

0

Monthly Contribution - Online Challan Form

Transaction Details		* Required Fields
Transaction status:	Completed successfully.	
Employer's Code No:	58005054050001304	
Employer's Name:	PRERANA EDUCATIONAL & SOCIAL TRUST (R)	
Challan Period:	Aug-2020	
Challan Number :	05820125840717	
Challan Created Date	08-09-2020 17:09:43	
Challan Submitted Date	10-09-2020 14:33:57	
Amount Paid:	103027.00	
Transaction Number:	CHE4071043	

Print Close

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YSL
Principal
PES Institute of Advanced Management Studies
NH 206, Sagar Road
SHIVAMOGGA-577 204



INR	
Reference No.	CHE4071043
Debit Account Number	00000064126074167
Debit Branch	PESITM CAMPUS BRANCH
Remarks	
Transaction Date	10-Sep-2020
Amount	INR 1,03,027.00
Status	Success
Reason	Processed

Principal

PES Institute of Advanced Management Studies
NH 206, Sagar Road
SHIVAMOGGA-577 204

Employee's State Insurance Scheme (Karnataka)



Letterhead of Referring ESI Hospital(P-I)
REFERRAL FORM(Permission Letter)

Patient Registration			
Claim ID	291601	Referral No	167
Date of Issue	17/02/2020	Validity Upto	24/02/2020
Patient & Beneficiary Information			
Insurance No/Staff Card No/ Pensioner Card No	SS58224503	ESI Dispensary	Shimoga Sagar Road
Name of Patient	C M UMADEVI	Age	65
Identification Marks (if any)		Gender	Female
Address	VINOBANAGARA	Name Of the Insured Person	PRASAD S V
Relationship with Staff	Mother	Contact No.	944932971

Entitled for Medical Benefit	
Diagnosis (clinical condition case)	GENERAL MEDICINE C/O GENERAL SURGERY
Summary along with relevant treatment given/Procedure/investigation done in Referring Hospital	NA
Treatment procedure SST investigation for which patient is being referred (mention specific diagnosis for referral)	GENERAL MEDICINE C/O GENERAL SURGERY OPD

I voluntarily choose SAHYADRI NARAYANA MULTISPECIALITY HOSPITAL, HARAKERE Tie-up Hospital for treatment of Mother

Referred to SAHYADRI NARAYANA MULTISPECIALITY HOSPITAL, HARAKERE Hospital/Diagnostic Centre for General Medicine
 Sign/Thumb Impression of IP/Beneficiary/Staff [Signature]
 Sign & Stamp of Authorized Signatory [Signature]

** In case of emergency, signature of referring doctor or Casualty Medical Officer is needed. Records to be maintained in the register. Now form duly filled will be sent after signature of the competent authority on the next working day.

- Mandatory Instructions for Tie-up Hospital**
1. Referred hospital is instructed to perform only the procedure/treatment for which the patient has been referred to.
 2. In case of additional procedure/treatment/investigation is essentially required in order to treat the patient for which he/she has been referred to, the permission for the same is essentially required from the referring hospital either through e-mail, fax or telephonically (to be confirmed in writing at the earliest).
 3. The referred hospital has to raise the bill as per the agreement on the standard proforma along with supporting documents within 15 days of discharge of the patient giving account number and RTGS number etc.
 4. Food supplement will not be prescribed/reimbursed.
 5. Only Generic medicine to be used wherever possible.
 6. Only those medicine to be used which are FDA/ IP/ BP or USP approved.

[Signature]
Principal
 PES Institute of Advanced Management Studies
 NH 206, Sagar Road
 SHIVAMOGGA-577 204



17/02/20.



To,
ESI.

Kindly note that patient
by name Mrs. C.M. Umadevi,
female [67yrs. with hosp. no. 283750
is suffering from (D) DM foot Ulcer.
She needs to undergo surgery for the
same. Kindly note and do
me needfull

[Signature]

(Dr. Praveen)

Dr. PRAVEEN KUMAR P.

