



POLICY SCHEDULE FOR RAASTA AAPATTI KAVACH POLICY

| | | | |
|--------------------------|--|-------------------------------|--|
| Insured's Name | : P.S.R. ENGINEERING COLLEGE | | |
| Insured's Details | | Issuing Office Details | |
| Customer ID | : PO30815622 | Office Code | : THIRUTHANGAL BRANCH (730603) |
| Address | : SEVALPATTI, SIVAKASI, VIRUDHUNAGAR (DIST) TAMIL NADU, 626140 | Address | : 584 VIRUDHUNAGAR ROAD, THIRUTHANGAL |
| Phone No | : 04562239600 | Phone No | : 04562230179 |
| E-mail/Fax | : / | E-mail/Fax | : / |
| PAN No | : | S. Tax Regn. No | : AAACN4165C5T178 |

| | | | |
|-----------------------|--|---------------------------------|----------------------------|
| Policy Details | | | |
| Policy Number | : 73060348141800000147 | Business Source Code | |
| Period of Insurance | : From: 31/10/2014 04:23:35 PM To: 30/10/2015 11:59:59 PM | Dev. Off./Broker/Corp. Agent | : S.RAVEENDRAN (1D3837353) |
| Date of Proposal | : 31-Oct-14 | Agent/Bancassurance | : |
| Prev. Policy no. | : PU0 | Phone No | : NA / NA |
| Client Type | : Non-Corporate | E-mail/Fax | : / |

| | | | | |
|------------|----------------|----------|---|---------------------------------|
| Premium(₹) | Service Tax(₹) | Total(₹) | Total Rupees (In Words) | Receipt No. & Date |
| 100177 | 12382 | 112559 | RUPEES ONE LAC TWELVE THOUSAND FIVE HUNDRED FIFTY-NINE ONLY | 73060381140000006231 - 31/10/14 |

Details of assets covered under the Policy

| | |
|-------------------|---|
| Risk Covered | : SECTION I & SECTION II AS PER P.A. COVER AND MEDICAL EXP. |
| Location | : 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 INSURED EACH ₹50,000/- |

| Sl. No. | Section Opted | Description | Sum Insured |
|---------|---------------|---|-------------|
| 1 | Section I | SECTION I-NO OF STUDENTS : 1626, PARENTS & TEACHING STAFF & NON TEACHING STAFF 250. SUM INSURED EACH ₹50,000/- | 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 ₹50,000/- | 93800000 |

| | |
|-------------------------|------------------------|
| Other Extensions | Sum Insured (₹) |
| Terrorism | NOT OPTED |

| | |
|--------------------|--|
| Special Conditions | : PERSONAL ACCIDENT-BENEFITS (A TO D) TO PARENTS OR GUARDIAN (EITHER ONE) (COMPENSATION WILL BE PAID FOR UTILIZATION OF COLLEGE FEE OF THE STUDENT) |
| Excess | : 0 |

This Policy shall subject to policy clauses attached herewith.

Signature of
Verifying
Agent

Policy No. : 73060348141800000147. For amount information for 11/10/14 at 11:59:59 AM

For our grievance 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://newindia.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

THE NEW INDIA ASSURANCE CO. LTD.
(Wholly owned by the Govt. of India)



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

S. Raveendran

Duly Constituted Attorney(s)

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

Stamp Duty under the Policy is ₹1/-.

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

Policy No. 730603-44866664-27. Policy issued on 01/10/2014 at 09:15:04 AM. For details of our office addresses and addresses of office of Insurance Ombudsman, please visit our website <http://newindia.co.in>.

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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 (730603)
 Address : 584 VIRUDHUNAGAR ROAD, THIRUTHANGAL
 TIRUTHANGAL
 Phone : 04562230179
 Email :
 Fax :
 Collection Number : 73060381140000008231
 Collection Date : 31/10/2014
 Business Source Code : 103937353

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

The amount received/Adjusted is towards -

| Policy No. | A/C Description | Amount ₹ | A/C Code | Sub A/C Code |
|----------------------|-----------------|-----------|-------------|------------------------|
| 73060348141800000147 | Bank-730603 | 112559.00 | 9100.730603 | BA00015796-730603-9100 |
| 73060348141800000147 | Bank-730603 | 1.00 | 9100.730603 | BA00015796-730603-9100 |

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-14 | 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 Amount :

| Premium | Service Tax | Stamp Duty | Excess Amount |
|-----------|-------------|-------------|-----------------|
| 100177.00 | 12382.00 | 0.00 | 1 |
| Sl no. | Agency Code | Agency Name | Department Code |
| 1 | NA | NA | 48 |

For The New India Assurance Company Limited

Revenue Stamp

S. Ravendran

Cashier's Initial

Authorized Signatory
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.

Signature No.

17:14:00

17:14:00

Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.

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



Consolidated Stamp duty paid
as per Tamil Nadu Govt.
G.O. Rtno 304 Dt. 14.7.2015
Paid by MADURAI R.O. 730603



POLICY SCHEDULE FOR RAASTA AAPATTI KAVACH POLICY

| | | | | |
|---------------------|---|--------------------------------|--|---------------------------------|
| Insured's Name | | P.S.R. ENGINEERING COLLEGE. | | |
| Insured's Details | | Issuing Office Details | | |
| Customer ID | PO30615522 | Office Code | THIRUTHANGAL BRANCH (730603) | |
| Address | SEVALPATTI, SIVAKAS, VIRUDHUNAGAR (D-ST) TAMIL NADU, 626140 | Address | 584 VIRUDHUNAGAR ROAD, THIRUTHANGAL 626130 | |
| Phone No | 04562239800 | Phone No | 04562230179 | |
| E-mail/Fax | / | E-mail/Fax | / | |
| PAN No | / | S.Tax Regn. No | AAACN4165CST178 | |
| Policy Details | | | | |
| Policy Number | 7306034815180000134 | Business Source Code | | |
| Period of Insurance | From:31/10/2015 12:00:01 AM To: 30/10/2016 11:59:59 PM | Dev.Off./Broker/Corp. Agent | S.RAVEENDRAN (103937353) | |
| Date of Proposal | 31-Oct-15 | Agent/Bancassurance | Mr. MARIAPPAN P (NIAAG00003394) MARIAPPAN P (S/O0007389) | |
| Prev. Policy no. | PL0 | Phone No | 09789413629 / NA | |
| Client Type | Non-Corporate | E-mail/Fax | / | |
| Premium(₹) | Service Tax(₹) | Total(₹) | Total Rupees (In Words) | Receipt No. & Date |
| 121473 | 17007 | 138480 | RUPEES ONE LAC THIRTY- EIGHT THOUSAND FOUR HUNDRED EIGHTY ONLY | 73060381150000004815 - 23/10/15 |

Details of assets covered under the Policy

| | |
|-------------------|---|
| Risk Covered | SECTION I SECTION II AS PER P.A. COVER AND MEDICAL EXP. |
| Location | P.S.R. ENGINEERING COLLEGE, SEVALPATTI, SIVAKAS, VIRUDHUNAGAR. |
| Special Perils | AS PER SPECIAL CONTINGENCY POLICY. MEDICAL EXPENSES ARISING OUT OF ANY ACCIDENT. |
| Special Exclusion | AS PER SPECIAL CONTINGENCY POLICY. |
| Description | NO OF STUDENTS : 2128, PARENTS, TEACHING STAFF:135, NON TEACHING STAFF:45 SUM INSURED EACH ₹50,000/ |

| Sl. No. | Section Opted | Description | Sum Insured |
|---------|---------------|--|-------------|
| 1 | Section I | SECTION I NO OF STUDENTS : 2128, PARENTS:2128, TEACHING STAFF:135, NON TEACHING STAFF:45, SUM INSURED EACH ₹50,000/ | 221800000 |
| 2 | Section II | NO OF STUDENTS:2128, NO OF TEACHING STAFF:135, NO OF NON TEACHING STAFF:45, MEDICAL EXPENSES ARISING OUT OF ANY ACCIDENT TO STUDENTS, TEACHING & NON TEACHING STAFF ONLY SUM INSURED EACH ₹50,000/ | 115400000 |

| Other Extensions | Sum Insured (₹) |
|------------------|-----------------|
| Terrorism | NOT OPTED |

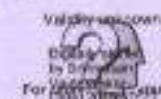
| | |
|--------------------|--|
| Special Conditions | PERSONAL ACCIDENT BENEFITS (A TO D) TO PARENTS OR GUARDIAN (EITHER ONE) (COMPENSATION WILL BE PAID FOR UTILIZATION OF COLLEGE FEE OF THE STUDENT) |
| Excess | 0 |

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) hereunder set his (their) hand(s) on this 23rd day of October, 2015.

