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भारतीय शिक्षण प्रसारक संस्था, अंबाजोगाई  
**खोलेश्वर महाविद्यालय, अंबाजोगाई**  
 ता. अंबाजोगाई - ४३१५१७ जि. बीड (महाराष्ट्र)  
 ☎: (०२४४६) २४७०१८ (मो.) ९५११६८६७७१  
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 प्राचार्य-डॉ. देवर्षी मु. अ. (एम. ए. एम. फिल, पी. एच. डी.)

जा.क्र.खो.म.वि./२४-२५/

दिनांक :- १९-१०-२०२४

### महाविद्यालयीन विद्यार्थ्यांकरिता महत्वाची सुचना

महाविद्यालयातील सर्व विद्यार्थ्यांना सुचित करण्यात येते की, शासनाने महाविद्यालयाच्या विद्यार्थ्यांसाठी नवीन स्वरूपात विद्यार्थी जीवन / अपघात विमा योजना लागू करणे संदर्भात विद्यार्थी वैयक्तिक अपघात विमा (Personal Accident Insurance) तसेच विद्यार्थी वैद्यकीय विमा (Medical Insurance) अंमलात आणण्यासाठी निर्णय घेतलेला आहे.

महाविद्यालयीन विद्यार्थ्यांसाठी ऐच्छिक स्वरूपाची व वैयक्तिक अपघात विमा खालील प्रमाणे शासन निर्णयान्वये मान्यता देण्यात आलेली आहे.

अ.क्र.	कंपनीचे नाव	विद्यार्थी वैयक्तिक अपघात विमा १ लक्ष साठी प्राप्त न्युनतम दर (रुपये)	विद्यार्थी वैयक्तिक अपघात विमा ५ लक्ष साठी प्राप्त न्युनतम दर (रुपये)	विद्यार्थी वैद्यकीय विमा रु.२ लक्ष साठी प्राप्त न्युनतम दर (रुपये)
१	ICICI Lombard Insurance Company Ltd.	२०	---	---
२	National Insurance co.Ltd.	---	६२	---
३	ICICI Lombard Insurance Company Ltd.	---	---	४२२

वरिल तक्त्यातील निविदाधारकांपैकी विमा दर तसेच विमा संरक्षण योग्य वाटत असलेल्या कंपनीची निवड करून ऐच्छिक स्वरूपात व वैयक्तिक अपघात विमा तसेच विद्यार्थी विमा योजना विद्यार्थ्यांसाठी लागू करण्यात येईल.

महाविद्यालयातील विद्यार्थ्यांसाठी वैयक्तिक अपघात विमा तसेच विद्यार्थी विमा अनुषंगाने सदर संदर्भातील महत्वाच्या मुद्देनिहाय माहिती सोबत जोडलेल्या प्रपत्र अ प्रमाणे नमूद करण्यात आली आहे.

महाविद्यालयातील विद्यार्थ्यांनी विद्यार्थी अपघात विमा व विद्यार्थी वैयक्तिक विमा साठी खालील संबंधित कर्मचारी यांच्याकडे अर्ज/शुल्कासह नोंदणी करण्यात यावी.

अ.क्र.	कर्मचार्याचे नांव	पदनाम	संपर्क क्रमांक
१	श्री कुलकर्णी प्रविण माधवराव (लेखा विभाग)	कनिष्ठ लिपीक	८३२९९४८००४

तसेच वरिल योजनेच्या अधिक माहितीकरिता अद्यावत स्वरूपात सुचना फलक व महाविद्यालयाच्या संकेतस्थळावर उपलब्ध करून देण्यात आलेली आहे.

करिता संबंधित विद्यार्थ्यांनी वरिल दर्शविण्यात आलेल्या कर्मचार्याकडे आपली नोंदणी करण्यात यावी जेणे करून युवा सुरक्षा योजना लागू राहिल. याची नोंद घेण्यात यावी.

टिप : अधिक माहिती करिता प्रपत्र अ सुचना फलक व संकेतस्थळावर उपलब्ध आहे.