MBBS, MCh (General Surgery)
FACS (USA) 2002

Consultant Surgeon & Endovascular Surgeon
Sahyadri Narayana Multispeciality Hospital
SHIVMOGA - 577202

ಇದೇ ಲೇಖನವನ್ನು ವೈದ್ಯಾಧಿಕಾರಿಗಳು,
ಶಾ. ದಾ. ಉ. ಚಿಕಿತ್ಸಾಲಯ
ಮಾನ್ಯ ಸಹಾಯಕ ನಿರ್ದೇಶಕರು

[Signature]

Principal

PES Institute of Advanced Management Studies
& SEM
NH 209, 583101, Shivamogga
SHIVAMOGGA-577 204

Sahyadri Narayana Multispeciality Hospital

Appointments
186-0208-0208

PHARMACY BILL CUM RECEIPT

Sahyadri Narayana Multispeciality Hospital-OPD, Shimoga- OP
PHARMACY - SHIMOGA

Khata No 828-1, Survey No 146 Harakere, N.T Road, SHIMOGA CITY 1, Shimoga IND-57
17, Karnataka, India - 577201



Patient Name : UMADEVI
Patient MRN : EDS0092002573
Patient Phone No : 9787454545
Date : 02-03-2020 04:51 PM

Consultant Name : Dr. Praveen Kumar P
Bill No : INV-5009-2003000276
Receipt No : RCPP-5009-2003000276
Visit No : AMB-001

Particulars	Manufacturer	Sch.	Batch/Exp	Qty	Unit Rate	SGST (%)	CGST (%)	Amount (Rs)
GLOVES-STERILE-SIZE 7-- (40151100)	BETA HEALTHCARE PRODUCTS PVT LTD	-	9H154/2024-07-30	1	52.00	6	6	52.00
PAPAIN+UREA+DEXPANTHENOL-CREAM-15GM-DEBRIN- (30049099)	RHINE BIOGENICS PVT LTD	H	DH15/2021-01-30	1	125.80	6	6	125.80
ROLLER BANDAGE--10CM X 3MTR-- (3005)	GANESH RAM SURGICALS	-	02/2022-12-30	1	12.00	6	6	12.00

Summary

Tax - SGST_6.0: 9.16, CGST_6.0: 9.16
Discount - Patient: 18.98 Sponsor: 0.00
Payment Mode - Paid via CARD Rs 171.00

Total : 189.80
Discount : 18.98
Net Amount : 170.82
Sponsor Payable : 0.00
Patient Round Off : 0.18
Patient Payable Amt : **171.00**

Total Payable: **Rs. 18.98**

Prepared By: Praveen Kumar K S, 345203
Qualified Pharmacist: RP-13651-JAYA SHETTY, RP-31854-VISWANATHA N, RP-56280-Meghana HB
Generated By: Praveen Kumar K S, 345203 | Generated On: 02-03-2020 04:52 | Signature:

Praveen Kumar P
Dr. PRAVEEN KUMAR P.
MBBS, MCh (General Surgery)
KMC No: 71431
Consultant - General Surgery
Sahyadri Narayana Multispeciality Hospital
Shimoga - 577202

DL NO KA/SG1/20-142402/20-B142403/21-142404/21B-142405 | GSTIN: 28AECB885300100
Items once sold shall not be taken back or exchanged. Any excess collection by oversight will be returned. Drug (Price Control) order, 1970

Keshav

Principal
PES Institute of Advanced Management Studies
NH 206, Sagar Road
SHIVAMOGGA-577 204

TAX INVOICE



MEDINOVA SURGICALS AND PHARMACEUTICALS SHOP NO 1, SRINGERI COMPLEX, 1ST CROSS, CHANNAPPA LAYOUT, SHIVAMOGGA Pin 577201 Email venkatesh38@gmail.com		SMT UMADEVI C M DR PRAVEEN KUMAR, SHIMOGGA-577201 Cust Code : 008388 DL No.-1 : DL No.-2 : Phone : 9986636783 GSTIN : STATE : KARNATAKA (29)		Tax inv no : 19001730030932 Inv Date : 31-03-2020 Due Date : 31-03-2020 InvType : CASH Cr.Days : 0 Sman : UNSURE DEFAULT Dman : UNSURE DEFAULT Lr No : Lr Dt : Contact Per : E Sugam : PO :		MEDINOVA SURGICALS AND PHAR SHOP NO 1, SRINGERI COMPLEX, CROSS, CHANNAPPA LAYOUT, SHIV Phone : 08182-270383,402383 GST No : 29AAWFM6187E1Z1 DL No : KA-SG1 20B-115599,21B KA-SG1-115704,115705 E-Way Bill No E-Way Bill Date 00-00-00	
--	--	---	--	--	--	--	--

