

Consolidated Stamp duty paid as per Tamilnadu Govi GO (Rt)No 27 dt 20/1/2014 paid by Comparation RO



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## POLICY SCHEDULE FOR RAASTA AAPATTI KAVACH POLICY

Insured's Name	14	P.S.R. ENGINEERING COLLEGE					
	Insi	ured's Details	Issuing Office Details				
Customer.ID	1	PO30615622	Office Code	: THIRUTHANGAL BRANCH (730603)			
Address	4	SEVALPATTI, SIVAKASI, VIRUDHUNAGAR (DIST) TAMIL NADU, 626140	Address	: 564 VIRUDHUNAGAR ROAD,THIRUTHANGAL			
Phone No	4	04562239600,	Phone No	: 04562230179			
E-mail/Fax	14	1	E-mail/Fax	1 1			
PAN No		1	S.Tax Regn, No	AAACN4165CST178			

-			Polic	y Details				
Number : 73060348141800000147			Bu	sine	ss Source Code			
lod of Insurance : From:31/10/2014 04:23:35 PM To: 30/10/2015 11:59:59 PM		Dev.Off./Broken/Corp. Agent	1	S.RAVEENDRAN (1D3937353)				
Diffe of Proposal : 31-Oct-14		-		1	San Charles and Shares			
Prev. Policy no. : PU0				Phone No	13	NA / NA		
	: Non-Corporate			E-mail/Fax		1		
Serv	ice Tax	) Total(?)	1	fotal Rupees (In Words)	T	Receipt No. & Date		
100177 1		12382 112559		RUPEES ONE LAC TWELVE THOUSAND FIVE HUNDRED		73060381140000006231 - 31/10/14		
	Serv	e : From 3 30/10/2 : 31-Oct : PU0 : Non-Co Service Tax(t		:         73060348141800000147           :         From:31/10/2014.04.23:35 PM To: 30/10/2015.11:59:59 PM           :         31-Oct-14           :         PU0           :         (Non-Corporate           Service Tax(*)         Total(*)           12382         112559	From: 31/10/2014 04:23:35 PM To:         Dev. Off./Broken/Corp. Agent           1         31/10/2015 11:59:59 PM         Agent/Bancassurance           1         31-Oct-14         Agent/Bancassurance           1         900         Phone No           1         Non-Corporate         E-mail/Fax           Service Tax(₹)         Total(₹)         Total Rupees (In Words)           12382         112559         RUPEES ONE LAC TWELVE	Image: 1000000000000000000000000000000000000		

Risk Covered	: SECTION LG SECTION IL AS PER P.A. COVER AND MEDICAL EXP.
Location	1 P.S.R. ENGINEERING COLLEGE SEVALPATTI, SIVAKASI, VIRUDHUNAGAR
Special Perils	: AS PER SPECIAL CONTINGENCY POLICY, MEDICAL EXPENSES AR ISING OUT OF ANY ACCIDENT,
Special Exclusion	: AS PER SPECIAL CONTINGENCY POLICY
Description	: NO OF STUDENTS : 1626,PARENTS & TEACHING STAFF & NON TEACHING STAFF 250, SUM

SI. No.	Section Opted	Description	Sum Insured
1	Section 1	SECTION I-NO OF STUDENTS 1626, PARENTS & TEACHING STAFF & NON TEACHING STAFF:250_SUM - INSURED EACH 750_000/-	93800000
2	Section II	NO OF STUDENTS: 1626 & NO OF TEACHING STAFF & NO OF NON TEACHING STAFF.250. MEDICAL EXPENSES ARISING OUT OF ANY ACCIDENT TO STUDENTS, PARENTS, TEACHING & NON- TEACHING STAFF ONLY. SUM INSURED EACH 750,000/-	93800000

	Other	Extensions	Sum Insured (₹)				
Terrorism	Contra-		NOT OPTED				
Special Conditions	i	(A TO D) TO	SONAL ACCIDENT-BENEFITS ) PARENTS OR GUARDIAN (EITHER ND FOR UTILIZATION OF COLLEGE FEE OF THE STUDENT)				
Excess	4		. 0				

This Policy shall subject to policy clauses attached herewith.

Terrature Not

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nur owh graadebe redressel mechamem; you may also approach insurance Ombudaman. For details of our office addresses and addresses of office of insurance Ombudaman, plasses sish our website into Assemble.co.in.

Page No. 1

BRANCH OFFICE - 730603, No. 584, Virudhunagar Main Road, THIRUTHANGAL - 626 130.

Phone : 04562 - 230179, 231079 | Telefax : 04562 - 232606 Email : nia720606@gmail.com, nia.730603@newindia.co.in



In witness whereof the undersigned being duly authorised by the insurers and on behalf of the insurers has (have) hereunder set his (their) hand(s) on this 31st day of OCTOBER ,2014.

For and on behalf of The New India Assurance Company Limited

sformer?

Duly Constituted Attorney(s) vide receipt

number\_\_\_\_\_dt.\_\_\_\_

Mudrank

consolidated Stamp Fees Paid by Pay Order Number\_

Stamp Duty under the Policy is ₹1/-.

Dt.

S.RAVEENDRAN Admn.Officer (D) S.B.No : 31102

BASIC MA. 7 TORETORE AT MEMORY AT Facement associated to 9118 at 31:00:014 17:15-11 Annue our own grievence redresset machinesis, you may also approach insurance Ombudamen. For details of our office addresses and addresses of office of insurance Ombudamen, please

visit our website http://newindla.co.in

Pege No. 2

BRANCH OFFICE - 730603, No. 584, Virudhunagar Main Road, THIRUTHANGAL - 626 130. Phone : 04562 - 230179, 231079 | Telefax : 04562 - 232606 Email : nia720606@gmail.com, nia.730603@newindia.co.in





## COLLECTION RECEIPT CUM ADJUSTMENT VOUCHER

Issuing Office	: THIRUTHANGAL BRANCH (730503)
Address	: 584 VIRUDHUNAGAR ROAD, THIRUTHANGAL
	TIRUTHANGAL
Phone	: 04562230179
Email	1
Fax	
Collection Number	: 73060381140000006231
Collection Date	: 31/10/2014
Business Source Code	: 1D3937353

Received with thanks from P.S.R. ENGINEERING COLLEGE..

The amount receivad/Adjusted is towards -

Policy No.	A/C Description	Amount	A/C Code	Sub A/C Code
73060348141800000147	8ank-730603	112559.00	9100.730603	BA00015796-730603-9100
-73060348141B00000147	Birnk-730603	1.00	9100.730603	BA00015798-730603-9100

#### Total = ₹ 112560.00

Your Payment/Adjustment Details are as under -

Mode	Amount ₹	Cheque No.	Cheque Date	Drawee Bank	Drawee Branch	Reference No.	Scroll/BG/ APD Balance
Cheque	112559.00	093622	31-OCT-24	BANK OF INDIA	SIVAKASI	7306031410011180	N.A.
Excess- Cheque	1.00	093622	31-OCT-14	BANK OF INDIA	SIVAKASI	7306031410011180	N.A.

### Total = ₹ 112560.00

Utilization details of the Collected Amour	nt	Ċ,
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Premium		Service Tax		Stamp Duty	Excess Amount
100177.0	ip.	12382.00	10	0.00	1
SI no.	Agency Code		Agency Name		Department Code
1	NA		NA		48

For The New India Assurance Company Limited

**Revenue Stamp** 

Cashier's Initial

Authorized Lignatory S.RAVEENDRAN Admn.Officer (D) S.R.No: 31102

#### NIA S.T.REGN No: AAACN4165C5T178.

Note -

1 Please quote the Policy Number. Collection Number and date in all future correspondence. This Receipt is subject to Realisation of Cheque.

## September Nor

No. 11 Provember 19 receiver 1911 - Elevenitaria generalisa agreece activities en caracter in receiver receiver

Regd. & Head Office: New India Assurance Bidg., 87 M.G. Road, Fort, Mumbal - 400 001. TOLL FREE No. 1 806 209 1415.

Page No. 1

BRANCH OFFICE - 730603, No. 584, Virudhunagar Main Road, THIRUTHANGAL - 626 130.

Phone : 04562 - 230179, 231079 | Telefax : 04562 - 232606 Email : nla720606@gmail.com, nia.730603@newindia.co.in

2208760-13RO.Fr



Consolisated Stamp duty paid as per Tamiinndu Govt. 5 D Rulic 309 Dr 14 7 2015 Paul by MROURALE.O 735030



### POLICY SCHEDULE FOR RAASTA AAPATTI KAVACH POLICY

Insured's Name	1	P.S.R. ENGINEERING COLLEGE.					
	inst	rred's Details	In	auin	g Office Details		
Customer ID	1	PO30615522	Office Code	1	THIRUTHANGAL BRANCH (730803)		
Address		SEVALPATTI, SIVAKAS VIRUDHUNAGAR (D-ST) TAMIL NADU, 626140	Address	4	584 VIRUDHUNAGAR ROAD, THIRLITHANGAL 626130		
Phone No	12	04562239600,	Phone No	13	04552230179		
E-mail/Fax	1	8	E-mail/Fax	1	1		
PAN No	1		S.Tax Regn. No	19	AAACN4165CST178		
		Poli	cy Details	_			
Policy Number	1	73060348151800000134	Business Source Code				
Period of Insurance	1	From 31/10/2015 12:00:01 AM To:	Dev.Off./Broken/Corp.	1	S.RAVEENDRAN (103937353)		

Period of Insurance				210/2016 11:59:59 PM		Agent	10	S.RATERONIA (199951999)	
Date of Proposal		: 31-Och 15 Agent/Bancassurance	31-Oct-15		Agent/Bancassurance	1	Mr. MARIAPPAN P (NIAAG00003394) MARIAPPAN P (SI00007389)		
Prev. Policy no.		:	PUKI	at the second state	22-24	Phone No	1	09789413629 / NA	
Client Type		: Non-Corporate				E-mail/Fax		1	
Premium(t)	Serv	ice	e Tax(T)	Total(*)	T	otal Rupees (In Words)	T	Receipt No. & Date	
121473 17007		138480	E	PEES ONE LAC THIRTY- GHT THOUSAND FOUR UNDRED EIGHTY ONLY	7	3060381150000004815 - 23/10/15			

Risk Covered	ed under the Policy : SECTION I SECTION II AS PER P.A. COVER AND MEDICAL EXP.	
Location	P.S.R. ENGINEERING COLLEGE, SEVALPATTI, SIVAKASI VIRUDHUNAGAR	
Special Perlis	1 AS PER SPECIAL CONTINGENCY POLICY, MEDICAL EXPENSES ARISING OUT OF ANY ACCIDE	ENT
Special Exclusion	: AS PER SPECIAL CONTINGENCY POLICY	
Description	1 NO OF STUDENTS 1 2128, PARENTS, TEACHING STAFF 135, NON TEACHING STAFF (45 SUM I EACH \$50,000/	NSURED

SL No.	Section Opted	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Description	Sum insured
l	Section I	21.28.P	ION IND OF STUDENTS : ARENTS 2128, TEACHING F135, NON TEACHING 45, SUM INSURED EACH 750,000/	221800000
2	Section II	TEACHIN TEACH EXPEN ACCIDEN 5: NON T	STUDENTS:2128, NO OF IG STAFF:135, NO OF NON 4ING STAFF:45, MEDICAL SES ARISING OUT OF ANY 17 TO STUDENTS, TEACHING EACHING STAFF ONLY SUM SURED EACH \$50,000/	115400000
Ott	er Extensions	1	Sum Insure	d (T)
Terrorism			NOT OPT	ED
Special Conditions	PERSONAL ACCID ICOMPENSATION	WILL BE PAID	S (A TO D) TO PARENTS OR GUN	RDIAN (EITHER ONE REE OF THE STUDENT)
Excess	A CONTRACT OF A CONTRACT		0	

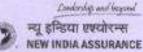
This Policy shall subject to policy clauses attached herewith.

