



**Vishnu Waman Thakur Charitable Trust's  
Bhaskar Waman Thakur College of Science,  
Yashvant Keshav Patil College of Commerce,  
Vidhya Dayanand Patil College of Arts,  
VIVA College**

(Affiliated to University of Mumbai) NAAC ACCREDITED WITH "B" GRADE (CGPA 2.69)

**Shri Hitendra V. Thakur**  
President

**Ms. Aparna P. Thakur**  
Secretary

**Dr. V.S. Adigal**  
Principal

Ref. No. :

Date : 17/02/2024

I the undersigned would like to certify and endorse the page number from 01 to 08 of Criterion VI Pointer no. 6.3.1 (Staff Insurance ) during the last 05 academic years (2018-2023) is true to my knowledge.



Principal

Bhaskar Waman Thakur College of Science  
Yashvant Keshav Patil College of Commerce  
Vidhya Dayanand Patil College of Arts  
VIVA College Road, Virar (West), Pin - 401 303

**TAILOR MADE GROUP PERSONAL ACCIDENT INSURANCE POLICY SCHEDULE**

Policy No. :	P/171150/02/2022/000243	Previous Policy No. :	
Proposer's Code :	27253681	GSTIN :	27AAJCS4517L1ZY
Proposer's Name :	M/S.VIVA COLLEGE OF ARTSCOMMERCE & SCIENCE	SAC Code :	997133/Accident and Health Insurance Services
Address :	VIRAR (W) TAL. VASAI, DIST. PALGHAR Virar (M CI),Thane,Maharashtra-401303	Issuing Office Code :	171150
Phone No :	/9823983799/	Issuing Office Name :	Branch Office - Virar
E-mail Id :	principalshr@vivacollege.org	Address :	Nana Apartment, 3rd Floor, S. No. 275, Hissa No.2B, P.P. Marg, Virar (West) 401303.
Proposer GSTIN :	-	Phone No :	
Receipt No :	1698003826	E-mail Id :	virar.bo@starhealth.in
Receipt Date :	11/02/2022	Place of Supply :	-
Premium :Rs.215771/-		Fulfiller Code :	SH60446
CGST @9% : 19,419/- SGST / UTGST @9% : 19,419/-		<b>Intermediary Code :</b>	<b>BA0000554354</b>
Stamp Duty :Rs.50/- Total Premium :Rs.254609/-		<b>Name :</b>	<b>LATA SHASHIKANT KANANGI</b>
		<b>Phone No :</b>	<b>9740867055/9740867055</b>
		<b>E-mail Id :</b>	<b>latakanangi@gmail.com</b>

**Total Premium In Words :** Rupees Two Lakhs Fifty Four Thousand Six Hundred Nine Only  
**PERIOD OF INSURANCE** From : 11/02/2022 To : Midnight Of 10/02/2023

**RISK COVERAGE DETAILS**

No Of Persons Covered : 369

**Accident Care Group - Named**

TABLE	COVER	SUM INSURED
TABLE 1	Death Only Benefits	Rs.0/-
TABLE 2	Death PTD and PPD	Rs.369000000/-
TABLE 3	Death,PTD,PPD and TTD	Rs.0/-
TABLE 4	Death and PTD Only	Rs.0/-

**NOTE:**

PTD-Permanent Total Disablement  
PPD-Permanent Partial Disablement  
TTD-Temporary Total Disablement

Total Sum Insured :RS.369000000/-

Total Sum Insured In Words : Rupees Thirty-Six Crores Ninety Lakhs Only

This Insurance is subjected to exclusion of all pre-existing illness/disabilities as per the printed Policy conditions.

**SPECIAL EXCLUSION:** Any claims relating to nuclear , chemical and biological terrorism is excluded from the scope of the Policy.

**Condition Precedent :** In the event of any claim under the policy or intimation should be given to the company immediately, through toll free no: 1800 425 2255 / 1800 102 4477, 044 2826 3300 (chargeable), or email: support@starhealth.in or fax - 1800 425 5522.

**Special Conditions:**

- 1 Terrorism covered excluding Nuclear, Chemical and Biological.

Insured will be allowed a window period of 30 days from the policy inception date to review the employee list covered under the policy. All Addition / deletion / Correction of the persons to be done subject to additional premium. If there is a change in the group size.