R.S. Neelakantan

R.S. NEELAKANTAN
BRANCH MANAGER
S.R.No. 17421



Policy No. : 7306034815180000134 Document generated by 23065 at 23/10/2015 15:17:55 Hours.

Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 299 1415.

For any 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 ombudsman 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.nia.co.in>.





COLLECTION RECEIPT CUM ADJUSTMENT VOUCHER

Issuing Office : THIRUTHANGAL BRANCH (730603)
Address : 584 VIRUDHUNAGAR ROAD, THIRUTHANGAL
526130
TIRUTHANGAL
Phone : 04562230179
Email :
Fax :
Collection Number : 73060381150000034615
Collection Date : 23/10/2015
Business Source Code : 103937353

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

The amount received/Adjusted is towards -

| Policy No. | A/C Description | Amount ₹ | A/C Code | Sub A/C Code |
|----------------------|-----------------|-----------|-------------|------------------------|
| 73060346151800000134 | Bank-730603 | 138480.00 | 9100 730603 | BA00015798-730603-9100 |

Total = ₹ 138480.00

Your Payment/Adjustment Details are as under -

| Mode | Amount ₹ | Cheque No. | Cheque Date | Drawee Bank | Drawee Branch | Reference No. | Scroll/BG/ APD Balance |
|--------|-----------|------------|-------------|---------------|---------------|------------------|------------------------|
| Cheque | 138480.00 | 094188 | 20-OCT-15 | BANK OF INDIA | S/VAKASI | 7306031510009323 | N.A. |

Total = ₹ 138480.00

Utilization details of the Collected Amount :

| Premium | Service Tax | Stamp Duty | Excess Amount |
|-----------|---------------|-------------|-----------------|
| 121473.00 | 17007.00 | 0.00 | 0 |
| Sl no. | Agency Code | Agency Name | Department Code |
| 1 | NIAAG00003394 | MARIAPPAN P | 48 |

For The New India Assurance Company Limited

Revenue Stamp



Date of Issue: 23/10/2015

Bi

Cashier's Initial

R.S. Srinivasan

Authorized Signatory

NIA S.T.REGN No: AAACN4165CST178.

Note -

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 instalment if the premium paid has been exhausted by turnover declarations, if there is insufficient premium balance.



Policy No. : 73060348151800000134 Document generated by 23306 at 23/10/2015 13:17:55 Hours.

Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.

Page No. 1



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
Telefax : 04562 - 232606
CIN No. : U 99999 MH 1919 GOI 000526



30-10-17

POLICY SCHEDULE FOR PACKAGE INSURANCE POLICY

| | | | |
|-------------------|--|------------------------|--|
| Insured's Name | P. S. R. ENGINEERING COLLEGE. | | |
| Insured's Details | | Issuing Office Details | |
| Customer ID | PC30615522 | Office Code | THIRUTHANGAL BRANCH (730603) |
| Address | SEVALPATTI, SIVAKASI, VIRUDHUNAGAR (DIST) TAMIL NADU, 626140 | Address | 584 VIRUDHUNAGAR ROAD, THIRUTHANGAL 626130 |
| Phone No | 04562239800 | Phone No | 04562230179 |
| E-mail/Fax | / | E-mail/Fax | / |
| PAN No | / | S. Tax Regn. No | AAACN416SCST178 |

| | | | |
|---------------------|---|-------------------------------------|---|
| Policy Details | | Business Source Code | |
| Policy Number | 73060346162400000001 | Dev. Diff. level/Broker/Corp. Agent | Mr. S. RAVEENDRAN - A.O. (D) (103637353) |
| Period of insurance | From: 31/10/2016 04:25:58 PM To 30/10/2017 11:59:59 PM | Agent/Bancassurance | Mr. MARIAPPAN P (NIAAG00003394) MARIAPPAN P (SIO0007389) |
| Date of Proposal | 31-Oct-16 | Phone No | 06785413626 / 9443168911 9443168911 |
| Prev. Policy no. | PUJ | E-mail/Fax | / |
| Client Type | Non-Corporate | | |

| Premium(₹) | Service Tax(₹) | Total(RS) | Total Rupees (In Words) | Receipt No. & Date |
|------------|----------------|-----------|---|---------------------------------|
| 169121 | 25369 | 194490 | RUPEES ONE LAC NINETY- FOUR THOUSAND FOUR HUNDRED NINETY ONLY | 73060381160000005366 - 31/10/16 |

| Risk Details | | | | | |
|--------------|-------------------------------------|--|-------------|---------------------------|--------|
| Risk No. | Section | Description Of Property | Sum Insured | Location Details | Excess |
| 1 | Section X (Personal Accident) | P. A. COVER FOR 2161 students RS 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 |

| Terrorism Cover | | |
|-----------------|--------------|-------------|
| Risk No. | 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. 100000/- EACH. MEDICAL EXPE NSES ARISING OUT OF ANY ACCIDENT FOR STUDENTS FOR RS. 50000/- EACH. WARRANTED THAT THE NO. OF STUDEN TS SHOULD NOT EXCEED 2161 AT ANYTIME | 0 |

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

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

For and on behalf of
The New India Assurance Company
Limited

S. Raveendran
S. RAVEENDRAN
Admn. Officer (D)
S. R. No. 2416

Policy No. : 73060346162400000001 Document generated by 31162 at 21/10/2016 18:23:56 Hours.

Regd. & Head Office: New India Assurance Bldg., 67 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415

For redressal of your grievances, 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 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.nia.co.in>.





Mudrank _____ Dt _____ consolidated Stamp Fees Paid by Pay Order Number _____ Duly Constituted Attorney(s)
number _____ of _____ vide receipt

Stamp Duty under the Policy is ' 1/-.

IRDA Registration Number: 190



Policy No. : 7306034610240000001(Document generated by 31102 at 31/10/2016 16:23:56 Hours)

Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001, TOLL FREE No. 1 800 209 1415.

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 satisfied with our own grievance 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.nia.co.in>.





COLLECTION RECEIPT CUM ADJUSTMENT VOUCHER

Issuing Office : THIRUTHANGAL BRANCH (730603)
Address : 584 VIRUDHUNAGAR ROAD, THIRUTHANGAL
626130
TIRUTHANGAL
Phone : 04562230179
Email :
Fax :
Collection Number : 73060351180000005366
Collection Date : 31/10/2018
Business Source Code : 1D3937353

2161 x 90 = 194490

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

The amount received/Adjusted is towards -

| Policy No. | A/C Description | Amount | A/C Code | Sub A/C Code |
|----------------------|-----------------|-----------|-------------|------------------------|
| 73060346162400000001 | Bank-730603 | 194490.00 | 9100 730603 | BA00015798-730603-9100 |

Total = ₹ 194490.00

Your Payment/Adjustment Details are as under -

| Mode | Amount | Cheque No. | Cheque Date | Drawee Bank | Drawee Branch | Reference No. | Scroll/BG/ APD Balance |
|--------|-----------|------------|-------------|---------------|---------------|------------------|------------------------|
| Cheque | 194490.00 | 001768 | 31-OCT-18 | BANK OF INDIA | SIVAKASI | 7306031610010491 | N.A. |

Total = ₹ 194490.00

Utilization details of the Collected Amount

| Premium | Service Tax | Stamp Duty | Excess Amount |
|-----------|---------------|-------------|-----------------|
| 169121.00 | 25369.00 | 0.00 | 0 |
| Sl no. | Agency Code | Agency Name | Department Code |
| 1 | NIAAG00003394 | MARAPPAN P. | 46 |

For The New India Assurance Company Limited

Revenue Stamp

Date of Issue: 31/10/2018

Cashier's Initial

Authorized Signatory

NIA S.T.REGN No: AAACH4165CST178.

