



UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)

Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: NALINI BHASKAR GOKHALE	PF NO.: 23
ADDRESS: ATAL CO-OP.HSG.SOC., BIBWEWADI PUNE 411037	PHONE: 9975565571
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, NALINI BHASKAR GOKHALE has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd



Authorised signatory



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INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: MADHURI JAGANNATH APTE	PF NO.: 48
ADDRESS: S NO 20 2 BLDG NO 2 TARA RESIDENCY KOTHRUD PUNE 411038	PHONE: 9422048912
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, MADHURI JAGANNATH APTE has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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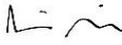
POLICY NO.: 5001002819P112811493	Date : 01/01/2020
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INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: APARNA MHASKAR	PF NO.: 59
ADDRESS: 32 2B SHRAMASAFALYA SOCIETY ISHKRIPA BUNGLOW ERANDWANA NEAR MEHENDALE GARAGE PUNE 411004	PHONE: 9657982364
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, APARNA MHASKAR has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: VIJAYA SADASHIV THAKAR	PF NO.: 72
ADDRESS: S.NO.129,PLOT NO.52, FLAT NO.14,SHRILAXMI CHHAYA APTS,KOTHRUD, PUNE. 411029	PHONE: 9422015938
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, VIJAYA SADASHIV THAKAR has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: VIJAYA LAXMIKANT RANJANIKAR	PF NO.: 133
ADDRESS: 476 SHANIWAR PETH HARIHARESHWAR APARTMENT PUNE 411030	PHONE: 9881461990
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, VIJAYA LAXMIKANT RANJANIKAR has paid Rs. **24897** /- Rupees Twenty four thousand eight hundred ninety seven only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 21099/- & GST Rs. 3798/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: Sudha Moreshwar Kulkarni	PF NO.: 138
ADDRESS: A-604, MEGHDOOT SOCIETY,S.NO.25, BEHIND PRUTHVI HOTEL, KOTHRUD, PUNE411038 PUNE. 411038	PHONE: 9765613015
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, Sudha Moreshwar Kulkarni has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: JYOTI DIWAKAR KANE	PF NO.: 141
ADDRESS: DEOGHAR SUKRIT SOCIETY ARANYESHWAR PUNE 411009	PHONE: 9420481126
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, JYOTI DIWAKAR KANE has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: MEDHA MAHAJAN	PF NO.: 147
ADDRESS: 759 48 GYMKHANA COLONY PUNE NR SUVARNA SMRUTI KARYALAY PUNE 411004	PHONE: 9890167802
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, MEDHA MAHAJAN has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREEES)	
RETIREE NAME: ASHA C NERLEKAR	PF NO.: 161
ADDRESS: 304 ABHINANDAN CLASS IC GANANJAY SOC KOTHRUD PUNE 411038	PHONE: 9325791464
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, ASHA C NERLEKAR has paid Rs. **24897** /- Rupees Twenty four thousand eight hundred ninety seven only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 21099/- & GST Rs. 3798/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: Shubhada Vishwanath Deshpande	PF NO.: 169
ADDRESS: 17 18 SANKUL CONDOMINAUM ERANDWANE MANGESHKAR HOSP PUNE 411004	PHONE: 9890287872
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, Shubhada Vishwanath Deshpande has paid Rs. **24897** /- Rupees Twenty four thousand eight hundred ninety seven only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 21099/- & GST Rs. 3798/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: KALYANI ASHOK SHENDE	PF NO.: 179
ADDRESS: SWAPNIL HSG SOC BL NO 2 KOHINOOR COL SAHAKARNAGAR 2 PUNE 411009	PHONE: 9881728266
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, KALYANI ASHOK SHENDE has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: UMA SHANKAR POLAS	PF NO.: 188
ADDRESS: NEW AJANTA AVENUE 3B 1 A 2 1 KOTHRUD PUNE 411038	PHONE: 9595782930
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, UMA SHANKAR POLAS has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: SHUBHADA SHARAD BAPAT	PF NO.: 240
ADDRESS: 92 100 AMEN SOCIETY NEAR MHATRE BRIDGE ERANDAWANE PUNE PUNE 411004	PHONE: 9552521702
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, SHUBHADA SHARAD BAPAT has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: Nirmala prabhakar kulkarni	PF NO.: 254
ADDRESS: RAJGAD PLOT 16 DHANALAXMI COOP H SO HINGNE KHURD PUNE 411051	PHONE: 9850977454
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, Nirmala prabhakar kulkarni has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: KALAWATI D ADHAV	PF NO.: 328
ADDRESS: 983/4 AMBAR CO OP HSG SOC SHUKRAWAR PETH PUNE 411001 411002 411002	PHONE: 9422012114
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, KALAWATI D ADHAV has paid Rs. **24897** /- Rupees Twenty four thousand eight hundred ninety seven only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 21099/- & GST Rs. 3798/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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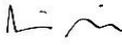
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INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: alka arvind sahasrabuddhe	PF NO.: 355
ADDRESS: ASAVARI SOCIETY, BANGLOW NO-4 OPP MARUTI MANDIR NEAR BKZALA APART KOTHRUD, PUNE.38 411038	PHONE: 2025444669
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, alka arvind sahasrabuddhe has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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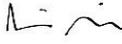
POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: VANDANA D DATE	PF NO.: 367
ADDRESS: 402 NARAYAN PETH PUNE PUNE 411030	PHONE: 8983407332
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, VANDANA D DATE has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd




Authorised signatory



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IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)

Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: SUMEDHA SURESH JOSHI	PF NO.: 400
ADDRESS: D/6,SHUBHNAGARI, DAHANUKAR COLONY, KOTHRUD,PUNE. PUNE 411029	PHONE: 9822691904
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, SUMEDHA SURESH JOSHI has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: MRS. MADHAVI M TATAKE	PF NO.: 402
ADDRESS: 1947,MADIWALE COLONY SADASHIV PETH PUNE 411030	PHONE: 9970153435
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, MRS. MADHAVI M TATAKE has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: LALITA K JOSHI	PF NO.: 445
ADDRESS: 430 NARAYAN PETH JOSHI WADA PUNE 411030	PHONE: 9623186108
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, LALITA K JOSHI has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: ANURADHA SHARAD GORE	PF NO.: 475
ADDRESS: BLOCK NO.1 HIMANSHU SOC. 47/1/B KARVERD PUNE 411004	PHONE: 9881298520
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, ANURADHA SHARAD GORE has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: HARDIKAR NALINI MANOHAR	PF NO.: 490
ADDRESS: 11/111 KAMDHENU HARI OM NAGAR MULUND EAST MUMBAI 400081	PHONE: 9969886283
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, HARDIKAR NALINI MANOHAR has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: MRS.MOHINI MADHAV DEODHAR	PF NO.: 505
ADDRESS: 37 D VISHNU KRUPA 1393 SHUKRAWAR PETH BAJIRAO ROAD PUNE 411002	PHONE: 9970155881
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, MRS.MOHINI MADHAV DEODHAR has paid Rs. **24897** /- Rupees Twenty four thousand eight hundred ninety seven only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 21099/- & GST Rs. 3798/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: Lalita Vidyadhar Patwardhan	PF NO.: 555
ADDRESS: 1327 E Sadashiv Peth Vitthal Nagari Pune 411030	PHONE: 9422183893
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, Lalita Vidyadhar Patwardhan has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: MRS.ROHINI G DATAR	PF NO.: 570
ADDRESS: 128 BUDHAWAR PETH SAKSHATKAR SOC NR.JOGESHWARI PUNE 411002	PHONE: 8806658063
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, MRS.ROHINI G DATAR has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

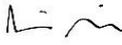
POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: VAISHALI PRAKASH DIGHE	PF NO.: 572
ADDRESS: TRIMURTI SOCIETY FLAT NO 304 123/2/3 CHIPLUNKAR ROAD OFF LAW COLLEGE ROAD PUNE 411004	PHONE: 9822228295
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, VAISHALI PRAKASH DIGHE has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: PRAMILA MISHRILAL MUTHA	PF NO.: 618
ADDRESS: ASAWARI COOP H SOC BUNGLOW NO2 NEAR GOPAL VIHAR SOC KOTHRUD PUNE 411029 PUNE 411029	PHONE: 9923637040
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, PRAMILA MISHRILAL MUTHA has paid Rs. **24897** /- Rupees Twenty four thousand eight hundred ninety seven only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 21099/- & GST Rs. 3798/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