Mfg. Code	Hsn Code	Item Name	Qty	Sch	Pack	Batch	Exp	MRP	Rate	Dis%	Disc Amt	Sch Disc	CGST		SGST		Amount
													%	Amt	%	Amt	
HELA2847000		HYDROGEN PEROXIDE 100ML	1		1	250	01/30	24.00	9.00	0.00	0.00	0.00	9.00	0.81	9.00	0.81	10.62
ACU30045200		NS 100ML ACULIFE	1		1	2L92612	11/22	17.33	11.00	0.00	0.00	0.00	6.00	0.66	6.00	0.66	12.32
SER40151100		STERILE GLOVES 7.5	4		1	--	12/35	80.00	18.20	0.00	0.00	0.00	6.00	4.37	6.00	4.37	81.54
JMS3005		JMS MEDITAPE 2.5 CM	1		1'S	2019011	10/23	66.66	27.00	0.00	0.00	0.00	6.00	1.62	6.00	1.62	30.24
HELA3005		GAUZE SWABS SOFT	25		1	1519023L	04/24	40.00	14.50	0.00	0.00	0.00	6.00	21.75	6.00	21.75	406.00
DYN30059040		TOP BAN 10CM	20		1	--	12/35	145.00	32.00	0.00	0.00	0.00	6.00	38.40	6.00	38.40	716.80
PRA5601		AB COTTON 30GM	2		1	4105	01/30	35.00	19.00	0.00	0.00	0.00	6.00	2.28	6.00	2.28	42.56

ACKNOWLEDGEMENT

Inv No	Date	O.S Amt	Due
29094	06/03/20	345.00	06/01

Total Number of Invoices: 1
 Amount : 345.00

[Signature]
Principal
 PES Institute of Advanced Management Studies

FLASH: BANK DETAILS: SBI MAIN BRANCH A/C NO-10624113570, FSC-SBIN0006619

No of Items	TAX %	TAXABLE AMT	CGST TAX AMT	SGST TAX AMT	Sch Disc	0.00
Total Qty	54	0%	0.00	0.00	R.off	-0.08
Prep By	SOWMYA	5%	0.00	0.00	Pc Bc	0.00
Checked By		12%	1151.30	69.08	Cr Amt	0.00
Delivered By		18%	9.00	0.81	Db Amt	0.00
		28%	0.00	0.00		

[Signature]
DR. PRAVEEN KUMAR P.
 MBBS, MD (General Surgery)
 KMC Reg. 71431
 Consultant - General Surgery
 Narayana Multispecialty Hospital
 Shivamogga - 577202

SMT UMADEVI C M
 DR PRAVEEN KUMAR,
 SHIMOGGA-577201 9986636783

Tax Inv No	:	1
Inv Date	:	3
Due Date	:	3
Inv type	:	
Sman	:	UNSURE I
Sub Total	:	
Tax Amount	:	
Discount	:	
Total	:	1

One Thousand Three Hundred Rupees only

Outstanding : Total Number of Invoices: 1 Amount : 345.00

We certify that we are registered dealer under GST Rules 2017 and liable to pay tax on above sales.
 In case of any excess rate charged by oversight, please bring to our notice for refund.

Q.P.E & O.E Subject to SHIVAMOGGA Jurisdiction.
 Goods Once Sold Cannot Be Taken Back Or Exchanged

For
MEDINOVA SURGICALS AND PHARMACEUTICALS
 Authorised signatory

PHARMACY BILL CUM RECEIPT

Narayana Multispeciality Clinic-OPD, Shimoga- OP Pharmacy -
Shimoga Clinic

Kodli, G. P. No 66471386, G. S. Complex Maha Kavi Kuvempu Road,, Near Jail Circle,,
SHIVAMOGGA-577017, Shimoga-577017, Karnataka, India - 577201



Patient Name : Mrs C M Umadevi
Patient MRN : 10090000253750
Patient Phone No : 9986636783
Date : 09-03-2020 06:28 PM

Consultant Name : DR PRAVEEN KUMAR P
Bill No : INVP-6007-2003000079
Receipt No : RCPP-6007-2003000079
Visit No : AMB-001

Particulars	Manufacturer	Sch.	Batch/Exp	Qty	Unit Rate	SGST (%)	CGST (%)	Amount (Rs)
PAPAIN+UREA+DEXPANTHENOL-CREAM-15GM-DEBRIN-(30049099)	RHINE BIOGENICS PVT LTD	H	DH15/2021-01-30	1	125.80	6	6	125.80

