



EMPLOYEE'S PROVIDENT FUND
ELECTRONIC CHALLAN CUM RETURN (ECR)

Name of Establishment	MALLIGE EDUCATION FOUNDATION		
Establishment Id	BGBNG0042237000	LIN	1953275195
Wage Month	MAR-2023	Return Month	APR-2023
Contribution Rate (%)	12	ECR Type	ECR
Salary Disbursement Date	09-APR-2023	Uploaded Date Time	09-APR-2023 12:39
Exemption Status	Unexempted	TRRN Number	
Remarks	OK	ECR Id	87279662
Total Members	70		
Contribution and Remittance Details (In Rupees) :			
Total EPF Contribution Remitted	1,08,184	Total EPS Contribution Remitted	61,180
Total EPF-EPS Contribution Remitted	47,004	Total Refund Advance	0
PMRPY Upfront Benefit Details (In Rupees) :			
Total PMRPY Upfront EPF Amount	0	Total PMRPY Upfront EPS Amount	0
PMRPY benefit remarks	NA		
ABRY Upfront Benefit Details (In Rupees) :			
Total ABRY benefit Amount	Employee EPF Share	Employer EPS Share	Employer EPF Share
	0	0	0
ABRY benefit remarks	Establishment is not eligible for ABRY benefit as eligible employee count [2] is less than required employee count of five from base month.		



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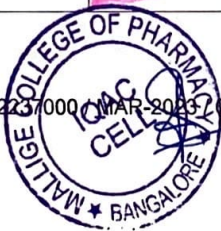



PRINCIPAL
Mallige College of Pharmacy
Bangalore-560 090
175

Member Details :-

Sl. No.	UAN	Name as per		Wages				Contribution Remitted				Refunds	PMRPY / ABRY Benefit			Posting Location of the member
		ECR	UAN Repository	Gross	EPF	EPS	EDLI	EE	EPS	ER	NCP Days		Pension Share	ER PF Share	EE Share	
1	101781905922	A SUJITH JAMES	A SUJITH JAMES	9,512	8,856	8,856	8,856	1,063	738	325	0	0	-	-	-	N.A.
2	101601597514	AJAY KUMAR R	AJAY KUMAR R	22,098	15,000	15,000	15,000	1,800	1,250	550	0	0	-	-	-	N.A.
3	101827665867	AJAY SAGAR	AJAY SAGAR	9,512	8,856	8,856	8,856	1,063	738	325	0	0	-	-	-	N.A.
4	101440977652	ANANTH NAG S	ANANTH NAG S	10,498	9,774	9,774	9,774	1,173	814	359	0	0	-	-	-	N.A.
5	100836778709	ANITHA KUMARI	ANITHA KUMARI	12,180	11,340	11,340	11,340	1,361	945	416	0	0	-	-	-	N.A.
6	100639171593	ANJINAMMA	ANJINAMMA	7,540	7,020	7,020	7,020	842	585	257	0	0	-	-	-	N.A.
7	101748019835	ANTHONY MARY	ANTHONY MARY	8,439	7,857	7,857	7,857	943	654	289	0	0	-	-	-	N.A.
8	101451426392	ANUSHA KIRTHANA	ANUSHA KIRTHANA	17,168	15,000	15,000	15,000	1,800	1,250	550	0	0	-	-	-	N.A.
9	101893966917	ARDRA V TOMY	ARDRA V TOMY	25,090	15,000	0	0	1,800	0	1,800	0	0	-	-	-	N.A.
10	100913991553	AROgyASWAMY	AROgyASWAMY	13,224	12,312	12,312	12,312	1,477	1,026	451	0	0	-	-	-	N.A.
11	101904703402	ARPITA BARAT	ARPITA BARAT	16,298	15,000	0	0	1,800	0	1,800	0	0	-	-	-	N.A.
12	101884542352	ASHA DEEPTI A	ASHA DEEPTI A	11,020	10,260	10,260	10,260	1,231	855	376	0	0	-	-	-	N.A.
13	100543632804	ASHVINI H M	ASHVINI H M	43,338	15,000	15,000	15,000	1,800	1,250	550	0	0	-	-	-	N.A.
14	101913966275	BALAJI MUNE NAIK	BALAJI MUNE NAIK	20,532	15,000	0	0	1,800	0	1,800	0	0	-	-	-	N.A.
15	100941418392	BIDYA BHUSHAN	BIDYA BHUSHAN	27,092	15,000	15,000	15,000	1,800	1,250	550	15	0	-	-	-	N.A.
16	101884542368	CARMELA MERY	CARMELA MERY	7,540	7,020	7,020	7,020	842	585	257	0	0	-	-	-	N.A.
17	101643764628	CHANDRAKALA	CHANDRAKALA	8,439	7,857	7,857	7,857	943	654	289	0	0	-	-	-	N.A.
18	101904704610	D NAGASHREE	D NAGASHREE	24,384	15,000	0	0	1,800	0	1,800	0	0	-	-	-	N.A.
19	100006562154	DILEEPKUMAR B	DILEEPKUMAR B	16,704	15,000	15,000	15,000	1,800	1,250	550	0	0	-	-	-	N.A.
20	101801239925	EDVIN DEEKSHITH E	EDVIN DEEKSHITH E	9,205	8,570	8,570	8,570	1,028	714	314	1	0	-	-	-	N.A.
21	101113125817	G SUVARNA	G SUVARNA	16,704	15,000	15,000	15,000	1,800	1,250	550	0	0	-	-	-	N.A.