In witness whereof the undersigned being duly authorised by the insurers and on behalf of the insurers has (have) hereund set his (their) hand(s) on this 23rd day of October, 2015.

Policy No. : 75000348151820000134: Document generated by 23505 at 33r18/2015 13-17:55 Hours. Rept & Head Office: New India Assurance Blog., 67 N.C. Rose, Fort, Munital - 400 Str. TOLL PREE No. 1 893 209 1415.

ease grievenue, if any, you may approach any one of the following offices-1. Policy lausing office 2, Regional uffice 3, Head office in case, you are not astafied with e rotivessal mechanism, you may also approach imurance Ordindaman. For datalla of our office addresses and addresses of office of insurance Ordindaman, please visit our website http://wwwindle.zo.in,

Page No. 1



BRANCH OFFICE - 730603, No. 584, Virudhunagar Main Road, THIRUTHANGAL - 626 130. Phone : 04562 - 230179, 231079 | E-mail : nla720605@gmail.com, nla.730603@newindia.co.in Telefax : 04562 - 232606 CIN No. : U 99999 MH 1919 GOI 000525

R.S.NEELAKANTAN BRANCH MANAGER

S.R.No. 17621





## COLLECTION RECEIPT CUM ADJUSTMENT VOUCHER

Issuing Office Address	: THIRUTHANGAL BRANCH (730603) : 584 VIRUDHUNAGAR ROAD, THIRUTHANGAL
17-	626130 TIRUTHANGAL
Phone	: 94562230179
Email	
Fax	E Contraction of the second
Collection Number	: 73060361150000004615
Collection Date	1 23/10/2015
Business Source Code	: 1D3937353

Received with thanks from P.S.R. ENGINEERING COLLEGE,

The amount received/Adjusted is to	wards -			111
Policy No.	A/C Description	Amount	A/C Code	5ub A/C Code
73060346151800000134	Bank-730603	138480.00	9100 730603	BA00015798-730603-9100

Total = 7 138480.00

Your Payment/Adjustment Details are as under

Mode	Amount ₹	Cheque No.	Cheque Date	Drawee Bank	Drawee Branch	Reference No.	Scrotl/BG/ APD Balance
Cheque	138460.00	094188	20-OCT-15	BANK OF INDIA	SIVAKASI	7306031510009323	N.A.

#### Total = ₹ 138480.00

Unization	details c	t the Col	ected A	mount
beneration and an entered	COLUMN DE LA COLUMN DE LA COLUMN	and provide the second states	the second second second second	and the second sec

Premium	Service	Tax	Stamp Duty	Excess Amount	_
121473.00	17007.0	0	0.00	0	_
SI no.	Agency Code	Agency Nan	ne	Department Code	
1	NIAAG00003394	MARIAPPAN	P	48	

For The New India Assurance Company Limited

**Revenue** Stamp





Authorize, Lignatory

A STORT ARABITAN

NIA S.T.REGN No: AAACN4165CST178.

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#### Note -

DEAMOR MANAGER 178.44

1 Please quote the Policy Number. Collection Number and date in all future correspondence. This Receipt is subject to Realisation of Cheque.

2.NIA shall not be liable for any claim arising out of sales made during the period between the due date and date of payment of the installment if the premium paid has been exhausted by turnover declarations/if there is insufficient premium balance.



Policy No. : 73060348151800000134 Document generated by 23305 at 23/10/2015 13:17:55 Hours. pd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415. Page No. 1

Landardage and beyond

न्यु इन्डिया एक्योरन्स **NEW INDIA ASSURANCE**  BRANCH OFFICE - 730603. No. 584, Virudhunagar Main Road, THIRUTHANGAL - 626 130. Phone : 04562 - 230179, 231079 | E-mail : nla720606@gmail.com, nla730603@newindia.co.in Telefax : 04562 - 232606 CIN No. : U 99999 MH 1919 GOI 000526





30.10.17

Consolidated Stamp duty paid as per Tamilnadu Govt. G D Rt No 109 Dt 14-7-2015 Paid by MADURALE O 730000



#### POLICY SCHEDULE FOR PACKAGE INSURANCE POLICY

Insured's Name	Ē	P.S.R. ENGINEERING COLLEG	Ε.		
and the second second	insu	red's Details	Int	uin	g Office Details
Customer ID	t	PC30615522	Office Code	1	THIRUTHANGAL BRANCH (730603)
Address	4	SEVAL PATTI, SIVAKASI, VIRUDHUNAGAR (DIST) TAMIL NADU, 626140	Address	+	584 VIRUDHUNAGAR ROAD THIRUTHANGAL .626130
Phone No	1	94562239800	Phone No	14	04562230179
E-moft/Fax	1	1	E-mail/Fax	11	1
PAN No	1		S.Tax Regn. No	1	AAACN4165CST178

		Poli	cy Details	_	
Policy Number	1	73060346162400000001	Bus	ine	ss Source Code
Period of Insurance	t	From 31/10/2018 04 25:59 PM To 30/10/2017 11:59:59 PM	Dev.Off. level/Broker/Corp. Agent	1	Mr. S. RAVEENDRAN - A.O. (D) (103637353)
Date of Proposal	1	31-Odi-16	Agent/Bancassurance	+	Mr. MARIAPPAN P (NIAAG00003394) MARIAPPAN P (SI00007359)
Prev. Policy no.	1	PUD	Phone No	1	0978841362979443168911 9443168911
Client Type	1	Non-Corporate	E-mail/Fax	1	X

l	Premium(*)	Service Tax(")	Total(RS)	Total Rupees (In Words)	Receipt No. & Date
I	169121	25369	194490	RUPEES ONE LAC NINETY- FOUR THOUSAND FOUR HUNDRED NINETY ONLY	73060381160000005366 - 31/10/16
÷		1 1 1 1 1 1	1919 BUG	and a second sec	

Risk No.	Section	Description Of Property	Sum Insured	Location Details	Excess
3	(Rersonal Accident)	P.A. COVER FOR 2161 students RS 100000V- EACH	216100000	P.S.R. ENGG. COLLEGE	0
1	Section X (Personal Accident)	P.A. COVER TO PARENT OF 2161 STUDENTS(ANYONE EARNING PARENT)	216100000	RESIDENCE OF STUDENTS	0
1	Section X (Personal Accident)	MEDICAL EXPENSES ARISING OF ANY ACCIDENT TO 2161 STUDENTS	108050000	P.S.R.ENGG. COLLEGE	0

Terrorism Cover

Section Name

Sum Insured

Risk No.	Special Conditions	Special Excess
1	P.A. COVER ;FOR 2161 STUDENTS AND ANY ONE OF THEIR EARNING PARENT FOR RS.1000004 EACH. MEDICAL EXPE NSES ARISING OUT OF ANY ACCIDENT FOR STUDENTS FOR RS. 500004 EACH. WARRENTED THAT THE NO. OF STUDEN TS SHOULD NOT EXCEED 2161 AT ANYTIME	0

This Folicy shall subject to PACKAGE INSURANCE policy clauses attached herewith.

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intelligy management

Inwitness whereof the undersigned being duly authorised by the insurers and on behalf of the insurers has (have) hereunder set his (their) hand(s) on this 31st day of October,2016.

Date of Issue 31/10/2016

**Risk No** 

For and on behalf of The New India Assurance Company Limited

5.8 20

S.RAVEENDRAN

Admn.Officer (D

Policy No. 1739883461624000999810Document generated by 31182 at 31/10/2010 18:22:55 Hours. Rogel & Hood Office: New India Assurance Eldy, 07 M.G. Roser, Fart, Number - 400 001. TOLL FREE No. 1 800 209 1415 See, Rev Model and See, Rev Mod visit our website fillp://wwwistla.co.m.

Page 1 of 2

Londership and bayond न्यू इन्डिया एश्योरन्स **NEW INDIA ASSURANCE**  BRANCH OFFICE - 730603, No. 584, Virudhunagar Main Road, THIRUTHANGAL - 626 130. Phone : 04562 - 230179, 231079 | E-mail : nia720606@gmail.com, nia.730603@newindia.co.in CIN No. : U 99999 MH 1919 GOI 000526 Telefax : 04562 - 232606



Stamp Duty under the Policy is 11/-.

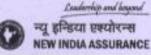
IRDA Registration Number: 190

Policy No. : 73060346162480000001000 unwert generated by 31102 at 31/10/2016 18:22:56 Hours.

NDIA ASSURA

Hegd. & Head: Office: New India Assurance Bidg., 87 N.G. Road, Fort. Varmari - 495 001, TOLL FREE No. 1 000 200 1416. For redressed of your grievance, if any, you may approach any one of the following offices 1. Policy issuing office 2. Regional office 3. Head office in case, you are not satisfied with our own grievance redresses and addresses of office of inscrance Orosultaman, place whit our website http://www.ndi.co.in.