Note -

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.

S. RAVEENDRAN
Admn. Officer (D)
S.R.No. 31102

Policy No. : 73060346162400000001 Document generated by 31102 at 31/10/2018 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.





POLICY SCHEDULE FOR STUDENTS SAFETY PACKAGE INSURANCE

| | | | |
|--------------------------|---|-------------------------------|---|
| Insured's Name | : P.S.R. ENGINEERING COLLEGE, | | |
| Insured's Details | | Issuing Office Details | |
| Customer ID | : PO30615522 | Office Code | : THIRUTHANGAL BRANCH (730603) |
| Address | : SEVALPATTI, SIVAKASI, VIRUDHUNAGAR (DIST.) SEVALPATTI, TAMIL NADU, 626140 | Address | : 584 VIRUDHUNAGAR ROAD, THIRUTHANGAL 626130 |
| Phone No | : 04562239600, | Phone No | : 04562230179 / 04562232006 / 9443168911 |
| E-mail/Fax | : / | E-mail/Fax | : nia.730603@newindia.co.in / |
| PAN No | : | S.Tax Regn. No | : AAACN4165CST178 |
| GSTIN/UIN | : NA / NA | GSTIN | : 33AAACN4165CA2V |
| | | SAC | : 997139 (Other non-life insurance services excl RI) |

| | | | |
|-----------------------|--|------------------------------------|---|
| Policy Details | | | |
| Policy Number | : 73080348172300000003 | Business Source Code | |
| Period of Insurance | : From: 31/10/2017 12:00:01 AM To: 30/10/2018 11:59:59 PM | Dev. Off. level/Broker/Corp. Agent | : Mr. S. RAVEENDRAN - A.O. (D) - (AO3937353) |
| Date of Proposal | : 31-Oct-17 | Agent/Bancassurance | : Mr. MARIAPPAN P (NIAAG00003394) MARIAPPAN P (SIO0007389) |
| Prev. Policy no. | : | Phone No | : 09788413629 / 9443168911, 9443168911 |
| Client Type | : Non-Corporate | E-mail/Fax | : / s.raveendran@newindia.co.in, nia.730603@newindia.co.in / / |

| Premium(₹) | GST(₹) | Total (₹) | Total (₹ in words) | Receipt No. & Date |
|------------|--------|-----------|--|-------------------------------------|
| 163982 | 29516 | 193498 | RUPEES ONE LAC NINETY-THREE THOUSAND FOUR HUNDRED NINETY- EIGHT ONLY | 7306038117000000557 2 - 30/10/17 |

| | | | |
|--------------------|----------|---|---|
| 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, TEACHING 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 | | |

| | | | |
|--|------|---|---|
| No of parents | 2000 | | |
| Total SI of Parents or Guardian for payment of Tuition 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 accident | 0 |

Details of Teaching and Non-Teaching staff

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

S. Raveendran

For redressal of your grievances, if any, you may approach any one of the following modes - 1. orally visiting office 2. regional office 3. mail. In certain cases, you are not satisfied with our own grievance 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://newindia.co.in>.



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 | | ₹ 163982.00 |
| SGST | 9 | 14758 |
| CGST | 9 | 14758 |
| KGST | 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, 2017.

For and on behalf of
The New India Assurance Company Limited

Date of Issue: 30/10/2017

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. : T99603401723000000003 Document generated by 23305 at 30/10/2017 16:24:15 Hours.

Regd. & Head Office: New India Assurance Bldg., 87 N.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 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 satisfied with our own grievance 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://newindia.co.in>.

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

I PERSONAL ACCIDENT COVER TABLE 'D'

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

II 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 | 100000000 |
| STAFF : 150 | 50000 | 7500000 |

ANY ONE ACCIDENT LIMIT : 30000000

ANY ONE YEAR LIMIT : 60000000

S.Raveendran

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



COLLECTION RECEIPT CUM ADJUSTMENT VOUCHER

Issuing Office : THIRUTHANGAL BRANCH (730603)
Address : 584 VIRUCHUNAGAR ROAD, THIRUTHANGAL
626130
TIRUTHANGAL
Phone : 04562230179
Email : nia.730603@newindia.co.in
Fax :
Collection Number : 7306036117000003572
Collection Date : 30/10/2017
Business Source Code : 103837353
PAN No of Payer :

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

The amount received/Adjusted is towards -

| Policy No. | A/C Description | Amount ₹ | A/C Code | Sub A/C Code |
|----------------------|-----------------|-----------|-------------|------------------------|
| 73060348172300000003 | Bank-730603 | 193498.00 | 9100.730603 | 8A00015798-730603-9100 |
| 73060348172300000003 | Bank-730603 | 2.00 | 9103.730603 | 8A00015798-730603-9100 |

Total = ₹ 193500.00

Your Payment/Adjustment Details are as under -

| Mode | Amount ₹ | Cheque No. | Cheque Date | Drawee Bank | Drawee Branch | Reference No. | Scrub/SGA PD Balance |
|---------------|-----------|------------|-------------|---------------|---------------|------------------|----------------------|
| Excess-Cheque | 2.00 | 011674 | 30-OCT-17 | BANK OF INDIA | SIVAKASI | 7306031710011066 | N.A. |
| Cheque | 193498.00 | 011674 | 30-OCT-17 | BANK OF INDIA | SIVAKASI | 7306031710011066 | N.A. |

Total = ₹ 193500.00

Utilization details of the Collected Amount :

| Premium | GST | Stamp Duty | Excess Amount |
|-----------|---------------|--------------|-----------------|
| 163982.00 | 29516.00 | 0.00 | 2 |
| Sl no. | Agency Code | Agency Name | Department Code |
| 1 | NIAAG00003394 | MARIAPPAN P. | 48 |

For The New India Assurance Company Limited
Revenue Stamp



Date of Issue: 30/10/2017

Cashier's Initial

Authorized Signatory

S.RAVEENDRAN
Asst. Manager (D)
S.R.N8:31162

Note -

- Please note the Policy Number, Collection Number and date in all future correspondence. This Receipt is subject to Realisation of Cheque.
- 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 instalment if the premium paid has been exhausted by turnover declarations if there is insufficient premium balance.

Tax Invoice No : 7306034800000003

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 Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 200 1415.





Consolidated Stamp duty paid
 as per Tamilnadu Govt.
 G.O(RT)No.606 Dt:27-12-2017
 Paid by Madurai R.O.730000