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Mallige College of Pharmacy
Bangalore-560 090

Sl. No.	UAN	Name as per		Wages				Contribution Remitted				Refunds	PMRPY / ABRY Benefit			Posting Location of the member
		ECR	UAN Repository	Gross	EPF	EPS	EDLI	EE	EPS	ER	NCP Days		Pension Share	ER PF Share	EE Share	
22	101113076599	GINCY JINU	GINCY JINU	32,016	15,000	15,000	15,000	1,800	1,250	550	0	0	-	-	-	N.A.
23	100153518517	GIRIJAMMA H M	GIRIJAMMA H M	18,096	15,000	15,000	15,000	1,800	1,250	550	0	0	-	-	-	N.A.
24	100959219959	HANUMAKKA	HANUMAKKA	11,020	10,260	10,260	10,260	1,231	855	376	0	0	-	-	-	N.A.
25	101740863733	HANUMANTHAR AYAPPA BYLAPPA	HANUMANTH ARAYAPPA BYLAPPA	47,862	15,000	15,000	15,000	1,800	1,250	550	0	0	-	-	-	N.A.
26	101884542375	HARSHITHA H	HARSHITHA H	12,180	11,340	11,340	11,340	1,361	945	416	0	0	-	-	-	N.A.
27	100818517593	JAFAR SAB	JAFAR SAB	26,274	15,000	15,000	15,000	1,800	1,250	550	0	0	-	-	-	N.A.
28	100169923488	JAGADESWARA K	JAGADESWARA K	39,498	15,000	15,000	15,000	1,800	1,250	550	0	0	-	-	-	N.A.
29	101568348222	JAMUNA T R	JAMUNA T R	32,538	15,000	0	0	1,800	0	1,800	0	0	-	-	-	N.A.
30	100178197157	JOSEPH P	JOSEPH P	21,576	15,000	15,000	15,000	1,800	# 1,250	550	0	0	-	-	-	N.A.
31	100815991701	KAPU MANJULA	KAPU MANJULA	32,016	15,000	15,000	15,000	1,800	1,250	550	0	0	-	-	-	N.A.
32	100192222963	KEERTHY H S	KEERTHY H S	63,858	15,000	15,000	15,000	1,800	1,250	550	0	0	-	-	-	N.A.
33	100198915769	KUNTAL DAS	KUNTAL DAS	80,020	15,000	15,000	15,000	1,800	1,250	550	0	0	-	-	-	N.A.
34	100202485583	LAKSHMAMMA	LAKSHMAMMA	18,096	15,000	15,000	15,000	1,800	1,250	550	0	0	-	-	-	N.A.
35	101399631612	MADHU SHREE	MADHU SHREE	6,421	5,978	5,978	5,978	717	498	219	20	0	-	-	-	N.A.
36	100837154152	MAMATHA M K	MAMATHA M K	56,480	15,000	15,000	15,000	1,800	1,250	550	0	0	-	-	-	N.A.
37	101205519370	MANJULA T	MANJULA T	32,016	15,000	15,000	15,000	1,800	1,250	550	0	0	-	-	-	N.A.
38	100227077678	MENAKA T	MENAKA T	60,772	15,000	15,000	15,000	1,800	1,250	550	0	0	-	-	-	N.A.
39	101714549163	MUBARAK	MUBARAK	19,488	15,000	15,000	15,000	1,800	1,250	550	0	0	-	-	-	N.A.
40	100238311458	MUNIRAJU N M	MUNIRAJU N M	21,576	15,000	0	0	1,800	0	1,800	0	0	-	-	-	N.A.
41	101654900776	NAVEEN KUMAR S	NAVEEN KUMAR S	34,312	15,000	15,000	15,000	1,800	1,250	550	0	0	-	-	-	N.A.
42	101352900532	PRATHIMA RANI	PRATHIMA RANI	9,048	8,424	8,424	8,424	1,011	702	309	0	0	-	-	-	N.A.
43	101801239939	RAJDEEP BASU	RAJDEEP BASU	15,315	14,259	14,259	14,259	1,711	1,188	523	10	0	-	-	-	N.A.

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PRINCIPAL,
Mallige College of Pharmacy
Bangalore-560 090

Sl. No.	UAN	Name as per		Wages				Contribution Remitted				Refunds	PMRPY / ABRY Benefit			Posting Location of the member
		ECR	UAN Repository	Gross	EPF	EPS	EDLI	EE	EPS	ER	NCP Days		Pension Share	ER PF Share	EE Share	
44	101781905933	RAJESWARI G	RAJESWARI G	59,624	15,000	0	0	1,800	0	1,800	0	0	-	-	-	N.A.
45	101893966929	RAKHI A PANICKER	RAKHI A PANICKER	14,569	13,564	0	0	1,628	0	1,628	13	0	-	-	-	N.A.
46	100681303084	RASHMI P	RASHMI P	55,126	15,000	15,000	15,000	1,800	1,250	550	0	0	-	-	-	N.A.
47	101097598984	RATHNAMMA M	RATHNAMMA M	7,540	7,020	7,020	7,020	842	585	257	0	0	-	-	-	N.A.
48	100438374831	RENCY SAJI	RENCY SAJI	26,274	15,000	15,000	15,000	1,800	1,250	550	0	0	-	-	-	N.A.
49	100316372656	RUKMINI S	RUKMINI S	40,368	15,000	15,000	15,000	1,800	1,250	550	0	0	-	-	-	N.A.
50	101185077787	SAMPATHKUMAR	SAMPATHKUMAR	11,600	10,800	10,800	10,800	1,296	900	396	0	0	-	-	-	N.A.
51	100637292705	SANDUR VEERABHADRA PPA RAJENDRA	SANDUR VEERABHADRA PPA RAJENDRA	1,16,220	15,000	15,000	15,000	1,800	1,250	550	0	0	-	-	-	N.A.
52	101643764587	SANTHOSH MARY	SANTHOSH MARY	8,439	7,857	7,857	7,857	943	654	289	0	0	-	-	-	N.A.
53	101191767872	SATHYA RAJ S	SATHYA RAJ S	13,224	12,312	12,312	12,312	1,477	1,026	451	0	0	-	-	-	N.A.
54	101172399106	SHAILESH YADAV	SHAILESH YADAV	39,706	15,000	15,000	15,000	1,800	1,250	550	0	0	-	-	-	N.A.
55	101654900782	SHALET KURIAN	SHALET KURIAN	21,576	15,000	15,000	15,000	1,800	1,250	550	0	0	-	-	-	N.A.
56	101933509257	SHALINI SURESH	SHALINI SURESH	4,047	3,768	0	0	452	0	452	26	0	-	-	-	N.A.
57	100349545783	SHEEBA F R	SHEEBA F R	60,772	15,000	15,000	15,000	1,800	1,250	550	0	0	-	-	-	N.A.
58	100352123572	SHIVAKUMAR SWAMY	SHIVAKUMAR SWAMY	1,80,900	15,000	0	0	1,800	0	1,800	0	0	-	-	-	N.A.
59	100355795811	SIDDALINGAI AH M	SIDDALINGAI AH M	24,447	15,000	0	0	1,800	0	1,800	0	0	-	-	-	N.A.
60	100815593563	SMITHA GRACE S	SMITHA GRACE S	25,056	15,000	15,000	15,000	1,800	1,250	550	0	0	-	-	-	N.A.
61	101874267816	SOPHIA S J	SOPHIA S J	8,439	7,857	7,857	7,857	943	654	289	0	0	-	-	-	N.A.
62	100361222462	SOWMYA K	SOWMYA K	40,368	15,000	15,000	15,000	1,800	1,250	550	0	0	-	-	-	N.A.
63	100927922420	SUMA U S	SUMA U S	33,130	15,000	15,000	15,000	1,800	1,250	550	0	0	-	-	-	N.A.
64	100372195655	SUPRIYA MANA	SUPRIYA MANA	40,900	15,000	15,000	15,000	1,800	1,250	550	8	0	-	-	-	N.A.
65	101860701661	SUSHMA M	SUSHMA M	14,593	13,587	13,587	13,587	1,630	1,132	498	1	0	-	-	-	N.A.