Page 2 of 2



BRANCH OFFICE - 730603, No. 584, Virudhunagar Main Road, THIRUTHANGAL - 626 130. Phone : 04562 - 230179, 231079 | E-mail : nia720606@gmail.com, nia.730603@newindia.co.in Telefax : 04562 - 232606 CIN No. : U 99999 MH 1919 GOI 000526





# 21617905194490 COLLECTION RECEIPT CUM ADJUSTMENT VOUCHER

Issuing Office	THIRUTHANGAL BRANCH (730603)
Address	: 584 VIRUDHUNAGAR ROAD, THIRUTHANGAL
	.626130 TIRUTHANGAL
Phone	: 04562230179
Email	±
Fax	4
Collection Number	: 73060381180000005366
Collection Date	: 31/10/2018
Business Source Code	: 103937353

Received with thanks from P.S.R. ENGINEERING COLLEGE,

he amount received/Adjusted is to	wards-		The second	
Policy No.	A/C Description	Amount"	A/C Code	Sub A/C Code
73060345162400000001	Bank-730603	104490.00	9100,730603	BA00015798-730603-9100

Total = 194490.00

### Your Payment/Adjustment Details are as under

Mode	Amount *	Cheque Na.	Cheque Date	Drawee Bank	Drawee Branch	Reference No.	Scroll/BG/ APD Balance
Cheque	194490.00	001768	31-OCT-16	BANK OF INDIA	SIVAKASI	7306031610010491	N.A.

Total = 194490.00

### Utilization details of the Collected Amount

Premium	10.00	Service Tax	Stamp Duty		Excess Amount
169121.0	0	25369.00		0.00	52/2/0
SI no.	Agency Code	11893.1	Agency Name	0	Department Code
1	NIAAG00003394	1. 47.0	MARSAPPAN P		46

For The New India Assurance Company Limited

**Revenue Stamp** 

Date of Issue: 31/10/2016

Cashier's Initial

Authorized Signatory

**G.RAVEENDRAN** 

Admn.Officer (D)

NIA S.T.REGN No: AAACN4165CST178.

#### Note -

Deadership and bayond

न्यू इन्डिया एक्योरन्स

1. Please quote the Policy Number, Collection Number and date in all future correspondence. This Receipt is subject to 2 Realisation of Cheque

2.NA shall not be liable for any claim arising out of sales made during the period between the due date and date of payment of the installment if the premium peid has been exhausted by turnover declarations/if there is insufficient premium balance.

Policy No. : 73060346162400000001Document generated by 31102 at 31/10/2016 18:23:56 Hours. Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.

Page 1 of 2

NEW INDIA ASSURANCE

BRANCH OFFICE - 730603, No. 584, Virudhunegar Main Road, THIRUTHANGAL - 626 130. Phone : 04562 - 230179, 231079 | E-mail : nia720606@gmail.com, nia.730603@newindia.co.in Telefax : 04562 - 232606 CIN No. : U 99999 MH 1919 GOI 000526

1



Consulidated Stamp duty paid as per Jamilnedo Govi. 0.0. BriNo 309 DL . 14-7 2015 Paid by MADURAI B.O 730000



## POLICY SCHEDULE FOR STUDENTS SAFETY PACKAGE INSURANCE

Insured's Name	1 2	P.S.R. ENGINEERING COLLEGE,	ne		
A THE ALL AND A	1	nsured's Details		Issi	ung Office Details
Customer ID	1	PD30615522	Office Code	1	THIRUTHANGAL BRANCH (730603)
Address	**	SEVALPATTI, SIVAKASI, VIRUDHUNAGAR (DIST) SEVALPATTI, TAMIL NADU, 626(40	Address		564 VIRUDHUNAGAR ROAD, THIRUTHANGAL ,828130
Phone No	1.12	04552239600,	Phone No	4	04562230179 / 04562232606 / 9443168911
E-mail/Fax	12	1	E-mail/Fax	4	nia.730803@newindia.co.in /
PAN No	1		S.Tax Regn. No	. 1	AAACN4165CST178
GSTIN/UIN	3	NA / NA	GSTIN	4	33AAACN4165C4ZV
	1		SAC	1	997139 (Other non-life insurance services exci RI)

and the second second	730	With the second	Policy	Details			
Policy Number	11	7308034817230000003		Business Source	Code	and the second second	Marian maria
Period of Insurance	-	From: 31/10/2017 12:00:01 AM T 30/10/2018 11:59:59 PM	0)	Dev.Off. level/Broker/Corp. Agent		Mr. S. RAVE (A03937353)	ENDRAN - A.O. (D) - )
Date of Proposal	1	31-Oct-17		Agent/Bancassura	ance	and the second se	PAN_P (NIAAG00003394) P (SI00007389)
Prev. Policy no.	1			Phone No.		09788413829	9/9443168911,9443168911
Client Type		Non-Corporate		E-mail/Fax			an@newindia.co.ari, newindia.co.in / /
Premium(₹)		GST(₹)	Tot	al (₹)	Fotal /2	in words)	Receipt No. & Date
	-		1.95	MC 422	Acres 12	in monday	Neverine rep. or Drate

Premonet	021(0)	rotar (c)	Total (C in words)	Receipt No. & Date
163982	29516	193498	RUPEES ONE LAC NINETY-THREE THOUSAND FOUR HUNDRED NINETY- EIGHT ONLY	7306038117000000557 2 - 30/10/17
				163982 29516 193498 RUPEES ONE LAC NINETY-THREE TMOUSAND FOUR HUNDRED NINETY-

No of Students	2000	Medical Expenses per student (Inclusive of OPD)	50000
Limit per student	100000	Special conditions	AOA:3CRORE, AOY:6 CRORE, ACCD.DEATH TO STUDENT, JEACHING STAFF, NON TEACHING STAFF AND ANY ONE OF THE EARNING PARENT RS.1,00,000/- EACH MEDICAL EXPENSES DUE TO ANY ACCIDENT TO THE STUDENT, TEACHING AND NON TEACHING STAFF - RS.50,000/- EACH
Limit per accident	30000000	and the second	and the second s

No of parents	2000		
Total SI of Parents or Guardian for payment of Tultion and Hostel fees	0	Payment of tuition and hostel fee for remaining semesters in the students account with the institute in case the Parent/Guardian dies due to excident	0

Details of Teaching and Non-Teaching staff

S.RAVEENDRAN Asst. Manager (D)

5. Porto

Signistani-Skot

S.R. No: 31102 CHICAGO CAME AND AND INC. SATURATED MAN rurte and what your greevenes, it way you may approace any use or one reasoning accoust 1, manay reasons or our own prevance redressal mechanism, you may also approach insurance Contoutance). For details of our uffice edidocares and addresses of office of insurance Oncoursman, plasme visit our website http://newindla.co.in.

#### Page 1 of 2

offersi.

BRANCH OFFICE - 730503, No. 584, Virudhuneger Main Road, THIRUTH/MGAL - 626 130, Phone : 04552 - 230178, 231079 Final na720605@gmail.com, nis.730603@newndia.co in | Telefax: 04562 - 232605 | CIN No: U 99999 MH 1919 GOI 000526



This policy shall be subject to STUDENTS SAFETY PACKAGE INSURANCE policy clauses attached herewith.

Premium and GST Details	Rate of Tax	Amount in INR
Stanger.		€ 163982.00
Premium	9	14758
SOST	0	14758
CGST		0
KIST	4	

In witness whereof the undersigned being duly authorises by the insurers and on behalf of the insurers has (have) hereunder set his (their) hand(s) on this 30th day of October,2017.

For and on behalf of The New India Assurance Company Limited

Date of Issue: 30/10/2017

+ X7- 22 4

Duly Constituted Attorney(s)

Mudrank\_\_\_\_\_Dt.\_\_\_\_consolidated Stamp Fees Paid by Pay Order Number\_\_\_\_\_\_vide receipt number\_\_\_\_\_\_dt.\_\_\_\_\_

Tax Invoice No : 7306034800000003

IRDA Registration Number: 190

Policy No. : T3965340172300008885 Document generated by 33305 at 3010(2617 16:34:15 Hours. Repd. & Head Office: New India Assurance Bidg. #2 M.O. Road, Port, Numbel - 460 601. TOLL PREE No. 1 800 208 1415.

Repd. & Head Office: New Index Assumes Blog. 87 N.G. Hoad, Forr, Roman 7 No. Hoad, Office 1. Force Free office in case, you are not establed with For redressed of your grievance, If any you may also approach any one of the following offices -1. Policy laming office 2. Replicinal office 3. Head office. In case, you are not establed with our own grievance indexed mechanism; you may also approach insurance Omtodismen. For details of our office eldiverses and eddresses of office of Insurance Ombodismen, please visit our website http://www.insurance.org

Page 2 of 2



BRANCH OFFICE - 739603, No. 584, Virudhunagar Main Road, THIRUTHANGAL - 526 130, Phone : 04562 - 230179, 231079 E-mail : nia720605@gmail.com, nia 730503@newindla.co.in | Telefax : 04562 - 232696 | CIN No. : U 99999 MH 1919 GOI 000526 The New India Assurance co.Ltd, Thiruthangal Branch Insured : M/s. P.S.R. ENGINEERING COLLEGE, Policy No : 73060348172300000003 Period of Insurance : 31.10.2017 to 30.10.2018

## PERSONAL ACCIDENT COVER TABLE 'D'

	SUM INSURED PER PERSON	TOTAL SUM INSURED
STUDENTS : 2000	100000	20000000
STAFF : 150	100000	15000000
ANY ONE OF THE EARNING PARENT OF THE STUDENT :		200000000

### 11

60.

Sec.r.

## MEDICAL EXPENSES COVER ARISING OUT OF ANY ACCIDENT

(24 HOURS HOSPITALISATION IN MUST FOR MEDICAL EXPENSES CLAIM)

	SUM INSURED PER PERSON	TOTAL SUM INSURED
STUDENTS : 2000	50000	10000000
STAFF : 150	50000	7500000

ANY ONE ACCIDENT LIMIT : 30000000 ANY ONE YEAR LIMIT : 60000000

5. Ronde

S.RAVEENDRAN Assi. Manager (D) S.R.No:31102

0 'n

BRANCH OFFICE - 730603. No. 584, Virudhunagar Main Road, THIRUTHANGAL - 626 130. Phone: 04562 - 230179, 231079 E-mail: nia720605@gmail.com, nia.730563@newindia.co.in | Telefax: 04562 - 232606 | CIN No. : U 99999.MH 1919.GOI 000526





## COLLECTION RECEIPT CUM ADJUSTMENT VOUCHER

HEUTHANGA.

lesuing Office	: THIRUTHANGAL BRANCH (730603) : 584 VIRUDHUNAGAR ROAD, THIRUT
-	626130 TIRUTHANGAL
Phone	1 04562230179
Email	: nip.730603@newindle.co.in
Fax	1
Collection Number	1 73060361170000005572
Collection Date	1 30/10/2017
Business Source Code	1 103937353
PAN No of Payer	1

Received with thanks from P.S.R. ENGINEERING COLLEGE.