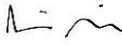
POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: pushpa prabhakar vidyasagar	PF NO.: 627
ADDRESS: BLOCK NO-12, SUPURTI SOCIETY DATTAWADI, SURVEY NO-129/A NEAR LIONS CLUB PUNE 411030 411030	PHONE: 9823826077
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, pushpa prabhakar vidyasagar has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: MADHAVI RAMESH MHAISEKAR	PF NO.: 689
ADDRESS: 46 S E RLY LAY OUT NO 2 PRATAP NAGAR NAGPUR NAGPUR NAGPUR 440022	PHONE: 9422812203
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, MADHAVI RAMESH MHAISEKAR has paid Rs. **24897** /- Rupees Twenty four thousand eight hundred ninety seven only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 21099/- & GST Rs. 3798/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: MRS.GARUD PRATIMA VISHNU	PF NO.: 723
ADDRESS: 803 NIRMAN BLDG LIBERTY GARDEN MAMLET DAR WADI X RD MALAD WEST MUMBAI 400064	PHONE: 7738742820
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, MRS.GARUD PRATIMA VISHNU has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: Savita Arun Joshi	PF NO.: 803
ADDRESS: FLAT 11 SIDDHA TERRACE BHUSARI COLONY PAUD RD PUNE 411038	PHONE: 9325616120
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, Savita Arun Joshi has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: MADHUMATI D PANSHEY	PF NO.: 805
ADDRESS: MATA KRUPA GIRIPETH NAGPUR TOMAR MARG NAGPUR 440010	PHONE: 9923194596
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, MADHUMATI D PANSHEY has paid Rs. **24897** /- Rupees Twenty four thousand eight hundred ninety seven only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 21099/- & GST Rs. 3798/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: ANITA ANIL RANADE	PF NO.: 835
ADDRESS: 13 BUTY LAYOUT ALXMINAGAR NEAR R P T S NAGPUR BEHIND BHOJRAJ LAWN 440022	PHONE: 9371412273
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, ANITA ANIL RANADE has paid Rs. **24897** /- Rupees Twenty four thousand eight hundred ninety seven only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 21099/- & GST Rs. 3798/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd



Authorised signatory



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IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)

Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: SUMAN VISHNU THOMBRE	PF NO.: 940
ADDRESS: 16 B ANKUR SOCY SHINDE MALA SAVEDI ROAD AHMEDNAGAR AHMEDNAGAR 414001	PHONE: 9890448740
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, SUMAN VISHNU THOMBRE has paid Rs. **24897** /- Rupees Twenty four thousand eight hundred ninety seven only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 21099/- & GST Rs. 3798/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: NALINI BAPURAO MULAY	PF NO.: 942
ADDRESS: OM SHIVAM GANANJAY SOCIETY PLOTNO 26, UNIT 2, LANE 5 PUNE KOTHURD 411038	PHONE: 9822390916
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, NALINI BAPURAO MULAY has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

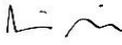
POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: SUNITA SURESH GUJAR	PF NO.: 1040
ADDRESS: B 3 707 RAHUL NISARG CO OP HOUSING SOC ATUL NAGAR MUMABI BANGLORE HIGHWAY PUNE 411052	PHONE: 9822208426
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, SUNITA SURESH GUJAR has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: K SUNANDA	PF NO.: 1046
ADDRESS: 16-11-220-D-10 FRIENDS COLONY MOOSARAMBAGH HYDERABAD 500036	PHONE: 9849605118
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, K SUNANDA has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME:	PF NO.: 1066
ADDRESS: FLAT NO 103 MANOHAR RESIDENCY HAREKRISHNA PATH MODEL COLONY SHIVAJI NAGAR 411016	PHONE: 9421661713
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/-** & **GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: MRS.KAUSHALYABAI MUKUND KATALE	PF NO.: 1127
ADDRESS: KATALE NIWAS KALPANA NAGAR LATUR 413531	PHONE: 9890425202
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, MRS.KAUSHALYABAI MUKUND KATALE has paid Rs. **24897** /- Rupees Twenty four thousand eight hundred ninety seven only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 21099/- & GST Rs. 3798/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: SHOBHA NILKANTH KHER	PF NO.: 1204
ADDRESS: 401 AGNEL PARADISE JAI BHAVANI MATA ROAD AMBOLI ANDHERI WEST 400058 400058	PHONE: 9967654842
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, SHOBHA NILKANTH KHER has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