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Sl. No.	UAN	Name as per		Wages				Contribution Remitted				Refunds	PMRPY / ABRY Benefit			Posting Location of the member
		ECR	UAN Repository	Gross	EPF	EPS	EDLI	EE	EPS	ER	NCP Days		Pension Share	ER PF Share	EE Share	
66	100425762335	T SOMYA PRIYADHARSHI NI	T SOWMYA PRIYADHARS HINI	18,230	15,000	15,000	15,000	1,800	1,250	550	2	0	-	-	-	N.A.
67	100391147561	THIMMAKKA	THIMMAKKA	18,096	15,000	15,000	15,000	1,800	1,250	550	0	0	-	-	-	N.A.
68	101737311945	VASANTHA V	VASANTHA V	15,892	14,796	14,796	14,796	1,776	1,233	543	0	0	-	-	-	N.A.
69	101754871070	VEENA H P	VEENA H P	28,362	15,000	0	0	1,800	0	1,800	0	0	-	-	-	N.A.
70	101748019842	VIDYASHREE B	VIDYASHREE B	0	0	0	0	0	0	0	31	0	-	-	-	N.A.

Note:

- 1) UANs are prefixed with Asterisk sign (*) in case AADHAAR is not seeded /unverified
- 2) EPS Contribution Remitted is prefixed with Hash sign (#) when Member's age is more than 58 years.
Please ensure that this is the case of "Deferred Pension".

PMRPY Benefit Not Given Remarks :-

ABRY Benefit Not Given Remarks :-

Reason Code	Reason Name
EC10001	ECR already filed for this member
EC10002	Parallel Employment: ECR already filed for this
EC10003	Benefit already availed for this member
EC10004	Gross/EPF wages greater than 15,000/-
EC10005	Mismatch in EPF and EPS wages
EC10006	Mismatch in Due and Remitted values
EC10007	UAN Deactivated

Reason Code	Reason Name
GK10001	EPF wages are greater than or equal to 15,000/-
GK10002	Mismatch in EPF and EPS wages
GK10003	EPF contribution remitted is greater than due remittance
GK10004	EPS contribution remitted is greater than due remittance
GK10005	(EPF - EPS) difference contribution remitted is greater than due
GK10006	EPS contribution remitted is greater than due remittance
GK10007	Aadhaar not seeded



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ದಿ ಒರಿಯೆಂಟಲ್ ಇನ್ಶೂರೆನ್ಸ್ ಕಂಪನಿ ಲಿಮಿಟೆಡ್
The Oriental Insurance Company Limited
(ಭಾರತ ಸರ್ಕಾರದ ಒಂದು ಉದ್ಯಮ)
(भारत सरकार का एक उपक्रम)
ಕಾರ್ಪೊರೇಟ್ & ರಿಜಿಸ್ಟರ್ಡ್ ಕಛೇರಿ : 'ಒರಿಯೆಂಟಲ್ ಹೌಸ್'
पंजीकृत कार्यालय : 'ओरिएण्टल हाऊस', पो.बॉ.नं.-7037
ಪಿ.ಬಿ.ನಂ. 7037, ಎ-25/27, ಆಸಕ್ ಲೇ ರೋಡ್, ನ್ಯೂ ದೆಹಲಿ-110002
ए-25/27, असफ अली रोड, नई दिल्ली-110002

This Document is Digitally Signed
THE ORIENTAL INSURANCE COMPANY LIMITED
(A Govt of India Undertaking)
Sd/- BASHM RAMKUN SINGH
Date: Tue, May 2, 2023, 7:25:48 IST
Corporate & Regd. Office: Oriental House,
P.B.No. 7037, A-25/27, Asaf Ali Road, New Delhi-110 002
Reason: Signing Policy for OICL