he amount received/Adjusted is rowan		1 and the second	A/C Code	Seb A/C Code
Policy No.	A/C Description	Amount	L.T. T. S. O. D. Harrison	BA00015798-730503-9100
73050348372300000003	Baric-730603	193498.00	9100.730603	
and the second se	Bank-730503	2.00	9105.730503	BAC0015798-730503-9198
730603451723000000003	the the Parket and	As a constant of the	ManagelagelChickler	

Total = 7 193500.00

Amount ?			Drawee Bank	Drawee Branch	Reference No.	Scrol/9G/A PD Balamoe
2.00	011674	30-OCT-17	BANK OF INDIA	SIVAKASI	7306031710011056	N.A.
103498.00	011074	30-0CT-17	BANK OF INDIA	SIVAKAS	7306031710011066	N.A.
	Amount ₹	Amount ₹ Cheque No. 2.00 011074	2.00 011674 30-0CT-17	Amount & Cheque Cheque Date Drawee Bank 2.00 011074 30-OCT-17 BANK OF INDIA	Amount 7 Cheque Date Drawee Bank Drawee Bank Drawee Bank 2:00 011674 30-0CT-17 BANK OF INDIA SIVAKASI	Amount #         Cheque No.         Cheque Date         Drawee Bank         Drawee Branch         Drawee Branch           2.00         011674         30-0CT-17         BANK OF INDIA         SIVAKASI         7506031710011056

Total = ₹ 193500.00

#### Acres 6

	Details of the conserves	GST		Stamp Duty	Excess Amount
Premium		29516.00	1.1.1	0.00	2
163982.00		128010.00	America Marrie	18:35	Department Code
51 no.	Agency Code		Agency Name	States and the state of the states	48
4	NIAAG00003394		MARIAPPAN P	11111111111111111111111111111111111111	149

For The New India Assurance Company Limited Revenue Stamp



Date of Issue: 30/10/2017

Cashier's Initial

Authorized Signatory

#### Note -

Asst. Manager (D)

S.RAVEENDRAN

1.Please note the Policy Number, Collection Number and date in all future correspondence. This Receipt 5 sublect to Sedilisation of Cheque. 2.NIA shall not be liable for any claim atising out of sales made during the period between the due date and date of payment of the installment if the premium paid has been exhausted by tumover declarations/if there is insufficient premium balance.

Tax invoice No : 7306034600000003

**IRDA Registration Number: 190** 



Policy No. : 73060348172300000003 Document generated by 23305 at 30/10/2017 16:34:15 Hours. Regd. & Head Office: New India Assurance Bidg., 87 M.G. Road, Fort, Mumbel - 409 001, TOLL FREE No. 1 800 209 1415.

Page 1 of 1

og giften periors WARE NOT STREET

BRANCH OFFICE - 730603, No. 584, Viruchunagar Main Road, THIRUTHANGAL - 626 130, Phone : 04562 - 230179, 231079 E-mail : nia720606@gmail.com, nia.730603@newindia.co.in | Telefax : 04562 - 232506 | CIN No. : U 99999 MH 1919 GOI 030526



Contrational Instant Ng BREAT BERTHANGE NEW INDIA ASSURANCE

THE NEW INDIA ASSURANCE CO. LTD. (Government of India Undertaking)



Consolidated Stamp duty paid as per Tamilundu Govt. G.O(RT)No.666 Dt:27-12-2017 Paid by Madural R.O.730000



## POLICY SCHEDULE FOR STUDENTS SAFETY PACKAGE INSURANCE

nsured's Name	ada ta da	P.S.R. ENGINEERING COLLEGE,	1			ing Office De	Inils
and the second second	-	sured's Details		10	3	And a second s	3AL BRANCH (730603)
Customer ID	120	PO30615522	Office Code		-	Enderson and the second second	
Address	1	SEVALPATTI, SIVAKASI, VIRUDHUNAGAR (DIST) SEVALPATTI, TAMIL NADU, 626140	Address		100 million (100 million)	584 VIRUDHI ROAD, THIRU ,626130	
Phone No	1.	04562239500,	Phone No			04562230179 9443168911	/ 04582232806 /
E-mail/Fax	12	1	E-mail/Fax		1	nia 730803@	newindia.co.in /
PAN No	11	AAATP3283G	S.Tax Regn.	No	-1	AAACN4165	CST178
GSTINUIN	I	NA / NA	GSTIN	/10	÷	33AAACN4165C4ZV	
	4		SAC		:	997139 (Othe exc: Rij	er non-life insurance services
	4.0	P	olicy Details			-	
Policy Number	1	73060348182300000003	Business So	urce Code	-	-	
Period of Insurance	1	From: 31/10/2018 12:00:01 AM To: 30/10/2019 11:59:59 PM	Dev.Off. level/Broken/ Agent	Corp.	144	: Mr. S. RAVEENDRAN - A.M. (D) - (AM3937353)	
Date of Proposal	ŧ	31-Oct-18	Agent/Banca	Bancassurance		Mr. MARIAPPAN, P (NIAAG00003394) MARIAPPAN P (SI00037389)	
Prev. Policy no.	1	PUG	Phone No			: 09788413829 / 9443168911, 944316691	
Client Type		Non-Corporate	E-mail/Fax		: / s.raveendran@newindia.co.in nia.730603@newindia.co.in		
Premium(₹)		GST(T)	Total (₹)	Total	(₹	in words)	Receipt No. & Date
175424		31576	207000			7306038118000000508 5 - 30/10/18	

No of Students	2125	Medical Expenses per student (Inclusive of OPD)	50000
Linuit per student	100000	Special conditions	AOA:3C,AOY:6C,PA COVER: STUD.2125X100000=RS.212 SL,TEACHING6NT STAFF:175X100000= B5.175L,PARENTS:2125X T00000=RS.2125L,MED EXPS .COVER:STUD.2125X50000= RS.106250000,TEACHING6N T STAFF 175X50000=RS.8750000 ANYONE OF THE EARNING PARENT IS COVERED
Limit per accident	3000000		

No of parents	2125		
Total SI of Parents or Guardian for payment of Tuition and Hostel fees	4515625	Payment of tuition and hostel fee for remaining semesters in the students account with the institute in case the Parent/Guardian dies due to accident	*

Details of Teaching and Non-Teaching staff

SI No. Name of Member Age Name of Risk Group	Medical Table B Extension Sum (Inclusive Insured of OPD)	Sum		sured
--	---	-----	--	-------

Signature volic

Pulicy No. : 73360348182360360355 Document generated by 37391 at 35:10/2018 10:10:55 Hours.

Rept. & Head Office: New India Assurance Bidg., 57 N.G. Road, Fort, Numbal - 403 601. TOLL FREE No. 1 850-209 1415

Date 19 1 10.20 feeds & Head Official New India Assumed Edg., D. R. V. Head Fort, issuing office 2. Regional office 3. Resid office. In case, you are not satisfied with For todacated your gravance, if any you may approach any one of the following office 1. Policy issuing office 2. Regional office 3. Resid office. In case, you are not satisfied with our own gravance notrestal mechanism, you may also approach insurance Ontwicetonan. For details of our office addresses and adjustses of office of insurance Ontwiceton places your own gravance notrestal mechanism. you may also approach insurance Ontwicetonan. For details of our office addresses and adjustses of office of insurance Ontwicetonan places your our websate http://dow.india.co.in

Carlindap and bound न्यु इभित्या एक्योरच्या NEW INDIA ASSURANCE

THE NEW INDIA ASSURANCE CO. LTD. (Government of India Undertaking)



This policy shall be subject to STUDENTS SAFETY PACKAGE INSURANCE policy clauses attached herewith.,

Premium and GST Details	Rate of Tax	Amount in INR
Premium		¢ 175424.00
SGST	. 9	15788
CGST	0	15786
IGST	0	0

In witness whereof the undersigned being duly authorised by the insurers and on behalf of the insurers has (have) hereunder set his (their) hand(s) on this 30th day of October.2018.

For and on behalf of The New India Assurance Company Limited

Date of Issue: 30/10/2018

5

Duly Constituted Attorney(s)

consolidated Stamp Fees Paid by Pay Order Number vide receipt Mudrank Dt. number dt.

Tax Invoice No : 73060318E0000434

**IRDA Registration Number: 190** 

BRANCH OFFICE - 730603, No. 584, Virudhuneger Main Road, THIRUTHANGAL - 626 130, Phone : 04562 - 230179, 231079

Policy No. : 73060348182360660033 Document generated by 37391 at 30:10/2018 10:10:56 Hours.

Regd. & Head Office: New India Assurance Bidg., 57 N.G. Road, Fort, Maminal - 400 001, YOLL FREE No. 1 800 208 1415. For redressal of year grisvance, if any,you may approach any one of the following offices-1. Policy tasking office 2. Replanal office 3. Head office in case, you are not satisfied with our own gravance redressal mechanism: you may also approach insurance Ombudsman. For details of our office addresses and addresses of office of insurance Ombudsman, please visit our website http://www.ndla.co.in

Salidova bipal भयु इन्हिता एकसोचन्स

NEW INDIA ASSURANCE THE NEW INDIA ASSURANCE CO. LTD. (Government of India Undertaking)





(	OLLECTION			
	OLLECTION R	ECEIPT CUN	ADJUSTMENT V	OUCHER
ssuing Office Address	: THIRUTHANGAL	BRANCH (730903) SAR ROAD, THIRUT		odonek
thone imail ax allection Number offection Date usiness Source Code AN No of Payer	828130 TIRUTHANGAL 1 04562230179 1 nis 730603i@newi 1 1 730603811800000 1 30/10/2018 1 103837353 1 AAATP3283G	ndia.co.n		
oceived with thanks from P.S.R. ENC	ANEERING COLLEGE,	100		
te amount received/Aclusted is towe	ntg =			
Policy No.	A/C Description	Amounte	A 10 10 10	
73060348182300000003	Bank-730603	207000.00	A/C Code	Sub A/C Code
xal = ₹ 207000.00		1 300 Chair 00	9100,730603	BA00015798-730603-910

Mode	Amount 7	The second se	Cheque Date				
Chanun		NO.		CONTRACT DALLA	Drawee Branch	Reference No.	Scroll/BG/A
Cheque Total - For	207000.00	113641	26-OCT-18	BANK OF INDIA	SIVAKASI	The second s	PD Balance
Total = ₹ 20	07000.00			and the second se	Tanzanaise	7306031610009810	N.A.

## Utilization details of the Collected Amount

Premium	GST		le	
175424.00	31576.00		Stamp Duty	Excess Amount
SI no. Agency Cod		Agency Name	0.00	0
1 NIAAG0000	1394	MARIAPPAN P		Department Code
		The streat toda to		48

For The New India Assurance Company Limited

#### mer Stemp Re.

Date of Issue: 30/10/2018

5.B T-118 30 S.RAVEEI ð Asst. Manager (D) S.R.No.:31102gnatory

Cashler's Initial

### Note -

1.Please note the Policy Number, Collection Number and date in all future correspondence. This Receipt is subject to Realisation of Cheque. 2.NIA shall not be liable for any claim arising out of sales made during the period between the due date and date of payment of the installment if the premium paid has been exhausted by turnover declarations/if there is insufficient premium balance.