The Insured shall submit of list of additions and deletions on monthly basis to reach us at the latest by the 10th of subsequent month.

At the time of claim, Proof of income is mandatory for all employees.

Entered by : SH34852  
Approved by : SH61590  
Place : VIRAR  
Receipt Date : 16/02/2022

For Star Health and Allied Insurance Company Ltd

IRDAI Regn. No 129

Corporate Identity Number U66010TN2005PLC056649

Authorised Signatory

Email ID : info@starhealth.in

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai - 600 034. Phone : 044-28302300 / 28288800 Toll Free Fax No: 1800-425-5522

Toll Free No.:1800-425-2255 / 1800-102-4477, CIN : U66010TN2005PLC056649 Email : support@starhealth.in Website : www.starhealth.in IRDAI Regn. No: 129



# Star Health and Allied Insurance Co. Ltd. Star Health and Allied Insurance Company Limited

Attached to and forming part of Policy No. P/171155/02/2022/000243

All Other Terms & Conditions Subject to printed Policy (Accident and Insurance policy - Group) Clause attached

It is hereby declared and agreed that in the event of any claim for the Death of an employee covered under the policy the benefits shall become payable to the employer i.e. the Insured against the discharge. Such payment will discharge the company (Insurer) from its obligation under the policy in respect of such claims.

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

The insurance under this policy is subject to conditions, clauses, warranties, endorsements as per Printed Policy Clauses attached.

## Sector Classification :

Urban

Cover could operate or attach only in respect of risk to employees and subject to condition that such employees was in service with the insured at the time of commencement of insurance and also at the time of action.

"CONSOLIDATED STAMP DUTY PAID VIDE PROCEEDING No LOA/CSD/201/2021/4895 DATED 29-NOV-2021"

In witness whereof the undersigned being authorised by and on behalf of the company has / have herein to set his/ their hands at Branch Office - Virar on 15th Day of February 2022.



Entered by : SH34852  
Approved by : SH61590  
Place : VIRAR  
Receipt Date : 16/02/2022

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory



**TAX Invoice**



Invoice No. : 27K698Y22P000174  
Invoice Date : 15/02/22

Customer ID : CB0000113377  
Policy No : P/171150/02/2022/000243

**Recipient**

GSTIN : -  
Proposer's Name : M/S.VIVA COLLEGE OF ARTSCOMMERCE & SCIENCE  
Address : VIRAR (W)  
TAL. VASAI,  
DIST. PALGHAR  
City :  
State : Maharashtra  
Pincode : 401303  
Client Category : CORP

**Supplier**

GSTIN : 27AAJCS4517L1ZY  
NAME : Star Health and Allied Insurance Co Ltd - &CP\_ISSUE\_DIVN\_NAME  
Address : Nana Apartment, 3rd Floor,  
S. No. 275, Hissa No.2B, P.P. Marg,  
Virar (West) 401303.  
City : VIRAR  
State : Maharashtra  
Pincode : 401303  
Place of Supply : 27 - Maharashtra

HSN / SAC Code	Description of Service(s)	Total A	Discount B	Taxable Value C = A - B	IGST @ 18% D = C * IGST	CGST @9% E = C * CGST	UT/SGST@9% F = C * UTGST or SGST	Total Invoice Value H = C + D + E + F
99173	Insurance Services	215771	0	215771		19419	19419	254609

Total Invoice Value (in Figures) : Rs. 254609

Total Invoice Value (in Words) : Total Premium In Words :  
Rupees Two Lakhs Fifty Four  
Thousand Six Hundred Nine Only

Amount of Tax Subject to reverse Charge : No

**Important Note:**

The invoice is issued as per Section 31 of the CGST Act

In case no GSTIN or incorrect GSTIN is provided by the Proposer at Proposal stage, Star Health and Allied Insurance Co Ltd shall not be responsible for any Input Tax Credit losses and no subsequent revision of invoice will be undertaken.

**E. & O.E**

This is a digitally signed document and hence no physical signature is required

IRDAI Regn. No 129 Corporate Identity Number U66010TN2005PLC056649 Email ID : stargst@starhealth.in

Entered by : SH34852  
Approved by : SH61590  
Place : VIRAR  
Receipt Date : 16/02/2022

For Star Health and Allied Insurance Company Ltd.

