGST		एसजीएसटी/यूटीजीएसटी/ SGST/UTGST		आईजीएसटी/GST		कैरम काट उपकर/Kerala Flood Cess
					दर/Rate	राशि/ Amount(₹)	दर/Rate	राशि/ Amount(₹)	दर/Rate	राशि/ Amount(₹)	
997137	Other property insurance services	1,29,271	0%	1,29,271	9%	11,634	9%	11,634	0%	0	0
TOTAL		1,29,271		1,29,271		11,634		11,634		0	0

कुल इनवॉयस ग्राह्य (अंकी में) Total Invoice Value (In figures):
₹ 1,52,539

कुल इनवॉयस ग्राह्य (शब्दों में) Total Invoice Value (In words): 0000/Rupees
One Lakh Fifty Two Thousand Five Hundred Thirty Nine
केवल/Only.

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

E.&O.E

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

अधिकृत हस्ताक्षरकर्ता/ Authorized Signatory

पॉलिसी अनुसूची/ Policy Schedule - Machinery Insurance	
Policy Number: 560700441710000104	व्यवसाय स्रोत / Business Source: 560700
जारीकर्ता कार्यालय/ Issuing Office कार्यालय कोड/ Office Code: 560700 कार्यालय पता/ Office Address: GUNTUR DIVISION I Second Floor, Nineth Lane, 6-9- 18, Arundalpet, Guntur, Andhra Pradesh - 522002. State Code: 37 , Andhra Pradesh GSTIN: 37AAACN9967E4ZZ Contact Number: Mobile Number:	विक्रय चैनल विवरण/ Sales Channel Details कोड/ Code: 9000119140 नाम/ Name: Mr Pentu Saheb Shaik Contact Number: 9866331005

ग्राहक का नाम/Customer Name: MS SIBAR EDUCATIONAL ACADEMY	ग्राहक आईडी/ Customer ID: 9509451591	पैन/ PAN:
पता/ Address: SIBAR INSTITUTE OF DENTAL SCIENCES ,SIBAR NAGAR ,TAKKELLAPADU(V) PEDAKAKANI(M) GUNTUR. DIST. : GUNTUR, ANDHRA PRADESH, City: GUNTUR - DISTRICT OTHERS, District: GUNTUR, State: ANDHRA PRADESH, PIN: 522509.	फोन/ Phone:	
	ई-मेल/ E-Mail:	

पॉलिसी: 31/03/2018 के 00:00 से 30/03/2019 की मध्य रात्रि तक प्रभावी /Policy Effective from 00:00 hours, on 31/03/2018 to midnight of 30/03/2019			
प्रीमियम /Premium	₹ 3,150.00	कवर नोट संख्या तथा तथि/ Cover Note Number and Date	NA
CGST	₹ 284.00	प्रस्ताव संख्या और तथि/ Proposal Number and Date	88001503281106 Dt. 14/02/2018
SGST/UTGST	₹ 284.00		
IGST	₹ 0.00		
पुनर्प्राप्त स्टाम्प शुल्क / Recoverable Stamp Duty	₹ 0.00	रसीद संख्या और तथि/ Receipt Number and Date	560700811710006785 Dt. 27/03/2018
कुल / Total	₹ 3,718.00	पछिली पॉलिसी संख्या तथा समाप्ती तथि/ Previous Policy Number and Expiry Date	56070044125200000042 and Dt.26/03/2014 560700441410000004 and Dt.26/03/2016 560700441510000095 and Dt.26/03/2017 560700441610000098 and Dt.26/03/2018
(Rupees Three Thousand Seven Hundred Eighteen Only.)			

Inventory of the Property Insured

Location : SIBAR INSTITUTE OF DENTAL SCIENCES,SIBAR NAGAR,TAKKELLAPADU(V) PEDAKAKANI(M) GUNTUR DT. Dist. : GUNTUR, Andhra Pradesh,Guntur - District Others,Guntur,Andhra Pradesh,522509

Sr. No.	Description	Make	Part No.	Specification	Value of foundation	Value of oil	Sum Insured
1	Furnace Transformers	KIRLOSKAR	2	0	0	0	3,50,000.00

Warranted that the machinery described in above schedule of Machinery does not embrace any foundations masonry and brickwork or Oil in transformers and other electrical equipment damage thereto being covered by the Policy only when specifically described in the said schedule.