Tax Invoice No : 73060318E0000434

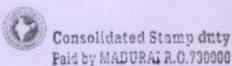
IRDA Registration Number: 190



Policy No. : 73060348182300000003 Document generated by 37391 at 30/10/2018 10:10:08 Hours. Regd. & Head Office: New India Assurance Bidg., 87 M.G. Road, Fort, Mumbal - 400 001. TOLL FREE No. 1 800 209 1415.

LINE WAR WARDEN न्यू इन्डिया एस्टोरन्स NEW JHDIA ASSURANCE

THE NEW INDIA ASSURANCE CO. LTD. (Government of India Undertaking)





## POLICY SCHEDULE FOR STUDENTS SAFETY PACKAGE INSURANCE

Insured's Name	1	P.S.R. ENGINEERING COLLEGE,			1000	
and the second	nsured's Details	Issuing Office Details				
Customer ID	11	PO30616522	Office Code	10	THIRUTHANGAL BRANCH (730603)	
Address	1	SEVALPATTI, SIVAKASI, VIRUDHUNAGAR (DIST) SEVALPATTI, TAMIL NADU, 626140	Address	T	584 VIRUDHUNAGAR ROAD THIRUTHANGAL ,826130	
Phone No	1	04562239600.	Phone No ·	1	04562230179 / 04562232606	
E-mail/Fax	4	1	E-mail/Fax	t	nia.730603@newindia.co.in /	
PAN No	1	AAATP3283G	S.Tax Regn. No	1	AAACN4165CST178	
GSTINIUIN	1	NA7.NA	GSTIN	1	33AAACN4185C4ZV	
	1		SAC	1	997139 (Other non-life insurance services	

			Pollo	y Details							
Policy Number	1	73060348192300000003		Business Source Code							
Period of Insurance	t	1 From: 31/10/2019 12:00:01 AM To: 30/10/2020 11:58:59 PM		Dev.Off. level/Broker/Corp. Agent/Web Aggregator			: Mr. S. RAVEENDRAN - A.M. (D) - (AM3937353)				
Date of Proposal	1				MARIAPPAN P (NIAAG00003394) ARIAPPAN P (SI00007366)						
Prev. Policy no.	1.	7306034818230000003		Phone No	Phone No		09788413629	/ 9443168911, 9443168911			
Client Type	+	Non-Corporate		E-mail/Fax		: / s.raveendran@newindla.co.ir nia.730603@newindla.co.in / /		n@newindia.co.in,			
Premium(₹)		GST(₹)	To	tal (₹)	Total (	₹.	in words)	Receipt No. & Date			
185339		33362	21	18701	RUPEES TWO LA EIGHTEEN THOUS/ SEVEN HUNDRED ONLY		THOUSAND NDRED ONE	73D6038119000000490 1 - 30/10/19			

No of Students	2230	Medical Expenses perstudent (Inclusive of OPD)	50000
Limit per studeot	100000	Special conditions	AOA:3CR_AOY:6CR,PA COVER TABLE*C*5TUD.2230X10000 0=RS.22.3CR,TEACHINGGANT STAFF:200X100000= RS.2CR,PARENTS:2230X 100000=RS.22.3CR,MED.EXP S.COVER:STUD.2230X50000 =RS.11.15CR,TEACHINGGANT ST200X50000=RS.1CR ANYONE OF THE EARNING PARENT IS COVERED
Limit per accident	30000000		

No of parents	2230		
Total Si of Parents or Guardian for payment of Tuition and Hostel fees	4972900	Payment of tuition and hostel nee for remaining semesters in the students account with the institute in case the Parent/Guardian dies due to accident	2230

#### Details of Teaching and Non-Teaching staff

Assignee (Inclusive Insured Insured Insured	SI No.	Name of Member	Age	Name of the Assignee	Risk Group	Medical Extension (Inclusive	Table B Sum insured	Table C Sum insured	Table D Sum Insured	Total Sum insured
---	--------	----------------	-----	----------------------------	------------	------------------------------------	---------------------------	---------------------------	---------------------------	----------------------

Signature aid.



Policy No. : 73080348102333000003. Document generated by 37351 at 3013/2019 13:00:01 Hours.

Regil. & Head Office: New India Assurance Bidg., 87 M.O. Road, Fort. Mumbal - 400 001, TOLL FREE No. 1 809 209 1415. 1.12

Description to 20 Per relationshift your prevance, if any you may approach any one of the following uffices-1. Policy taxang office 2. Regional affice 3. Read office in case, you are not satisfied with mar swn grievrance redressal mechanism; you may also approach maarance Ombudemen. For details of our office editiveness and addresses of office of Insurance Debudement, presee well our website http://newin-tis.co.is,

THE NEW INDIA ASSURANCE CO. LTD. (Government of India Undertaking)



This policy shall be subject to STUDENTS SAFETY PACKAGE INSURANCE policy clauses attached herewith...

m and GST Details
-------------------

	Rate of Tax	Amount in INR.
Premium		₹ 185339.00
SGST	9	16681
CGST	9	16681
IGST	0	0

In witness whereof the undersigned being duly authorised by the insurers and on behalf of the insurers has (have) hereunder set his (their) hand(s) on this 30th day of October 2019.

For and on behalf of The New India Assurance Company Limited

Date of issue: 30/10/2019

S.RAVEENDRAN Asst. Manager (D)

S.R.No.:31102

Duly Constituted Attorney(s)

Mudrank\_\_\_\_\_Dt.\_\_\_\_consolidated Stamp Fees Paid by Pay Order Number, number\_\_\_\_\_dt.\_\_\_\_,

Tax Invoice No : 73060319E0005887

**IRDA Registration Number: 190** 

Policy No. 73093348192300030003 Document generated by 37391 at 30/10/2019 12:00 51 Hours.

Regit & Head Office: New India Assurance Bidg. 87 M.G. Reed, Fort, Numical - 460 201. TOLL FREE No. 1 600 209 1415.

For redressal of your grievance, if any, you may approach any one of the following offices 1. Policy issuing office 2. Regional office 3. Head office. In case, you are not addresses with our own grievance redressal mechanism, you may also approach insurance Oncoudsmen. For details of our office addresses and addresses of office of insurance Oncoudsmen, please visit our website http://wwindla.co.m.



าญ สรีเรียม องอนไขาส พยพ เพยเล ASSUBANCE

> THE NEW INDIA ASSURANCE CO. LTD. (Government of India Undertaking)





## COLLECTION RECEIPT CUM ADJUSTMENT VOUCHER

issuing Office	THIRUTHANGAL BRANCH (750603)
Address	554 VEUDHUNAGAR ROAD, THIRUTHANGAL
	,526130 TIBUTHANGAL
Phone	: 04662230179
Emai	: ma.730803@newindla.co.in
Fax	L
Collection Number	1 73060381190000004901
Collection Date	30/10/2010
Business Source Code	103937363
PAN No of Payer	AAATP3283G

Received with thanks from P.S.R. ENGINEERING COLLEGE,

The amount received/Aduated is towards -

E	Policy No.	A/C Description	Amount	A/C Code	Sub A/C Code
E	73050348192300000003	Bank-730603	218700.00	9100.730603	8A00015798-730603-9100
E	73060348192300000003	Bank-730603	1.00	9100.730603	BA00015798-730603-9100

Total = 7 218701.00

#### Your Payment/Adjustment Details are as under -

Mode	Amount t	Cheque No.	Cheque Date	Drawee Bank	Drawee Branch	Reference No.	Scroll/BG/A PD Balance
Cheque	218700.00	021613	29-OCT-19	BANK OF INDIA	PSR ENGG COLLEGE	7306031910008198	N.A.
Cash	1.00	N.A.	N.A.	N.A.	N.A.	7306031910008198	N.A.

#### Total = ₹ 318701.00

#### Utilization details of the Collected Amount :

Premium		GST		Stamp Duty	Excess Amount
185339.00		33362.00	Distance in the	0.00	0
SI no.	Agency Code		Agency Name		Department Code
1	NIAAG00003394		MARIAPPAN P		49

For The New India Assurance Company Limited Revenue Stamp

Cate of issue: 30/10/2019

Cashier's Initial

Authorized Signatury S.RAVEENDRAN Asst. Manager (D)

### Note -

1. Please note the Policy Number, Collection Number and date in all future correspondence. This Receipt is subject the subject to the subject

2.NA shall not be liable for any claim arising out of sales made during the period between the due date and date of payment of the installment if the premium balance.

Tax Invoice No : 73060319E0005887

IRDA Registration Number: 190

Signature yald



Policy No. : 73060348192300000003 Document generated by 37391 at 30/10/2019 13:08:51 Hours. Regd. & Head Office: New India Assurance Bidg., 87 M.G. Road, Fort, Mumbai - 400 001, TOLL FREE No. 1 800 209 1415.