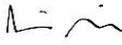
POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: Malini Pandurang Gandhi	PF NO.: 1257
ADDRESS: 301 RUNANNUBANDH CHS N P THAKKAR ROAD NEAR RAJPURIA BAGH HALL VILE PARLE EAST MUMBAI 400057	PHONE: 9819866773
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, Malini Pandurang Gandhi has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: JAYASHREE V BONDRE	PF NO.: 1345
ADDRESS: 204 RUNANUBANDHA SOC GUJRATI MANDAL RD VILE PARLE EAST MUMBAI 400057	PHONE: 9833361156
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, JAYASHREE V BONDRE has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: SHALINI YASHWANT KULKARNI	PF NO.: 1360
ADDRESS: 4 SUYASH PARIJAT NAGAR PARIJAT COLONY IN FRONT BMS SAMARTH NAGAR NASIK 422005	PHONE: 9767363422
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, SHALINI YASHWANT KULKARNI has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME:	PF NO.: 1423
ADDRESS: SNO 153 B/2 153B PLNO 85 NEAR CHAKAN KAR MALA PRATHAMESH PARK BANER BALEWADI ROAD PUNE 411007	PHONE: 8805377325
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/-** & **GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: NEELA SHARAD SOMAN	PF NO.: 1566
ADDRESS: 302 RUNANUBANDHA SOCIETY NAVIN P THAKKAR ROAD VILE PARLE EAST MUMBAI 400057	PHONE: 9833870806
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, NEELA SHARAD SOMAN has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: MEENA SHRIDHAR ABHYANKAR	PF NO.: 1578
ADDRESS: 4 RUNANUBANDH SOCIETY GUJRATHI MANDAL ROAD VILE PARLE EAST MUMBAI 400057	PHONE: 9920062850
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, MEENA SHRIDHAR ABHYANKAR has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: kalpana narendra apte	PF NO.: 1628
ADDRESS: 18 LAXMI SADAN GOKHALE RD. (N) DADAR MUMBAI 400028	PHONE: 9921622626
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, kalpana narendra apte has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREEES)	
RETIREE NAME: MADHAVI MADHUKAR JOSHI	PF NO.: 1630
ADDRESS: A 34 7 YOGI NAGAR BORIVALI WEST MUMBAI 400092	PHONE: 9892748836
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, MADHAVI MADHUKAR JOSHI has paid Rs. **24897** /- Rupees Twenty four thousand eight hundred ninety seven only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 21099/- & GST Rs. 3798/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: MADHAVI K SHEODE	PF NO.: 1672
ADDRESS: A 303 VARUN SOCIETY OPP SAMAJ MANDIR HALL TILAKNAGAR DOMBIVLI E 421201	PHONE: 9833753069
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, MADHAVI K SHEODE has paid Rs. **24897** /- Rupees Twenty four thousand eight hundred ninety seven only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 21099/- & GST Rs. 3798/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd



Authorised signatory



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IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)

Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: PUSHPALATA SUDHAKAR DHODAPKAR	PF NO.: 1754
ADDRESS: B/25 VATSALYANAGARI NEW D P ROAD NEAR GURUGANESH NAGAR PUNE 411038	PHONE: 9272170990
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, PUSHPALATA SUDHAKAR DHODAPKAR has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: MRS. PADMA SHYAMSUNDER PATHAK	PF NO.: 1835
ADDRESS: PLOT NO 2 PRANAV APTS NAGPUR VANKATESH NAGAR NAGPUR 440025	PHONE: 9561808693
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, MRS. PADMA SHYAMSUNDER PATHAK has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: ANUSAYA MOHAN SHINDE	PF NO.: 2008
ADDRESS: ANU KUNJ NIWAS 9/550, STATION ROAD, BEHIND OLD NAKA, ICHALKARANJI 416115	PHONE: 9421206506
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, ANUSAYA MOHAN SHINDE has paid Rs. **24897** /- Rupees Twenty four thousand eight hundred ninety seven only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 21099/- & GST Rs. 3798/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: MRS. SUVERNA BABURAO BIDAYE	PF NO.: 2017
ADDRESS: C/213, RAJSHIVAM CO OP HSG SOC, S V ROAD DAHISAR (E) MUMBAI 400068	PHONE: 9892485756
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, MRS. SUVERNA BABURAO BIDAYE has paid Rs. **24897** /- Rupees Twenty four thousand eight hundred ninety seven only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 21099/- & GST Rs. 3798/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

