

## **6.3 Faculty Empowerment Strategies**

**6.3.1 The institution has performance appraisal system, effective welfare measures for teaching and nonteaching staff and avenues for career development/progression**

<b>Sr. No</b>	<b>Details of Documents</b>
<b>1</b>	<b>API Form</b>
<b>2</b>	<b>List of Welfare Measures</b>
<b>3</b>	<b>Additional Information</b>

The Shirpur Education Society and R C Patel Educational Trust



Teachers Performance Appraisal Form

(The format to be used by all institutes for performance appraisal of the teacher)

**Performance Appraisal Form**

(AMENDMENT-II)

Name of the Teacher:

Name of the Institute:

Department:

Designation:

Assessment Year:

**Category 1: TEACHING LEARNING AND EVALUATION RELATED ACTIVITIES  
(MAXIMUM POINTS: 180)**

**1.1) TEACHING LEARNING ACTIVITIES**

SN	SEMESTER	I	II
1	Total Theory load		
2	Total Practical load		
3	Total Tutorial Load		
4	PhD Student Guidance Load		
5	PG Student Guidance Load		
6	UG Student Guidance Load		
7	Administrative Load (HOD/Vice Principal)		
Total Load		0	0

**1.1A) PERFORMANCE IN ENGAGING LECTURES / PRACTICALS/ TUTORIALS /ADMINISTRATIVE LOAD/  
RESEARCH SUPERVISION/PROJECT GUIDANCE (MAXIMUM SCORE: 50 POINTS)**

SN (1)	Class /Course (2)	Subject Taught (3)	No. of Hours Targeted (4)	Hrs. Actually Engaged (5)	% Target Achieved (6)	Avg. of Col. (6) (7)	Performance & Multiplying Factor (8)	Max. Weight (9)	API Score Claimed 8*9 (10)	Verified API Score (11)
1					0			50	0	
2					0					

**1.1B) PERFORMANCE IN ATTENDANCE OF STUDENTS (MAXIMUM SCORE: 20 POINTS)**

SN (1)	Class /Course (2)	Subject Taught (3)	Sum of Students Present (4)	Lectures Actually Engaged (5)	Students on Roll (6)	Avg. Attendance= $(4)*100$ $(5)*(6)$ (7)	Avg. of Col. (7) (8)	Performance & Multiplying Factor	Max. Weight (9)	API Score Claimed 8*9 (10)	Verified API Score (11)
1											
2											
3											
4											
5											
6									20	0	
7											
8											
9											
10											

**1.1C) PERFORMANCE IN RESULTS: (THEORY SUBJECT) (MAXIMUM SCORE: 20 POINTS)**

SN (1)	Class /Course (2)	Subject Taught (3)	% Result of the Same Subject in the University (4)	% Result of the Same Subject in the Institute (5)	Column (5/4)*100 (6)	Avg. of Col. (6) (7)	Performance & Multiplying Factor	Max. Weight (9)	API Score Claimed 8*9 (10)	Verified API Score (11)
1										
2										
3										
4										
5										
6						0.00	0	20	0	
7										
8										
9										
10										

**1.2) LECTURES AND ACADEMIC DUTIES IN EXCESS OF UGC NORMS (MAXIMUM SCORE: 10POINTS)**

SN (1)	Type of Activity (2)	No. of Students Benefited (3)	No. of Hours Engaged for the Activity (4)	API Score Claimed (Sum of Col. (4) /30)*2	Verified API Score (11)
1	Remedial Coaching				
2	Career Counseling				
3	Competitive Exam Preparation				
4	General Counseling				

5	Soft Skill Development of the Student			0
6	Extra Teaching Load		0	
7	Additional Post Graduate Teaching			
8	Add on Courses			
9	Any other Approved by Principal			

Note:- Records to be maintained

**1.3) PREPARATION OF STUDY MATERIAL AND RESOURCES (MAXIMUM SCORE: 20 POINTS)**

SN	Study Material/ Resources	API Score Claimed	Verified API Score
1	Updated Lecture Notes		
2	Lab Manuals		
3	List of E Resource		
4	Question Paper Solution		
5	Any other Approved by Principal		
<b>TOTAL</b>		<b>0</b>	<b>0</b>

**1.4) INNOVATIVE TEACHING LEARNING METHODS (MAXIMUM SCORE: 20 POINTS)**

SN	Study Material/ Resources	API Score Claimed	Verified API Score
1	Teacher Diary		
2	To Prepare and use ICT based Teaching Material		
3	Seminar (Points)/ GD (Points=5)/ Case Study (Points=5)		
4	Any other Approved by Principal		
<b>TOTAL</b>		<b>0</b>	<b>0</b>

**1.5) STUDENTS FEEDBACK (MAXIMUM SCORE: 15 POINTS)**

SN	Class	No. of students involved in feedback	Feedback frequency per course	Methodology	API Score Claimed	API Score Verified
1	MCA-III			Online feedback		
2				Manual paper feedback		
3	MCA-I			Online feedback		
4				Manual paper feedback		
<b>TOTAL</b>					<b>0</b>	<b>0</b>

**1.6) EXAMINATION RELATED WORK (MAXIMUM SCORE: 25 POINTS):**

SN	Type of Examination Work	API Score Claimed	Verified API Score
1	Conduction of Test, Tutorials, Term work and their Evaluation and Maintaining Proper Records		
2	Examination Work Assigned by University		
3	Examination Work Assigned by Institute		
<b>TOTAL</b>		<b>0</b>	<b>0</b>

**CATEGORY-1**

**TOTAL API SCORE CLAIMED**

**0**

**TOTAL API SCORE VERIFIED**

**0**

**CATEGORY 2: CO-CURRICULAR, EXTENSION AND PROFESSIONAL DEVELOPMENT RELATED ACTIVITIES  
(MAXIMUM SCORE: 70)**

**2.1) STUDENT RELATED CO-CURRICULAR, EXTENSION AND FIELD BASED ACTIVITIES (MAXIMUM SCORE: 30 POINTS)**

SN	Name of Activity	API Score Allotted	API Score Claimed	Verified API Score
1	NSS/NCC Chief Program Officer	10		
2	Other Program Officer (FC Officer 1)	8		
3	Student Welfare Officer	5		
4	NET/SET Workshop Conduct(1 Week)	5		
5	Cultural Activities (Departmental/Institutional)	5		
6	Lectures on Special Topics ( Lecture on MS Visio)	5		
7	Quiz (Points=5)/ Debate(Points)/ Elocution(Points)	5		
8	Study Tour ( Shirpur Pattern visit)	5		
9	Avishkar (Student Guidance)	5		
10	Essay Competition	5		
11	Exhibition (Project Exhibition Judge)	5		
12	Science Day Celebrations	5		
13	Subject Association	5		
14	Sports Activities	5		
15	Counseling (MCA Admission Counselling ,IMCA-3 Project, Toppers m	5		
16	Anti Ragging Committee	5		
17	Sexual Anti Harassment Committee	5		
18	Cultural Committee	5		
19	Sports Activity	5		
20	Other (Mini Project Development )	5		
21	Any other Activity Approved by Principal (Feedback Committee)	5		
<b>TOTAL</b>			<b>0</b>	<b>0</b>

**2.2) CONTRIBUTION TO CORPORATE LIFE AND COMMUNITY WORK (MAXIMUM SCORE: 25 POINTS)**

**2.2A) COMMUNITY WORK (MAXIMUM SCORE: 5 POINTS)**

SN	Name of Activity	API Score Allotted	API Score Claimed	Verified API Score
1	Swachh City	5		
<b>TOTAL of 2.2A</b>			<b>0</b>	<b>0</b>

**2.2B) ADMINISTRATIVE AND ACADEMIC (MAXIMUM SCORE: 20 POINTS)**

SN	Name of Activity	API Score Allotted	API Score Claimed	Verified API Score
1	Head /Dean/Rector	5		
2	Vice Principal	10		
3	Admission Committees	5		
4	Discipline Committee	5		
5	Statutory Committees of the University (Paper Setting, Exam Panel)	5		
6	Placement Activity	5		
7	Any other Academic Committee Appointed by Principal	5		
8	Any other Administrative Committee Appointed by Principal	5		
9	Academic Committee* (Class Teacher (Points=5), Local Guardian(Points), Time Table (Points), Examination Competitive Exam Committee such as NET/SET/GATE etc)(Points).	5		
10	NAAC/NBA Committee	5		
11	Internal Quality Assurance Cell(IQAC )	5		
12	Any other Academic Committee Appointed by Principal (website Committee)	5		
13	Any other Academic Committee Appointed by Principal	5		
<b>TOTAL of 2.2B</b>			<b>0</b>	<b>0</b>
<b>TOTAL of 2.2( 2.2A &amp; 2.2B)</b>			<b>0</b>	<b>0</b>

**2.3) PROFESSIONAL DEVELOPMENT ACTIVITIES (MAXIMUM SCORE: 15 POINTS)**

SN	Name of Activity	API Score Allotted	API Score Claimed	Verified API Score
1	Participation in Seminar( <b>Points=2</b> ) / Symposia( <b>Points</b> ) / Conference ( Active Participation: 2 Points, Attended: 1 Points)(PDLC + Syll reframing)	4		
2	Convener( <b>Points=5</b> )/Organizing Secretary( <b>Points</b> )/ Chairman( <b>Points</b> ) / Member of professional Body( <b>Points</b> )			
3	Talks Delivered in Program Outside			
4	General Article Publication( <b>Points=5</b> ) / Editor of the conference proceeding( <b>Points</b> ) /Reviewer of journal( <b>Points</b> )			
<b>TOTAL</b>			<b>0</b>	<b>0</b>

<b>CATEGORY-2</b>			
<b>TOTAL API SCORE CLAIMED</b>		<b>0</b>	
<b>TOTAL API SCORE VERIFIED</b>		<b>0</b>	

<b>CATEGORY-1 + CATEGORY-2</b>			
<b>TOTAL API SCORE CLAIMED</b>		<b>0</b>	
<b>TOTAL API SCORE VERIFIED</b>		<b>0</b>	

**CATEGORY 3: RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTION**

\*\* (Refer Manual for the Marks)

**3.1) PUBLISHED PAPER IN JOURNAL (JOURNAL+CONFERENCE PROCEEDINGS =MAXIMUM 30 POINTS)**

SN	Title with Page No.	Journal	ISSN/ISBN No.	Peer Reviewed	Impact Factor	No. of Co-Authors	Whether you are the main author?	API Score Claimed	Verified API Score
1								0	
2								0	
3								0	
4								0	
5								0	
6								0	
7								0	
8								0	
9								0	
10								0	
<b>TOTAL</b>								<b>0</b>	<b>0</b>