Consultdated Stamp duty paid as per Tamilnadu Govt. G O RUNE 109 Dt 14 7-9615 Paid by MADURALE O 736996



## POLICY SCHEDULE FOR PACKAGE INSURANCE POLICY

Insured's Name	0.000	PSRB	NGINEERING COLLEG	OE,	2440 C 5-192-5			CHI CASE	
1000 (1100)	line	ured's Det	alls		in las	uin	g Office Details	1 - sea or - Anio	
Customer ID	stomer ID : PO30815		522	Office	Office Code		THIRUTHANGAL B	RANCH (730603)	
Address		: SEVAL PATTI, SIVAKASI, VIRUDHUNAGAR (DIST) TAMIL NADU, 626140		Addn	Address		584 VIRUDHUNAGAR ROAD, THIRUTHANGAL ,626130		
Phone No	1.82	0456223	and the owner of the local division is the second division of	Phon	e No	E	04562230179		
E-mail/Fax	1.1	1. 1.	「「「「「「「「「「」」」	E-mai	arax	1.	1	and the second	
PAN No				5.Tax	Regn. No	E	AAACN4165CST17	8	
A MARKEN	215.2	1.1	Color States	Policy Details			107/Million Performant John		
Policy Number		72060346	162400000001	T ONLY LIFE MAIN	And the rest of the local state of the second	inte	ss Source Code		
ariod of Insurance 1 From 31/1		10/2016 04:25.59 PM 1 17 11:59:59 PM			4	Mr. S. RAVEENDRA (1D3937353)	N - A.O. (D)		
Date of Proposal 1 31-Oct-16			Page 1 States	Contract of the second second second	/Bancassurance	1	Mr. MARIAPPAN, P (NIAAG00003394) MARIAPPAN, P (Sl00007389)		
Prev. Policy no. 2 PUD			El and the	Phone No			1 0976841362979443168911, 9443168911		
Client Type / Non-Corporate				E-mai	l/Fax.				
Promium(*)	Servic	De Tax(')	Total(RS)	Total Ru	pees (In Words)	Ú.	Receipt No.	& Date	
169121	2!	5369	P		INE LAC NINETY-	7	306038116000000	Street Stability and street store sample	
		34.62	for the second second	Risk Details	Ellever and street	100		NUT OF STREET	
Risk No.	Se	ction	Description Of	And states of the distance	Sum Insured	1 B	ocation Details	Excess	
	(Re	tion X rional ident)	P.A. COVER FO students and Staff EACH	100000/-	216100000		P S R ENGG. COLLEGE	0	
al - Indian	(Per	tion X rsonal ident)	on K P.A. COVER TO PARENT 2161 STUDENTS(ANYO		210100000	1000	STUDENTS	0	
1	(Pe	tion X rsonial ident?	MEDICAL EXPENS OF ANY ACCIDEN STUDEN	T-TO 2161	108050000	1	P.S.R.ENGG. COLLEGE	0	
		1000	The state of the s	errorism Cov	and the second second	-			
		the second se	And and a state of the local division of the	our own other the law of the law	The party is a set of the set of		and the second s		

Risk No.	Special Conditions	Special Excess
1	P.A. COVER, FOR 2161 STUDENTS AND ANY ONE OF THEIR EARNING PARENT FOR RS 100000- EACH, MEDICAL EXPE NSES ARISING OUT OF ANY ACCIDENT FOR STUDENTS FOR RS. 50000- EACH, WARRENTED THAT THE NO. OF STUDEN TS SHOULD NOT EXCEED 2161 AT ANYTIME	0

This Policy shall subject to PACKAGE INSURANCE policy clauses attached herewith.

· . Have been an a trans

Inwitness whereof the undersigned being duly authorised by the Insurers and on behalf of the insurers has (have) hersunder set his (their) hand(s) on this 31st day of October,2016.

12 milling mader of and a state by meaning The manufacture of the Date of Issue: 31/10/2016

For and on behalf of The New India Assurance Company Limited

5. Bando S.RAVEENDRAN

Admn.Officer (D Palicy No. 1 23095346182456600021Du ated by 31102 at 21/10/2018 18:22.66 Hours. Regid, & Head Office: New India Assurance Bidg. NY 8.0. Roed. Fort. Mumbel - 460 501. TOL L FREE No. 1 860 300 1455. For redressal of your prevence. If any you may approach any ask of the following offices. 1 Policy issuing office 3. Regional office 3. Head of visit our website http://wwwindla.co.in

Page 1 of 2

न्यू इन्हिया एक्योरन्स NEW INDIA ASSURANCE

Dasdorship and beyond

BRANCH OFFICE - 730603, No. 584, Virudhunagar Main Road, THIRUTHANGAL - 626 130. Phone : 04562 - 230179, 231079 | E-mail : nia720606@gmail.com, nia 730603@newindia.co.in Telefax: 04562 - 232806 CIN No. : U 99999 MH 1919 GOI 000526

30-10-17



Consolidated Stamp duty paid as per Ternitiandu Govt. G O Reine 109 Dt 14 7-2015 Pain by MADURAL R.O 730000



## POLICY SCHEDULE FOR PACKAGE INSURANCE POLICY

A CONTRACTOR OF	Inst	ared's Details	In	suin	g Office Details
Customer ID	t	PO30615522	Office Code		THIRUTHANGAL BRANCH (730603)
Address		SEVALPATTI, SIVAKASI, VIRUDHUNAGAR (DIST) TAMIL NADU, 626140	Athdress .	11	554 VIRUDHUNAGAR ROAD THIRUTHANGAL ,626130
Phone No	1	94552239600,	Phone No	12	04582230179
E-mattwax	1	A Party of the second se	E-mali/Fax	1.	1
PAN No	1		S.Tax Regn. No	1.	AAACN4165CST178

Policy Number	1	73060348162400000001	Bus	ine	nss Source Code
Period of Insurance		From 31/10/2016 04:25:59 PM To: 30/10/2017 11:59:59 PM	Dev.Off. level/BrokenCorp. Agent	1	Mr. S. RAVEENDRAN - A.O. (D) (1D3937353)
Date of Proposal	1	31-Oct-10	AgentSancassurance	I	Mr. MARIAPPAN P (NIAAG00003384) MARIAPPAN P (SI00007389)
Prev. Policy no.	Ŧ	PUD	Phone No	1	0978841362979443168911, 9443168911
Cilent Type	1	Non-Corporate	E-mail/Fax	12	Y

169121 25369			Receipt No. & Date
	194490	RUPEES ONE LAC NINETY- FOUR THOUSAND FOUR HUNDRED NINETY ONLY	73060381160000005386 - 31/10/16

Risk No.	Section	Description Of Property	Sum Insured	Location Details	Excess
	Section X (Kersonal Accident)	P.A. COVER FOR 2161 students and Staff 100000/- EACH	216100000	P.S.R. ENGG. COLLEGE	0
1	Section X (Personal Accident)	P.A. COVER TO PARENT OF 2161 STUDENTS(ANYONE EARNING PARENT)	216100000	RESIDENCE OF STUDENTS	0
1	Section X (Personal Accident)	MEDICAL EXPENSES ARISING OF ANY ACCIDENT TO 2161 STUDENTS	108050000	P.S.R.ENGG. COLLEGE	0

Section Name

Risk No.	Special Conditions	Special Excess
1	P.A. COVER FOR 2161 STUDENTS AND ANY ONE OF THEIR EARNING PARENT FOR RS. 100000/- EACH. MEDICAL EXPE NSES ARISING OUT OF ANY ACCIDENT FOR STUDENTS FOR RS. 50000/- EACH. WARRENTED THAT THE NO. OF STUDEN TS SHOULD NOT EXCEED 2161 AT ANYTIME	0

This Folicy shall aubject to PACKAGE INSURANCE policy clauses attached herewith:

irrwitness whereof the undersigned being duly authorised by the Insurers and on behalf of the Insurers has (have) hereunder set his (their) hand(s) on this 31st day of October,2016.

175-620.12 - i terrer 40 and the stand Date of Issue: 31/10/2016

For and on behalf of The New India Assurance Company Limited

Sum Insured

5.80.00

S.RAVEENDRAN Admn.Officer (D

Policy No. 1 736623401623000001Deservered generated by 21162 at 31/10/2016 18:23:06 Hearts. Admn. Officer (D Regit & Heart Office: New India Assurance Dog, 57 H.G. Raad, Fort, Mandai - 400 001. TOLL FREE No. 1 800 200 1415. S Por redressal of your generated provide any one of the following offices: 1 Policy insuing office 2. Regit and office in case, Bu N Gr Laig 4/46 nor own generated mechanism; you rely after approach insurance Orthoduran. For details of our office addressas. and addressas. Control for the summer Orthoduran. place

Page 1 of 2

्रद्धालक् कार्यकाल न्यू इन्डिया एक्योरन्स NEW INDIA ASSURANCE

Risk No.

BRANCH OFFICE - 730603, No. 584, Virudhunagar Main Road, THIRUTHANGAL - 626 130. Phone : 04562 - 230179, 231079 j E-mail : nia720606@gmail.com, nia.730603@newindia.co.in Telefax : 04562 - 232605 CIN No. : U 99999 MH 1919 GOI 000526



## Psr Engineering College Branch

Date: 05/01/2020

Name Address	: RANJITH KUMAR P : S/O PAULRAJ 620/950 R C CHURCH STREET MALAIYANDIPATTI RAJAPALAYAM 626117 RAJALPALAYAM	Account No Customer ID Account Type IFSC Code	: 815810110000931 : 127979241 : Savings Account : BKID0008158
Account Statement	t: For the period October 20, 2019 to October 31, 2019	MICR Code	: 625013020

SI No	Txn Date	Description	Cheque No	Withdrawal (in Rs.)	Deposits (in Rs.)	Balance (in Rs.)
1	21-10-2019	StUBP-89328233/Airtel		35.00		1,09,441.99
2	23-10-2019	StUBP-89415410/201910230000429/Eb		290.00		1,09,151.99
3	23-10-2019	StUBP-89415563/201910230000434/Eb1		110.00		1,09,041.99
4	24-10-2019	FESTIVAL ADVANCE FRM PSR-2019			10,000.00	1,19,041.99
5	27-10-2019	CWDR//5044/SFCNM656		10,000.00		1,09,041.99
6	30-10-2019	CWDR//285993/ACB8009		5,000.00		1,04,041.99

Statement Generated on : 05/01/2020 02:49:07 PM.

This is a computer generated statement and hence no signature required.

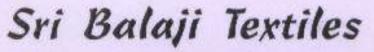


Please provide your contact details, Mobile number, PAN Card, Aadhar Card, Date of Birth to help you serve better.

Any discrepancy in this document of accounts should be notified to the bank within a period of 30 days of receipt of this statement. It will be treated that the entries/contents of this statement are checked and found correct by you, if no such complaint is madewithin the period stated above.

Beware of fictitious offers, messages/SMS about lottery winnings, cheap fund offers, employment offers, scholarship offers, offer of immigration visas, offer of admission to reputed universities abroad and similar such offers from fraudsters either within the country or from abroad.