Clauses	As per Annexure I
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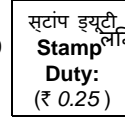
Excess Details

1	Sum Insured (SI) up to ₹ 2.5 crores	1.0% of the SI subject to a minimum of	₹ 250/- each claim
2	Sum Insured (SI) over ₹ 2.5 crores & up to ₹ 5 Crores	0.8% of the SI subject to a minimum of	₹ 2,50,000/- each claim
3	Sum Insured (SI) over ₹ 5 crores & up to ₹ 10 Crores	0.6% of the SI subject to a minimum of	₹ 4,00,000/- each claim
4	Sum Insured (SI) over ₹ 10 Crores	0.5% of the SI subject to a minimum of	₹ 6,00,000/- each claim
5	Glass lined Vessel, Ceramic & Graphite	10%	
6	Furnace Transformers	2% of the SI subject to a minimum of	₹ 250/- each claim
7	Xerox Machines (Photo copier)	5% of the SI subject to a minimum of	₹ 1000/- each claim

पॉलिसी अनुसूची/ Policy Schedule - Machinery Insurance	
Policy Number: 560700441710000104	व्यवसाय स्रोत / Business Source: 560700
जारीकर्ता कार्यालय/ Issuing Office कार्यालय कोड/ Office Code: 560700 कार्यालय पता/ Office Address: GUNTUR DIVISION I Second Floor, Nineth Lane, 6-9- 18, Arundalpet, Guntur, Andhra Pradesh - 522002. State Code: 37 , Andhra Pradesh GSTIN: 37AAACN9967E4ZZ Contact Number: Mobile Number:	विक्रय चैनल विवरण/ Sales Channel Details कोड/ Code: 9000119140 नाम/ Name: Mr Pentu Saheb Shaik Contact Number: 9866331005

जसिकी गवाही में दनि/ माह /वर्ष को उपरोक्त उल्लेखित कार्यालय पते पर अधोहस्ताक्षरी को वधिवित अधकृत कयिा जा रहा है उसके हाथ नर्धारित कएि जाएं। यह अनुसूची, संलग्न पॉलिसी, खण्ड, पृष्ठांकन और पॉलिसी शब्दों, जो कंपनी वेबसाईट www.nationalinsuranceindia.nic.co.in पर उपलब्ध है, को एक अनुबंध के रुप में एक साथ पढा जाए तथा कोई भी शब्द या अभिव्यक्ति जिसके लएि यह वशिष्टि अर्थ पॉलिसी या अनुसूची के कसिी भी हसिसे में संलग्न कयिा गया हो, एक ही अर्थ वहन करेगा चाहे जहाँ भी उल्लेखित हो। यह आश्वासन दयिा जाता है क्प्रीमियम चेक के अस्वीकृतिके मामले में, यह दस्तावेज स्वतः प्राथमकित्ता नरिस्त हो जाएगी । **IN WITNESS WHEREOF, the undersigned being duly authorized hereunto set his/ her hand at the office address mentioned above, this 27/March/2018. This schedule, the attached policy, the clauses, the endorsements and policy wordings as available in the website www.nationalinsuranceindia.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 Ombudsman Details: Sh. G.Rajeswara Rao
 Office of the Insurance Ombudsman 6-2-461st floor "Moin Court"
 Lane Opp. Saleem Function Palace A. C. Guards Lakdi-Ka-Pool Hyderabad - 500
 004.
 Tel.:- 040-23325325/23312122
 Fax:- 040-23376599
 Email:-insombudhyd@gmail.com,040-65504123.



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

अधकृत हस्ताक्षरकर्ता/ **Authorized
 Signatory**

TAX INVOICE

Invoice Serial No: 30619E8P00000104

Invoice Date: 27/03/2018

Details of Supplier:

National Insurance Company Limited.,
GUNTUR DIVISION I Second Floor, Nineth Lane, 6-9-18, Arundalpet, Guntur, Andhra Pradesh - 522002
State : 37 , Andhra Pradesh
GSTIN No : 37AAACN9967E4ZZ

Details Of Receiver : MS SIBAR EDUCATIONAL ACADEMY

Address : SIBAR INSTITUTE OF DENTAL SCIENCES ,SIBAR NAGAR ,TAKKELLAPADU(V) PEDAKAKANI(M) GUNTUR. DIST. : GUNTUR, ANDHRA
PRADESH
City : GUNTUR - DISTRICT OTHERS,
District: GUNTUR,
State: ANDHRA PRADESH,
PIN: 522509.

Place Of Supply State : Andhra Pradesh
State Code : 37
GSTIN No : NA

SAC Code	Description of Service	Total(₹)	Discount	Taxable Value(₹)	CGST		SGST/UTGST		IGST	
					Rate	Amount(₹)	Rate	Amount(₹)	Rate	Amount(₹)
997137	Other property insurance services	3,150	0%	3,150	9%	284	9%	284	0%	0
TOTAL		3,150		3,150		284		284		0

Total Invoice Value (In figures) : ₹ 3,718

Total Invoice Value (In words) : Rupees Three Thousand Seven Hundred Eighteen Only.