Summary

Tax : GST_6.0: 6.07, CGST_6.0: 6.07
Discount : Patient: 12.58, Sponsor: 0.00
Payment Mode - Paid via CASH Rs 113.00

Total : 125.80
Discount : 12.58
Net Amount : 113.22
Sponsor Payable : 0.00
Patient Round Off : (-)0.22
Patient Payable Amt : **113.00**

Total savings **Rs. 12.58**

Prepared By : Archana V, 349735
Qualified Pharmacist: R.P-51714-JYOTHI N A
Generated By: Archana V, 349735 | Generated On: 09-03-2020 06:28 | Signature:

Dr. PRAVEEN KUMAR P.
MBBS, MS(General Surgery)
KMC Reg. 71431
Consultant - Genral Surgery
Sahyadri Narayana Multispeciality Hospital
SHIMOGA - 577202

DL NO : KA-SG2-143907-143908 | GSTIN : 29AABCN1685J124 | E & OE |

Reference sold shall not be taken back or exchanged. Any excess collection by oversight will be refunded as per Drug (Price Control) order 1970.

Page 1 of 1

Principal

PES Institute of Advanced Management Studies
NH 206, Sagar Road
SHIVAMOGGA-577 204

PHARMACY BILL CUM RECEIPT

Sahyadri Narayana Multispeciality Hospital-OPD, Shimoga- OP
PHARMACY - SHIMOGA



Patient Name: Mrs. M. Umadevi
 Patient MRN: 10090000253750
 Patient Phone No: 9986636783
 Date: 13 05 2020 12:27 PM

Consultant Name: Dr. Praveen Kumar P
 Bill No: INVP 5009 2005002616
 Receipt No: RCPP 5009 2005002697
 Visit No: AMB 005

Particulars	Manufacturer	Sch.	Batch/Exp	Qty	Unit Rate	SGST (%)	CGST (%)	Amount (Rs)
PAPAIN-UREA OINTMENT-15GM-DEBRIMOVE (3004)	SLAVA THERAPEUTICS PVT LTD	H	DJ38/ 2021 09 30	5	162.00	6	6	872
COVIDONE IODINE+ORNIDAZOLE-OINTMENT-15GM-POVIROBES (30049087)	ALKEM LAB		POV19005MP/ 2021-08-30	1	108.50	6	6	1085
Total								9
Discount								9
Net Amount								872
Sponsor Payable								
Patient Round Off								
Patient Payable Amt								827.00

Summary

Tax: CGST: 6.0: 44.78, SGST: 6.0: 44.78
 Discount: Patient: 91.85, Sponsor: 0.00
 Payment Mode: Paid via CARD Rs 827.00

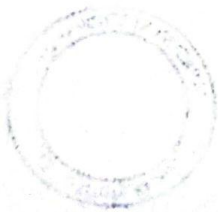
Total savings: **Rs. 91.85**

Prepared By: Praveen Kumar K S, 345203
 Qualified Pharmacist: RP 13651 JAYA SHETTY, RP 31854 VISWANATHAN, RP 56280 Meghana HB
 Generated On: 13 05 2020 12:27 | Signature

Dr. Praveen Kumar P
Dr. PRAVEEN KUMAR P.
 MBBS, MCh (General Surgery)
 KMC (RP: 714331)
 Consultant - General Surgery
 Sahyadri Narayana Multispeciality Hospital
 Shivamogga - 577202

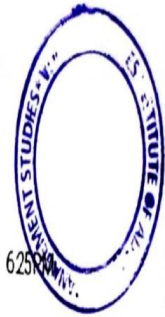
[Signature]

Principal
 PES Institute of Advanced Management Studies
 NH 206, Sagar Road
 SHIVAMOGGA-577 204



SRI MALTHESHA MEDICALS

JAIL ROAD SANGOLLI RAYANNA ROAD SHIMOGA 577203 Ph:08182223859



Mode CASH

GST INVOICE / SALE BILL

Bill Date: 27/02/2020 625

Bill No 8000035376

Name

C M UMADEVI

Ref. By: Dr. PRAVEEN KUMAR Reg. No.