TN { 33610182116 CST ; C/94803 / 6.9.02 Area Code : 0 1 0





New No.19, Old No.10, First Floor, Bunder Street, Chennai - 600 001. Tel : 25393468

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MIS P.S.R. ENGINIEERING COLLEGE SE VEL PATTI. NEAR THRUVELADAM. VIRU DHV NELAR DIST		No 3271	327 1.3328 11.15 2:11:10	DI .23.11.15 DI
UNIFORM CLoth Description SETS FOY	Pcs.	Metres	Rate / PM	Amount
JYEAR STUDENT: (SUITING * SHARTING BOYS 241 STUDENT X 358TS 11 1 STUDENT X 2 SETS 11 2 STUDENT X 2 PAMT ONLY GILRLS +27 STUDENT X 3 SETR CHUDITHAR WITH WALST COAT	723 875 4 And 381		300 00 300 00 180 00 440 00	2-16900-00 600-00 720-00 167640-00
LATERAL ENTRY: (PEA Cock blue SUMINE BOYS 77 STUDENTS X 2 SETS	154	SETS Conts	36500 23000	56210.00 4140.00
6 MEMBER X 2 SETS DRIVER + WATER WASH + O.A + WATERMAN 25 + 1 + 5+ 2	12	SETI	36500	4380.00
33 MEMBERS X 21 SETS RI: FOUR LAKH Seventy Thousand and Three Hundred Nirsty Duly E.B.O.E. TEXTILE NON-TAXABLE GOODS	66	SETS	300 00	470390-00
Received the goods mentioned above to our entire satisfaction Buyer's Signature	1.		Ri	ALAJI TEXTILES Probleman, sed Signatory
<ol> <li>CONDITIONS OF SALE</li> <li>Our prices are nett ex go-down, cooly, packing, forwarding charges etc., will be borne by the buyer.</li> <li>Goods once sold will not be taken back under any circumstances.</li> <li>Payment by "A/C Payee" charges / Draft only 24% interest will be charged if nor paid on the due date.</li> </ol>	5. Any juris 6. Goo ben	goods, the or days failing v disputes an idiction of the ods under this	y complaints regard omplaints should be which we are not res rising of this trans court of law at Che invoice shall be in th er untill the entire va	ing quality or quantity of a made in writing within ponsible for the same. action are subject to

TIN : 33880945891 CST : 1011497 dt. 11-2-2010

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UNI

JOB WORK INVOICE

## **SBT** Uniforms

60, Easwari Nagar Extn., Selaiyur, East Tambaram, Chennai - 600 073.

Tel : +91-44-2227 3132, E-mail: sbtuniforms@gmail.com, Web : www.sbtuniforms.com

UNIFORM STICHING CHARDLES FOR I YEAR STUDENT BOYS - 241 STUDENTS X 3 SETS + STUDENT X 2 SET 2 JTUDENT X 2 SET 2 JTUDENT X 2 SET 2 JTUDENT X 2 PANTONY (MIRLS - 127 STUDENTS X 3 SETS CHUDI SETS WHAT ROAT LATERAL ENTRY: BOYS 777 STUDENTS X 2 SETS (STIRLS 9 STUDENTS X 2 CORTS ELECTRICIAN + MECHANICS 6 MEMBER X 2 SETS DRIVER + WATER WALH OA + WATER MANN DRIVER + WATER WALH OA + WATER MANN 10000 10000 10000 12 SETS 275 00 10000 12 SETS 275 00 12 SETS 275 00 12 SETS 275 00 12 SETS 275 00 23000 24000 12 SETS 275 00 23000 12 SETS 275 00 12 SETS 275 00 3300	S.No	Particulars	Itom	Payment	Rate	Amount
I YEAR STUDENT         BOYS + 241 STUDENTSX 3 SETS         1 STUDENT X 2 SET         2 JTUDENT X 2 PANTONY         (MIRLS - 127 STUDENTSX 3 SETS         CHIELS - 127 STUDENTSX 2 SETS         CHIELS - 127 STUDENTSX 2 GEATS         LATE AAL ENTRY:         BOYS : 777 STUDENTSX 2 GEATS         IS CANT       100 co         STUDENTS X 2 GEATS         ELECTRICIANT + MECHANICS         6 MEMBER X A SETS         DRIVER + WATER WALLT OAH WATER MANN			Item	Qty.	and the second second	
		I YEAR STUDENT BOYS - 241 STUDENTSX 3 SETS + STUDENT X 2 SET 2 JTUDENT X 2 PANTONY GIRLS - 127 STUDENTS X 3 SETS CHUDI SETS WHALT SDAT LATERAL ENTRY: BOYS 77 STUDENTS X 2 SETS CHIRLS 9 STUDENTS X 2 COATS ELECTRICIAN + MECHANIKS		2, SETS 4, PANIT 381, SET 154, SETS 18 Const	27500 27500 27500 27500	550 00 700 00 104775 00 4235000
		Provide and a second seco	M/V	66 sers	27500	1815000

SI. No.	Institution	Gender	Strength	Rate per Unit	No. of. Sets	Amount
	P. S. R.	Boys	299	275 + 325 = 600	2	598 × 600 = 358800 ×
54	A. 0. IV.	Girls	153	125 + 185 = 310	2	306 × 310 = 94860 -
1.	P. S. R. (NSS)	Boys	208	290	1	$208 \times 290 = 60320$ Vat 5% = 3016
		Girls	57	075 + 100 = 175	1	57 × 175 = 9975
2,	P. S. R. R	Girls	119	125 + 185 = 310	2	238 × 310 = 73780
			1	0		Total = 600751
3.	Bus Driver		27	275 + 300 = 575	2	54 × 575 = 31050
4.	Mechanical Tech.	Lab	3	275 + 325 = 600	2	$06 \times 600 = 3600$
5.	M.D. Driver		1	275 + 300 = 575	2	02 × 575 = 1150
6.	Electrician		2	275 + 325 = 600	2	$02 \times 600 = 2400$
7.	Security		1	275 + 325 = 600	2	$02 \times 600 = 1200$
-						Total = 39400

## P. S. R. ENGINEERING COLLEGE, SIVAKASI - 626 140

Uniform details of First year students for the academic year 2016 - 2017.

Amount to be Paid is Rs. 6,40,151 (Six lakh forty thousand one hundred and fifty one) only.

Total Amount: Rs 6,40,151

Amount from students: Rs 73,311 (For NSS)

Amount from Management: Rs 5,66,840.

ID card Fine amount R. 12300

73300 12300 85600 Re

TIN : 33880945891 GST : 1011497 dt. 11-2-2010



## TAX INVOICE

## SBT Uniforms GSTIN:

GSTIN: 33APMPK5880R1ZO

60, Easwari Nagar Extn., Selaiyur, East Tambaram, Chennai - 600 073.

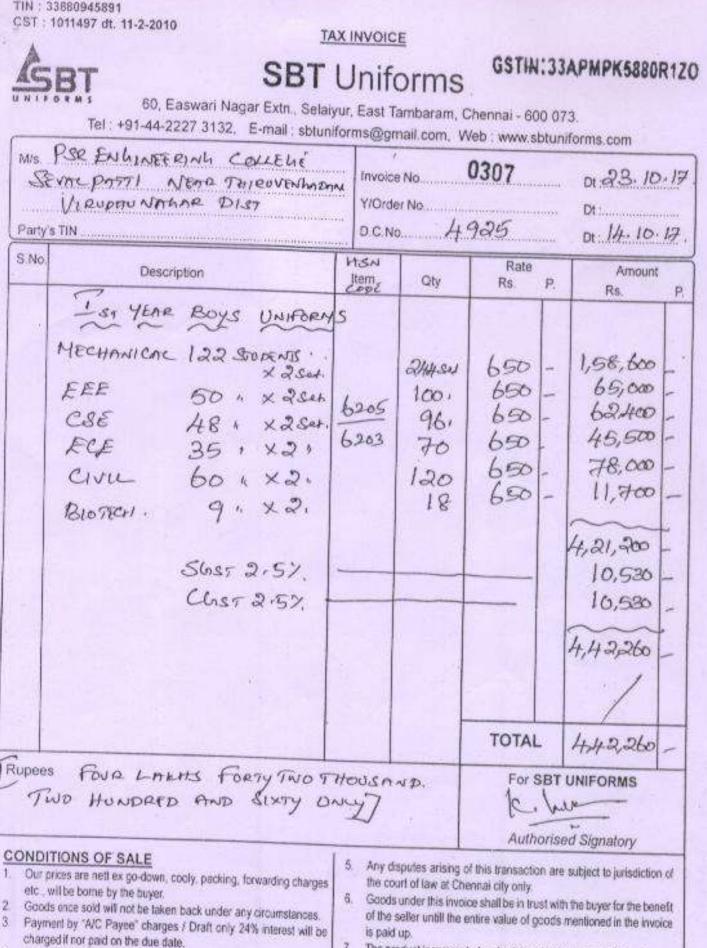
Tel: +91-44-2227 3132, E-mail: sbtuniforms@gmail.com, Web: www.sbtuniforms.com

.81	PSR ENGINEERING COLLEGE EVACPATTI NEAR THIOUUENLADAM VIRUDANNAAAP DIS STIN	Y/Orde	er No	1 <b>306</b>	
S.No.	Description	HSN	Qty	Rate Rs. P.	Amount Rs. P.
	LATTERAL ENTRY BOYS UNIT CIVIL 23 STUDENTS X2SEF CSE 1 " X2" RECE 7 " X2" RECE 7 " X2" MECH 41 " X2" NECH 41 " X2" NECH 1 " X1"	A CONTRACTOR OF CONTRACTOR OFO	46 s4 2 · 14 · 30 · 82 · . 1 ·	650 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	29,900 -/ 1,300 -/ 9,100 -/ 19,500 - 53,300 - 650 -
s to	LE CIRLS LAB CONT CIVIL 4 STUDENTISX2	6205	8 cards 18 " 2 s	330 330 330 -	2,640 - 5,940 - 660 -
					1,22,990 - 3,074 75 3,074 75
	Colar 2.5/.			RLOFF	1,29,139 50
				TOTAL	1,29,140 -
Rupee	IS ONE LOCALS TWENTY NINE INE HUNDRED AND FORTY ON	Thousn 47	QVI.	K-1	IT UNIFORMS
1. Our etc. 2. Goo 3. Pay cha 4. in th goo	DITIONS OF SALE proces are nell ex go-down, cooly, packing, forwarding charges will be borne by the buyer ods once sold will not be taken back under any circumstances meat by "A/C Payee" charges / Draft only 24% interest will be rged if nor paid on the due date. The event of any complaints regarding quality or quantity of the ds, the complaints should be made in writing within two days ing which we are not responsible for the same.	s the c 6. Good of the s is pa 7. The ; s natur	ourt of law at Cl Is under this invo a seller until the id up. product incorpor re. The purchase	of this transaction nennal city only pice shall be in trust entire value of goo ated and sold is with	are subject to jurisdiction of with the buyer for the benefit ids mentioned in the invoice hout warranty of whatsoever for and shall make their own

TIN: 33680945891

6.3

3



In the event of any complaints regarding quality or quantity of the 4. goods, he complaints should be made in writing within two days failing which we are not responsible for the same

The product incorporated and sold is without warranty of whatsoever 7. nature. The purchasers are caveal emptor and shall make their own analysis on the product to suit their purpose.