**3.2) ARTICLES/ CHAPTERS PUBLISHED IN BOOKS AND CONFERENCE PROCEEDINGS (MAXIMUM 25 POINTS)**

**3.2.1A) PUBLISHED BOOKS**

SN	Title of book	Name of Publisher	National / International or Other	ISSN/ ISBN No.	No. of Co-Authors	Whether you are the main author	API Score Claimed	Verified API Score
1								
2								
3								
<b>TOTAL of 3.2.1.A</b>							<b>0</b>	<b>0</b>

**3.2.1B) ARTICLES/CHAPTERS PUBLISHED IN BOOKS**

SN	Title of book	Name of Publisher	National / International or Other	ISSN/ ISBN No.	No. of Chapters	API Score Claimed	Verified API Score
1					1	0	
2					1	0	
<b>TOTAL of 3.2.1.B</b>						<b>0</b>	<b>0</b>
<b>TOTAL of 3.2.1</b>						<b>0</b>	<b>0</b>

3.2.2A) PAPERS IN CONFERENCE PROCEEDINGS									
SN	Title with Page no.	National / International or Other	Details of Conference Publication	Full Paper or Abstract	ISSN/ ISBN No.	No. of Co-Authors	Whether you are main author?	API Score Claimed	Verified API Score
1								0	
2								0	
3								0	
4								0	
5								0	
6								0	
7								0	
8								0	
9								0	
10								0	
TOTAL of 3.2.2.A								0	0

3.2.2B) AVISHKAR/ANY OTHER								
SN	Title of Paper/Poster/Model	Avishkar	Prize Won	No. of Co-Authors	Whether you are main author?	API Score Claimed	Verified API Score	
1						0		
2						0		
3						0		
4						0		
TOTAL of 3.2.2.B							0	0
TOTAL of 3.2.2 (This total will be added in 3.1 as a research publication )							0	0

3.3) ONGOING AND COMPLETED RESEARCH PROJECTS AND CONSULTANCIES (MAXIMUM 20 POINTS)									
SN	Title	Agency	Period	Type of Project	Grant/ Amount Mobilized (Rs. Lakh)	Are You Principal Investigator?	No. of Co-Invest.	API Score Claimed	Verified API Score
1								0	
2								0	
3								0	
4								0	
5								0	
TOTAL								0	0



**3.4) RESEARCH GUIDANCE /QUALIFICATION (MAXIMUM 20 POINTS)****3.4A) RESEARCH GUIDANCE (MAXIMUM 10 POINTS)**

SN	Research Guidance	Number Enrolled	Thesis Submitted	Degree Awarded	API Score Claimed	Verified API Score
1	M. Phil /ME/ M Pharm				0	
2	MCA/M.ed/MSC				0	
3	Ph.D. or Equivalent				0	
TOTAL of 3.4A					0	0

**3.4B) RESEARCH QUALIFICATION (MAXIMUM 10POINTS)**

SN	Qualification	Submitted	Awarded	API Score Claimed	API Score Claimed
1	Ph.D.			0	
2	ME/M.Phil/M pharm			0	
TOTAL of 3.4B				0	0
TOTAL of 3.4				0	0

**3.5) PATENT/IPR (MAXIMUM 15 POINTS)**

SN	Title	REG. NO.	Submitted	Granted	API Score Claimed	Verified API Score
1					0	
2					0	
TOTAL					0	0

**3.6) TECHNICAL WORKSHOPS / SOFT SKILL DEVELOPMENT WORKSHOPS PARTICIPATION (MAXIMUM 15 POINTS)**

SN	Programme	Duration (Mention in Days)	Organized By	API Score Claimed	Verified API Score
1				0	
2				0	
3				0	
4				0	
5				0	
TOTAL				0	0

**CATEGORY-3**

TOTAL API SCORE CLAIMED

0

TOTAL API SCORE VERIFIED

0

IV. SUMMARY OF API SCORES					
Category	Criteria	API for Assessment Year	API Score Claimed	Verified API Score	Diff. in %
I	Teaching , Learning and Evaluation Related Activities		0	0	#DIV/0!
II	Co-curricular, Extension, Professional Development etc		0	0	#DIV/0!
	Total I+II		0	0	#DIV/0!
III	Research and Academic Contribution		0	0	#DIV/0!
IV	Others*				

Mention Year of Experience In this Institute	
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Grade on the Basis of API Score Claimed	
API Category I+II+III	Grade
0	D (Not Acceptable)

Grade on the Basis of API Score Verified	
API Category I+II+III	Grade
0	D (Not Acceptable)

**UNDERTAKING**

I **0** undertake that the information provided is correct as per records submitted by me to College/ Institute and /or documents enclosed along with the duly filled API Proforma.

**Date****Signature of the Teacher with Designation**

**\*\*Note:** The special API Score of maximum of 5 each may be awarded by principal for the following activities for reward category only. This score shall be added to the score total secured in category I +II.

- 1) Extra ordinary contribution beyond institution (Please mention activities for which special weight is given)
- 2) Overall impression of the teacher (Like attitude, Integrity, Self discipline, Loyalty Towards Institute etc).

**API GRADES TABLE AND ASSESSMENT SUMMARY**

Grade shall be given according to API score as shown below.

API Category I+II+III	Grade	
≥300	<b>O</b>	Outstanding
275-299	<b>A+</b>	Excellent
250-274	<b>A</b>	Very Good
225-249	<b>B+</b>	Positively Good
200-224	<b>B</b>	Good
180-199	<b>C+</b>	Satisfactory
160-179	<b>C</b>	Improvement Required
<160	Not Acceptable	Not Acceptable

**REMARK OF THE ASSESSMENT OFFICER:**

Assessment Grade:

**D (Not Acceptable)**

Place

Date

**Assessment officer Sign and Designation**  
(Chairman IQAC / HOD)

**REMARK OF REVALUATION OFFICER:**

- 1) I agree with the above assessment. YES/NO
- 2) I want to change above allotted grade due to following reasons:

Revised Grade:

Place

Date

**Revaluation officer Sign and Designation**  
(Principal)

**R.C. Patel Educational Trust's**  
**Institute of Management Research Development, Shirpur.**

**List of Staff Welfare Measures**

<b>Sr. No</b>	<b>Welfare Measures</b>
1	Medical Insurance
2	Accidental Insurance
3	Financial Assistance to Conference and Workshops
4	Uniforms to all Staff
5	Communication Expenses
6	Mobile & Diesel Allowance for Senior Staff
7	Laptops for HODs
8	Immediate availability of Personal Loans by the Co-operative Bank Managed by the Management



**Bajaj Allianz General Insurance Company Ltd.**

GE Plaza, Airport Road, Yerwada, Pune -411006

**POLICY SCHEDULE**

Policy Servicing Office 301-302, Bhoomi Sarraswathi,, A-wing, Bldg No- 2,, Ganjawala Lane, Borivali, West, Mumbai-400092 PHONE NO 022-67317777

Policy Number OG-19-1911-8402-00000012 Product Group Mediclaim (Standard)

First Policy No OG-18-1908-8402-00000021 Inception Date 29-OCT-2018

Application No Scrutiny No 98143719

GSTIN / UIN State Code 27 - Maharashtra / Name Policy Issued On 31-Oct-2018

Period Of Insurance From 00 29-Oct-2018 TO 28-Oct-2019 Midnight

Insured Name The Shirpur Education Society (C/O R C Patel Inst.Of Pharmaceutical Education And Research)

Insured Address C/O R C Patel Inst Of Technology, H R Patel Inst Of Pharmaceutical Education And Research, , Po Area - Shirpur, , Dhule, Maharashtra - 425405

Description	Sum Insured (Rs.)
Total 763 = Self 763 (Self Only)	152600000

Base Premium 1088892

Special Discount

Net Premium 1088892

Terrorism 0

Stamp Duty 0

State GST (9%) 98000

Central GST (9%) 98000

Final Premium 1284892

\*\*\* All Premium figures are in Rupee

**HAT Reference Number:**

Scope Of Cover As Per The Policy wording attached

Risk Covered Total 763 = Self 763 (Self Only)

Special Perils As per attached Group Mediclaim Policy Wordings and Benefit Chart

Special Exclusion As per attached Group Mediclaim Policy Wordings and Benefit Chart

Subject To Clauses As per attached Group Mediclaim Policy Wordings and Benefit Chart

Warrenties As per attached Group Mediclaim Policy Wordings and Benefit Chart

Special Conditions As per attached Group Mediclaim Policy Wordings and Benefit Chart

**Comments**

**Premium Collection Details:-[Receipt No/Collection No/Amount]**

1911-00280064 / 98143719 / RS. 15156 , 1911-00280073 / 98143719 / RS. 30312 , 1911-00280069 / 98143719 / RS. 85884 , 1911-00280066 / 98143719 / RS. 272808 , 1911-00280065 / 98143719 / RS. 486676 , 1911-00280068 / 98143719 / RS. 90936 , 1911-00280070 / 98143719 / RS. 80832 , 1911-00280072 / 98143719 / RS. 35364 , 1911-00280067 / 98143719 / RS. 106092 , 1911-00280071 / 98143719 / RS. 80832 ,

Agency Code BAG10015138	Channel Name : ML
Agency Name : JYOTI K BAROT	
Contact No : 0-9820088480/0-	
Email - kamalbarot2003@yahoo.com	

BAGIC GST No : 27AABCB5730G1ZX | Principal Location : GE Plaza, Airport Road, Yerwada, Pune - 411006  
PH:66026666 | Services Accounting Code : 997133 - Accident and health insurance services. No reverse charge is payable on these services. | Invoice No. : 105381145/1

For & On Behalf of Bajaj Allianz General Insurance Company Ltd.