POLICY SCHEDULE FOR STUDENTS SAFETY PACKAGE INSURANCE

| | | | |
|-------------------|--|------------------------|--|
| Insured's Name | P.S.R. ENGINEERING COLLEGE, | | |
| Insured's Details | | Issuing Office Details | |
| Customer ID | : PO30815522 | Office Code | : THIRUTHANGAL BRANCH (730603) |
| Address | : SEVALPATTI, SIVAKASI, VIRUDHUNAGAR (DIST) SEVALPATTI, TAMIL NADU, 626140 | Address | : 584 VIRUDHUNAGAR ROAD, THIRUTHANGAL .626130 |
| Phone No | : 04562239500, | Phone No | : 04562230179 / 04562232806 / 9443168911 |
| E-mail/Fax | : / | E-mail/Fax | : nia.730603@newindia.co.in / |
| PAN No | : AAATP3283G | S.Tax Regn. No | : AAACN4165CST178 |
| GSTIN/UIN | : NA / NA | GSTIN | : 33AAACN4165C4ZY |
| | | SAC | : 997139 (Other non-life insurance services exc'd Rq) |

| | | | |
|---------------------|--|---|---|
| Policy Details | | | |
| Policy Number | : 73060348182300000003 | Business Source Code | |
| Period of Insurance | : From: 31/10/2018 12:00:01 AM To: 30/10/2019 11:59:59 PM | Dev.Off. level/Broker/Corp. Agent | : Mr. S. RAVEENDRAN - A.M. (D) - (AM3937353) |
| Date of Proposal | : 31-Oct-18 | Agent/Bancassurance | : Mr. MARIAPPAN P (NIAAG00003394) MARIAPPAN P (S000037389) |
| Prev. Policy no. | : PU0 | Phone No | : 09786413829 / 9443168911, 9443168911 |
| Client Type | : Non-Corporate | E-mail/Fax | : / s.raveendran@newindia.co.in, nia.730603@newindia.co.in / / |

| | | | | |
|------------|--------|-----------|--|-------------------------------------|
| Premium(₹) | GST(₹) | Total (₹) | Total (₹ in words) | Receipt No. & Date |
| 175424 | 31576 | 207000 | RUPEES TWO LAC SEVEN THOUSAND ONLY | 7306038118000000508 5 - 30/10/18 |

| | | | |
|--------------------|----------|--|---|
| No of Students | 2125 | Medical Expenses per student (Inclusive of OPD) | 50000 |
| Limit per student | 100000 | Special conditions | AOA:3C,AOY:6C,PA COVER: STUD.2125X100000=RS.212 5L,TEACHING&NT STAFF:175X100000= RS.175L,PARENTS:2125X 100000=RS.2125L,MED.EXP COVER:STUD.2125X50000= RS.106250000,TEACHING&N T STAFF 175X50000=RS.8750000 ANYONE OF THE EARNING PARENT IS COVERED |
| Limit per accident | 30000000 | | |

| | | | |
|--|---------|--|------|
| No of parents | 2125 | 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 | 2125 |
| Total SI of Parents or Guardian for payment of Tuition and Hostel fees | 4515625 | | |

Details of Teaching and Non-Teaching staff

| Sl No. | Name of Member | Age | Name of the Assignee | Risk Group | Medical Extension (Inclusive of OPD) | Table B Sum Insured | Table C Sum Insured | Table D Sum Insured | Total Sum Insured |
|--------|----------------|-----|----------------------------|------------|---|---------------------------|---------------------------|---------------------------|----------------------|
|--------|----------------|-----|----------------------------|------------|---|---------------------------|---------------------------|---------------------------|----------------------|

Signature valid

Date: 30/10/2018
 Time: 10:30

Policy No. : 73060348182300000003 Document generated by 37791 at 30/10/2018 10:10:58 Hours.

Regd. & Head Office: New India Assurance Bldg., E7 N.C. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415

For 24x7 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 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://newindia.co.in>



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



This policy shall be subject to STUDENT'S SAFETY PACKAGE INSURANCE policy clauses attached herewith.

Premium and GST Details

| | Rate of Tax | Amount in INR |
|---------|-------------|---------------|
| Premium | | ₹ 1,75,424.00 |
| SGST | 9 | 15,788 |
| CGST | 9 | 15,788 |
| 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

S. Bhandari
 Duly Constituted Attorney(s)

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

Tax Invoice No : 73060318E0000434

IRDA Registration Number: 190



न्यू इंडिया एश्योरन्स
NEW INDIA ASSURANCE

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



COLLECTION RECEIPT CUM ADJUSTMENT VOUCHER

Issuing Office : THIRUTHANGAL BRANCH (730603)
Address : 564 VIRUDHUNAGAR ROAD, THIRUTHANGAL
626130
TIRUTHANGAL
Phone : 04562230179
Email : nia.730603@newindia.co.in
Fax :
Collection Number : 7306038118000005085
Collection Date : 30/10/2018
Business Source Code : 1D3837353
PAN No of Payer : AAATP3283G

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

The amount received/Adjusted is towards -

| Policy No. | A/C Description | Amount ₹ | A/C Code | Sub A/C Code |
|----------------------|-----------------|-----------|-------------|------------------------|
| 73060348182300000003 | Bank-730603 | 207000.00 | 9100.730603 | BA00018798-730603-9100 |
| Total = ₹ 207000.00 | | | | |

Your Payment/Adjustment Details are as under -

| Mode | Amount ₹ | Cheque No. | Cheque Date | Drawee Bank | Drawee Branch | Reference No. | Scrill/BGA PD Balance |
|---------------------|-----------|------------|-------------|---------------|---------------|------------------|-----------------------|
| Cheque | 207000.00 | 113641 | 26-OCT-18 | BANK OF INDIA | SIVAKASI | 7306031810009810 | N.A. |
| Total = ₹ 207000.00 | | | | | | | |

Utilization details of the Collected Amount :

| Premium | GST | Stamp Duty | Excess Amount |
|-----------|--------------|-------------|-----------------|
| 175424.00 | 31576.00 | 3.00 | 0 |
| Sl no. | Agency Code | Agency Name | Department Code |
| 1 | NIAG00003394 | MARIAPPAN P | 48 |

For The New India Assurance Company Limited

Re: **Stamp**



S.R.
30/10/18
Cashier's Initial

S.RAVEENDRAN
Asst. Manager (D)
Authorized Signatory
S.R.No.:31102

Date of Issue: 30/10/2018

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

Signature valid

Digitally signed by
S. Raveendran
Date: 2018.10.30
10:10:08 IST

BRANCH OFFICE - 730603, No. 564, Virudhunagar Main Road, THIRUTHANGAL - 626 130. Phone - 04562 - 230179, 231079



POLICY SCHEDULE FOR STUDENTS SAFETY PACKAGE INSURANCE

| | | | |
|-------------------|--|------------------------|--|
| Insured's Name | P. S. R. ENGINEERING COLLEGE, | | |
| Insured's Details | | Issuing Office Details | |
| Customer ID | PO30816522 | Office Code | THIRUTHANGAL BRANCH (730603) |
| Address | SEVALPATTI, SIVAKASI, VIRUDHUNAGAR (DIST) SEVALPATTI, TAMIL NADU, 626140 | Address | 584 VIRUDHUNAGAR ROAD, THIRUTHANGAL 626130 |
| Phone No | 04562239600 | Phone No | 04562230179 / 04562232806 |
| E-mail/Fax | / | E-mail/Fax | nia.730603@newindia.co.in / |
| PAN No | AAATP3283G | S. Tax Regn. No | AAACN4195CST178 |
| GSTIN/UIN | NA / NA | GSTIN | 33AAACN4185C4ZV |
| | | SAC | 997139 (Other non-life insurance services excl RI) |

| | | | |
|---------------------|--|---|---|
| Policy Details | | | |
| Policy Number | 73060348192300000003 | Business Source Code | |
| Period of Insurance | From: 31/10/2019 12:00:01 AM To: 30/10/2020 11:59:59 PM | Dev. Off. level/Broker/Corp. Agent/Web Aggregator | Mr. S. RAVEENDRAN - A.M. (D) - (AM3937353) |
| Date of Proposal | 31-Oct-19 | Agent/Bancassurance/ Specified Person | Mr. MARIAPPAN P (NIAAG00003394) MAR APPAN P (SIO0007306) |
| Prev. Policy no. | 73060348182300000003 | Phone No | 09788413629 / 9443168911, 9443168911 |
| Client Type | Non-Corporate | E-mail/Fax | / s.raveendran@newindia.co.in, nia.730603@newindia.co.in / / |

| | | | | |
|------------|--------|-----------|--|-------------------------------------|
| Premium(₹) | GST(₹) | Total (₹) | Total (₹ in words) | Receipt No. & Date |
| 185339 | 33362 | 218701 | RUPEES TWO LAC EIGHTEEN THOUSAND SEVEN HUNDRED ONE ONLY | 7306038119000000490 1 - 30/10/19 |

| | | | |
|--------------------|----------|--|--|
| No of Students | 2230 | Medical Expenses per student (Inclusive of OPD) | 50000 |
| Limit per student | 100000 | Special conditions | AOA:3CR, AQY:6CR, PA COVER TABLE C*STUD.2230X100000 D=RS.22.3CR, TEACHING&NT STAFF:200X100000= RS.2CR, PARENTS:2230X 100000=RS.22.3CR, MED. EXP S. COVER:STUD.2230X50000 =RS.11.15CR, TEACHING&NT 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 fees 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

| Sl No. | Name of Member | Age | Name of the Assignee | Risk Group | Medical Extension (Inclusive of OPD) | Table B Sum Insured | Table C Sum Insured | Table D Sum Insured | Total Sum Insured |
|--------|----------------|-----|----------------------|------------|--------------------------------------|---------------------|---------------------|---------------------|-------------------|
|--------|----------------|-----|----------------------|------------|--------------------------------------|---------------------|---------------------|---------------------|-------------------|

Signature valid

Digitally signed by
 S. Raveendran
 DN: cn=S. Raveendran,
 o=New India Assurance Co. Ltd.,
 email=s.raveendran@newindia.co.in

Policy No. : 73060348192300000003 Document generated by 37181 at 30/10/2019 11:00:31 Hours.

Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 298 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 satisfied with our own grievance 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://newindia.co.in>.

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 | Telexfax : 04562 - 232806 + CIN No. : U 99999 MH 1919 GOI 000526



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 | | ₹ 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) hands 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
Duly Constituted Attorney(s)

S. RAVEENDRAN

Asst. Manager (D)

S.R.No.:31102

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

Tax Invoice No : 73060319E0005887

IRDA Registration Number: 190

BRANCH OFFICE - 730603, No. 684, Veerchunagar 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 98099 MH 1919 GOI 000556



न्यू इंडिया एश्योरन्स
NEW INDIA ASSURANCE

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



COLLECTION RECEIPT CUM ADJUSTMENT VOUCHER

Issuing Office : THIRU, THANGAL BRANCH (730603)
Address : 584 VIRUDHUNAGAR ROAD, THIRU, THANGAL
626 130
TIRUTHANGAL.
Phone : 04562230179
Email : nia.730603@newindia.co.in
Fax :
Collection Number : 7306038190000004901
Collection Date : 30/10/2019
Business Source Code : 103937363
PAN No of Payer : AAATP3253G

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

The amount received/Adjusted is towards -

| Policy No. | A/C Description | Amount ₹ | A/C Code | Sub A/C Code |
|----------------------|-----------------|-----------|-------------|------------------------|
| 73060348192300000003 | Bank-730603 | 218700.00 | 9100.730603 | BA00015798-730603-9100 |
| 73060348192300000003 | Bank-730603 | 1.00 | 9100.730603 | BA00015798-730603-9100 |

Total = ₹ 218701.00

Your Payment/Adjustment Details are as under -

| Mode | Amount ₹ | Cheque No. | Cheque Date | Drawee Bank | Drawee Branch | Reference No. | Scrub/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 = ₹ 218701.00

Utilization details of the Collected Amount :

| Premium | GST | Stamp Duty | Excess Amount |
|-----------|--------------|-------------|-----------------|
| 185339.00 | 33382.00 | 0.00 | 0 |
| Sl no. | Agency Code | Agency Name | Department Code |
| 1 | NIAAG0003394 | MARIAPPAN P | 48 |

For The New India Assurance Company Limited
Revenue Stamp

5.

Date of Issue: 30/10/2019

Cashier's Initial

Authorized Signatory
S. RAVEENDRAN
Asst. Manager (D)
S.R.No: 091102

Note -

- Please note the Policy Number, Collection Number and date in all future correspondence. This Receipt is subject to Registration of Cheque.
- 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 : 73060319E0005887

IRDA Registration Number: 190

Signature valid

Digital Signature
Valid
Date: 30/10/2019 13:08:51

Policy No. : 73060348192300000003 Document generated by 37391 at 30/10/2019 13:08:51 Hours.

Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.

BRANCH OFFICE - 730603, No. 584, Virudhunagar Main Road, THIRU, THANGAL - 626 130. Phone : 04562 - 230179, 231079
E-mail : nia720603@gmail.com, nia.730603@newindia.co.in | Telefax : 04562 - 232606 | CIN No. : U 98980 MH 1919 GCI 000526



POLICY SCHEDULE FOR PACKAGE INSURANCE POLICY

| | | | |
|-------------------|--|------------------------|--|
| Insured's Name | P. S. R. ENGINEERING COLLEGE, | | |
| Insured's Details | | Issuing Office Details | |
| Customer ID | PO30615522 | Office Code | THRUTHANGAL BRANCH (730603) |
| Address | SEVALPATTI, SIVAKASI, VIRUDHUNAGAR (DIST) TAMIL NADU, 626140 | Address | 584 VIRUDHUNAGAR ROAD, THRUTHANGAL .626130 |
| Phone No | 04562239600 | Phone No | 04962230179 |
| E-mail/Fax | / | E-mail/Fax | / |
| PAN No | / | S. Tax Regn. No | AAACN165CST178 |

| | | | |
|---------------------|--|-----------------------------------|---|
| Policy Details | | Business Source Code | |
| Policy Number | 73060346182400000001 | Dev.Off. level/Broker/Corp. Agent | Mr. S. RAVEENDRAN - A.O (D) (1D3937353) |
| Period of Insurance | From: 31/10/2016 04:25:58 PM To: 30/10/2017 11:59:59 PM | Agent/Bancassurance | Mr. MARIAPPAN P (NIAAG00003394) MARIAPPAN P (SIO0007359) |
| Date of Proposal | 31-Oct-16 | Phone No | 09768413629 / 9443168911, 9443168911 |
| Prev. Policy no. | PU9 | E-mail/Fax | / |
| Client Type | Non-Corporate | | |

| Premium(₹) | Service Tax(₹) | Total(RS) | Total Rupees (In Words) | Receipt No. & Date |
|------------|----------------|-----------|---|---------------------------------|
| 169121 | 25369 | 194490 | RUPEES ONE LAC NINETY- FOUR THOUSAND FOUR HUNDRED NINETY ONLY | 73060361160000005366 - 31/10/16 |

| Risk Details | | | | | |
|--------------|-------------------------------------|--|-------------|---------------------------|--------|
| Risk No. | Section | Description Of Property | Sum Insured | Location Details | Excess |
| 1 | Section X (Personal 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 | 100050000 | P. S. R. ENGG. COLLEGE | 0 |

| Terrorism Cover | | |
|-----------------|--------------|-------------|
| Risk No. | 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. 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.

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, 2016.

Date of Issue: 31/10/2016

For and on behalf of
The New India Assurance Company
Limited

S. Raveendran
S. RAVEENDRAN
Admn. Officer (D)
S. R. No. 0410

Policy No. : 73060346182400000001 Document generated by 31102 at 31/10/2016 18:22:56 Hours.

Regd. & Head Office: New India Assurance Bldg., 87 N.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 208 1433.

For redressal of your grievances, if any, you may approach any one of the following offices: 1. Policy issuing office 2. Regional office 3. Head office. In case, the above offices are closed, you may approach our nearest branch office. For details of our office addresses and addresses of office of Insurance Ombudsman, please visit our website <http://www.newindia.co.in>.