HAPPY FAMILY FLOATER-2015 POLICY SCHEDULE

UIN: OICHLIP445V032021

Policy No. : 423001/48/2023/131 Prev. Policy No. : 423001/48/2022/175
Cover Note No. : - Cover Note Date : -
Insured's Code : 94704626 Issue Office Code : 423001
Insured Name : Jagadeswara K (GSTIN: 0) Issue Office Name : CBO 13 (GSTIN: 29AAACT0627R4ZS)
Address : MALLIGE MEDICAL CENTRE PVT LTD, 31 & 32, CRESCENT ROAD,
BANGALORE KARNATAKA 560001
Address : # 1188, I FLOOR, 26TH MAIN RAGIGUDDA TEMPLE MAIN ROAD
9TH BLOCK, JAYANAGAR BANGALORE KARNATAKA 560041
Tel./Fax/Email : / / 9448233186 / mcpbangalore@gmail.com Tel./Fax/Email : 080-26535460 / 080-22449746 / prabhakara.suri@orientalinsurance.co.in

Agent/Broker Details

Dev.Off.Code :
Agent/Broker : LC0000000434 APNA INSURANCE BROKING CONSULTANTS INDIA PVT LTD
Address : HOUSE NUMBER 57 1ST FLLOR BMG COMPLEX,K.H ROAD BANGALORE 560027
KARNATAKA,MOB NO 7760967410 TEL NO 080-44008888,,BANGALORE,KARNATAKA,560027
Tel/Fax/Email : 080-44008888//

Raksha Health Insurance TPA Pvt. Ltd.
KHYKHA COURT - II, No.8, 1st Floor,
Koramangala 2nd Stage, Hosur Main Road,
Bengaluru - 560034, Tel: 080-42839916/19

Period of Insurance : FROM 00:00 ON 17/04/2022 TO MIDNIGHT OF 16/04/2023
Collection No. & Dt. : CC 5140000186 - 13/04/2022 GST INVOICE NO :292120501 UIN :0
Gross Premium : 22,277 GST 4010 Stamp Duty : .5 Total : 26,287

Co-insurance Details : Nil

Channel of Sale	Yes/No
1.Online	YES
2.Fresh	NO
3.Renewal	YES

TPA Details :

TPA ID : YA0000000338
TPA Name : M/s Raksha Health Insurance TPA Private Limited
Address : Raksha Health Insurance TPA Pvt Ltd. Unit No. DTJ 425, 4th Floor, Plot No. 11, DLF Tower B, Jasola, New Delhi-110025
Telephone No : NEWDELHI Toll Free No. : 18001801444, 0129 - 4289999, FAX No. : 2564377, 360

Number of persons covered : 6 Plan Type SILVER Plan Sum Insured : 200000

Place : BANGALORE

Date : 13/04/2022



For and on behalf of
The Oriental Insurance Company Limited

This is an electronically generated document (Policy Schedule).The Policy document duly stamped will be sent by post.

In case of any query regarding the Policy please call Toll Free No. 1800 11 8485 and 011 33208485.

CIN: U66010DL1947GOI007159 All the Amounts mentioned on this policy are in Indian Rupee

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IRDA Regn. No. 556 - Now you can buy and renew selected policies online at www.orientalinsurance.org.in



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Mallige College of Pharmacy
Bangalore-560 090



The Oriental Insurance Company Limited

This Document is Digitally Signed

Signer: RASHMI RAMAN SINGH
Date: Tue, May 2, 2023 17:25:48 IST
Location: NOIDA
Reason: Signing Policy for OICL

Attached to and forming part of policy number 423001/48/2023/131

Particulars of the Persons covered :

Sr. No.	Name of The Persons	Gender	Date of Birth	Age	Relationship With Proposer	Pre-Existing Diseases	Co-Pay (%)	PA Capital Sum Insured (INR)
1	Jagadeswara K	M	09/07/1975	46	Self	NIL	10	
2	Mangalamma	F	20/07/1988	33	Spouse Unemployed	NIL	10	
3	Kushal	M	01/02/2015	7	Dependant Child	NIL	10	
4	Kenchappa	M	01/01/1955	67	Father	NIL	10	
5	Lakkamma	F	01/01/1957	65	Mother	NIL	10	
6	Ghanavi J	F	05/03/2009	13	Dependant Child		10	

Nominee Details

Name Of the Nominee	Relationship With the Insured	Age Of the Nominee	M/F/TG*

Optional Cover:

	Value
LIFE HARDSHIP BENEFIT	NO
RESTORATION OF SI	NO

Total Premium in words : Indian Rupees Twenty-Six Thousand Two Hundred Eighty-Seven Only

The insurance under this policy is extended to cover risks of Domiciliary Hospitalisation up to 10 % of sum insured subject to maximum Rs 50000 only (Fifty Thousand Only).

The insurance under this policy is extended to cover risks of :

Personal Accident Cover, Domiciliary Hospitalisation Limit, Daily cash allowance.

Deductible : Nil

The insurance under this policy is subject to conditions, clauses, warranties, endorsements as per forms attached.

The policy shall pay for hospitalisation expenses for medical/surgical treatment taken as an in-patient at any Nursing Home/Hospital in INDIA as defined in the policy.

In the event of a claim under the policy exceeding Rs. 1 lac or a claim for refund of premium exceeding Rs. 1 lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating offices as well as Company's website.



[Signature]
PRINCIPAL,
Mallige College of Pharmacy
Bangalore-560 090

Place : BANGALORE

Date : 13/04/2022



IRDA-REGNO-556

For and on behalf of
The Oriental Insurance Company Limited

This is an electronically generated document (Policy Schedule). The Policy document duly stamped will be sent by post

In case of any query regarding the Policy please call Toll Free No. 1800 11 8485 and 011 33208485.