Bajaj Allianz General Insurance Company Ltd.  
Bajaj Allianz House, Airport Road, Yerawada, Pune - 411006  
GROUP MEDICLAIM (STANDARD) POLICY SCHEDULE  
UIN: IRDA/NL-HLT/BAGI/P-H/V.I/47/13-14

Policy issuing office and Correspondence address for communication by policyholder for claim, service request, notice, summons, etc. :

301-302, Bhoomi Sarraswathi,, A-wing, Bldg No- 2,, Ganjawala Lane, Borivali, West, Mumbai-400092 Phone No :022-67317777

Policy No.	OG-22-1911-8402-00000044		
Product	GROUP MEDICLAIM (STANDARD)		
Period of Insurance	From 18:31:20 29-OCT-21 To 28-OCT-22 Midnight	Policy Issued On	29-OCT-21
Co-Insurance Details	Own Share: 100%		
Insured Name	SHIRPUR EDUCATION SOCIETY R C PATEL EDUCATIONAL TRUST CO RCPIPER RCPIT HRPIPER HRP MAHILA RCP SR COLLEGE RCP BED DED RCPP IMRD		
Insured Address	C/O R C PATEL INST OF TECHNOLOGY, H R PATEL INST OF PHARMACEUTICAL EDUCATION AND RESEARCH, , PO Area - SHIRPUR, , DHULE, MAHARASHTRA - 425405		
Bank Details :	No Details	No Details	
GSTIN / UIN	27AAATT3071G1ZJ	Place of Supply/State Code/Name	27 - Maharashtra
Company GST No :	27AABC5730G1ZX	Invoice No :	312442784/1
Company PAN :	AABC5730G		
Additional** Loading @	%		
Additional Discount@	%		
Base Premium	33,58,309.00		
Special Discount			
Net Premium	33,58,309.00		
Terrorism** Surcharge	0.0		
Stamp Duty			
State GST (9%)	3,02,248.00		
Central GST (9%)	3,02,248.00		
Final Premium	39,62,805.00		

\*\*\* All Premium figures are in Rupee.

On specific request and subject to terms and conditions, record of information exchange will be made available.

As per the GST regulations, the amount of GST will not be refunded if the policy / endorsement is cancelled after 30th September of the next financial year.

Scope of Cover	As per the policy wording attached.
Risk Covered	-1
Special Perils	-2
Special Exclusions	-
Subject to Clauses	
Warranties	-
Special Conditions	-
Comments	-
Bank RM Employee Code :	Y

Agency Code BAG10015138

Channel Name : ML

Agency Name : JYOTI K BAROT

Contact No : 7666374401/0

Email - kamalbarot2003@yahoo.com

Premium Collection Details	[Receipt No/Collection No/Amount] 1911-00397480 / 292322857 / Rs. 74,025.00 , 1911-00397372 / 292322857 / Rs. 5,97,135.00 , 1911-00397532 / 292322857 / Rs. 14,31,150.00 , 1911-00397529 / 292322857 / Rs. 88,830.00 , 1911-00397530 / 292322857 / Rs. 64,155.00 , 1911-00397374 / 292322857 / Rs. 2,02,335.00 , 1911-00397481 / 292322857 / Rs. 54,285.00 , 1911-00397483 / 292322857 / Rs. 5,62,590.00 , 1911-00397484 / 292322857 / Rs. 2,56,620.00 , 1911-00397478 / 292322857 / Rs. 2,46,750.00 , 1911-00397479 / 292322857 / Rs. 98,700.00 , 1911-00397373 / 292322857 / Rs. 2,61,555.00 , 1911-00397376 / 292322857 / Rs. 24,675.00 ,
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\*\*\* If Premium paid through Cheque, the Policy is void ab-initio in case of dishonour of Cheque

\*\*\* This policy is subject to the standard policy wordings, warranties and conditions applicable for this product in addition to any specific warranty or condition attached

# Bajaj Allianz General Insurance Company Ltd.

301-302, Bhoomi Sarraswathi, A-wing, Bldg No- 2, Ganjawala Lane, Borivali, West, Mumbai - 400092  
Contact No: Contact No: 022-67317777

## RECEIPT

**Receipt Number** 1911-00397373  
**Receipt Date** 27/10/2021  
**Business Channel** DI

Received with thanks from SHIRPUR EDUCATION SOCIETY R C PATEL EDUCATIONAL TRUST CO  
RCPIPER RCPIT HRPIPER HRP MAHILA RCP SR COLLEGE RCP BED DED  
RCPD IMRD

(Customer ID : 53147268 ) a total sum of Rupees Two Lakh Sixty One Thousand Five Hundred Fifty Five Only by,

Instrument Type	Instrument No.	Instrument Date	Bank Name	Branch Name	Amount
Bank Advice/Direct Credit	6205300D1U3 1	27/10/2021	Bank Of America_Direct Credits	Mumbai	261,555

**Total Amount** Rs. **261,555.00**

Note : /REF-6205300D1U31 /ENTRY-27 OCT POSTED=15:35 TRSF BOOK TRANSFER CREDIT  
SND=NOREF ORG=THE SHIRPUR PEOPLES CO OP BANK LTD 167 NAVI PETH NEAR PANDYJLA  
425001 OBI=1911C0053147268 RTGS FUNDS TRANSFER BANK ADVICE Loader

Issuance of this receipt does not amount to acceptance of the risk by Bajaj Allianz General Insurance Company Limited. The insurance cover for the risk shall be as per the terms and conditions of the Insurance Policy if and when issued.

\* Cheque/DD/PO receipt is valid subject to realisation of the instrument.

For & on behalf of

Bajaj Allianz General Insurance Company Ltd.



Authorised Signatory

Regd.Office: Bajaj Allianz House,Airport Road, Yerwada, Pune - 411006



Bajaj Allianz General Insurance Company Ltd.  
Bajaj Allianz House, Airport Road, Yerawada, Pune - 411006  
GROUP MEDICLAIM (STANDARD) POLICY SCHEDULE  
UIN: IRDA/NL-HLT/BAGI/P-H/V.I/47/13-14

Policy issuing office and Correspondence address for communication by policyholder for claim, service request, notice, summons, etc. :

301-302, Bhoomi Sarraswathi,, A-wing, Bldg No- 2,, Ganjawala Lane, Borivali, West, Mumbai-400092 Phone No :022-67317777

Policy No.	OG-22-1911-8402-00000044		
Product	GROUP MEDICLAIM (STANDARD)		
Period of Insurance	From 18:31:20 29-OCT-21 To 28-OCT-22 Midnight	Policy Issued On	29-OCT-21
Co-Insurance Details	Own Share: 100%		
Insured Name	SHIRPUR EDUCATION SOCIETY R C PATEL EDUCATIONAL TRUST CO RCPIPER RCPIT HRPIPER HRP MAHILA RCP SR COLLEGE RCP BED DED RCPP IMRD		
Insured Address	C/O R C PATEL INST OF TECHNOLOGY, H R PATEL INST OF PHARMACEUTICAL EDUCATION AND RESEARCH, , PO Area - SHIRPUR, , DHULE, MAHARASHTRA - 425405		
Bank Details :	No Details	No Details	
GSTIN / UIN	27AAATT3071G1ZJ	Place of Supply/State Code/Name	27 - Maharashtra
Company GST No :	27AABC5730G1ZX	Invoice No :	312442784/1
Company PAN :	AABC5730G		
Additional** Loading @	%		
Additional Discount@	%		
Base Premium	33,58,309.00		
Special Discount			
Net Premium	33,58,309.00		
Terrorism** Surcharge	0.0		
Stamp Duty			
State GST (9%)	3,02,248.00		
Central GST (9%)	3,02,248.00		
Final Premium	39,62,805.00		

\*\*\* All Premium figures are in Rupee.

On specific request and subject to terms and conditions, record of information exchange will be made available.

As per the GST regulations, the amount of GST will not be refunded if the policy / endorsement is cancelled after 30th September of the next financial year.

Scope of Cover	As per the policy wording attached.
Risk Covered	-1
Special Perils	-2
Special Exclusions	-
Subject to Clauses	
Warranties	-
Special Conditions	-
Comments	-
Bank RM Employee Code :	Y

Agency Code BAG10015138	Channel Name : ML
Agency Name : JYOTI K BAROT	
Contact No : 7666374401/0	
Email - kamalbarot2003@yahoo.com	

Premium Collection Details	[Receipt No/Collection No/Amount] 1911-00397480 / 292322857 / Rs. 74,025.00 , 1911-00397372 / 292322857 / Rs. 5,97,135.00 , 1911-00397532 / 292322857 / Rs. 14,31,150.00 , 1911-00397529 / 292322857 / Rs. 88,830.00 , 1911-00397530 / 292322857 / Rs. 64,155.00 , 1911-00397374 / 292322857 / Rs. 2,02,335.00 , 1911-00397481 / 292322857 / Rs. 54,285.00 , 1911-00397483 / 292322857 / Rs. 5,62,590.00 , 1911-00397484 / 292322857 / Rs. 2,56,620.00 , 1911-00397478 / 292322857 / Rs. 2,46,750.00 , 1911-00397479 / 292322857 / Rs. 98,700.00 , 1911-00397373 / 292322857 / Rs. 2,61,555.00 , 1911-00397376 / 292322857 / Rs. 24,675.00 ,
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\*\*\* If Premium paid through Cheque, the Policy is void ab-initio in case of dishonour of Cheque

\*\*\* This policy is subject to the standard policy wordings, warranties and conditions applicable for this product in addition to any specific warranty or condition attached



# Bajaj Allianz General Insurance Company Ltd.

301-302, Bhoomi Sarraswathi, A-wing, Bldg No- 2, Ganjawala Lane, Borivali, West, Mumbai - 400092  
Contact No: Contact No: 022-67317777

## RECEIPT

**Receipt Number** 1911-00397373  
**Receipt Date** 27/10/2021  
**Business Channel** DI

Received with thanks from SHIRPUR EDUCATION SOCIETY R C PATEL EDUCATIONAL TRUST CO  
RCPIPER RCPIT HRPIPER HRP MAHILA RCP SR COLLEGE RCP BED DED  
RCPD IMRD

(Customer ID : 53147268 ) a total sum of Rupees Two Lakh Sixty One Thousand Five Hundred Fifty Five Only by,

Instrument Type	Instrument No.	Instrument Date	Bank Name	Branch Name	Amount
Bank Advice/Direct Credit	6205300D1U3 1	27/10/2021	Bank Of America_Direct Credits	Mumbai	261,555

**Total Amount** Rs. **261,555.00**

Note : /REF-6205300D1U31 /ENTRY-27 OCT POSTED=15:35 TRSF BOOK TRANSFER CREDIT  
SND=NOREF ORG=THE SHIRPUR PEOPLES CO OP BANK LTD 167 NAVI PETH NEAR PANDYJLA  
425001 OBI=1911C0053147268 RTGS FUNDS TRANSFER BANK ADVICE Loader

Issuance of this receipt does not amount to acceptance of the risk by Bajaj Allianz General Insurance Company Limited. The insurance cover for the risk shall be as per the terms and conditions of the Insurance Policy if and when issued.

\* Cheque/DD/PO receipt is valid subject to realisation of the instrument.