POLICY SCHEDULE FOR PACKAGE INSURANCE POLICY

| | | | |
|-------------------|--|------------------------|--|
| Insured's Name | P. S. R. ENGINEERING COLLEGE | | |
| Insured's Details | | Issuing Office Details | |
| Customer ID | PO30615522 | Office Code | THIRUTHANGAL BRANCH (730600) |
| Address | SEVALPATTI, SIVAKASI, VIRUDHUNAGAR (DIST) TAMIL NADU, 626140 | Address | 584 VIRUDHUNAGAR ROAD, THIRUTHANGAL 626130 |
| Phone No | 04562239600 | Phone No | 04562230179 |
| E-mail/Fax | / | E-mail/Fax | / |
| PAN No | | S. Tax Regn. No | AAACN4165CST178 |

| | | | |
|---------------------|--|------------------------------------|---|
| Policy Details | | Business Source Code | |
| Policy Number | 7306034816240000001 | Dev. Off. level/Broker/Corp. Agent | Mr. S. RAVEENDRAN - A.O (D) (1D3937353) |
| Period of Insurance | From: 31/10/2016 04:25:59 PM To: 30/10/2017 11:59:59 PM | Agent/Bancassurance | Mr. MARIAPPAN P (NSAAG00003384) MARIAPPAN P (SI00007389) |
| Date of Proposal | 31-Oct-16 | Phone No | 09788413629 / 9443168911, 9443168911 |
| Prev. Policy no. | PUD | E-mail/Fax | / |
| Client Type | Non-Corporate | | |

| Premium(*) | Service Tax(*) | Total(RS) | Total Rupees (In Words) | Receipt No. & Date |
|------------|----------------|-----------|---|---------------------------------|
| 169121 | 25369 | 194490 | RUPEES ONE LAC NINETY- FOUR THOUSAND FOUR HUNDRED NINETY ONLY | 73060381160000005365 - 31/10/16 |

| Risk Details | | | | | |
|--------------|-------------------------------------|---|-------------|---------------------------|--------|
| Risk No. | Section | Description Of Property | Sum Insured | Location Details | Excess |
| 1 | Section X (Personal 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 |

| Terrorism Cover | | |
|-----------------|--------------|-------------|
| Risk No. | 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. 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.

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, 2016.

Date of Issue: 31/10/2016

For and on behalf of
The New India Assurance Company
Limited

S. Raveendran
S. RAVEENDRAN
Admn. Officer (D)
S. R. No. 2410

Policy No. : 7306034816240000001 Document generated by 31102 at 31/10/2016 16:23:56 Hours.

Regd. & Head Office: New India Assurance Bldg., 87 E.G. Road, Fort, Mumbai - 400 001, TOLL FREE No. 1 800 200 1415.

For redressal of your grievances, if any you may approach any one of the following offices- 1. Policy issuing office 2. Regional office 3. Head office. In case of any grievance, please approach the concerned office first. If you are not satisfied with the outcome of the grievance 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.nia.co.in>

Psr Engineering College Branch

Date: 05/01/2020

Name : RANJITH KUMAR P
Address : S/O PAULRAJ 620/950 R C CHURCH STREET
MALAIYANDIPATTI RAJAPALAYAM 626117
RAJALPALAYAM

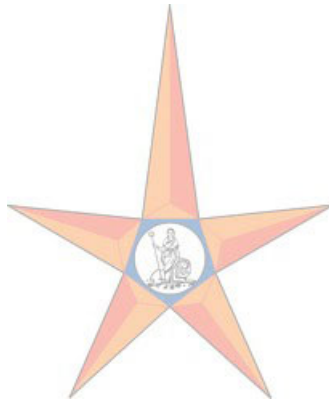
Account No : 815810110000931
Customer ID : 127979241
Account Type : Savings Account
IFSC Code : BKID0008158
MICR Code : 625013020

Account Statement: For the period October 20, 2019 to October 31, 2019

| 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 made within 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.

For any support or clarification please contact Call Centre No.1800 220 229, 1800 103 1906, 022 40919191.

TN : 33610182116
 CST : C/94803/6.9.02
 Area Code : 010



Sri Balaji Textiles

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



| | |
|--|--|
| No. <u>P.S.R. ENGINEERING COLLEGE</u> <u>SEVALPATTI NEAR THIRUVELADAM</u> <u>VIRUDHACHARI - DIST</u> | Invoice No. <u>169</u> Dt. <u>23.11.15</u> |
| | Order No. <u>3271</u> Dt. <u>2.11.15</u> |
| | D.C.No. <u>3326</u> <u>3327</u> <u>3328</u> Dt. <u>3329</u> <u>3364</u> <u>2.11.15</u> <u>2.11.15</u> <u>2.11.15</u> <u>2.11.15</u> |

| Description | Pcs. | Metres | Rate / PM | Amount |
|--|----------|--------|-----------|-----------|
| <u>UNIFORM CLOTH SETS FOR</u> | | | | |
| <u>I YEAR STUDENT: (SUITING + SHIRTING)</u> | | | | |
| Boys 241 STUDENT X 3 SETS | 723 SETS | — | 300 00 | 216900.00 |
| " 1 STUDENT X 2 SETS | 2 SETS | — | 300 00 | 600.00 |
| " 2 STUDENT X 2 PANT ONLY | 4 PANTS | — | 180 00 | 720.00 |
| GIRLS 127 STUDENT X 3 SETS CHUDITHAR WITH WAIST COAT | 381 SETS | | 440 00 | 167640.00 |
| <u>LATERAL ENTRY: (PEACOCK BLUE SUITING)</u> | | | | |
| Boys 77 STUDENT X 2 SETS | 154 SETS | | 365 00 | 56210.00 |
| GIRLS 9 STUDENT X 2 COATS | 18 COATS | | 230 00 | 4140.00 |
| <u>ELECTRICIAN + 1 MENT + MECHANIC - 5 MEM</u> 6 MEMBERS X 2 SETS | 12 SETS | | 365 00 | 4380.00 |
| <u>DAWET + WATER WASH + O.A + WATERMAN</u> 25 + 1 + 5 + 2 | | | | |
| 33 MEMBERS X 2 SETS | 66 SETS | | 300 00 | 19800.00 |
| RS: FOUR LAKH SEVENTY THOUSAND AND THREE HUNDRED NINETY ONLY | | | | 470390.00 |
| E.&O.E. TEXTILE NON-TAXABLE GOODS | | | | |

Received the goods mentioned above to our entire satisfaction.

Buyer's Signature _____

For SRI BALAJI TEXTILES
R. Prabhakaran.
 Authorised Signatory

- CONDITIONS OF SALE**
- Our prices are nett ex go-down, cooly, packing, forwarding charges etc., will be borne by the buyer.
 - Goods once sold will not be taken back under any circumstances.
 - Payment by "A/C Payee" charges / Draft only 24% interest will be charged if not paid on the due date.
 - In the event of any complaints regarding quality or quantity of the goods, the complaints should be made in writing within two days failing which we are not responsible for the same.
 - Any disputes arising of this transaction are subject to jurisdiction of the court of law at Chennai city only.
 - Goods under this invoice shall be in trust with the buyer for the benefit of the seller until the entire value of goods mentioned in the invoice is paid up.

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

JOB WORK INVOICE



SBT Uniforms

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

| | | |
|---|--|---|
| M/s. <u>P.S.R ENGINEERING COLLEGE</u> <u>SEVAL PATTY, NEAR THIRUVENKADAM</u> <u>VIRUDHYNAGAR - DIST</u> | | Bill No. 467 Date: <u>23.11.15</u> |
| Party's TIN..... | | PO No.: Date: DC No.: <u>3326, 3327, 3328, 3329, 3371</u> <u>2.11.15</u> Date: <u>23/11/15</u> |
| | | Payment: <u>3364</u> <u>23/11/15</u> |