[Signature]
Authorised Signatory

CIN: U66010DL1947GOI007158 All the Amounts mentioned in this policy are in Indian Rupee

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ದಿ ಓರಿಯಂಟಲ್ ಇನ್ಸೂರೆನ್ಸ್ ಕಂಪನಿ ಲಿಮಿಟೆಡ್
(ಭಾರತ ಸರ್ಕಾರದ ಒಂದು ಉದ್ದೇಶ)
ಕಾರ್ಪೊರೇಟ್ & ರಿಜಿಸ್ಟರ್ಡ್ ಕಛೇರಿ : 'ಓರಿಯಂಟಲ್ ಹೌಸ್'
ಓ.ಬಿ. ನಂ. 7037, ಎ-25/27, ಅಸಫ್ ಅಲಿ ರೋಡ್, ನವ ದೆಹಲಿ-110002

दि ओरिएण्टल इन्शोरेंस कम्पनी लिमिटेड
(भारत सरकार की एक उपक्रम)
पंजीकृत कार्यालय : 'ओरिएण्टल हाऊस', पो.बॉ.नं.-7037
ए-25/27, असफ अली रोड, नई दिल्ली-110002

This Document is Digitally Signed
THE ORIENTAL INSURANCE COMPANY LIMITED
(A Govt. of India Undertaking)
Signer: KASABHAI KANUN SINGH
Corporate & Regd. Office: 'Oriental House',
Location: B-10/1A,
P.B.No. 7037, A-25/27, Asaf Ali Road, New Delhi-110 002

Attached to and forming part of policy number 423001/48/2023/131

Warranted that in case the person covered under the policy has lodged any claim under the previous policy and the sum insured is enhanced under the current policy, for a further claim for the same disease during the current policy, the earlier limit of Sum Insured shall be applicable and not the enhanced sum insured.

Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

"We at Oriental continuously strive to ensure that you get the best possible treatment from our network hospitals. Please contact your TPA or any of the Oriental offices for our preferred hospitals in your area before going for a treatment. This will help us serve you in the best possible manner"

In witness whereof the undersigned being authorised by and on behalf of the Company has/have herein to set his/her hands at CBO 13 (GSTIN: 29AAACT0627R4ZS) on 13-APR-22.

- 1.Claim to be reported within 48 hrs of admission but before discharge.
 - 2.Claim documents to be submitted within 15 days of discharge.
- For complete details please refer to policy condition.

Policy History Data

Policy No.	Period From	Period To	Insurer Name	Sum Insured
423001/48/2020/225	17-APR-19	16-APR-20	The Oriental Insurance Company Ltd.	200000
423001/48/2021/70	17-APR-20	16-APR-21	The Oriental Insurance Company Ltd.	200000
423001/48/2022/175	17-APR-21	16-APR-22	The Oriental Insurance Company Ltd.	200000

Claim History Data

Policy no.	Claimant Name	Claim No.	Claim OS	Claim Paid
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"In case of grievance related to any issue related to this policy the same may be addressed to the office In-Charge or the Grievance Officer at above policy address. If the grievance remains pending, it may be escalated to Grievance Officer of the concerned Regional Office 44/45, Leo Shopping Complex, 1st Floor Floor, Residency Road Cross, BANGALORE. The next escalation in case grievance remains unresolved is CSD, Head Office, situated at Oriental House, A-25/27, Asaf Ali Road, New Delhi-110002. If the insured is not satisfied with the resolution/reply provided by the company, he/she may approach the Office of Insurance Ombudsman, within his/her jurisdiction. The list of offices of Ombudsman is available on Company's portal."

Place : BANGALORE
Date : 13/04/2022



IRDA-REGNO-556

For and on behalf of
The Oriental Insurance Company Limited

This is an electronically generated document (Policy Schedule). The Policy document duly stamped will be sent by post

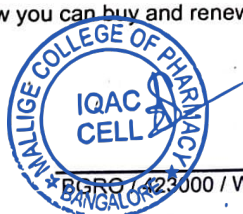
In case of any query regarding the Policy please call Toll Free No. 1800 11 8485 and 011 33208485.

[Signature]
Authorised Signatory

CIN: U66010DL1947GOI007158 All the Amounts mentioned in this policy are in Indian Rupee

Page 3 of 4

IRDA Regn. No. 556 - Now you can buy and renew selected policies online at www.orientalinsurance.org.in



[Signature]
PRINCIPAL,
Mallige College of Pharmacy
Bangalore-560 090



The Oriental Insurance Company Limited

This Document is Digitally Signed

Signer: RASHMI RAMAN NINGH
Date: Tue, May 2, 2023 17:25:48 IST
Location: NOIDA
Reason: Signing Policy for OICL

Attached to and forming part of policy number 423001/48/2023/131

Entered By : RAJESH ACCEL
Examined By : KONDALU KASIREDDY

Policy Printed By : 659622

Policy Printed On : 02-MAY-23 17:25:47

IP :

MAC :

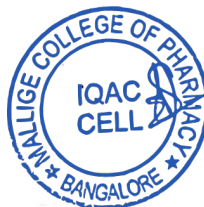


For and on behalf of
The Oriental Insurance Company Limited

[Signature]
Authorised Signatory

CASH HOURS
10.00 AM TO 1.30 PM
2.00 PM TO 4.30 PM
OFFICE HOURS
Monday to Thursday - 10AM to 5.45 PM
Friday - 10 Am to 6 Pm
Saturday & Sunday Holiday

FOR TERMS & CONDITIONS
PLEASE VISIT OUR WEB SITE
www.orientalinsurance.org.in
Or
Contact Office
Tel: 080-26535460 / 22449746
E-mail: 423001@orientalinsurance.co.in



[Signature]
PRINCIPAL,
Mallige College of Pharmacy
Bangalore-560 090

Place : BANGALORE
Date : 13/04/2022



IRDA-REGNO-556

For and on behalf of
The Oriental Insurance Company Limited

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In case of any query regarding the Policy please call Toll Free No. 1800 11 8485 and 011 33208485.