For & on behalf of

Bajaj Allianz General Insurance Company Ltd.



Authorised Signatory

Regd. Office: Bajaj Allianz House, Airport Road, Yerwada, Pune - 411006



## Bajaj Allianz General Insurance Company Ltd.

Bajaj Allianz House, Airport Road, Yerwada, Pune -411006

### Mediclaime Insurance - POLICY SCHEDULE

BAJHLIP21536V022021

#### Policy issuing office and Correspondence address for communication by policyholder for claim, service request, notice, summons, etc

301-302, Bhoomi Sarraswathi,, A-wing, Bldg No- 2,, Ganjawala Lane, Borivali, West, Mumbai-400092 PHONE NO 022-67317777

Policy Number OG-23-1911-8402-00000036 Product Group Mediclaime (Standard)

First Policy No OG-22-1911-8402-00000044 Inception Date 29-OCT-2022

Application No Scrutiny No 327132467

GSTIN / UIN 27AAATT3071G1ZJ Place of Supply/ State Code/ Name 27 - Maharashtra

Policy Issued On 28-Oct-2022

Company GST No.: 27AABCB5730G1ZX Invoice No.: 364351278/1

Company PAN: AABCB5730G

Period Of Insurance From 00 29-Oct-2022 TO 28-Oct-2023 Midnight

Insured Name Shirpur Education Society R C Patel Educational Trust Co Rcpiper Rcpit Hrpiper Hrp Mahila Rcp Sr College Rcp Bed Ded Rcpp  
Imrd

Insured Address C/O R C Patel Inst Of Technology, H R Patel Inst Of Pharmaceutical Education And Research, , Po Area - Shirpur,

Loan Account No: NA

, Dhule, Maharashtra - 425405

Description	Sum Insured (Rs.)
Total 855 = Self 855 + 0 Dependents	17,10,00,000.00

Base Premium 26,19,341.00

#### Special Discount

Net Premium 26,19,341.00

Terrorism 0.00

Stamp Duty 0.00

State GST (9%) 2,35,741.00

Central GST (9%) 2,35,741.00

Final Premium 30,90,823.00

\*\*\* All Premium figures are in Rupee

On specific request and subject to terms and conditions, record of information exchange will be made available.

#### HAT Reference Number:

Scope Of Cover As Per The Policy wording attached

Risk Covered Total 855 = Self 855 + 0 Dependents

Special Perils As per attached Group Mediclaime Policy Wordings and Benefit Chart

Special Exclusion As per attached Group Mediclaime Policy Wordings and Benefit Chart

Subject To Clauses As per attached Group Mediclaime Policy Wordings and Benefit Chart

Warrenties As per attached Group Mediclaime Policy Wordings and Benefit Chart

Special Conditions As per attached Group Mediclaime Policy Wordings and Benefit Chart

#### Comments

#### Premium Collection Details:-[Receipt No/Collection No/Amount]

1911-00424627 / 327132467 / RS. 173520 , 1911-00424654 / 327132467 / RS. 43380 , 1911-00424703 / 327132467 / RS. 216900 , 1911-00424793 / 327132467 / RS. 1044735 , 1911-00001955-E / 327132467 / RS. 1162 , 1911-00424629 / 327132467 / RS. 57840 , 1911-00424626 / 327132467 / RS. 184365 , 1911-00424691 / 327132467 / RS. 480795 , 1911-00424628 / 327132467 / RS. 72300 , 1911-00424630 / 327132467 / RS. 54225 ,

# Bajaj Allianz Insurance Company Limited

## Claim Processing Sheet

DATE :15-APR-2021

Policy Number	OG-21-1911-8402-00000064
Claim Number	OC-22-1002-8402-00000356
Policy Period	From : 29-OCT-2020 To : 28-OCT-2021
Name of the Company	SHIRPUR EDUCATION SOCIETY R C PATEL EDUCATIONAL TRUST CO RCPIPER RCPIT HRPIPER HRP MAHILA RCP SR COLLEGE RCP BED DED RCPP IMRD
Joining Date	29-OCT-2019
Name of The Employee/Insured	PATIL VAISHALI BHAGWAT
ID Card No and Employee No	GMC-21191120064-667 667
Name of The Patient	PATIL VAISHALI BHAGWAT
Age	40
Relation	SELF
Hospital Name	SHRI VIGHNAHARTA SUPERSPECIALITY HOSPITAL TRAUMA & CRITICAL CARE CENTRE
Hospital Qualifier	
Hospital Type	Non Network
Hospital Service Tax No	
Period of Hospitalization	From : 26-MAR-2021 To : 30-MAR-2021
Final Diagnosis	Covid 19 Positive, Viral Pneumonia
Claimed Amount	129339
Sum Insured	200000
Cumulative Bonus	
Balanced Sum Insured	86943

### Hospital Bill BreakUp

Particular	Bill Amount	Disallowed Amount	Approved Amount	Remarks
Room Charges	48000	0	48000	
Doctor Charges	12000	0	12000	
Pharmacy Charges	28915	60	28855	Hand Sanitizer 60
Pathology Charges	10850	0	10850	
Radiology Charges	500	0	500	
Pre Hospitalisation	12852	0	12852	
Non-Medical Charges	8200	8200	0	Registration Charges 200 PPE Kits, Face shield Mask Rs 8000
Miscellaneous	8022	8022	0	Bills not Received 8022

### Insured Payment

Partner ID	196186371
Beneficiary Name	SHIRPUR EDUCATION SOCIETY R C PATEL EDUCATIONAL TRUST CO RCPIPER RCPIT HRPIPER HRP MAHILA RCP SR COLLEGE RCP BED DED RCPP IMRD
Total Approved Amount	113057
Disallowed Amount	16282

Note: \*\*\* Fields Are Considered as a Deductions

Health Administration Team

CLID :- 4633603

Claim Approval Letter

Date: 04-JAN-2024

To,

SHIRPUR EDUCATION SOCIETY R C PATEL  
EDUCATIONAL TRUSTC/O R C PATEL INST OF TECHNOLOGY, H R  
PATEL INST OF PHARMACEUTICAL EDUCA-  
TION AND RESEARCH, PO Area - SHIRPUR,  
DHULE, MAHARASHTRA, 425405,

## Insured Details

Policy Number	OG-24-1911-8402-00000031
Claim Number	OC-24-1933-8402-00000345
Claim ID	6216513
Policy Period	From: 29-OCT-23 To: 28-OCT-24
Name Of The Company	SHIRPUR EDUCATION SOCIETY R C PATEL EDUCATIONAL TRUST
Joining Date	29-OCT-2023
Name Of The Employee/ Insured	MR.SONAWANE KISHOR DHANRAJ
ID Card No	GMC-24191120031-667
Employee No	667
Name Of The Patient	MR.SONAWANE KISHOR DHANRAJ
Age	42
Relation	SELF
Hospital Name	OM HOSPITAL
Period Of Hospitalisation	DOA: 10-NOV-2023 DOD: 14-NOV-2023
Final Diagnosis	RIGHT LOWER LIMB CELLULITIS

## Claimed Amount Details

Note: \*\*\*\* Field are to be considered as a deduction and should not be added in the Bill Amount.

Particular	Bill Amount	Disallowed Amount	Approved Amount	Disallowance Reason
Other Deduction***	0	0	---	
Pharmacy Charges	9444	2490	6954	Esyfix-51,Mopimet Ointment 5G-143,Cutisorb (10 10Cm)-225,Roller Bandage 10Ch 5-120,Gloves 7 No-364,Wokadine-10% 100ML-107,Iv Fluid-1250,Roller Bandage 10Cm 5-80,Cutisorb (10)10Cm)-150
Room Charges	4000	0	4000	
Doctor Charges	3000	0	3000	
Nursing Charges	3500	0	3500	
Pathology Charges	1500	0	1500	

## Payment Details

Claimed Amount	21444
Total Approved Amount	18954
Disallowed Amount	2490
Beneficiary Name	SHIRPUR EDUCATION SOCIETY R C PATEL EDUCATIONAL TRUST

\* Said approved amount will be remitted in the account within 2-3 working days

In case of any query, kindly contact us at hat@bajajallianz.co.in or 020-30305858

If you are still not satisfied with the claim decision of the Insurance Company, you may approach the Insurance Ombudsman, established by the Central Government for redressal of grievance. The Insurance Ombudsman is empowered to adjudicate on personal line insurance claims up to

Health Administration Team - Bajaj Allianz General Insurance Company Limited.

2nd Floor, Bajaj Finserv Building, Survey No: 208/1B, Behind Weik Field IT Park, Viman Nagar, Pune. Maharashtra-411014

Toll Free: 1800-103-2529 Phone: (020) 30305858 Fax: (020) 30512224/6/7

Email: hat@bajajallianz.co.in Website: www.bajajallianz.com

Regd. &amp; Head Office: GE Plaza, Airport Road, Yerawada, Pune 411006. Toll Free: 1800-209-5858 Email: bagichelp@bajajallianz.co.in

CIN No.: U66010PN2000PLC015329 UIN No.: BAJHLIP21536V022021

A/C PAYEE ONLY



THE SHIRPUR PEOPLES' CO-OP. BANK LTD.

JALGAON : 2, VISANJI NAGAR  
NEAR GOLANI MARKET, JALGAON - 425001. DIST.: JALGAON  
IFS Code : KKBK0SPCB01

VALID FOR THREE MONTHS FROM THE DATE OF ISSUE

Date  
दिनांक

1 9 0 1 2 0 2 4

Pay **\*\*Kishor Dhanraj Sonawane\*\***

Or BEARER

Rupees रुपये **\*\*Eighteen Thousand Nine Hundred And Fifty Four Only\*\***

अदा करें।

₹

**\*\*18,954.00\*\***

Current A/c. No.: 001110005270

For R C PATEL INSTITUTE OF PHARMACEUTICAL ED

AUTHORISED SIGNATORY

Please sign above

Payable At Par All CBS Branches

⑈ 385116⑈ 42587400⑈ 005270⑈ 11

06-01-2024 11:01

145048

SPCB

D.P.F.P./SURE-AMMEDABAD/CTS-2/10

Date: 03-OCT-2023

To whomsoever it may concern

Dear Sir/Madam,

This is with reference to the claim of BEHERE MANOJ NARHAR insured with Bajaj Allianz General Insurance Company with the following policy details:

Policy Number	OG-23-1911-8402-00000036
Risk Inception Date	29-OCT-22
Risk End Date	28-OCT-23
Corporate/Proposer Name:	SHIRPUR EDUCATION SOCIETY R C PATEL EDUCATIONAL TRUST
Name Of The Patient	BEHERE MANOJ NARHAR
Sum Insured	200000

## Claim Details

Claim Number	OC-24-1933-8402-00000162
Claim Type	Reimbursement
Final Diagnosis	LRTI WITH LEFT MAXILLARY SINUSITIS
Hospital Name	SUYASH HOSPITAL AND ICU
Date of Admission	28-JUL-2023
Date of Discharge	30-JUL-2023
Claimed Amount	33548
Settled Amount	31852
Disallowed Amount	1696

## Claimed Amount Details

Note: \*\*\*\* Field are to be considered as a deduction and should not be added in the Bill Amount.