| S.No. | Particulars | Item | Qty. | Rate | | Amount | |
|---|---|------|----------|------|----|------------------|----|
| | | | | Rs. | P. | Rs. | P. |
| | <u>UNIFORM STITCHING CHARGES FOR</u> <u>I YEAR STUDENT</u> | | | | | | |
| | <u>BOYS :- 241 STUDENTS X 3 SETS</u> | | 723 SETS | 275 | 00 | 198825 | 00 |
| | <u>1 STUDENT X 2 SET -</u> | | 2 SETS | 275 | 00 | 550 | 00 |
| | <u>2 STUDENT X 2 PANTS ONLY</u> | | 4 PANT | 175 | 00 | 700 | 00 |
| | <u>GIRLS :- 127 STUDENTS X 3 SETS</u> <u>CANDI SETS + WAIST COAT</u> | | 381 SET | 275 | 00 | 104775 | 00 |
| | <u>LATERAL ENTRY:-</u> | | | | | | |
| | <u>BOYS 77 STUDENTS X 2 SETS</u> | | 154 SETS | 275 | 00 | 42350 | 00 |
| | <u>GIRLS 9 STUDENTS X 2 COATS</u> | | 18 COAT | 100 | 00 | 1800 | 00 |
| | <u>ELECTRICIAN + MECHANICS</u> | | | | | | |
| | <u>6 MEMBER X 2 SETS -</u> | | 12 SETS | 275 | 00 | 3300 | 00 |
| | <u>DRIVER + WATER WASH + OA + WATER MAN</u> | | | | | | |
| | <u>33 MEMBERS X 2 SETS -</u> | | 66 SETS | 275 | 00 | 18150 | 00 |
| Rupees Three LAKH SEVENTY THOUSAND AND four Hundred fifty Total | | | | | | <u>370450.00</u> | |

| | | |
|---|--|---|
| Goods once sold cannot be taken back. All disputes subject to Chennai Jurisdiction. E.&O.E. | Received the above materials in good condition. | For SBT Uniforms <u>P. Prabhakaran</u> |
|---|--|---|

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

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

| Sl. No. | Institution | Gender | Strength | Rate per Unit | No. of Sets | Amount |
|--|----------------------|--------|----------|-------------------|-------------|---|
| 1. | P. S. R. | Boys | 299 | $275 + 325 = 600$ | 2 | $598 \times 600 = 358800$ ✓ |
| | | Girls | 153 | $125 + 185 = 310$ | 2 | $306 \times 310 = 94860$ ✓ |
| | P. S. R. (NSS) | Boys | 208 | 290 | 1 | $208 \times 290 = 60320$ Vat 5% = 3016 |
| | | Girls | 57 | $075 + 100 = 175$ | 1 | $57 \times 175 = 9975$ ✓ |
| 2. | P. S. R. R | Girls | 119 | $125 + 185 = 310$ | 2 | $238 \times 310 = 73780$ ✓ |
| | | | | | | Total = 600751 ✓ |
| 3. | Bus Driver | | 27 | $275 + 300 = 575$ | 2 | $54 \times 575 = 31050$ ✓ |
| 4. | Mechanical Lab Tech. | | 3 | $275 + 325 = 600$ | 2 | $06 \times 600 = 3600$ ✓ |
| 5. | M.D. Driver | | 1 | $275 + 300 = 575$ | 2 | $02 \times 575 = 1150$ ✓ |
| 6. | Electrician | | 2 | $275 + 325 = 600$ | 2 | $04 \times 600 = 2400$ ✓ |
| 7. | Security | | 1 | $275 + 325 = 600$ | 2 | $02 \times 600 = 1200$ ✓ |
| | | | | | | Total = 39400 |
| Grand Total = 600751 + 39400 = 640151 | | | | | | |

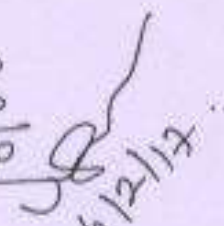
Amount to be Paid is **Rs. 6,40,151** (Six lakh forty thousand one hundred and fifty one) only.

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 **Rs 12300**

$$\begin{array}{r} 73300 \\ 12300 \\ \hline \text{Rs } 85600 \end{array}$$


TAX INVOICE



SBT Uniforms

GSTIN: 33APMPK5880R1Z0

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

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

| | | |
|---|--|---|
| M/s. <u>PSR ENGINEERING COLLEGE</u> <u>SEVALPATTI NEAR THIRUVENKADAM</u> <u>VIRUDHACHALAP DI.S.</u> | | Invoice No. <u>0306</u> Dt. <u>23.10.17</u> |
| Party's TIN | | Y/Order No. Dt. |
| | | D.C.No. <u>4860</u> Dt. <u>19.9.17</u> |

| S.No. | Description | HSN Item Code | Qty | Rate Rs. P. | Amount Rs. P. |
|-----------------------------------|---------------------------|---------------|--------|--------------|-------------------|
| <u>LATERAL ENTRY BOYS UNIFORM</u> | | | | | |
| | CIVIL 23 STUDENTS X 2 SET | | 46 SET | 650 - | 29,900 - |
| | CSE 1 " X 2 " | 6205 | 2 " | 650 - | 1,300 - |
| | ECE 7 " X 2 " | | 14 " | 650 - | 9,100 - |
| | EEE 15 " X 2 " | 6203 | 30 " | 650 - | 19,500 - |
| | MECH 41 " X 2 " | | 82 " | 650 - | 53,300 - |
| | MECH 1 " X 1 " | | 1 " | 650 - | 650 - |
| <u>LE GIRLS LAB COAT</u> | | | | | |
| | CIVIL 4 STUDENTS X 2 | | 8 COAT | 330 - | 2,640 - |
| | ECE 9 " X 2 | 6205 | 18 " | 330 - | 5,940 - |
| | EEE 1 " X 2 | | 2 " | 330 - | 660 - |
| | | | | | 1,22,990 - |
| | | | | | 3,074 75 |
| | | | | | 3,074 75 |
| | | | | | 1,29,139 50 |
| | | | | | +50 |
| | | | | R/off | |
| | | | | TOTAL | 1,29,140 - |

Rupees ONE LAKHS TWENTY NINE THOUSAND,
ONE HUNDRED AND FORTY ONLY

For SBT UNIFORMS

 Authorised Signatory

CONDITIONS OF SALE

- Our prices are net ex go-down, cooly, packing, forwarding charges etc., will be borne by the buyer.
- Goods once sold will not be taken back under any circumstances.
- Payment by 'A/C Payee' charges / Draft only 24% interest will be charged if not paid on the due date.
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- Any disputes arising of this transaction are subject to jurisdiction of the court of law at Chennai city only.
- Goods under this invoice shall be in trust with the buyer for the benefit of the seller until the entire value of goods mentioned in the invoice is paid up.
- The product incorporated and sold is without warranty of whatsoever nature. The purchasers are caveat emptor and shall make their own analysis on the product to suit their purpose.

TAX INVOICE



SBT Uniforms

GSTIN:33APMPK5880R1Z0

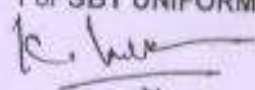
60, Easwari Nagar Extn., Selaiyur, East Tambaram, Chennai - 600 073.

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

| | | |
|---|-------------------------|---------------------|
| M/s. <u>PSR ENGINEERING COLLEGE</u> <u>SEVALPATTI NEAR THIRUVENKANDAM</u> <u>VIRUPUNAGAR DIST</u> | Invoice No. 0307 | Dt. <u>23.10.17</u> |
| Party's TIN | Y/Order No. | Dt. |
| | D.C.No. <u>4925</u> | Dt. <u>14.10.17</u> |

| S.No | Description | HSN Item Code | Qty | Rate | | Amount | |
|--------------|-----------------------------------|---------------|---------|------|----|-----------------|-----------------|
| | | | | Rs. | P. | Rs. | P. |
| | <u>1st YEAR BOYS UNIFORMS</u> | | | | | | |
| | MECHANICAL 122 SHIRTS x 2 Set. | | 244 Set | 650 | - | 1,58,600 | - |
| | EEE 50 " x 2 Set. | 6205 | 100 | 650 | - | 65,000 | - |
| | CSE 48 " x 2 Set. | 6203 | 96 | 650 | - | 62,400 | - |
| | ECE 35 " x 2 " | | 70 | 650 | - | 45,500 | - |
| | CIVIL 60 " x 2 " | | 120 | 650 | - | 78,000 | - |
| | BIO TECH. 9 " x 2 " | | 18 | 650 | - | 11,700 | - |
| | | | | | | <u>4,21,200</u> | - |
| | SGST 2.5% | | | | | 10,530 | - |
| | CGST 2.5% | | | | | 10,530 | - |
| | | | | | | <u>4,42,260</u> | - |
| TOTAL | | | | | | | <u>4,42,260</u> |

Rupees FOUR LAKHS FORTY TWO THOUSAND
TWO HUNDRED AND SIXTY ONLY

For SBT UNIFORMS

 Authorised Signatory

- CONDITIONS OF SALE**
- Our prices are net ex go-down, cooly, packing, forwarding charges etc. will be borne by the buyer.
 - Goods once sold will not be taken back under any circumstances.
 - Payment by "A/C Payee" charges / Draft only 24% interest will be charged if not paid on the due date.
 - In the event of any complaints regarding quality or quantity of the goods, the complaints should be made in writing within two days falling which we are not responsible for the same.
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 - Goods under this invoice shall be in trust with the buyer for the benefit of the seller until the entire value of goods mentioned in the invoice is paid up.
 - The product incorporated and sold is without warranty of whatsoever nature. The purchasers are caveat emptor and shall make their own analysis on the product to suit their purpose.