CIN: U66010DL1947GOI007158 All the Amounts mentioned in this policy are in Indian Rupee

IRDA Regn. No. 556 - Now you can buy and renew selected policies online at www.orientalinsurance.org.in



[Signature]
Authorised Signatory

THE ORIENTAL INSURANCE COMPANY LIMITED

RELATIONSHIP MATRIX

RAKSHA HEALTH INSURANCE TPA PVT. LTD.,

KHYKHA COURT-II, NO.8, 1ST FLOOR, KORAMANGALA 2ND STAGE, HOSUR MAIN ROAD,

BANGALORE-560034 TELEPHONE: 080-42839918 / 19

LEVEL	NAME	Designation	Contact Number	Mail ID
1	MAHESH.M.R.	AM, CORPORATE/RET AIL BUSINESS	9606049166	Mahesh.mr@rakshatpa.com
2	MAHESH.G.	EXECUTIVE BANK ASSURANCE	7406004466	mahesh.g@rakshatpa.com
	HARISH	PRINCIPAL	9739998767	harish@rakshatpa.com
		Mallige College of Pharmacy Bangalore-560 090		crcmblr@rakshatpa.com



EMPLOYEES' STATE INSURANCE CORPORATION

e-Pehchan Card

Insured Person : **Sampathkumar**
 Insurance No. : **4939516600**
 Date of Registration : **11/10/2017**

In case Aadhaar Number is not entered, this is valid upto
 date: **09/11/2017** only

YOUR REGISTRATION DETAILS

Employee Name:	Sampathkumar	Type of Disability :	None
Name of Father / Husband:	JOSEPH	Date of Birth :	01/05/1999
Marital Status :	Unmarried	Gender :	Male
Present Address :	#32 Silvepura Post, Dist: Bangalore, Karnataka	Permanent Address :	#32 Silvepura Post, Dist: Bangalore, Karnataka
Aadhaar Number :	817693454513	Aadhaar Status :	Verified
Dispensary / IMP for IP :	Yeshwanthapura, KA (ESIS Disp.)	Dispensary / IMP for Family:	None
Current Employer Details		First Employer Details	
Employer's Code No. :	49000358310000999	Employer's Code No. :	None
Sub Unit's Code No. :	None	Sub Unit's Code No. :	None
Date of Appointment :	14/09/2017	First Insurance No. :	None
Name of Employer :	MALLIGE EDUCATION FOUNDATION	Name of Employer :	None
Address of Employer :	NO 71 SILVEPURA, CHIKKABANAVARA, CHIKKABANAVARA, BANGALORE, Dist: Ban galoreKarnataka560088	Address of Employer :	None

Family Details:

Name	Relationship with the Employee	Date of Birth	Whether Residing with Insured Person	State	District	Aadhaar	Aadhaar Status
AROGYA MARY	Dependant mother	08/11/1957	Yes	Karnataka	Bangalore	NA	NA

Nominee Details:

Name of Nominee	Relationship with IP	Percentage	Address of Nominee	Aadhaar	Aadhaar Status
AROGYA MARY	Dependant mother	100	#32 Silvepura Post, Karnataka Dist: Bangalore	NA	NA



[Signature]
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 Bangalore-560 090

Documents Uploaded:

none

Signature / LTI of Registered Employee / IP :

Mobile Number : 9999999999


Affix Your Family Photograph Here.(Attested and Stamped by Employer / ESIC Official)

NOTE:

- 1. Please keep this printout for future reference and bring this along with your Photo ID for all your Claim Benefits and Medical Benefits.
- 2. Employer to please affix employee and his family photo here and attest with official stamp across .

Signature / Stamp of ESIC Officer / Employer

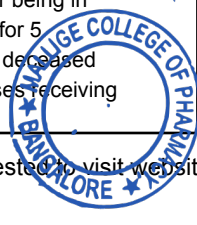



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Employees' State Insurance Corporation is a premier organization providing Social Security to workforce in the form of Medical and Cash Benefits in the contingencies of Sickness, Maternity, Disablement or death due to employment injury.

Sl.No	Benefits	Entitlement	Duration	Rate of Benefit
1	Medical Benefit	One should be an insured person	From day one of entering into insurable employment to till date in insurable employment and during the corresponding benefit period.	Reasonable medical care, Super Speciality treatment, comprehensive medical care & clinical investigation as per eligibility
2(a)	Sickness Benefit	78 days in relevant Contribution Period	Up to 91 days in two consecutive Benefit Period	70% of average Daily wages
2(b)	Enhanced Sickness Benefit	78 days in one Contribution Period	7 days/ 14 days for male/female insured person respectively for undergoing sterilization operation	100% of average Daily wages
3	Extended Sickness Benefit	156 days in 4 consecutive Contribution Period	124 to 309 days may be extended to 730 days in case of specified long term diseases	80% of average Daily wages
4(a)	Temporary Disablement Benefit	From day one of entering Insurable employment	As long as temporary disablement lasts	90% of average Daily wages
4(b)	Permanent Disablement Benefit	From day one of entering Insurable employment	For whole life	Depending upon loss of earning capacity of Insured
5	Dependents Benefit	From day one of entering Insurable employment	Paid to the dependents of the Insured Person. Who dies as a result of employment injury, in manner as detailed in Rule 58	90% of average Daily wages. Shareable in fixed proportion.
6	Maternity Benefit	70 days in immediately preceding 1 or 2 consecutive Contribution Periods	26 weeks in case of normal delivery for 1st two surviving child thereafter 12 weeks. 6 weeks in case of miscarriage. 12 weeks for commissioning/adopting mother.	100% of average Daily wages
7	Rajiv Gandhi Shramik Kalyana Yojana	Insurable employment for the last 2 years with 78 days contribution paid/ payable in each Contribution Period, Involuntary Unemployment due to closure of factory, retrenchment or permanent disablement due to non-employment injury > 40%	For a maximum period of 24 months. Vocational training of up to 1 year for upgrading skill of Insured Persons receiving unemployment allowance.	1. Unemployment allowance at the rates of i. 50% of last avg. daily wages - 0 to 12 Months. ii. 25% of last avg. daily wages - 13 to 24 Months 2. Medical care for self and family during receipt of unemployment allowance.
8	Funeral Expenses	From day one of entering Insurable employment	For defraying expenses on funeral of an Insured Person	Actual expenses subject to a maximum of Rs. 10000/-
9	Confinement expenses	No condition other than insurable employment.	Up to two confinements	Rs. 5000/- per case of confinement to an Insured Women or an Insured person in respect of his wife in case facilities for confinement are not available in ESI institutions.
10	Medical Care to retired Insured Persons	Superannuated/permanently retired/retired under VRS /Pre-mature retirement/ permanently retired due to employment injury after being in insurable employment for 5 years/spouses of such deceased Insured Persons/spouses receiving Dependents Benefit.	On yearly basis.	Medical facility within ESIC on payment of Rs. 120/- for self