*(Signature)*  
 19/10/24.  
 प्राचार्य

खोलेश्वर महाविद्यालय  
 अंबाजोगाई, जि. बीड



-- प्रपत्र अ --

# 1. Insurance Eligibility

PLAN A: MANDATORY COVERAGE (PERSONAL ACCIDENT INSURANCE)		
Particulars	Deliverables	
Insured Details	Primary Insured Member: The Student studying under the colleges, institutions, universities which are affiliated, associated, administered, categorized under The Higher & Technical Education, Government of Maharashtra	
	Secondary Insured Member: One Parent or the Guardian as mentioned in the college enrolment / admission form	
	The Unit Comprises of ONE (01) Primary Insured Member + ONE (01) Secondary Insured Member	
Sum Insured Ratio	Primary Member (Student): 20%	Secondary Member (Guardian): 80%
Sum Insured Bifurcation (PER UNIT)	Primary Member (Student): Rs. 1,00,000 (Rupees One Lac only)	
	Secondary Member (Parent or Guardian): Rs. 4,00,000 (Rupees Four Lac only)	
Relationship Type	Non Employer-Employee	
Policy Type	<p>The Policy shall be on the 'Named' basis for ONE (01) Student as well as ONE (01) Parent or Guardian mentioned in the enrollment form of the respective educational institution</p> <p>The Insurance Company may ask the respective 'Educational Institution' to provide the data of the primary insured member and/or the secondary insured member during the enrolment and/or before the inception of the Insurance Policy. The Insurance company may also, at its discretion issue an 'Unnamed' policy based on the declaration provided by the respective educational institution</p>	
Enrollment Type	Non-Selection. The educational institution to provide a declaration (online or offline) for the coverage of 'All-students'. No selection shall be permissible by the respective educational institution. The coverage is mandatory for all student(s) and their respective ONE (01) parent/ guardian	



Total Sum Insured PER UNIT (Primary Insured Member + Secondary Insured Member)	Rs. 5 Lac (Rupees Five Lac)
Mid-Term Addition Deletions	Permissible only to the students & their respective Parent/ Guardian by the means of 'New Admission'. Deletion by the means of opting out of the educational institution
Waiting Period	No Waiting Period. All Insured members are covered from Day One (01) in the policy
Group Administrator	The educational institution shall be the Master Policy Holder of the Policy
Geographical Boundary	The Policy shall be 24 x 7 World-wide cover
<b>PLAN B: OPTIONAL COVERAGE (MEDICLAIM POLICY)</b>	
Particulars	Deliverables
Insured Details	Primary Insured Member: The Student studying under the colleges, institutions, universities which are affiliated, associated, administered, categorized under The Higher & Technical Education, Government of Maharashtra
Sum Insured	The total sum insured per student is INR 2 Lacs (Rupees two lacs only)
Relationship Type	Non Employer-Employee
Policy Type	The Policy shall be on Named basis for ONE (01) student only. The Insurance company may ask the respective Educational Institution to provide the data of the primary insured member during the enrolment and / or before the inception of the insurance policy.
Enrollment Type	Non-Selection. The educational institution to provide a declaration for the coverage of 'All-students'. No selection shall be permissible by the respective educational institution. The coverage is mandatory for all student(s) and their respective ONE (01) parent/ guardian
Mid-Term Addition Deletions	Permissible only to the students by the means of 'New Admission'. Deletion by the means of opting out of the educational institution.
Waiting Period	No Waiting Period. All Insured members are covered from Day One (01) in the policy
Group Administrator	The educational institution shall be the Master Policy Holder of the Policy
Geographical Boundary	The coverage shall be restricted to the Geographical Limits within the boundaries of Republic of India (National Coverage)