S.No	Item Name	HSN Code	Mfr Batch	Ex pDT	Qty	Price(Ut)	Disc %	SGST	CGST	TotAmt
1	[[IN J]TAZAR 4.5 GM IV	30042097	Lup G27962	11/21	4	247.47	0.00	6.00	6.00	989.88

GST %	Sale	SGST	CGST	IGST	GST Amt	Total Amt
12.00 %	989.88	59.39	59.39	0.00	118.78	989.88
	989.88	59.39	59.39	0.00	118.78	989.88

Amount Rs. 871.00
 (-) Discount Rs. 0.00
 (+) GST Rs. 118.78
 Bill Amount Rs. 989.88
 Rounding Off. -0.00
 Total Amount Rs. 989.88

Tot. items: 1 Tot. Qty: 4

E & OE.
 GSTIN:29ALSPS0213L IZM CST:ALSPS0213 L DL:KA -SMG 20/2 1-749

Goods Once Sold Cannot be Taken Back

QP/User:ADMIN



Principal

PES Institute of Advanced Management Studies
 NH 206, Sagar Road
 SHIVAMOGGA-577 204

Dr. PRAVEEN KUMAR P.
 MBBS, MS (General Surgery)
 KMC Reg. 71A31
 Consultant - General Surgery
 Sahyadri Narayana Multispeciality Hos
 SHIMOGGA - 577202



59

14/5/20

Prasad S.V

5858 224503

Principal
PES Institute of Advanced Management Studies
NH 206, Sagar Road,
SHIVAMOGGA-577 204



No
verification

ಆಡಳಿತ ವಿಷಯ ಪರಿಶೋಧನೆ

ಶಾ. ಕಾ. ವಿ. ಅಧಿಕಾರಿಯ

ಎನ್.ಟಿ. ರಸ್ತೆ ಶಿವಮೊಗ್ಗ

8349/-



Principal
Institute of Advanced Management Studies
NH 206, Road
Shivamogga-577 204

Handwritten signature in green ink.

9481091978

Handwritten signature in black ink.



Health Insurance
Star

PES INSTITUTE OF ADVANCED MANAGEMENT STUDIES



Star Health and Allied Insurance Company Limited

No 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai - 600034.
 Phone : 044-28288800, Telefax : 044-28260062,
 Website : www.starhealth.in and Email info@starhealth.in
 IRDA Regn.No.129
 Corporate Identity Number : U66010TN2005PLC056649

Quote for Group Health Insurance

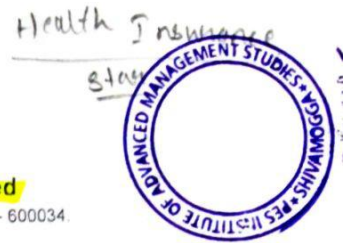
Quote no:IND-2020-45773-SGHI-01

Approved Date:04/05/2020

S.no	Particulars	
Insured Details		
1	Name of the Branch / Area / Zonal Office	Branch Office - Shimoga (141121)
2	Name and Address of the Insured	PRERANA EDUCATIONAL AND SOCIAL TRUST N H 206, SAGAR ROAD, SHIMOGA, SHIMOGA, KARNATAKA, 577201
3	Total No. of Employees	152
Premium Details		
4	Sum Insured Per Person (Rs.)	200000
5	Corporate buffer(rs.)	Nil
6	Extensions	Individual (Employee only) Waiver of 30 days Waiting Period Waiver of First Year Exclusions Waiver of First Two Years Exclusions Cover for Pre Existing Diseases
7	Previous claims experience	0
8	Total Premium (Rs.)	Premium 766515
		Add: GST at 18% 137973
		Total 904488
9	Conditions	
	Family Definition : Individual Sum Insured(Employee only)	
	Room Rent limits including Boarding, Nursing Charges : Restricted to 2% of Sum Insured subject to a Maximum of Rs. 2000/- for Normal & Actual for ICU. If the Insured occupies a room with a room rent limit other than his eligibility as per the insurance policy, then all the other charges shall be limited to the charges applicable for the eligible room rent or actuals, whichever is lower.	
	- Pre Hospitalization - 30 Days - Pre hospitalization expenses incurred prior to inception of policy with the company is inadmissible.	
	- Post Hospitalization - 60 Days.	
	Ambulance Expenses limits : Emergency ambulance charges up-to a sum of Rs.750/- per hospitalization and overall limit of Rs.1,500/- per policy period.	
	Sub Limits : Sublimits only for Cataract Rs.20,000/- per eye.	
	Addition of Employees : - After the inception of the Policy , NO midterm inclusion of any employee unless he/her is a new joinee and such inclusion is also subject to payment of additional premium on pro rata basis.	
	Deletion of Employees on resignation : The coverage under the policy in respect of the insured persons will cease once they cease to be an employee/ member of the Insured or on the expiry of the policy, whichever is earlier. In respect of deletions, refund will be effected on prorata basis from the date of deletion of the employee under the policy - subject to NO claim for the employee or the family members, for which the Insured shall provide date of relieving of the employee.	
	Claim Settlement : Claims will be settled through Inhouse claims team.	
	Treatment in network hospital only : - Treatment in our network hospitals only. However in the case of Medical Emergencies treatment can be taken in other Hospitals. In all cases immediate intimation shall be given to our Call Center within 24 hours of Hospitalisation.	