• For detailed information on benefits you are requested to visit website www.esic.nic.in or call toll free number 1800112526



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**EMPLOYEES' STATE INSURANCE CORPORATION****e-Pehchan Card**

Insured Person : **Sandhya Rani S**
 Insurance No. : **4939151143**
 Date of Registration : **26/10/2016**

In case Aadhaar Number is not entered, this is valid upto
 date: **24/11/2016** only

YOUR REGISTRATION DETAILS

Employee Name:	Sandhya Rani S	Type of Disability :	None
Name of Father / Husband:	SHIVANAND M	Date of Birth :	05/06/1987
Marital Status :	Married	Gender :	Female
Present Address :	Siddharudara Ashrama Tharabanahalli Chikkabanavara (p), Dist: Bangalore, Karnataka	Permanent Address :	Siddharudara Ashrama Tharabanahalli Chikkabanavara (p), Dist: Bangalore, Karnataka
Aadhaar Number :	978588943594	Aadhaar Status :	Unverified
Dispensary / IMP for IP :	Dasarahalli, KA (ESIS Disp.)	Dispensary / IMP for Family:	Dasarahalli, KA (ESIS Disp.)
Current Employer Details		First Employer Details	
Employer's Code No. :	49000358310000999	Employer's Code No. :	None
Sub Unit's Code No. :	None	Sub Unit's Code No. :	None
Date of Appointment :	01/05/2016	First Insurance No. :	None
Name of Employer :	MALLIGE EDUCATION FOUNDATION	Name of Employer :	None
Address of Employer :	NO 71 SILVEPURA, CHIKKABANAVARA, CHIKKABANAVARA, BANGALORE, Dist: Ban galoreKarnataka560088	Address of Employer :	None

Family Details:

Name	Relationship with the Employee	Date of Birth	Whether Residing with Insured Person	State	District	Aadhaar	Aadhaar Status
SIDDDARTH S	Minor dependant son	07/03/2008	Yes	Karnataka	Bangalore	898164468835	Unverified
SHIVANAND M	Dependant father	15/03/1964	Yes	Karnataka	Bangalore	440009210946	Unverified
SUNITHA	Dependant mother	14/06/1965	Yes	Karnataka	Bangalore	697088789650	Unverified

Nominee Details:

Name of Nominee	Relationship with IP	Percentage	Address of Nominee	Aadhaar	Aadhaar Status
SIDDARTH S	Minor dependant son	100	Siddharudara Ashrama Tharabanahalli Chikkabanavara (p), Karnataka Dist: Bangalore 560 090	898164468835	Unverified



Principal
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Bangalore-560 090

Documents Uploaded:

none

Signature / LTI of Registered Employee / IP :

Affix Your Family Photograph Here.(Attested and Stamped by Employer / ESIC Official)

Mobile Number : **9000000000**

NOTE:

1. Please keep this printout for future reference and bring this along with your Photo ID for all your Claim Benefits and Medical Benefits.
2. Employer to please affix employee and his family photo here and attest with official stamp across .

Signature / Stamp of ESIC Officer / Employer

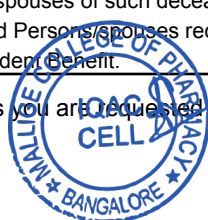



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Employees' State Insurance Corporation is a premier organization providing Social Security to workforce in the form of Medical and Cash Benefits in the contingencies of Sickness, Maternity, Disablement or death due to employment injury.

Sl.No	Benefits	Entitlement	Duration	Rate of Benefit
1	Medical Benefit	One should be an insured person	From day one of entering into insurable employment to till date in insurable employment and during the corresponding benefit period.	Reasonable medical care, Super Speciality treatment, comprehensive medical care & clinical investigation as per eligibility
2(a)	Sickness Benefit	78 days in relevant Contribution Period	Up to 91 days in two consecutive Benefit Period	70% of average Daily wages
2(b)	Enhanced Sickness Benefit	78 days in one Contribution Period	7 days/ 14 days for male/female insured person respectively for undergoing sterilization operation	100% of average Daily wages
3	Extended Sickness Benefit	156 days in 4 consecutive Contribution Period	124 to 309 days may be extended to 730 days in case of specified long term diseases	80% of average Daily wages
4(a)	Temporary Disablement Benefit	From day one of entering Insurable employment	As long as temporary disablement lasts	90% of average Daily wages
4(b)	Permanent Disablement Benefit	From day one of entering Insurable employment	For whole life	Depending upon loss of earning capacity of Insured
5	Dependents Benefit	From day one of entering Insurable employment	Paid to the dependents of the Insured Person. Who dies as a result of employment injury, in manner as detailed in Rule 58	90% of average Daily wages. Shareable in fixed proportion.
6	Maternity Benefit	70 days in immediately preceding 1 or 2 consecutive Contribution Periods	26 weeks in case of normal delivery for 1st two surviving child thereafter 12 weeks. 6 weeks in case of miscarriage. 12 weeks for commissioning/adopting mother.	100% of average Daily wages
7	Rajiv Gandhi Shramik Kalyana Yojana	Insurable employment for the last 2 years with 78 days contribution paid/ payable in each Contribution Period, Involuntary Unemployment due to closure of factory, retrenchment or permanent disablement due to non-employment injury > 40%	For a maximum period of 24 months. Vocational training of up to 1 year for upgrading skill of Insured Persons receiving unemployment allowance.	1. Unemployment allowance at the rates of i. 50% of last avg. daily wages - 0 to 12 Months. ii. 25% of last avg. daily wages - 13 to 24 Months 2. Medical care for self and family during receipt of unemployment allowance.
8	Funeral Expenses	From day one of entering Insurable employment	For defraying expenses on funeral of an Insured Person	Actual expenses subject to a maximum of Rs. 10000/-
9	Confinement expenses	No condition other than insurable employment.	Up to two confinements	Rs. 5000/- per case of confinement to an Insured Women or an Insured person in respect of his wife in case facilities for confinement are not available in ESI institutions.
10	Medical Care to retired Insured Persons	Superannuated/permanently retired/retired under VRS /Pre-mature retirement/ permanently retired due to employment injury after being in insurable employment for 5 years/spouses of such deceased Insured Persons/spouses receiving Dependent Benefit.	On yearly basis.	Medical facility within ESIC on payment of Rs. 120/- for self