  
Authorised Signatory



**Late Shri. Vishnu Waman Thakur Charitable Trust's  
Bhaskar Waman Thakur College of Science,  
Yashvant Keshav Patil College of Commerce,  
Vidhya Dayanand Patil College of Arts,  
VIVA College**

(Affiliated to University of Mumbai) NAAC ACCREDITED WITH "B" GRADE (CGPA 2.69)

**Shri Hitendra V. Thakur**  
President

**Ms. Aparna P. Thakur**  
Secretary

**Dr. A. P. Pandey**  
I/C Principal

Date :

Ref. No. :

Date: 10-02-2022

Ref. No. VIVA/ / 2021-22  
To,  
Star Health and Allied Insurance Co. Ltd.  
Nana Apartment, 3<sup>rd</sup> floor,  
S.No.275, Hissa No. 28,  
P.P. Marg, Virar

**SUB : Staff Group Insurance Policy ( Nagrik Suraksha Policy) For the Academic Year 2021-22**

1	Name of College	Late Shri Vishnu Waman Thakur Charitable Trust's VIVA College of Hotel and Tourism Management
2	College Address Tel.No. & Email	Viva College Road, Virar ( West) – 401303
3	Principal Name, Tel.No., Mobile No. Email	Dr.A.P. Pandey, 9867368517 principal@vivacollege.org
4	Concern Person doing Insurance work Name, Tel.no. Mobile No. & Email	Mahendra Kajare 9823221231 mahendrakajare@vivacollege.org
5	Total No.Of Staff	19
6	Sum Insured Per Staff Per Year	Rs. 10,00,000/-
7	Premium Per Staff Per Year	Rs. 690/-
8	Total Premium Amount	Rs. 13110/-
9	Cheque No. Bank Name , Date	Cheque No. Bank : Vasai Vikas Sahakari Bank Ltd., Bolinj Branch Date:

You are requested to send us official stamped receipt along with Policy paper for our record & audit purpose.

Thanking You

Yours Truly,

**Dr. A. P. Pandey**  
I/C Principal



**VIVA College Road, Virar (West), Pin - 401 303.**  
Tel. : 97657 42335 • Email ID :- principal@vivacollege.org



# Star Health and Allied Insurance Company Limited

Branch Office - Virar Nana Apartment, 3rd Floor, , S. No. 275, Hissa No.2B, P.P. Marg, , Virar (West) 401303. , VIRAR , 401303

## Collection Receipt

Customer Code : CB0000113377

Received from : M/S.VIVA COLLEGE OF ARTSCOMMERCE & SCIENCE

Customer Address : VIRAR (W)

TAL. VASAI,

DIST. PALGHAR

Collection No : 11-01/1698003826

Collection Date : 11/02/2022

Office Code : 171150 - Branch Office - Virar

Supplier GSTIN : 27AAJCS4517L1ZY

Place of Supply : -

State Code -

Customer GSTIN : -

Amount Collected : Rs. 254610 /-

Inclusive of tax :

Amount in words : Indian Rupees Two Lakhs Fifty-Four Thousand Six Hundred Ten Only

Towards the Following : PREMIUM RECEIPT

S. No.	Proposal Ref. No	Fulfiller Code	Intermediary Code	Amount Collected	Mode of Pay	Bank Name	CHQ/CC/DD No	CHQ/DD/BC Dt
1		SH60446	BA0000554354	241500	CHQ	Vasai Vikas Sahakari Bank Ltd.,	103252	10/02/2022
2		SH60446	BA0000554354	13110	CHQ	Vasai Vikas Sahakari Bank Ltd.,	072618	10/02/2022

For Star Health and Allied Insurance Co. Ltd

Authorised Signatory

Note : Receipt Subject to realization of Cheque / DD  
This is only an evidence of receipt of money by the company  
Risk will commence once the proposal is examined and accepted

IRDA Regn. No 129

Corporate Identity Number U66010TN2005PLC056649

Email id : info@starhealth.in





**Late Shri. Vishnu Waman Thakur Charitable Trust's  
Bhaskar Waman Thakur College of Science,  
Yashwant Keshav Patil College of Commerce,  
Vidhya Dayanand Patil College of Arts,**

**VIVA College**

(Affiliated to University of Mumbai) NAAC ACCREDITED WITH "B" GRADE (CGPA 2.69)