Particular	Bill Amount	Disallowed Amount	Approved Amount	Disallowance Reason
Pharmacy Charges	11488	1696	9792	T Bact Ointment-147,I.V. Canula (Polyflon)-105,Betadine Gargle 50MI-337,Nebuliser With Mask Adult-330,Easyfix Adhesiv Sticking-51,Antiflu-75Mg Cap-726
Doctor Charges	3000	0	3000	
Room Charges	2000	0	2000	
Nursing Charges	800	0	800	
Pathology Charges	16260	0	16260	

If you are still not satisfied with the claim decision of the Insurance Company, you may approach the Insurance Ombudsman, established by the Central Government for redressal of grievance. The Insurance Ombudsman is empowered to adjudicate on personal line insurance claims up to Rs.20 lacs. Detailed process along with list of Ombudsman offices are available at <http://www.policyholder.gov.in/Ombudsman.aspx>

All the original hospital claim documents are submitted to us.

With warm regards,



Authorised Signatory

For Bajaj Allianz General Insurance Co. Ltd

Health Administration Team

Health Administration Team - Bajaj Allianz General Insurance Company Limited.

2nd Floor, Bajaj Finserv Building, Survey No: 208/1B, Behind Weik Field IT Park, Viman Nagar, Pune. Maharashtra-411014

Toll Free: 1800-103-2529 Phone: (020) 30305858 Fax: (020) 30512224/6/7

Email: [hat@bajajallianz.co.in](mailto:hat@bajajallianz.co.in) Website: [www.bajajallianz.com](http://www.bajajallianz.com)

Regd. & Head Office: GE Plaza, Airport Road, Yerawada, Pune 411006. Toll Free: 1800-209-5858 Email: [bagichelp@bajajallianz.co.in](mailto:bagichelp@bajajallianz.co.in)

CIN No.: U66010PN2000PLC015329 UIN No.: BAJHLIP21536V022021

**Bajaj Allianz General Insurance Co. Ltd**  
**Claim Approval Letter**

Date: 18-MAY-2021

KOLI PRAMOD SITARAM  
 TAJAS PLAZA NIMZARI NAKA

SHIRPUR 425405  
 Phone: []0

**Insured Details**

<b>Policy Number</b>	<b>OG-21-1911-8402-00000064</b>
<b>Claim Number</b>	<b>OC-22-1002-8402-00001375</b>
<b>Claim ID</b>	<b>4658518</b>
<b>Policy Period</b>	<b>From: 29-OCT-20 To: 28-OCT-21</b>
<b>Name Of The Company</b>	<b>SHIRPUR EDUCATION SOCIETY R C PATEL EDUCATIONAL TRUST CO RCPIPER RCPIT HRPIPER HRP MAHILA RCP SR COLLEGE RCP BED DED RCPP IMRD</b>
<b>Joining Date</b>	<b>29-OCT-2019</b>
<b>Name Of The Employee/ Insured</b>	<b>KOLI PRAMOD SITARAM</b>
<b>ID Card No</b>	<b>GMC-21191120064-707</b>
<b>Employee No</b>	<b>707</b>
<b>Name Of The Patient</b>	<b>KOLI PRAMOD SITARAM</b>
<b>Age</b>	<b>37</b>
<b>Relation</b>	<b>SELF</b>
<b>Hospital Name</b>	<b>MANOHARSH HOSPITAL</b>
<b>Period Of Hospitalisation</b>	<b>DOA: 26-MAR-2021 DOD: 10-APR-2021</b>
<b>Final Diagnosis</b>	<b>Covid 19 Pneumonia</b>

**Claimed Amount Details**

**Note: \*\*\*\* Field are to be considered as a deduction and should not be added in the Bill Amount.**

<b>Particular</b>	<b>Bill Amount</b>	<b>Disallowed Amount</b>	<b>Approved Amount</b>	<b>Disallowance Reason</b>
Room Charges	15000	0	15000	
Doctor Charges	30000	0	30000	
Nursing Charges	7500	0	7500	
Pathology Charges	1010	0	1010	
Radiology Charges	3000	0	3000	
Equipment Charges	19500	0	19500	
Other Deduction***	0	0	---	
Pharmacy Charges	53551	250	53301	easy fix-250
Non-Medical Charges	1000	1000	0	Registration-1000

**Payment Details**

<b>Claimed Amount</b>	<b>130561</b>
<b>Total Approved Amount</b>	<b>129311</b>
<b>Disallowed Amount</b>	<b>1250</b>
<b>Beneficiary Name</b>	<b>SHIRPUR EDUCATION SOCIETY R C PATEL EDUCATIONAL TRUST CO</b>

**Bajaj Allianz General Insurance Co. Ltd**  
**Claim Approval Letter**

Date: 11-MAY-2022

JADE ARACHANA MANOJ  
 7279, RING ROAD, JALGAON-425001

JALGAON 425001  
 Phone: []

**Insured Details**

<b>Policy Number</b>	<b>OG-22-1911-8402-00000044</b>
<b>Claim Number</b>	<b>OC-22-1901-8402-00000566</b>
<b>Claim ID</b>	<b>5169863</b>
<b>Policy Period</b>	<b>From: 29-OCT-21 To: 28-OCT-22</b>
<b>Name Of The Company</b>	<b>SHIRPUR EDUCATION SOCIETY R C PATEL EDUCATIONAL TRUST CO RCPIPER RCPIT HRPIPER HRP MAHILA RCP SR COLLEGE RCP BED DED RCPP IMRD</b>
<b>Joining Date</b>	<b>29-OCT-2021</b>
<b>Name Of The Employee/ Insured</b>	<b>JADE ARACHANA MANOJ</b>
<b>ID Card No</b>	<b>GMC-22191120044-276</b>
<b>Employee No</b>	<b>276</b>
<b>Name Of The Patient</b>	<b>JADE ARACHANA MANOJ</b>
<b>Age</b>	<b>43</b>
<b>Relation</b>	<b>SELF</b>
<b>Hospital Name</b>	<b>NAVAL MUTLISPECIALITY HOSPITAL</b>
<b>Period Of Hospitalisation</b>	<b>DOA: 09-NOV-2021 DOD: 12-NOV-2021</b>
<b>Final Diagnosis</b>	<b>MENORRHEGIA WITH SEVERE DYSMENORRHEA</b>

**Claimed Amount Details**

**Note: \*\*\*\* Field are to be considered as a deduction and should not be added in the Bill Amount.**

<b>Particular</b>	<b>Bill Amount</b>	<b>Disallowed Amount</b>	<b>Approved Amount</b>	<b>Disallowance Reason</b>
Room Charges	6600	0	6600	
Doctor Charges	13850	0	13850	
OT Charges	5550	0	5550	
Nursing Charges	2100	0	2100	
Pharmacy Charges	10068	1080	8988	Rs. 40/- Easyfix, Rs. 450/- Gauze, Rs. 100/- Cotton wool, Rs. 65/- Savlon, Rs. 43/- Cipladine, Rs. 234/- Sterillium, Rs. 95/- Plain sheet, Rs. 53/- Gauze,
Pathology Charges	4150	0	4150	
Post Hospitalisation	738	0	738	
Non-Medical Charges	200	200	0	Rs. 200/- Administration charge,
Miscellaneous	55500	0	55500	

**Payment Details**

<b>Claimed Amount</b>	<b>Health Administration</b>	<b>98756</b>	<b>Bajaj Allianz General Insurance Company Limited.</b>
<b>Total Approved Amount</b>	<b>97476</b>		

2nd Floor, Bajaj Finserv Building, Survey No. 208/1B, Behind Weik Field IT Park, Viman Nagar, Pune. Maharashtra-411014

Toll Free: 1800-1097476 Phone: (020) 30305858 Fax: (020) 30512224/6/7

Email: hdt@bajajallianz.co.in Website: www.bajajallianz.com

**Regd. & Head Office:** GE Plaza, Airport Road, Yerawada, Pune 411006. Toll Free: 1800-233-7272 Email: customercare@bajajallianz.co.in



<b>Disallowed Amount</b>	<b>1280</b>
<b>Beneficiary Name</b>	<b>SHIRPUR EDUCATION SOCIETY R C PATEL EDUCATIONAL TRUST CO RCPIPER RCPIT HRPIPER HRP MAHILA RCP SR COLLEGE RCP BED DED RCPP IMRD</b>

\* Said approved amount will be remitted in the account within 2-3 working days

In case of any query, kindly contact us at [hat@bajajallianz.co.in](mailto:hat@bajajallianz.co.in) or 020-30305858

With warm regards,



**Authorised Signatory**  
**For Bajaj Allianz General Insurance Co. Ltd**  
**Health Administration Team**

**Bajaj Allianz General Insurance Co. Ltd**  
**Claim Approval Letter**

Date: 07-MAY-2021

JADHAV SAGAR RAMESH  
EAST HUDCO COLONY, CHALOSGAON ROADDHULE 424001  
Phone: []0**Insured Details**

<b>Policy Number</b>	<b>OG-21-1911-8402-00000064</b>
<b>Claim Number</b>	<b>OC-22-1002-8402-00000616</b>
<b>Claim ID</b>	<b>4640365</b>
<b>Policy Period</b>	<b>From: 29-OCT-20 To: 28-OCT-21</b>
<b>Name Of The Company</b>	<b>SHIRPUR EDUCATION SOCIETY R C PATEL EDUCATIONAL TRUST CO RCPIPER RCPIT HRPIPER HRP MAHILA RCP SR COLLEGE RCP BED DED RCPD IMRD</b>
<b>Joining Date</b>	<b>29-OCT-2019</b>
<b>Name Of The Employee/ Insured</b>	<b>JADHAV SAGAR RAMESH</b>
<b>ID Card No</b>	<b>GMC-21191120064-702</b>
<b>Employee No</b>	<b>702</b>
<b>Name Of The Patient</b>	<b>JADHAV SAGAR RAMESH</b>
<b>Age</b>	<b>33</b>
<b>Relation</b>	<b>SELF</b>
<b>Hospital Name</b>	<b>SHIFA HOSPITAL AND COSMATIC CLINIC</b>
<b>Period Of Hospitalisation</b>	<b>DOA: 24-MAR-2021 DOD: 02-APR-2021</b>
<b>Final Diagnosis</b>	<b>Infections due to SARS-CoV-2</b>