• For detailed information on benefits you are requested to visit website www.esic.nic.in or call toll free number 1800112526



(Signature)
Principal
Mallige College of Pharmacy
Bangalore-560 090

**EMPLOYEES' STATE INSURANCE CORPORATION****e-Pehchan Card**

Insured Person : **Anitha**
 Insurance No. : **4939151047**
 Date of Registration : **26/10/2016**

YOUR REGISTRATION DETAILS

Employee Name:	Anitha	Type of Disability :	None
Name of Father / Husband:	JOSEPH	Date of Birth :	09/03/1986
Marital Status :	Married	Gender :	Female
Present Address :	#141,Kasagattapura,Jantha Colony,Bangalore North ,Selvepure,560090,Dist:Bangalore,Karnataka	Permanent Address :	#141,Kasagattapura,Jantha Colony,Bangalore North ,Selvepure,560090,Dist:Bangalore,Karnataka
Dispensary / IMP for IP :	Dasarahalli, KA (ESIS Disp.)	Dispensary / IMP for Family:	Dasarahalli, KA (ESIS Disp.)
Current Employer Details		First Employer Details	
Employer's Code No. :	49000358310000999	Employer's Code No. :	None
Sub Unit's Code No. :	None	Sub Unit's Code No. :	None
Date of Appointment :	01/05/2016	First Insurance No. :	None
Name of Employer :	MALLIGE EDUCATION FOUNDATION	Name of Employer :	None
Address of Employer :	NO 71 SILVEPURA, CHIKKABANAVARA, CHIKKABANAVARA,BANGALORE,Dist:BangaloreKarnataka560088	Address of Employer :	None

Family Details:

Name	Relationship with the Employee	Date of Birth	Whether Residing with Insured Person	State	District
JOSEPH	Spouse	30/01/1980	Yes	Karnataka	Bangalore
MARIA SAHANA	Dependant unmarried daughter	10/04/2003	Yes	Karnataka	Bangalore
MARIYA SPANDANA	Dependant unmarried daughter	27/07/2005	Yes	Karnataka	Bangalore
IREEN MARY	Dependant mother	30/11/1963	Yes	Karnataka	Bangalore

Nominee Details:

Name of Nominee	Relationship with IP	Percentage	Address of Nominee
IREEN MARY	Dependant mother	100	#141,Kasagattapura,Jantha Colony,Bangalore North ,Selvepure,KarnatakaDist:Bangalore560090



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Bangalore-560 090

Documents Uploaded:

none

Signature / LTI of Registered Employee / IP :

Affix Your Family Photograph Here.(Attested and Stamped by Employer / ESIC Official)

Mobile Number : **9000000000**

NOTE:

1. Please keep this printout for future reference and bring this along with your Photo ID for all your Claim Benefits and Medical Benefits.
2. Employer to please affix employee and his family photo here and attest with official stamp across .

Signature / Stamp of ESIC Officer / Employer

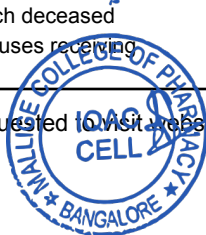



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• For detailed information on benefits you are requested to visit website www.esic.nic.in or call toll free number 1800-12526



PRINCIPAL,
Mallige College of Pharmacy
Bangalore-560 090

Mallige College of Pharmacy

Bank Payment Voucher

No. : 361

Dated : 29-Sep-2022

Particulars	Amount
Account : Gratuity Payment	94,465.00
Through : State Bank of India-Hesargatta Road Branch	
On Account of : DOJ: 01-08-2006 DOL 11-03-2022- BASIC SALARY: RS. 10,916/26 X 15 X 15 = 94,465	
Amount (in words) : Indian Rupees Ninety Four Thousand Four Hundred Sixty Five Only	
	94,465.00

Receiver's Signature :

Authorised Signatory




PRINCIPAL,
Mallige College of Pharmacy
Bangalore-560 090

Mallige College of Pharmacy

Bank Payment Voucher

No. : 346

Dated : 24-Sep-2022

Particulars	Amount
Account : Gratuity Payment	1,24,998.00
Through : State Bank of India-Hesargatta Road Branch	
On Account of : DOJ: 01-08-2015 DOL: 07-06-2022. BASIC PAY RS. 30,952. GRATUITY: 30952 /26X15X7	
Amount (in words) : Indian Rupees One Lakh Twenty Four Thousand Nine Hundred Ninety Eight Only	
	1,24,998.00

continued ...




PRINCIPAL,
Mallige College of Pharmacy
Bangalore-560 090

Mallige College of Pharmacy

Bank Payment Voucher

No. : **344**

Dated : **24-Sep-2022**

Particulars	Amount
Account : Gratuity Payment	1,04,143.00
Through : State Bank of India-Hesargatta Road Branch	
On Account of : DOJ: 02-12-2013 DOL: 01-08-2022. BASIC PAY RS. 21,237. GRATUITY: 21,237 /26 X15X8.5	
Amount (in words) : Indian Rupees One Lakh Four Thousand One Hundred Forty Three Only	
	1,04,143.00

Receiver's Signature :

Authorised Signatory




PRINCIPAL,
Mallige College of Pharmacy
Bangalore-560 090