**Shri Hitendra V. Thakur**  
President

**Ms. Aparna P. Thakur**  
Secretary

**Dr. A. P. Pandey**  
I/C Principal

Ref. No. :

Ref. No. VIVA/ 199 / 2020-21

Date :

Date: 03/02/2021

To,  
Sr. Divisional Manager  
The Oriental Insurance Company Limited  
Thane Divisional Office  
3<sup>rd</sup> Floor, Saraswati Mandir  
(Marathi Granth Sangralaya)  
Near Z.P. Office, Subhash Road  
Thane (West) - 400601- Maharashtra  
Tel No.022-25402721/22,25401172 / 25369996 Cell.No.9820934701 / 90290410866

**SUB : Staff Group Insurance Policy ( Nagrik Suraksha Policy) For the Academic Year 2020-21**

1	Name of College	Late Shri Vishnu Waman Thakur Charitable Trust's Bhaskar Waman Thakur College of Science Yashwant Keshav Patil College of Commerce, Vidhya Dayanand Patil College of Arts
2	College Address Tel.No. & Email	Viva College Road, Virar ( West) - 401303
3	Principal Name, Tel.No., Mobile No. Email	Dr.A.P. Pandey, 9867368517 principal@vivacollege.org
4	Concern Person doing Insurance work Name, Tel.no. Mobile No. & Email	Mahendra Kajare 9823221231 mahendrakajare@vivacollege.org
5	Total No.Of Staff	370
6	Sum Insured Per Staff Per Year	Rs. 10,00,000/-
7	Premium Per Staff Per Year	Rs. 698/-
8	Total Premium Amount	Rs. 258260/-
9	Cheque No. Bank Name , Date	Cheque No. Bank : Vasai Vikas Sahakari Bank Ltd., Bolinj Branch Date:

You are requested to send us official stamped receipt along with Policy paper for our record & audit purpose.

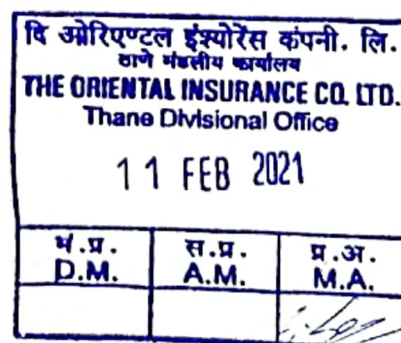
Thanking You

Yours Truly,

*A.P. Pandey*

Dr. A. P. Pandey

I/C Principal



**VIVA College Road, Virar (West), Pin - 401 303.**  
Tel. : 97657 42335 • Email ID :- principal@vivacollege.org



The Oriental Insurance Company Ltd.  
DO THANE 3RD FLOOR, SARASWATI MANDIR, MARATHI GRANTH SANGRAHALAYA BUILDING, NEAR ZILLA  
PARISHAD OFFICE PIN 400601, THANE, 400601  
GST NO : 27AAACT0627R4ZW

RECEIPT

Office Code & Name

Collection No.

Collection Date

Received with thanks From Sh/Smt/ M/s.

The Sum of

Towards the following

Bank Code

Posted Doc No.

Posted Doc Dt..

: LATE SHRI VISHNU WAMAN THAKUR CHARITABLE TRUSTS BHASKAR WAMAN THAKUR COLLEGE OF SCIENCE, YASHVANT KESHAV PATIL COLLEGE OF COMMERCE AND VIDHYA DAYANAND PATIL COLLEGE OF ARTS VIRAR (WEST) (EMPLOYEE ACCIDENT INSURANCE POLICY 2021-22)