Amount of Tax Subject to Reverse Charge : No

E.&O.E

For and on behalf of
National Insurance Company Limited.,

Authorized Signatory

Policy Schedule - Machinery Insurance	
Policy Number: 56070044161000098	Business Source: 560700
Issuing Office Office Code: 560700 Office Address: GUNTUR DIVISION I Second Floor, Nineth Lane, 6-9-18, Arundalpet, Guntur, Andhra Pradesh - 522002. Contact Number:	Sales Channel Details Code: 9000119140 Name: Mr Pentu Saheb Shaik Contact Number: 9866331005

Customer Name: MS SIBAR EDUCATIONAL ACADEMY	Customer ID: 9509451591	PAN:
Address: SIBAR INSTITUTE OF DENTAL SCIENCES ,SIBAR NAGAR ,TAKKELLAPADU(V) PEDAKAKANI(M) GUNTUR. DIST. : GUNTUR, ANDHRA PRADESH, City: GUNTUR - DISTRICT OTHERS, District: GUNTUR, State: ANDHRA PRADESH, PIN: 522509.	Phone:	
	E-Mail:	

Policy Effective from 00:00 hours, on 27/03/2017 to midnight of 26/03/2018			
Premium	₹ 2,520.00	Cover Note Number and Date	NA
Service Tax	₹ 353.00	Proposal Number and Date	88001503281106 Dt. 11/02/2017
Swachh Bharat cess	₹ 13.00		
Krishi Kalyan cess	₹ 13.00	Receipt Number and Date	560700811610007888 Dt. 27/03/2017
Recoverable Stamp Duty	₹ 0.00		
Total Amount	₹ 2,899.00	Previous Policy Number and Expiry Date	56070044125200000042 and Dt.26/03/2014 560700441410000004 and Dt.26/03/2016 560700441510000095 and Dt.26/03/2017
(Rupees Two Thousand Eight Hundred Ninety Nine Only.)			

Inventory of the Property Insured

Location : SIBAR INSTITUTE OF DENTAL SCIENCES,SIBAR NAGAR,TAKKELLAPADU(V) PEDAKAKANI(M) GUNTUR DT. Dist. : GUNTUR, Andhra Pradesh,Guntur - District Others,Guntur,Andhra Pradesh,522509

Sr. No.	Description	Make	Part No.	Specification	Value of foundation	Value of oil	Sum Insured
1	Furnace Transformers	KIRLOSKAR	2	0	0	0	3,50,000.00

Warranted that the machinery described in above schedule of Machinery does not embrace any foundations masonry and brickwork or Oil in transformers and other electrical equipment damage thereto being covered by the Policy only when specifically described in the said schedule.

Clauses	As per Annexure I
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Excess Details

1	Sum Insured (SI) up to ₹ 2.5 crores	1.0% of the SI subject to a minimum of	₹ 250/- each claim
2	Sum Insured (SI) over ₹ 2.5 crores & up to ₹ 5 Crores	0.8% of the SI subject to a minimum of	₹ 2,50,000/- each claim
3	Sum Insured (SI) over ₹ 5 crores & up to ₹ 10 Crores	0.6% of the SI subject to a minimum of	₹ 4,00,000/- each claim
4	Sum Insured (SI) over ₹ 10 Crores	0.5% of the SI subject to a minimum of	₹ 6,00,000/- each claim
5	Glass lined Vessel, Ceramic & Graphite	10%	
6	Furnace Transformers	2% of the SI subject to a minimum of	₹ 250/- each claim
7	Xerox Machines (Photo copier)	5% of the SI subject to a minimum of	₹ 1000/- each claim

IN WITNESS WHEREOF, the undersigned being duly authorized hereunto set his/ her hand at the office address mentioned above, this **28 March 2017**. This schedule, the attached policy, the clauses, the endorsements and policy wordings as available in the website www.nationalinsuranceindia.com 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'**

Ombudsman Details: Sh. G.Rajeswara Rao
Office of the Insurance Ombudsman 6-2-461st floor "Moin Court"
Lane Opp. Saleem Function Palace A. C. Guards Lakdi-Ka-Pool Hyderabad - 500 004.
Tel.:- 040-23325325/23312122
Fax:- 040-23376599
Email:-insombudhyd@gmail.com,040-65504123.

Stamp
Duty:
(₹ 0.25)

**For and on behalf of
National Insurance Company Limited**

Authorized Signatory