TIN: 33880945891 CST: 1011497 dt. 11-2-2010

TAX INVOICE

GSTIN: 33APMPK5880R120

## 12 M ORM

**SBT** Uniforms

60, Easwari Nagar Extn., Selaiyur, East Tambaram, Chennai - 600 073. Tel: +91-44-2227 3132, E-mail sbtuniforms@gmail.com, Web: www.sbtuniforms.com

<u></u>	PSR ENGLINTERING COHEGE SEVALPASTI NEBR. THIRUVENGADON VIRUPHUNIAGAR DUSS VIRUPHUNIAGAR DUSS	X. Y/Orde	No	0308	Dr 23.10/ Dr Dr Dr 10.1	41.0
S.No	Description	HSN disper	Qty	Rate Rs. 1	P. Amount Rs.	P.
	Description Ist YEAR COLALS LAB C EFF 7STUDENTS. X 2 Cent CSE 51 " X2" COUL 13 " X2" BIOTECH. 22" X2" CLOSS 2.5%.		14 com	330 390 330 330	- 4,620 33,660 39,600 8,580 14,520 1,00,980 2,524 2,5252 2,5252 2,5252 2,5252 2,5252 2,5252 2,5252 2,5252 2,5252 2,5252 2,5252 2,5252 2,5252 2,5252 2,5252 2,5252 2,525252 2,5252 2,5252 2	
				TOTAL	1,06,029	
PRup 7	ees ONE LAKH SIX THOUSAND WENTY NINE ON LY]	D PND		k:	BT UNIFORMS	
1. C e 2. G 3. P el 4. In	IDITIONS OF SALE Aur prices are nett ex go-down, cooly, packing, forwarding charges to, will be borne by the buyer words once sold will not be taken back under any circumstances, ayment by "A/C Payee" charges / Draft only 24% interest will be harged if nor paid on the due date in the event of any complaints regarding quality or quantity of the oods, the complaints should be made in writing within two daws	s the c 6 Good of the a is pa 7. The a natu	ourl of law at C Is under this invi- a seller until the id up. product incorpor	hennai city only pice shall be in tra- entire value of go ated and sold is w	n are subject to jurisdiction st with the buyer for the ben oods mentioned in the invo vithout warranty of whatsoer optor and shall make their o	efit ice ver

goods, the complaints should be made in writing within two days failing which we are not responsible for the same.

analysis on the product to suit their purpose.

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TIN : 33880945891 CST : 1011497 dt. 11-2-2010

FORMS

TAX INVOICE

GSTIN: 33APMPK5880R1ZO

## **SBT** Uniforms

60, Easwari Nagar Extn., Selaiyur, East Tambaram, Chennai - 600 073.

Tel: +91-44-2227 3132, E-mail: sbtuniforms@gmail.com, Web: www.sbtuniforms.com

S	PSR ENGLINEERING COLLEGE EVAL POTTI, NEAR THIRUVENLADON VIRUDHUNDUAR DIST.	Y/Orde	r No	<b>309</b> ,4947.	DI 23. 10.1 DI DI 14.10.1 DI 21.10.1	
S.No.	Description	Item	Qty	Rate Rs. P.	Amount Rs.	P.
う や や や や !!!	UNIFORM SETS FOR WORK DRIVER'S. 27 MEMX 2 Set ELECTRICIANS 3 " X 2 Set MECHANIC 5" X 2 Set O/A 4 × 2" SECURITY 1" X3" H.D. DRIVER 1 × X3" SUST 2.57. CONST 2.57.	to's	5454 684 1084 8" 3"	650 - 650 - 650 - 615 - 615 - 615 -	35,100 3,900 6,500 4,920 1,920 1,920 1,845 1,355 1,355 1,355 56,925	1 1 - 33
CONI 1. Ou etc 2. Go 3. Pa chi 4. In go	es FIFFY BIX THOUSOND MINE PND TWENTY BIX DNY DITIONS OF SALE r ploes are nett ex go-down, cocly, packing, forwarding charges b, will be borne by the buyer. nots once sold will not be taken back under any circumstances. yment by "A/C Payee" charges / Draft only 24% interest will be arged if nor paid on the due date. the event of any complaints regarding quality or quantity of the cots, the complaints should be made in writing within two days ling which we are not responsible for the same.	5 Any the 6 Goo of th is pa 7. The natu	disputes arising court of law at C ds under this inv e seller untill the aid up. product incorpo re. The purchas	Authori a of this transaction a chennal city only. voice shall be in trust v e entire value of good rated and sold is with	TUNIFORMS sed Signatory re subject to jurisdiction with the buyer for the be ds mentioned in the invi- out warranty of whatso or and shall make their	nefit noice ever

TIN: 33880945891 CST: 1011497 Dt 11-02-2010



## SBT Uniforms

60, Easwari Nagar Extn., Selaiyur, East Tambaram, Chennai - 600 073. Tel : +91-44-2227 3132 Cell : +91 94441 63919 +91 9600111130 E-mail : sotuniforms@gmail.com Web : www.sbtuniforms.com

Date - 23.10.2017

TO THE CHAIRMEN PSR GROUP OF INSTITUTIONS, SEVALPATTI, VIRUDHUNAGAR DISTRICT.

## SUB: Invoice Details Regarding Supply Of Uniforms

Dear Sir,

we give below the invoice details an account of uniform supply.

COLLEGE	BILL NO / DATE	AMOUNT ( RS )
PSR ENGINEERING COLLEGE ( LATERAL ENTRY )	0306 / 23.10.2017	1,29,140.00
PSR ENGINEERING COLLEGE 1ST YEAR BOYS	0307 / 23.10.2017	4,42,260.00
PSR ENGINEERING COLLEGE 1ST YEAR GIRLS	0308 / 23.10.2017	1,06,029.00
PSR ENGINEERING COLLEGE STAFF UNIFORMS	0309 / 23.10.2017	56,926.00
PSR ARTS & SCIENCE COLLEGE	0304 / 23.10.2017	5,83,538.00
PSR WOMENS COLLEGE	0305 / 23.10.2017	62,370.00
	TOTAL	13,80,263.00

Thanking you Yours faithfully

SBT UNIFORMS

## P. S. R. ENGINEERING COLLEGE, SIVAKASI - 626 140

SI. No.	Institution	Gender	Strength	Rate per Unit	No. of, Sets	Amo	unt
1.	P. S. R.	Boys	324	650	2	648 × 650 = SGST 2.5% = CGST 2.5% =	421200 10530 10530
1.	I Year	Girls	153	330	2	306 × 330 = SGST 2.5% = CGST 2.5% =	
	DED	Boys	88	650	2	175 × 650 =	113750
2.	P. S. K	Girls	14	330	2	28 × 330 = SGST 2.5% = CGST 2.5% =	9240 3074.75 3074.75
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					Total =	677428.50	
3.	Bus Driver		27	650	2	54 × 650 =	35100
4.	Mechanical Tech.	Lab	5	650	2	10 × 650 =	6500
5.	M.D. Drive	r	1	615	3	03 × 615 =	1845
6.	Electrician		3	650	2	06 × 650 =	3900
7.	Security		1	650	3	03 × 650 =	1950
8.	0/A	1	4	615	2	$08 \times 615 =$ SGST 2.5% = CGST 2.5% =	4920 1355.37 1355.37
	10					Total =	56925.75
				Grand Total -	= 677428.50 +	56925.75 = R / off =	734354.25 734354

Uniform payment details for the academic year 2017 - 2018.

Amount to be Paid is Rs. 7, 34, 354 (Seven lakh thirty four thousand three hundred and fifty four) only.

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191 Seveningesent		E			
ASBT 00, Looward Nogar Extr., Selaty fol. 191.44.2927.3132, E-mail : sbtuni	yur, East Ta	mbaram, C	hennai - 600 073 eb : www.sbtunifi		
MA TEX ENDERSECTION COLLEGE STONE LATER INSPECTION OF THE METALENER STADLESS. PARTYNERTIN	Invoice Y/Orde	No	54	DI:20.11. DI: DI:20.11.	
TI No Description	HSN Code	Qty	Rate Rs. P.	Amount Rs.	P.
A MERINAL UNIFORM SET (A) Driver Uniform SET (A) Driver SET (A) No Driver SET (A) No Driver SET (A) No Driver SET (A) NO DRIFT RESERVENT (A) DRIVER SET .SUST RESERVENT C UST RESERVENT	6203 6205 17 11 11 11	24.2204	650 60 650 60 650 60 650 60 650 60	1300	00 00 00 00 00 00 00 00 00 00 00 00
			TOTAL	49140	00
Ruppons - Virity ARINE Thouse	o Ono	Hmolu		UNIFORMS	
<ol> <li>CONDITIONS OF SALE</li> <li>Our power are nett as go-down, cooly, packing, forwarding charge alc., will be borne by the buyer.</li> <li>Goods once sold will not be taken back under any circumstances.</li> <li>Payment by "A/C Payee" charges / Draft only 24% interest will be charged if nor pold on the due date.</li> <li>In the event of any complaints regarding quality or quantity of the yoods, the complaints should be made in writing within two day building which we are not responsible for the same.</li> </ol>	e is pai e natur	Is under this invo seller untill the d up, roduct incorpora e. The purchase	of this transaction are	subject to jurisdiction the buyer for the bern nentioned in the Invo warranty of whatsoe	nefit bice

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STAN JAPMPKSBAOR120					
N (1100945891 ST 1011497 # 11.2-2010 TAD	X INVOICE				
GO, Eoswari Nagar Extr., Selaiyi Int 191-44-2227 3132, E-mail : sbtunifi	rur, East Ta	mbaram, Cl			
MA PAR THENTERING GUEDS SAME ONTO DESNE THEOREM HOPPON UNIVERSITIES PARTY ACTION	···· Y/Order	r No	0791	DI: 20:12:1	
No Description	HSN Code	Qty	Rate Rs. P.	Amount Rs.	P.
(1) DRIVER UNIFORMS	6203	6-	650 00	3900	60
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(1 PRIVELING UNTROM	6203	8.	650 00	5200	00
(1) 1 YTTH & IL YEAR STUDENT C. MOMPSER X 25845	6203	410	67500	6756	00
- normalize Let by a second				17150	8
SUST 2.50 %.		-		428	TS
Chist 2.20 %				428	25
•			Riotfos	18607	28
			TOTAL	13008	00
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CONDITIONS OF SALE  I the procession nettices go-down, cooly, packing, forwarding charge which will be borne by the buyer.  I could once wild will not be taken back under any circumstances I common the "WC Payee" charges / Draft only 24% interest will be charged if nor park on the due date. I to the mount of any complaints regarding quality or quantity of the packet the complaints should be made in writing within two dat follow within two ram not responsible for the same.	tes the 6. Good of the 15 pe 1	court of law at 0 ods under this in he seller until th aid up. a product incorpo ure. The purcha	ng of this transaction are Chennai city only. Ivoice shall be in trust wit the entire value of goods crated and sold is withou isers are caveat emptor iduct to suit their purpos	th the buyer for the be mentioned in the in- ut warranty of whatso and shall make their	enefit voice cever