## 2. Benefits. (Accidental Coverage)

### PLAN -A: PERSONAL ACCIDENT INSURANCE

Accidental Coverage	Benefits	Compensation as % of the Capital Sum Insured
	Death Only/ Permanent Total Disability	100%
	Loss of One Limb or One Eye	50%
	Loss of Sight on Both Eyes	100%
	Loss of Both Hands and Or Loss of Both Feet	100%
	Loss of one hand and Loss of One foot	100%
	Loss of One Eye and One Hand	100%
	Child Education Grant	10% of Capital Sum Insured
Partial Disablement due to Accident	Loss Covered	Percentage of Sum Insured
	Loss of Use/ Physical Separation: One entire hand	50%
	One entire foot	50%
	Loss of Sight of one eye	50%
	1. Loss of toes – all	20%
	Great both phalanges	5%
	Great – one phalanx	2%
	Other than great if more than one toe lost	1%
	2. Loss of Use of both ears	50%
	3. Loss of Use of one ear	20%
	4. Loss of four fingers and thumb of one hand	40%
	5. Loss of four fingers	35%
	Loss of thumb	25%
	6. Loss of both phalanges - one phalanx	10%
	Loss of Index finger - three phalanges	10%
	7. Loss of two phalanges	8%
	Loss of one phalanx	4%



	8.	Loss of middle finger – three phalanges	6%
		Loss of two phalanges	4%
		Loss of one phalanx	2%
	9.	Loss of ring finger - three phalanges two	5%
		phalanges	4%
		one phalanx	2%
	10.	Loss of little finger	4%
		three phalanges two phalanges	3%
		one phalanx	2%
	11.	Loss of metacarpus -first or second (additional)	3%
		third, fourth or fifth (additional)	2%
	12.	Any other permanent partial disablement	Percentage as assessed by the independent Registered Medical Practitioner
Coverage Specifications	<p>I. Accidental Death Benefit – The payment of Lumpsum amount to the nominee in the event of an accidental death of the beneficiary as described in the table above</p> <p>II. Accidental Permanent Disability Benefit - The payment of Lumpsum amount to the nominee in the event of an accidental permanent disability of the beneficiary as described in the table above</p> <p>III. Accidental Partial Disability Benefit- The payment of Lumpsum amount to the nominee in the event of an accidental partial disability of the beneficiary as described in the table above</p> <p>IV. Child Education Welfare / Children Education Grant - In the event of death or permanent total disablement of the Insured Parent/ Guardian due to an Accident as defined, the Insurance Company shall pay 'Child Education Grant' for the Student enrolled in the policy an additional compensation of a lumpsum pay out of 10% of the Capital Sum Insured once per event, per policy period</p>		



- V. Accidental Hospitalisation Benefit: A cashless hospitalisation benefit across the network of empanelled hospitals (Pan-India) in case of bodily injuries to the primary insured member or the secondary insured member the expenses towards the treatment during the hospitalization for up the maximum of INR 50,000/-(Primary Plus Secondary insured)\* floater amount Per policy period. In case of the hospitalization event at the non-network/ non-empanelled hospital, the insured can claim for the reimbursement of expenses from the Insurance Company towards the treatment undertaken at the hospitalisation due to accident. The policy shall cover only medicinal expenses including (not limited to); Room/ ICU Charges, Doctor's Fees, Cost of Investigation, Pharmacy Charges, Nursing Charges. All non-medical expenses, consumables shall not be payable under the policy

### PLAN B: OPTIONAL COVERAGE (MEDICLAIM POLICY)

Nature of Coverage	Pure Hospitalization Cover only. The proximate cause of hospitalization should be 'Emergency' in Nature. Any planned procedures, treatments, surgeries shall NOT be under the scope of cover under this policy
Coverage Specifications	<ol style="list-style-type: none"> <li>I. Cover Type: Hospitalization Only</li> <li>II. Admissibility: Cashless in Network Hospitals, Reimbursement in Non-Network Hospitals &amp; Pre &amp; Post Hospitalization Claims</li> <li>III. In-patient Hospitalization for Covid_19: Covered</li> <li>IV. Pre-Existing Conditions: Covered from Day One</li> <li>V. Waiver of 30 days, 1<sup>st</sup> Year Exclusion, 2<sup>nd</sup> Year Exclusion &amp; 4<sup>th</sup> Year Exclusion</li> <li>VI. Class of Treatment: Private Room (subject to Clause VII)</li> <li>VII. Room Rent Restriction: 2% of Sum Insured for Normal &amp; 4% for ICU</li> <li>VIII. Pre &amp; Post Hospitalization: Medical Expenses arising 30 days Prior to Hospitalization &amp; 60 days post hospitalization shall be payable</li> <li>IX. Ambulance Charges of INR 2000/- Per Hospitalization event shall be payable</li> <li>X. Dental Treatment: Payable only in case of an accident</li> <li>XI. Vision: LASIX, LASER Procedure, Corrective Treatments shall be payable for up to Rs. 25,000/- per eye in case if the corrective</li> </ol>