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

| | | |
|--|---------------------------|---------------------|
| M/s. <u>PSR ENGINEERING COLLEGE</u> <u>SEVALPOTTAI, NEAR TIRUVENKADAY,</u> <u>VIRUDHANCHUR DIST.</u> | Invoice No. 0309 | Di. <u>23.10.17</u> |
| Party's TIN | Y/Order No. | Di. <u>14.10.17</u> |
| | D.C.No. <u>4926,4947.</u> | Di. <u>21.10.17</u> |

| S.No. | Description | Item | Qty | Rate | | Amount | |
|----------------------------------|--------------------------|------|-------|-------|----|--------------|---------------|
| | | | | Rs. | P. | Rs. | P. |
| UNIFORM SETS FOR WORKER'S | | | | | | | |
| 1 | DRIVER'S. 27mm x 2 set | | 54set | 650 | - | 35,100 | - |
| 2 | ELECTRICIAN. 3 " x 2 set | | 6set | 650 | - | 3,900 | - |
| 3 | MECHANIC 5 " x 2 set | | 10set | 650 | - | 6,500 | - |
| 4 | O/A 4 " x 2 " | | 8 " | 615 | - | 4,920 | - |
| 5 | SECURITY 1 " x 3 " | | 3 " | 650 | - | 1,950 | - |
| 6 | N.D. DRIVER 1 " x 3 | | 3 " | 615 | - | 1,845 | - |
| | | | | | | 54,215 | - |
| | SUST 2.5% | | | | | 1,355 | 37 |
| | CUST 2.5% | | | | | 1,355 | 37 |
| | | | | | | 56,925 | 75 |
| | | | | R/off | | | 25 |
| | | | | | | TOTAL | 56,926 |

Rupees FIFTY SIX THOUSAND NINE HUNDRED AND TWENTY SIX ONLY

For SBT UNIFORMS
K. [Signature]
Authorised Signatory

- CONDITIONS OF SALE**
- Our prices are net ex go-down, cooly, packing, forwarding charges etc., will be borne by the buyer.
 - Goods once sold will not be taken back under any circumstances.
 - Payment by 'A/C Payee' charges / Draft only 24% interest will be charged if not paid on the due date.
 - In the event of any complaints regarding quality or quantity of the goods, the complaints should be made in writing within two days failing which we are not responsible for the same.
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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 : sbtuniforms@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

A handwritten signature in black ink, appearing to read 'S. Subban', is written over the signature line.

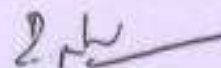
SBT UNIFORMS

P. S. R. ENGINEERING COLLEGE, SIVAKASI – 626 140

Uniform payment details for the academic year 2017 – 2018.

| Sl. No. | Institution | Gender | Strength | Rate per Unit | No. of. Sets | Amount |
|---------|-----------------------------|--------|----------|---------------|--------------|--|
| 1. | P. S. R. I Year | Boys | 324 | 650 | 2 | 648 × 650 = 421200 SGST 2.5% = 10530 CGST 2.5% = 10530 |
| | | Girls | 153 | 330 | 2 | 306 × 330 = 100980 SGST 2.5% = 2524.50 CGST 2.5% = 2524.50 |
| 2. | P. S. R Lateral Entry | Boys | 88 | 650 | 2 | 175 × 650 = 113750 |
| | | Girls | 14 | 330 | 2 | 28 × 330 = 9240 SGST 2.5% = 3074.75 CGST 2.5% = 3074.75 |
| | | | | | | Total = 677428.50 |
| 3. | Bus Driver | | 27 | 650 | 2 | 54 × 650 = 35100 |
| 4. | Mechanical Lab Tech. | | 5 | 650 | 2 | 10 × 650 = 6500 |
| 5. | M.D. Driver | | 1 | 615 | 3 | 03 × 615 = 1845 |
| 6. | Electrician | | 3 | 650 | 2 | 06 × 650 = 3900 |
| 7. | Security | | 1 | 650 | 3 | 03 × 650 = 1950 |
| 8. | O / A | | 4 | 615 | 2 | 08 × 615 = 4920 |
| | | | | | | SGST 2.5% = 1355.37 CGST 2.5% = 1355.37 |
| | | | | | | Total = 56925.75 |
| | | | | | | Grand Total = 677428.50 + 56925.75 = 734354.25 |
| | | | | | | R / off = 734354 |

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



TAX INVOICE



SBT Uniforms

99, Eastward Nagar Extn., Selaiyur, East Tambaram, Chennai - 600 073.

Tel: 191 44 2227 3132, E-mail: sbtuniforms@gmail.com, Web: www.sbtuniforms.com

| | |
|--|---|
| Mr. <u>Mr. S. Srinivasan, Colaba</u> <u>17, 1st Floor, Near Thiru</u> <u>Subramanian, Srinivasan</u> Party: <u>CTIN</u> | Invoice No. <u>0554</u> Dt: <u>20.11.18</u> Y/Order No. _____ Dt: _____ D.C.No. <u>0716</u> Dt: <u>20.11.18</u> |
|--|---|

| Sl No | Description | HSN Code | Qty | Rate | | Amount | |
|--------------|----------------------------|--------------|-----|------|----|--------------|-----------|
| | | | | Rs. | P. | Rs. | P. |
| (1) | INFORMAL UNIFORM SET | 6203 6205 | 2 | 650 | 00 | 1300 | 00 |
| (2) | DRIVERS UNIFORM SET | 11 | 54 | 650 | 00 | 35100 | 00 |
| (3) | IND DRIVER SET | 11 | 2 | 650 | 00 | 1300 | 00 |
| (4) | Security Uniform Sets | 11 | 2 | 650 | 00 | 1300 | 00 |
| (5) | Wardens & TURNER EXECUTION | 11 | 8 | 650 | 00 | 5200 | 00 |
| (6) | P.A UNIFORM SET | 11 | 4 | 650 | 00 | 2600 | 00 |
| | | | | | | 46800 | 00 |
| SST 2.50% | | | | | | 1170 | 00 |
| CST 2.50% | | | | | | 1170 | 00 |
| | | | | | | 49140 | 00 |
| TOTAL | | | | | | 49140 | 00 |

Rs. Forty nine thousand one hundred forty only

For **SBT UNIFORMS**

 Authorized Signatory

CONDITIONS OF SALE

- Our prices are net ex-go-down, coolly, packing, forwarding charges etc., will be borne by the buyer.
- Goods once sold will not be taken back under any circumstances.
- Payment by 'AC Payee' charges / Draft only 24% interest will be charged if not paid on the due date.
- In the event of any complaints regarding quality or quantity of the goods, the complaints should be made in writing within two days from the date of receipt which we are not responsible for the same.

- Any disputes arising of this transaction are subject to jurisdiction of the court of law at Chennai city only.
- Goods under this invoice shall be in trust with the buyer for the benefit of the seller until the entire value of goods mentioned in the invoice is paid up.
- The product incorporated and sold is without warranty of whatsoever nature. The purchasers are caveat emptor and shall make their own analysis on the product to suit their purpose.