**Claimed Amount Details****Note: \*\*\*\* Field are to be considered as a deduction and should not be added in the Bill Amount.**

<b>Particular</b>	<b>Bill Amount</b>	<b>Disallowed Amount</b>	<b>Approved Amount</b>	<b>Disallowance Reason</b>
Other Deduction***	33632	33632	---	payable amount is restricted upto 50 %
Room Charges	28000	0	28000	
Pharmacy Charges	32845	382	32463	Same bill twice calculated.
Pathology Charges	1400	0	1400	
Radiology Charges	500	0	500	
Pre Hospitalisation	4900	0	4900	

**Payment Details**

<b>Claimed Amount</b>	<b>67645</b>
<b>Total Approved Amount</b>	<b>33631</b>
<b>Disallowed Amount</b>	<b>34014</b>
<b>Beneficiary Name</b>	<b>SHIRPUR EDUCATION SOCIETY R C PATEL EDUCATIONAL TRUST CO RCPIPER RCPIT HRPIPER HRP MAHILA RCP SR COLLEGE RCP BED DED RCPD IMRD</b>

Health Administration Team - Bajaj Allianz General Insurance Company Limited.

2nd Floor, Bajaj Finserv Building, Survey No: 208/1B, Behind Weik Field IT Park, Viman Nagar, Pune. Maharashtra-411014

\* Said approved amount will be remitted in the account within 2-3 working days.  
Toll Free: 1800-105-2329 Phone: (020) 30505888 Fax: (020) 30512224/6/7

Email: hat@bajajallianz.co.in Website: www.bajajallianz.com

**Regd. & Head Office:** GE Plaza, Airport Road, Yerawada, Pune 411006. Toll Free: 1800-233-7272 Email: customercare@bajajallianz.co.in

**Bajaj Allianz General Insurance Co. Ltd**  
Claim Approval Letter

Date: 23-JUN-2021

AHIRE VIJAYA SHIVAJI  
4792/126, Wadibhokar Road, DeopurDHULE 424002  
Phone: [02562]226652**Insured Details**

<b>Policy Number</b>	<b>OG-21-1911-8402-00000064</b>
<b>Claim Number</b>	<b>OC-22-1002-8402-00003302</b>
<b>Claim ID</b>	<b>4722669</b>
<b>Policy Period</b>	<b>From: 29-OCT-20 To: 28-OCT-21</b>
<b>Name Of The Company</b>	<b>SHIRPUR EDUCATION SOCIETY R C PATEL EDUCATIONAL TRUST CO RCPIPER RCPIT HRPIPER HRP MAHILA RCP SR COLLEGE RCP BED DED RCPP IMRD</b>
<b>Joining Date</b>	<b>02-JAN-2018</b>
<b>Name Of The Employee/ Insured</b>	<b>AHIRE VIJAYA SHIVAJI</b>
<b>ID Card No</b>	<b>GMC-21191120064-673</b>
<b>Employee No</b>	<b>673</b>
<b>Name Of The Patient</b>	<b>AHIRE VIJAYA SHIVAJI</b>
<b>Age</b>	<b>35</b>
<b>Relation</b>	<b>SELF</b>
<b>Hospital Name</b>	<b>Sushrut Hospital - Dhule</b>
<b>Period Of Hospitalisation</b>	<b>DOA: 21-MAY-2021 DOD: 26-MAY-2021</b>
<b>Final Diagnosis</b>	<b>Dengue fever</b>

**Claimed Amount Details****Note: \*\*\*\* Field are to be considered as a deduction and should not be added in the Bill Amount.**

<b>Particular</b>	<b>Bill Amount</b>	<b>Disallowed Amount</b>	<b>Approved Amount</b>	<b>Disallowance Reason</b>
Miscellaneous	28835	1237	27598	bmw-1000, fix-44+193

**Payment Details**

<b>Claimed Amount</b>	<b>28835</b>
<b>Total Approved Amount</b>	<b>27598</b>
<b>Disallowed Amount</b>	<b>1237</b>
<b>Beneficiary Name</b>	<b>SHIRPUR EDUCATION SOCIETY R C PATEL EDUCATIONAL TRUST CO RCPIPER RCPIT HRPIPER HRP MAHILA RCP SR COLLEGE RCP BED DED RCPP IMRD</b>

\* Said approved amount will be remitted in the account within 2-3 working days

In case of any query, kindly contact us at hat@bajajallianz.co.in or 020-30305858

With warm regards,



Authorized Signatory

Health Administration Team - Bajaj Allianz General Insurance Company Limited.

2nd Floor, Bajaj Finserv Building, Survey No: 208/1B, Behind Weik Field IT Park, Viman Nagar, Pune. Maharashtra-411014  
For Bajaj Allianz General Insurance Co. Ltd Toll Free: 1800-103-2529 Phone: (020) 30305858 Fax: (020) 30512224/6/7

Email: hat@bajajallianz.co.in Website: www.bajajallianz.com

Regd. &amp; Head Office: GE Plaza, Airport Road, Yerawada, Pune 411006. Toll Free: 1800-233-7272 Email: customercare@bajajallianz.co.in

*Uniform EPS*

**Credit Invoice**

(DUPLICATE FOR TRANSPORTER)

<b>R C Patel Vidyarthi Sahkari Grahak Bhandar Ltd.</b> Karvand Naka, Shirpur, Dhule Maharashtra - 425405, India GSTIN/UIN: 27AAABR0998N1ZT State Name : Maharashtra, Code : 27 E-Mail : rcpvsgb@gmail.com	Invoice No.	Dated
	<b>1024</b>	<b>11-Dec-2018</b>
Buyer <b>Rcp I M R D College - Shirpur</b> Shirpur, Maharashtra - 425405, India PAN/IT No : State Name : Maharashtra, Code : 27	Delivery Note	Mode/Terms of Payment
	Supplier's Ref.	Other Reference(s)
	Buyer's Order No.	Dated
	Despatch Document No.	Delivery Note Date
	Despatched through	Destination
Terms of Delivery		

SI No.	Description of Goods	HSN/SAC	GST Rate	Quantity	Rate	per	Amount
1	<b>Uniform Peon Cloth</b>	5515	5 %	10.00 Mtr	247.62	Mtr	<b>2,476.20</b>
					2.50 %		<b>61.91</b>
					2.50 %		<b>61.91</b>
	Less :						<b>(-0.02)</b>
							<b>2,476.20</b>
							<b>2,600.00</b>

Output CGST 5%  
Output SGST 5%  
Round Off

**Paid & Cancelled**

**DIRECTOR**  
**R.C.PATEL EDUCATIONAL TRUST**  
**INSTITUTE OF MANAGEMENT**  
**RESEARCH & DEVELOPMENT**  
 Shirpur, Dist. Dhule

Amount Chargeable (in words) **INR Two Thousand Six Hundred Only** E. & O.E

Taxable Value	Central Tax		State Tax		Total Tax Amount
	Rate	Amount	Rate	Amount	
2,476.20	2.50%	61.91	2.50%	61.91	123.82
<b>Total:</b>		<b>2,476.20</b>		<b>61.91</b>	<b>123.82</b>

Tax Amount (in words) : **INR One Hundred Twenty Three and Eighty Two paise Only**

Remarks:  
 Bill No. - 1024  
 Company's PAN : AAABR0998N  
 Declaration  
 We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

**Chief Finance Officer**  
**R.C. Patel Educational Trust & Society, Shirpur, Dist. Dhule**

Company's Bank Details  
 Bank Name : People Bank Current A/c. No. 001110002620  
 A/c No. : 001110002620  
 Branch & IFS Code : Shirpur & KKBK0SPCB01

Customer's Seal and Signature \_\_\_\_\_ for R C Patel Vidyarthi Sahkari Grahak Bhandar Ltd.



SUBJECT TO SHIRPUR JURISDICTION  
 This is a Computer Generated Invoice

Authorized Signatory *A*

**INSTITUTE OF MANAGEMENT RESEARCH &  
DEVELOPMENT, SHIRPUR.**

Approved by AICTE New Delhi - F.No. - MS-001 (MCA) ET/2000 & Affiliated to North  
Maharashtra University, Jalgaon.

Hon. Shri Bhupeshbhai R. Patel  
(President)

Dr. Vaishali Patil  
(Director)

Out Word No. 25/2019-20

Date:- 30/07/2019

To,  
Chief Finance Officer,  
R.C. Patel Educational Trusts,  
Shirpur, Dist. Dhule 425405.

Subject: - Regarding purchase to Teaching Staff Uniform...

**Estimate of Female Teaching Staff Uniform: 2019-20**

**Expected Cost of Uniform:-**

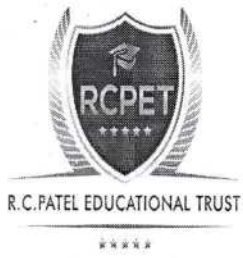
Cost of Sarees: - Rs. 930 X 12 Nos. = Rs. 11,160/-

**Institute Contribution** = **Rs. 11,160/-**

  
Director  
IMRD Shirpur



  
Chief Finance Officer  
The Shirpur Edu. So &  
R.C. Patel Edu. Trust Shirpur



Establishment - 1997  
R.C. Patel Educational Trusts

## INSTITUTE OF MANAGEMENT RESEARCH & DEVELOPMENT, SHIRPUR.

Approved by AICTE New Delhi - F.No. - MS-001 (MCA) ET/2000 & Affiliated to North  
Maharashtra University, Jalgaon.

Hon. Shri Bhupeshbhai R. Patel  
(President)

Dr. Vaishali Patil  
(Director)

Out Word No. 24/2019-20

Date:- 30/07/2019

To,  
Chief Finance Officer,  
R.C. Patel Educational Trusts,  
Shirpur, Dist. Dhule 425405.

Subject: - Regarding purchase to Teaching Staff Uniform ...