Principal
 PES Institute of Advanced Management Studies
 NH 206, Sagar Road
 SHIVAMOGGA-577 204

P.T.O...



Star Health and Allied Insurance Company Limited

No 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai - 600034.
 Phone : 044-28288800, Telefax : 044-28260062,
 Website : www.starhealth.in and Email info@starhealth.in
 IRDA Regn.No.129
 Corporate Identity Number : U66010TN2005PLC056649

Quote for Group Health Insurance

Quote no:IND-2020-45773-SGHI-01

Approved Date:04/05/2020

S.no	Particulars	
Insured Details		
1	Name of the Branch / Area / Zonal Office	Branch Office - Shimoga (141121)
2	Name and Address of the Insured	PRERANA EDUCATIONAL AND SOCIAL TRUST N H 206, SAGAR ROAD, SHIMOGA, SHIMOGA, KARNATAKA, 577201
3	Total No. of Employees	152
Premium Details		
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		Add: GST at 18% 137973
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	Sub Limits : Sublimits only for Cataract Rs.20,000/- per eye.	
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	Deletion of Employees on resignation : The coverage under the policy in respect of the insured persons will cease once they cease to be an employee/ member of the Insured or on the expiry of the policy, whichever is earlier. In respect of deletions, refund will be effected on prorata basis from the date of deletion of the employee under the policy - subject to NO claim for the employee or the family members, for which the Insured shall provide date of relieving of the employee.	
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Principal
 PES Institute of Advanced Management Studies
 NH 206, Sagar Road
 SHIVAMOGGA-577 204

P.T.O...



Star Health and Allied Insurance Company Limited

Branch Office - Shimoga 1st Floor, Karthik Plaza, Durgudi Main Road, Gopi Circle, Shimoga - 577 201, , , 577 201



Advance Premium Receipt

Customer Code : CB0000077799

Received from : M/S.PRERANA EDUCATIONAL & SOCIAL TRUST

Customer Address : NH 206, SAGAR ROAD,
SHIMOGA
SHIMOGA

Collection No : 11-01/1093000989

Collection Date : 18/05/2020

Office Code : 141121 - Branch Office - Shimoga

Supplier GSTIN : 29AAJCS4617L1ZU

Customer GSTIN : -

Place of Supply : - State Code

Amount Collected : Rs. 864033/-

Inclusive of tax :

Amount in words : Indian Rupees Eight Lakhs Sixty-Four Thousand Thirty-Three Only

Towards the Following : PREMIUM RECEIPT BEING THE PREMIUM RECEIVED

S. No.	Proposal Ref. No	Fulfiller Code	Intermediary Code	Amount Collected	Mode of Pay	Bank Name	CHQ/CC/DD No	CHQ/CC/DD Dt
1		SH4083	BA0000010190	864033	NEFT/RTGS	State Bank of India (SBI)	SBINS2013985 1191	18/05/2020

For Star Health and Allied Insurance Co. Ltd

Note : Receipt Subject to realization of Cheque / DD
This is only an evidence of receipt of money by the company
Risk will commence once the proposal is examined and accepted
Consolidated stamp duty paid vide challan No. CR0719003000529985 dt 17.07.2019

R. Mohan
Authorised Signatory



[Signature]
Principal

PES Institute of Advanced Management Studies
NH 206, Sagar Road

SHIVAMOGGA 577 204
Email ID : info@starhealth.in

IRDA Regn. No 129

Corporate Identity Number U66010TN2005PLC056649

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