



Schedule - Group Health Insurance
[UIN: CHOHLGP21307V022021]

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED ADDRESS: KOLKATA - BRANCH Office No 201 and 202, L and T Chambers 2nd Floor, 16, Camac Street, KOLKATTA, WEST BENGAL SHAKESPEARE SARANI S.O CITY: KOLKATA STATE: WEST BENGAL GSTIN: 19AABCC6633K1ZG	GST Invoice No.: 2825645727239 DATE: 15/09/2026 PAN: AABCC6633K SAC Code: 997133 SAC Description: Accident and health insurance services
Business Location : KOLKATA - BRANCH	
Policy Number : 2825/00112044/000/00	Customer Code : 190000034365066

A. Insured Details

1	Name of Insured	WEST BENGAL UNIVERSITY OF ANIMAL AND FISHERY SCIENCES
2	Business / Profession	PUBLIC SECTOR COMPANIES
3	Address of Insured	68, KSHUDIRAM BOSE SARANI, BELGACHIA, BELGACHIA S.O
	City	KOLKATA
	State	WEST BENGAL
	Pin Code	700037 GST No.: 19AAAJW0113A1ZO
4	Period of Insurance	From (time) 00:01 27/08/2026 (effective date)
5	Insured Period	To (time) midnight of 26/08/2027 (expiration date)
6	Loan account no.	Nil
7	Premium Receipt	1104278909, 1104294658

B. Benefits Covered:

Coverage	Subject to Group Mediciam clause with following add on covers				
Persons Covered	Employee + Spouse + 2 Dependent Children (Maximum age of Employees & Dependents shall be restricted to 70 years)				
No of persons covered	109 Employees and 238 Dependents				
Waiver of Pre-Existing Condition	Covered				
Waiver of 30 day waiting period	Covered				
Waiver of 1st year Exclusion	Covered				
Maternity Extension	Refer Terms & Condition				
Maternity Waiting Period	Covered				
Waiver New Born Baby - Day 1 cover	Covered				
Terrorism	Covered				
Room rent Entailment	Room Class	Non-Network Co-payment	Pre-Hospitalisation	Post-Hospitalisation	Ambulance Expenses
Refer Terms & Condition	NIL	NIL	30 Days	60 Days	Refer Terms & Condition

C. Premium:

Total Sum Insured	Rs.	32,700,000.00
Total Premium (net)	Rs.	1,060,825.00
CGST (9%)	Rs.	95,474.00
SGST (9%)	Rs.	95,474.00
Kerala Flood Cess	Rs.	0.00
IGST (0%)	Rs.	0.00
Total amount payable	Rs.	1,251,774.00
(in rupees)	Rupees.	Twelve Lakh Fifty One Thousand Seven Hundred Seventy Four Only

D. Co- Insurance Details :

Cholamandalam MS General Insurance Co Ltd	100%
It is warranted that in case of dishonour of premium cheque(s), the Insurance Company shall not be liable under the policy and the policy shall be void ab initio (from inception).	

Conditions / Other Clause:

1) In the event of cancellation (initiated by either the insurer or the insured), no refund shall be made if the claims ratio at the time of cancellation is > 100%. 2) Reimbursement claims to be filed within 30 days of discharge. 3) Internal congenital diseases covered. 4) 141 Daycare Procedures Covered.

E. Administrator

CHOLA MS HELP
DARE HOUSE, 2 ND FLOOR,
NO 2, N.S.C. BOSE ROAD,
CHENNAI G.P.O.
CHENNAI
TAMIL NADU
600001

E-Invoice Declaration: "We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48 (E-Invoice), we are not required to prepare an invoice in terms of the provisions of the said sub-rule and also as per Notification No. 13/2020-CT dated 21-03-2020". This policy schedule shall be in lieu of Tax Invoice and hence no separate GST invoice required in compliance with Rule 54(2) of CGST Rules, 2017.

Whether tax is payable under reverse charge basis - No.

Consolidated Stamp Duty Paid Vide G.O. Rt No.163, Commercial Taxes and Registration (j1) Department, Tamil Nadu dated 07/05/2026 .

Intermediary Name: DIRECT

Code: -

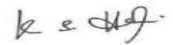
Contact No. 33-30511700

POSP Aadhaar No.:

Note: The Certificate of Insurance / Policy Schedule is an important document issued based on your declaration. We request you to verify the details and ensure that everything is in order. In case of any discrepancies, please contact us within 15 days from the date of issuance of policy.

Place : CHENNAI

For and Behalf of
CHOLAMANDALAM MS GENERAL INSURANCE CO. LTD
@CholaSign1



Date : 15/09/2026

CholaEsign
Authorised Signatory

Regd.&Head Office:Dare House, 2nd Floor, No.2, N.S.C Bose Road, Chennai-600 001, India
CIN: U66030TN2001PLC047977 | IRDAI Reg. No. 123

[Employee List](#)