: Indian Rupees Two Thousand Five Hundred Ninety-Six Only

: Premium collections

Sl No.	Dept. Policy No.	Policy Status	End/Ren/Dec/ Claim No.	Dev. Off. Code	Source Code	Amount Collected	C/D GL Code	SL Code	Pay Mode	Bank Name	Bank Branch	Instrument No.	Instr. Dt./CC
1	47	2021/2157	New Policy	NA00000000896	BA00001	12100	300.00	C	5083	AA00000000001	CHQ	Vasai Vikas Sahakari Bank Ltd.,	VIRAR 102443 18/01/2021
2	47	2021/2154	New Policy	NA00000000896	BA00001	12100	300.00	C	5083	AA00000000001	CHQ	Vasai Vikas Sahakari Bank Ltd.,	VIRAR 102443 18/01/2021
3	47	2021/2152	New Policy	NA00000000896	BA00001	12100	300.00	C	5083	AA00000000001	CHQ	Vasai Vikas Sahakari Bank Ltd.,	VIRAR 102443 18/01/2021
4	47	2021/2156	New Policy	NA00000000896	BA00001	12100	300.00	C	5083	AA00000000001	CHQ	Vasai Vikas Sahakari Bank Ltd.,	VIRAR 102443 18/01/2021
5	47	2021/2155	New Policy	NA00000000896	BA00001	12100	300.00	C	5083	AA00000000001	CHQ	Vasai Vikas Sahakari Bank Ltd.,	VIRAR 102443 18/01/2021
6	47	2021/2153	New Policy	NA00000000896	BA00001	12100	300.00	C	5083	AA00000000001	CHQ	Vasai Vikas Sahakari Bank Ltd.,	VIRAR 102443 18/01/2021
7	48	2021/17315	New Policy	NA00000000896	BA00001	12100	398.00	C	5083	AA00000000001	CHQ	Vasai Vikas Sahakari Bank Ltd.,	VIRAR 102443 18/01/2021

IN: U66010DL1947G01007158 JRDA Regn. No. 556 - All the amounts mentioned in this report are in Indian Rupees

CIN: U66010DL1947GOI007158 IRDA Regn. No. 556 - All the amounts mentioned in this report are in Indian Rupees

पंजीकृत कार्यालय : ओरिएण्टल हाउस, पो. बॉ. नं. 7037, ए-25/27, आसफ अली रोड, नई दिल्ली - 110 002.  
Regd. Office : ORIENTAL HOUSE, P.B. No. 7037, A-25/27, Asaf Ali Road, New Delhi - 110 002.





**Late Shri. Vishnu Waman Thakur Charitable Trust's  
Bhaskar Waman Thakur College of Science,  
Yashvant Keshav Patil College of Commerce,  
Vidhya Dayanand Patil College of Arts,  
VIVA College**

(Affiliated to University of Mumbai) NAAC ACCREDITED WITH "B" GRADE (CGPA 2.69)

**Shri Hitendra V. Thakur**  
President

**Ms. Aparna P. Thakur**  
Secretary

**Dr. A. P. Pandey**  
I/C Principal

Ref. No. :

Ref. No. VIVA/ 199 / 2020-21

Date :

Date: 03/02/2021

To,  
Sr. Divisional Manager  
The Oriental Insurance Company Limited  
Thane Divisional Office  
3<sup>rd</sup> Floor, Saraswati Mandir  
(Marathi Granth Sangralaya)  
Near Z.P. Office, Subhash Road  
Thane (West) - 400601- Maharashtra  
Tel No.022-25402721/22,25401172 / 25369996 Cell.No.9820934701 / 90290410866

**SUB : Staff Group Insurance Policy ( Nagrik Suraksha Policy) For the Academic Year 2020-21**

1	Name of College	Late Shri Vishnu Waman Thakur Charitable Trust's Bhaskar Waman Thakur College of Science Yashwant Keshav Patil College of Commerce, Vidhya Dayanand Patil College of Arts
2	College Address Tel.No. & Email	Viva College Road, Virar ( West) - 401303
3	Principal Name, Tel.No., Mobile No. Email	Dr.A.P. Pandey, 9867368517 principal@vivacollege.org
4	Concern Person doing Insurance work Name,Tel.no. Mobile No. & Email	Mahendra Kajare 9823221231 mahendrakajare@vivacollege.org
5	Total No.Of Staff	370
6	Sum Insured Per Staff Per Year	Rs. 10,00,000/-
7	Premium Per Staff Per Year	Rs. 698/-
8	Total Premium Amount	Rs. 258260/-
9	Cheque No. Bank Name , Date	Cheque No. 102443 Bank : Vasai Vikas Sahakari Bank Ltd., Bolinj Branch Date: 18/01/2021

You are requested to send us official stamped receipt along with Policy paper for our record & audit purpose.

Thanking You

Yours Truly,

*A.P. Pandey*  
**Dr. A. P. Pandey**  
I/C Principal



*Recd*  
*Dr. A.P. Pandey*  
*31/2/2021*