### Estimate of Teaching Staff Uniform: 2019-20

Type	Rate/mtr.	Material Required	Amount	Complete Uniform
<b>Cost of 1 Dress of Gents Faculty</b>				Cost of 2 Dresses (Rs. 1600 X 2) = Rs. 3200/-
Shirting	230	1.60 mtr.	368/-	
Trouser	525	1.30 mtr.	682/-	
Stitching			550/-	
			<b>1600/-</b>	
<b>Cost of Blazer &amp; Tie</b>				
Blazer	525	1.80 mtr.	945/-	Rs. 1945/-
Stitching			850/-	
Tie			150/-	
			<b>1945/-</b>	
			<b>Total</b>	<b>Rs. 5145/-</b>

### Expected Cost of Uniform:-

Cost of Complete Uniform for Gents Faculty:-  
= Rs. 3200 X 21 Nos. = Rs. 67,200/- (50%) = Rs. 33,600/-

Cost of Blazer & Tie (Gents & Ladies):-  
= Rs. 1945 X 30 Nos. = Rs. 58,350/-

Institute Contribution = Rs. 33,600/- + 58,350/- = Rs. 91,950/-

  
Director  
IMRD Shirpur



  
Chief Finance Officer  
The Shirpur Edu. So &  
R.C. Patel Edu. Trust Shirpur


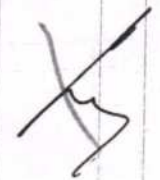
Uniform INVOICE Exps

(Original)

Parth Creation  
Shop No.03, 2nd Floor,  
Jai Baba Complex,  
Jalgaon

Invoice No. 177  
Dated 7-Jan-2020  
Delivery Note Mode/Terms of Payment  
Despatch Document No. Delivery Note Date  
Despatched through Destination  
Terms of Delivery

Buyer  
R.C.P.T.S.IMRD Shirpur  
Kadwand Naka Shirpur

Sl No.	Description of Goods	Quantity	Rate	per	Amount
1	Job Work	35 pcs	1,050.00	pcs	36,750.00
		MCA JV.			
		Paid & Cancelled			
		Bill Received 29/02/2020			
		 <b>DIRECTOR</b> <b>R.C.PATEL EDUCATIONAL TRUST</b> <b>INSTITUTE OF MANA. &amp; NT</b> <b>RESEARCH &amp; DEVELOPMENT</b> <b>Shirpur, Dist. Dhule</b>			
					

Amount Chargeable (in words)  
INR Thirty Six Thousand Seven Hundred Fifty Only

Total 35 pcs Rs. 36,750.00  
E. & O.E

Company's PAN : AHQPL9529E

Company's Bank Details  
Bank Name : IDBI Bank Current A/C  
A/C No. : 0482102000015686  
Branch & IFS Code : Khandesh Complex, Jalgaon & IBKL0000482

Declaration  
We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

for Parth Creation  
Authorized Signatory

SUBJECT TO JALGAON JURISDICTION  
This is a Computer Generated Invoice

Tax Invoice

Uniform Exps

MCAJV

M/s LAXMANDAS CHANDUMAL  
 M G ROAD  
 JALNA  
 Mo:- 9226762777 , 9422216587  
 Shop 02482-230077  
 GSTIN/UIN: 27AAEFL1734G1Z1  
 State Name : Maharashtra, Code : 27  
 E-Mail : ckgehi@gmail.com

Invoice No. **324** Dated **18-Jun-2019**  
 Delivery Note Mode/Terms of Payment  
 Supplier's Ref. Other Reference(s)  
 Buyer's Order No. Dated  
 Despatch Document No. Delivery Note Date  
 Despatched through Destination  
 Terms of Delivery

Buyer  
**SHIRPUR R.P PATEL EDUCATION TRUST**  
 KARWAND NAKA  
 SHIRPUR  
 State Name : Maharashtra, Code : 27

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
1	STERLING 4056-007138 0009	5515	10.00 Mtr	525.00	Mtr		5,250.00
2	STERLING 4056-007138 0009	5515	10.00 Mtr	525.00	Mtr		5,250.00
3	STERLING 4056-007138 0009	5515	10.00 Mtr	525.00	Mtr		5,250.00
4	STERLING 4056-007138 0009	5515	10.00 Mtr	525.00	Mtr		5,250.00
5	STERLING 4056-007138 0009	5515	10.00 Mtr	525.00	Mtr		5,250.00
6	STERLING 4056-007138 0009	5515	10.00 Mtr	525.00	Mtr		5,250.00
7	STERLING 4056-007138 0009	5515	10.00 Mtr	525.00	Mtr		5,250.00
8	STERLING 4056-007138 0009	5515	10.00 Mtr	525.00	Mtr		5,250.00
9	STERLING 4056-007138 0009	5515	10.00 Mtr	525.00	Mtr		5,250.00
10	STERLING 4056-007138 0009	5515	10.00 Mtr	525.00	Mtr		5,250.00
11	STERLING 4056-007138 0009	5515	10.00 Mtr	525.00	Mtr		5,250.00

C-GST 2.50 %  
 S-GST 2.50 %  
 ROUND OFF 0.50

male - 21 teaching staff

uniform - 2  
 Blazers - 1X30  
 Female

**Paid & Cancelled**

**NO DISCOUNT NET BILL**

**DIRECTOR**  
 R.C.PATEL EDUCATIONAL TRUST  
 INSTITUTE OF MANAGEMENT  
 RESEARCH & DEVELOPMENT  
 Shirpur, Dist. Dhule

Total 110.00 Mtr ₹ 60,638.00  
 E. & O.E

Amount Chargeable (in words)  
**RS Sixty Thousand Six Hundred Thirty Eight Only**

HSN/SAC	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
5515	57,750.00	2.50%	1,443.75	2.50%	1,443.75	2,887.50
<b>Total</b>	<b>57,750.00</b>		<b>1,443.75</b>		<b>1,443.75</b>	<b>2,887.50</b>

Tax Amount (in words) : **RS Two Thousand Eight Hundred Eighty Seven and Fifty paise Only**

Company's PAN : **AAEFL1734G**

Company's Bank Details  
 Bank Name : **BANK OF MAHARASHTRA**  
 A/c No. : **60142723373**  
 Branch & IFS Code : **JALNA & MAHB0000033**



Declaration  
 ONCE GOODS SOLD WILL NOT BE TAKEN BACK . AFTER 15  
 DAYS INTREST WILL BE CHARGE 24% P.A.

for M/s LAXMANDAS CHANDUMAL

SUBJECT TO JALNA JURISDICTION  
 This is a Computer Generated Invoice

MCA B2438/-  
 IMCA 10800/-  
 UG 17400/-  
 60638.

PTO

Authorised Signatory



Uniform EXPS  
Tax Invoice  
MCA JV

M/s LAXMANDAS CHANDUMAL  
M G ROAD  
JALNA  
MS 9226762777, 9422216587  
Shop 02482 230077  
GSTIN/UIN 27AAEFL1734G1Z1  
State Name : Maharashtra, Code : 27  
E-Mail : ckgehi@gmail.com

Buyer  
SHIRPUR R.C PATEL EDUCATION TRUST  
KARWAND NAKA  
SHIRPUR  
State Name : Maharashtra, Code : 27

Invoice No. <b>630</b>	Dated <b>20-Jan-2020</b>
Delivery Note	Mode/Terms of Payment
Supplier's Ref	Other Reference(s)
Buyer's Order No.	Dated
Despatch Document No.	Delivery Note Date
Despatched through	Destination
Terms of Delivery	

MCA JV

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc %	Amount
1	STERLING 4056-007138 0010	5515	13.60 Mtr	525.00	Mtr		7,140.00
2	SHIRTING	5210	3.20 Mtr	220.00	Mtr		704.00
							7,844.00
				C-GST	2.50 %		196.10
				S-GST	2.50 %		196.10
				ROUND OFF			(-)0.20

Bill Received  
13/03/2020  
Paid & Cancelled

*[Signature]*  
**DIRECTOR**  
R.C.PATEL EDUCATIONAL TRUST  
INSTITUTE OF MANAGEMENT  
RESEARCH & DEVELOPMENT  
Shirpur, Dist. Dhule

Total 15.80 Mtr ₹ 8,236.00  
E. & O.E

Amount Chargeable (in words)  
RS Eight Thousand Two Hundred Thirty Six Only

HSN/SAC	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
5515	7,140.00	2.50%	178.50	2.50%	178.50	357.00
5210	704.00	2.50%	17.60	2.50%	17.60	35.20
<b>Total</b>	<b>7,844.00</b>		<b>196.10</b>		<b>196.10</b>	<b>392.20</b>

Tax Amount (in words) : RS Three Hundred Ninety Two and Twenty paise Only

Company's PAN : AAFL1734G

Declaration  
ONCE GOODS SOLD WILL NOT BE TAKEN BACK . AFTER 15  
DAYS INTREST WILL BE CHARGE 24% P.A.

Company's Bank Details  
Bank Name : BANK OF MAHARASHTRA  
A/c No. : 60142723373  
Branch & IFS Code : JALNA & MAHB0000033

for M/s LAXMANDAS CHANDUMAL

*[Signature]*  
Authorised Signatory  
JALNA

SUBJECT TO JALNA JURISDICTION  
This is a Computer Generated Invoice

Tax Invoice

Uniform Exps

MAJY

M/s LAXMANDAS CHANDUMAL  
M G ROAD  
JALNA  
Mo:- 9226762777 , 9422216587  
Shop 02482-230077  
GSTIN/ UIN: 27AAEFL1734G1ZI  
State Name : Maharashtra, Code : 27  
E-Mail : ckgehi@gmail.com

Buyer  
**SHIRPUR R.C PATEL EDUCATION TRUST**  
KARWAND NAKA  
SHIRPUR  
State Name : Maharashtra, Code : 27

Invoice No. <b>332</b>	Dated <b>22-Jun-2019</b>
Delivery Note	Mode/Terms of Payment
Supplier's Ref.	Other Reference(s)
Buyer's Order No.	Dated
Despatch Document No.	Delivery Note Date
Despatched through	Destination
Terms of Delivery	

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
1	Yearnings 45115 0001	5210	25.50 Mtr ✓	220.00	Mtr		5,610.00
2	Yearnings 45115 0001	5210	25.50 Mtr ✓	220.00	Mtr		5,610.00
3	Yearnings 45115 0001	5210	23.80 Mtr ✓	220.00	Mtr		5,236.00
							16,456.00
				C-GST	2.50 %		411.40
				S-GST	2.50 %		411.40
				ROUND OFF			0.20

**Paid & Cancelled**

*[Signature]*  
**DIRECTOR**  
R.C.PATEL EDUCATIONAL TRUST  
INSTITUTE OF MANAGEMENT  
RESEARCH & DEVELOPMENT  
Shirpur, Dist. Dhule

*[Signature]*  
S/S

*[Signature]*

Amount Chargeable (in words)

**RS Seventeen Thousand Two Hundred Seventy Nine Only**

Total **74.80 Mtr**

**₹ 17,279.00**

E. & O.E

HSN/SAC	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
5210	16,456.00	2.50%	411.40	2.50%	411.40	822.80
<b>Total</b>	<b>16,456.00</b>		<b>411.40</b>		<b>411.40</b>	<b>822.80</b>

Tax Amount (in words) : **RS Eight Hundred Twenty Two and Eighty paise Only**

Company's PAN : **AAEFL1734G**

Declaration  
ONCE GOODS SOLD WILL NOT BE TAKEN BACK . AFTER 15  
DAYS INTREST WILL BE CHARGE 24% P.A.