General Terms & Conditions	<ol style="list-style-type: none"> <li>I. The Terms &amp; Conditions of the Tailor-made Personal Accident Insurance Policy under 'Student Accident Insurance Scheme' shall be governed by this Tender Document and 'To-Be-Issued' G.R, Tripartite Agreement and/or the 'Work Order' issued to the shortlisted Insurance Company/ Insurance Companies.</li> <li>II. The Insurance Company shall issue the Insurance Policy in total conformity with the terms &amp; conditions of this Tender Document. The Terms &amp; Conditions which are not expressly agreed to in this document will not be binding on the insured.</li> <li>III. The claims shall be settled whether Approved, Repudiated or Shortfall within 21 days of the receipt of the Duly Completed Claim Form with the relevant documents. If there is any additional requirement in the insurance claim, the letter should be forwarded to the concerned claimant or the representative of the claimant along with the copy to the representative of the Integrated Risk Insurance Brokers Limited</li> <li>IV. The Claim Intimation shall be provided to the Insurance Company favorably within 15 days of the occurrence of the incident/ accident &amp; No Later than 120 days of the occurrence of the incident/ accident. The Insurance Company shall NOT be responsible for payment of claims to the beneficiary for any claims submitted after 120 days from the date of Occurrence of Accident/ Incident</li> <li>V. After sanctioning the claim amount, the Insurance Company shall deposit the 'Compensation' in INR (Indian Rupees) within 15 days via NEFT/ RTGS/ IMPS or any other electronic mode of payment as permissible by the Banking Regulations.</li> <li>VI. In case of the Non-availability of the nominee as the Parent/ Guardian (Secondary Insured Member) on the Admission / Enrollment form, the benefit of insurance shall be provided upon</li> </ol>
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	<p>the receipt of the 'Legal Heir Certificate' from the respective tahsildar / taluka-office/ district court or as deemed appropriate&amp; amended by the relevant authority.</p> <p>VII. The extent of disability, whether Permanent Total, Partial, Temporary or any other shall be determined &amp; validated by the Civil Surgeon of the Government which shall be final &amp; binding upon the Insurance Company as well as the insured/ claimant. The entitlement of the compensation, benefit shall be in accordance with the certification by the Civil Surgeon of the Government.</p> <p>Any violations to the Claim Settlement methodology, timelines, dispute shall be resolved by the Nodal Agency (Integrated Risk Insurance Brokers Limited). The Nodal Agency shall take up the 'unresolved disputes' with the IRDA and/or the Ombudsman as deemed appropriate and necessary.</p>
Policy Exclusions	<ol style="list-style-type: none"> <li>I. Suicide or Attempt of Suicide</li> <li>II. Intentional Self Injury</li> <li>III. Pregnancy or Childbirth</li> <li>IV. Bleedings from the inner organs</li> <li>V. Aviation, other than as a passenger</li> <li>VI. Participation in Motor Rallies, Adventure Sports</li> <li>VII. War, including civil war</li> <li>VIII. Natural Death</li> <li>IX. Terrorism, except attack by Naxalites</li> <li>X. Any Accidental Event Under the influence of alcohol, drugs, psychotropic substances</li> <li>XI. Accidents Arising out of event of misfeasance</li> <li>XII. Nuclear Radiation or Nuclear Weapons Materials</li> <li>XIII. Murder by immediate beneficiary.</li> </ol>



**Insurance Policy Form (Top Left)**

**Insurance Policy Form (Top Right)**

**Insurance Policy Form (Middle Left)**

**Insurance Policy Form (Middle Right)**

**Insurance Policy Form (Bottom Left)**

**Insurance Policy Form (Bottom Right)**

**Medical Certificate (Bottom Left)**

**Letter (Bottom Right)**

शांतता पाळा!!

- विद्यार्थ्यांनी मास्क घालणे अनिवार्य आहे.
- ओळखपत्रा शिवाय वाचन कक्षात बसू नये.

Khushnagar Mahasweta Anilraj  
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