



CONSOLIDATED STAMPELLET  
OF POLICY STAMPS PAID  
TO GOVT. TREASURY



**JANATA PERSONAL ACCIDENT (INDIVIDUAL) INSURANCE POLICY  
(IRDA/NL-HLT/NIA/P-P/V.1/55/14-15)**

Insured's Name	: S. VENKTA RAMANA	Issuing Office Details	
Insured's Details		Office Code	: MAHABOBNAGAR DO (613500)
Customer ID	: PO41724531	Address	: 2-2-2/D, OPP.MODERN HIGH SCHOOL-MAHABOBNAGAR-509001
Address	: S/O S. VENU GOPAL KOSGI(V&MDL) MAHABUB NAGAR TELANGANA, 509339		: 509001
Phone No	: 9848182590, 9848182590	Phone No	: 08542242843
E-mail/Fax	: /	E-mail/Fax	: /
PAN No	:	S.Tax Regn. No	: AAACN4165CST178

Policy Details			
Policy Number	: 61350047162400000099	Business Source Code	
Period of Insurance	: From:17/05/2016 05:13:49 PM To: 16/05/2017 11:59:59 PM	Dev.Off. level/Broker/Corp. Agent	: SHANKARDEV K. (1D4907286)
Date of Proposal	: 17-May-16	Agent/Bancassurance	: A.MAHANTAPPA . (NIA1D4904621) AGENT SITE 51378 (1D4909295)
Prev. Policy no.	:	Phone No	: 08542231759, 9701734975 / 9440713235, 9440713235, 9440713235
Client Type	: Non-Corporate	E-mail/Fax	: /

Premium	Service Tax	Total(RS)	Total Rupees (In Words)	Receipt No. & Date
60	0	60	RUPEES SIXTY ONLY	61350081160000001559 - 17/05/16
Stamp Duty	1			

**POLICY SCHEDULE (Individual)**

Details of Insured and/other Family members covered under the policy									
Name of the Insured	Sex	Date of Birth / Age	Occupation	Status of Insured	Existing Disabilities	Nominee Details		Sum Insured	Excess (%)
						Name	Relation		
S. VENKTA RAMANA	Male	10/03/1998, 18	Student	Earning Member	NIL	S. VENU GOPAL	Father	100000	0

Special Conditions: NA  
Subject to Janata Personal Accident Insurance Policy Clause as attached hereto.

**NOTE: WARRANTED THAT IN CASE OF DISHONOUR OF THE PREMIUM CHEQUE, THIS DOCUMENT STANDS AUTOMATICALLY CANCELLED 'AB-INITIO'.**

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 17th day of May, 2016.

For and on behalf of  
The New India Assurance Company  
Limited

Duty Constituted Attorney(s)

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

Stamp Duty under the Policy is `1/-.

**IRDA Registration Number: 190**



**JANATA PERSONAL ACCIDENT (INDIVIDUAL) INSURANCE POLICY**  
(IRDA/NL-HLT/NIA/P-P/V.1/55/14-15)

Insured's Name : K. VENKATAIAH	
<b>Insured's Details</b>	
Customer ID : PO41724264	Office Code : MAHABOBNAGAR DO (613500)
Address : S/O K. NARSIMULU HNO 3-20, CHILMAL MAILWAR(V) BOMRASPET(MDL) MAHABUBANAGAR TELANGANA, 509338	Address : 2-2-2/D, OPP.MODERN HIGH SCHOOL-MAHABOBNAGAR- 509001 ,509001
Phone No : 8179731055, 8179731055	Phone No : 08542242843
E-mail/Fax : /	E-mail/Fax : /
PAN No :	S.Tax Regn. No : AACN4165CST178

<b>Policy Details</b>			
Policy Number : 6135004716240000098	Business Source Code		
Period of Insurance : From:17/05/2016 05:09:10 PM To: 16/05/2017 11:59:59 PM	Dev.Off. level/Broker/Corp. Agent	SHANKARDEV K. (1D4907286)	
Date of Proposal : 17-May-16	Agent/Bancassurance	A.MAHANTAPPA . (NIA1D4904621) AGENT SITE 51378 (1D4909295)	
Prev. Policy no. :	Phone No	08542231759, 9701734975 / 9440713235, 9440713235, 9440713235	
Client Type : Non-Corporate	E-mail/Fax	/	

Premium	Service Tax	Total(RS)	Total Rupees (In Words)	Receipt No. & Date
60	0	60	RUPEES SIXTY ONLY	61350081160000001559 - 17/05/16
Stamp Duty	1			

**POLICY SCHEDULE (Individual)**

Details of Insured and/other Family members covered under the policy									
Name of the Insured	Sex	Date of Birth / Age	Occupation	Status of Insured	Existing Disabilities	Nominee Details		Sum Insured	Excess (%)
						Name	Relation		
K. VENKATAIAH	Male	26/03/1996 20	Student	Earning Member	NIL	K. NARSI MULU	Father	100000	0

Special Conditions: NA  
Subject to Janata Personal Accident Insurance Policy Clause as attached hereto.

**NOTE: WARRANTED THAT IN CASE OF DISHONOUR OF THE PREMIUM CHEQUE, THIS DOCUMENT STANDS AUTOMATICALLY CANCELLED 'AB-INITIO'.**

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 17th day of May, 2016.

For and on behalf of  
The New India Assurance Company  
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Duly Constituted Attorney(s)

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

Vide receipt

Stamp Duty under the Policy is ₹ 1/-.