Company's Bank Details  
Bank Name : **BANK OF MAHARASHTRA**  
A/c No. : **60142723373**  
Branch & IFS Code : **JALNA & MAHB0000033**

for M/s LAXMANDAS CHANDUMAL

SUBJECT TO JALNA JURISDICTION

This is a Computer Generated Invoice

*[Signature]*  
Authorized Signatory

**R C Patel Vidyarthi Sahkari Grahak Bhandar Ltd.**  
 Karvand Naka, Shirpur, Dhule  
 GSTIN/UIN: 27AAABR0998N1ZT  
 State Name : Maharashtra, Code : 27  
 E-Mail : rcpvsqb@gmail.com

Buyer  
**Rcp I M R D College - Shirpur**  
 Shirpur  
 State Name : Maharashtra, Code : 27

Invoice No. <b>1966 - Credit</b>	Dated <b>6-Aug-2019</b>
Delivery Note	Mode/Terms of Payment
Supplier's Ref.	Other Reference(s)
Buyer's Order No.	Dated
Despatch Document No.	Delivery Note Date
Despatched through	Destination
Terms of Delivery	

SI No.	Description of Goods	HSN/SAC	GST Rate	Quantity	Rate	per	Amount
1	Z - Sadies - N/T		0 %	2 Pcs	400.00	Pcs	800.00
				Total	2 Pcs		₹ 800.00

**Paid & Cancelled**

Amount Chargeable (in words)  
**INR Eight Hundred Only**

**Senior Executive**  
 Taxable Value  
 800.00  
 Total: 800.00

Tax Amount (in words) : **NIL**

Remarks:  
 Bill No . 1966 - Credit  
 Company's PAN : **AAABR0998N**  
 Declaration  
 We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.  
 Customer's Seal and Signature

Company's Bank Details  
 Bank Name : **People Bank Current A/c. No. 001110002620**  
 A/c No. : **001110002620**  
 Branch & IFS Code: **Shirpur & KKBK0SPCB01**  
 for R C Patel Vidyarthi Sahkari Grahak Bhandar Ltd.

**Chief Finance Officer**  
**R.C.Patel Education Trust & Society, Shirpur, Dist. Dhule**

Authorised Signatory

SUBJECT TO SHIRPUR JURISDICTION  
 This is a Computer Generated Invoice




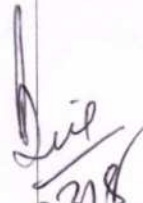

**TAX INVOICE**  
Jai Baba Jai Ganesh

(ORIGINAL FOR RECIPIENT)

20-7-19

 <p><b>MANOHAR SADIYAN</b> 289, BALIRAM PETH JALGAON GSTIN/UIN: 27A AFFM5991B1Z7 State Name : Maharashtra, Code : 27 Contact : 02572227803, 02572229746 E-Mail : manoharsadiyan@yahoo.in</p>	Invoice No. <b>SALE/3439/19-20</b>	Dated <b>13-Aug-2019</b>
	Supplier's Ref.	Sales Man
Buyer <b>Director Receipt Inst of Mngmt Rch. , Shirpur</b> Place of Supply : Maharashtra		

Credit

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	Saree 5 Mtrs (5407)	5407	11 pcs	930.00	pcs	10,230.00
<b>Paid &amp; Cancelled</b>						
 <b>DIRECTOR</b> R.C.PATEL EDUCATIONAL TRUST INSTITUTE OF MANAGEMENT RESEARCH & DEVELOPMENT Shirpur, Dist. Dhule						
 <b>Senior Executive</b>						
 <b>Chief Finance Officer</b> R.C.Patel Education Trust & Society, Shirpur, Dist. Dhule						
Total						<b>11 pcs</b>
						<b>₹ 10,230.00</b>

Amount Chargeable (in words)

**INR Ten Thousand Two Hundred Thirty Only**

E. & O.E

HSN/SAC	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
5407	9,742.81	2.50%	243.57	2.50%	243.57	487.14
<b>Total</b>	<b>9,742.81</b>		<b>243.57</b>		<b>243.57</b>	<b>487.14</b>

Tax Amount (in words) : **INR Four Hundred Eighty Seven and Fourteen paise Only**

Declaration  
We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

for MANOHAR SADIYAN

  
Authorised Signatory

SUBJECT TO JALGAON JURISDICTION

This is a Computer Generated Invoice

**MBM JV**

**R C Patel Vidyarthi Sahkari Grahak Bhandar Ltd.**  
 Karvand Naka, Shirpur, Dhule  
 GSTIN/UID: 27AAABR0998N1ZT  
 State Name : Maharashtra, Code : 27  
 E-Mail : rcpvsgb@gmail.com

---

Buyer  
**Rcp I M R D College - Shirpur**  
 Shirpur  
 State Name : Maharashtra, Code : 27

Invoice No. <b>1196</b>	Dated <b>19-Jan-2019</b>
Delivery Note	Mode/Terms of Payment
Supplier's Ref.	Other Reference(s)
Buyer's Order No.	Dated
Despatch Document No.	Delivery Note Date
Despatched through	Destination
Terms of Delivery	

SI No.	Description of Goods	HSN/SAC	GST Rate	Quantity	Rate	per	Amount
1	<b>Uniform Peon Cloth</b> (Peon = 4 x 8 mtrs.)	5515	5 %	20.00 Mtr	247.62	Mtr	4,952.40
	Less :				2.50 %		123.81
					2.50 %		123.81
							(-)0.02
	<b>Output CGST 5%</b>						123.81
	<b>Output SGST 5%</b>						123.81
	<b>Round Off</b>						(-)0.02
	<b>Total</b>			20.00 Mtr			<b>₹ 5,200.00</b>

**Paid & Cancelled**

**DIRECTOR**  
**R.C.PATEL EDUCATIONAL TRUST**  
**INSTITUTE OF MANAGEMENT**  
**RESEARCH & DEVELOPMENT**  
 Shirpur, Dist. Dhule

**Chief Finance Officer**  
 The Shirpur Edu. So &  
 R.C. Patel Edu. Trust Shirpur

Amount Chargeable (in words)  
**INR Five Thousand Two Hundred Only**

Taxable Value	Central Tax		State Tax		Total Tax Amount
	Rate	Amount	Rate	Amount	
4,952.40	2.50%	123.81	2.50%	123.81	247.62
<b>Total:</b>		<b>4,952.40</b>		<b>123.81</b>	<b>247.62</b>

Tax Amount (in words) : **INR Two Hundred Forty Seven and Sixty Two paise Only**

Remarks:  
 Bill No. - 1196  
 Company's PAN : **AAABR0998N**  
 Declaration  
 We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

Company's Bank Details  
 Bank Name : **People Bank Current A/c. No. 001110002620**  
 A/c No. : **001110002620**  
 Branch & IFS Code: **Shirpur & KKBK0SPCB01**  
 for R C Patel Vidyarthi Sahkari Grahak Bhandar Ltd.



SUBJECT TO SHIRPUR JURISDICTION  
 This is a Computer Generated Invoice

Authorised Signatory

**MBMJV**

**R C Patel Vidyarthi Sahkari Grahak Bhandar Ltd.**  
Karvand Naka, Shirpur, Dhule  
GSTIN/UID: 27AAABR0998N1ZT  
State Name : Maharashtra, Code : 27  
E-Mail : rcpvsgb@gmail.com

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Buyer  
**Rcp I M R D College - Shirpur**  
Shirpur  
State Name : Maharashtra, Code : 27

Invoice No. <b>1196</b>	Dated <b>19-Jan-2019</b>
Delivery Note	Mode/Terms of Payment
Supplier's Ref.	Other Reference(s)
Buyer's Order No.	Dated
Despatch Document No.	Delivery Note Date
Despatched through	Destination
Terms of Delivery	

SI No.	Description of Goods	HSN/SAC	GST Rate	Quantity	Rate	per	Amount
1	<b>Uniform Peon Cloth</b> <i>(Peon = 4 x 8 mtrs.)</i>	5515	5 %	20.00 Mtr	247.62	Mtr	4,952.40
	Less :						
			<b>Output CGST 5%</b>		2.50	%	123.81
			<b>Output SGST 5%</b>		2.50	%	123.81
			<b>Round Off</b>				(-)0.02
	<b>Paid &amp; Cancelled</b>						
	<b>DIRECTOR</b> <b>R.C.PATEL EDUCATIONAL TRUST</b> <b>INSTITUTE OF MANAGEMENT</b> <b>RESEARCH &amp; DEVELOPMENT</b> <b>Shirpur, Dist. Dhule</b>						
	<b>Chief Finance Officer</b> <b>The Shirpur Edu. So &amp;</b> <b>R.C. Patel Edu. Trust Shirpur</b>						
	<b>Total</b>			20.00 Mtr			<b>₹ 5,200.00</b>

Amount Chargeable (in words)  
**INR Five Thousand Two Hundred Only**

Taxable Value	Central Tax		State Tax		Total Tax Amount
	Rate	Amount	Rate	Amount	
4,952.40	2.50%	123.81	2.50%	123.81	247.62
<b>Total:</b>		<b>4,952.40</b>		<b>123.81</b>	<b>247.62</b>

Tax Amount (in words) : **INR Two Hundred Forty Seven and Sixty Two paise Only**

Remarks:  
Bill No. - 1196  
Company's PAN : **AAABR0998N**  
Declaration  
We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

Company's Bank Details  
Bank Name : **People Bank Current A/c. No. 001110002620**  
A/c No. : **001110002620**  
Branch & IFS Code: **Shirpur & KKBK0SPCB01**  
for R C Patel Vidyarthi Sahkari Grahak Bhandar Ltd.

Customer's Seal and Signature



Authorized Signatory

SUBJECT TO SHIRPUR JURISDICTION  
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