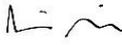
POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: MANISHA S MEJARI	PF NO.: 2065
ADDRESS: B/403 ABHAY CO OP HSG SOC LTD OPP DON BOSCO SCHOOL L T ROAD VAZIRA BORIVALI WEST MUMBAI 400091	PHONE: 9833726333
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, MANISHA S MEJARI has paid Rs. **24897** /- Rupees Twenty four thousand eight hundred ninety seven only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 21099/- & GST Rs. 3798/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: HIRABAI DEORAM WAGHULE	PF NO.: 2069
ADDRESS: L 43/838 NEAR SNBP HIGH SCHOOL YERWADA PUNE 411006	PHONE: 7507580487
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, HIRABAI DEORAM WAGHULE has paid Rs. **24897** /- Rupees Twenty four thousand eight hundred ninety seven only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 21099/- & GST Rs. 3798/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: kamal v soman	PF NO.: 2093
ADDRESS: Shaarada Niketanco-op. so. Block 2 Veersawarkar Road DOMBIVALI E THANE DIST 421201	PHONE: 9833800599
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, kamal v soman has paid Rs. **24897** /- Rupees Twenty four thousand eight hundred ninety seven only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 21099/- & GST Rs. 3798/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: Shobha Dhananjay Nipunage	PF NO.: 2139
ADDRESS: 39 B Dr ANTROLIKAR NAGAR BHAG 1 HOTGI ROAD SOLAPUR SOLAPUR 413003 SOLAPUR 413003	PHONE: 9373516620
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, Shobha Dhananjay Nipunage has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: Shobha Arun Lale	PF NO.: 2153
ADDRESS: FLAT NO 5, EDEN GARDEN APTS. SHRIRAM SOC. WARJE NAKA, WARJE PUNE 411029	PHONE: 9423572275
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, Shobha Arun Lale has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: SHUBHANGI UKARDE	PF NO.: 2196
ADDRESS: MAPLE HEIGHTS OFF B R ROAD FLAT 704/7TH FLR MULUND WEST 400080	PHONE: 9819110417
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, SHUBHANGI UKARDE has paid Rs. **24897** /- Rupees Twenty four thousand eight hundred ninety seven only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 21099/- & GST Rs. 3798/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: SHAILAJA DANI	PF NO.: 2386
ADDRESS: 50/7 UJWAL NAGAR WARDHA NAGAR NAGPUR 440025	PHONE: 9370870049
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, SHAILAJA DANI has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: RAJANI VIJAY GIJARE	PF NO.: 2398
ADDRESS: S NO 119/2 PARVATI A1/19 SARITA VAIBHAV SINHAGAD RD OPP PL DESHPANDE UDYAN PUNE 411030	PHONE: 9403318218
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, RAJANI VIJAY GIJARE has paid Rs. **24897** /- Rupees Twenty four thousand eight hundred ninety seven only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 21099/- & GST Rs. 3798/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREEES)	
RETIREE NAME: MRS.YOGINI YESHWANT SOMAN	PF NO.: 2406
ADDRESS: DUTTA CHAYA 1975 SADASHIV PETH MADIWALE COLONY PUNE 411030	PHONE: 9423003474
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, MRS.YOGINI YESHWANT SOMAN has paid Rs. **24897** /- Rupees Twenty four thousand eight hundred ninety seven only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 21099/- & GST Rs. 3798/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: YASHASHREE YASHWANT VAZE	PF NO.: 2480
ADDRESS: 6 RUNANUBANDH GUJRATH MANDAL ROAD VILE PARLE EAST BOMBAY 400 057 MUMBAI 400057	PHONE: 9833952078
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, YASHASHREE YASHWANT VAZE has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: MRS ANJALI ANIL MHALAS	PF NO.: 2528
ADDRESS: 686 3A SANJEEVAN I 2 NIRANT VASAHT BIBWEWADI PUNE 411037	PHONE: 9326823282
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, MRS ANJALI ANIL MHALAS has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

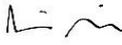
POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: SUSHMA SUDHAKAR BIBIKAR	PF NO.: 2535
ADDRESS: NAMRATA COLONY NEAR BHARAT GAS GODOWN PIPELINE ROAD AHMEDNAGAR AHMEDNAGAR 414001	PHONE: 8888438753
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, SUSHMA SUDHAKAR BIBIKAR has paid Rs. **24897** /- Rupees Twenty four thousand eight hundred ninety seven only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 21099/- & GST Rs. 3798/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd




Authorised signatory



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IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)

Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: ANJALI AVINASH DESHPANDE	PF NO.: 2630
ADDRESS: FLAT NO A/401 9 GREEN PARK SAHKARNAGAR NO 2 PUNE 411009	PHONE: 9764074740
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, ANJALI AVINASH DESHPANDE has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd



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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: SWATI M JOSHI	PF NO.: 2645
ADDRESS: 14 MANGALSHAKTI WADALA PATHARDI ROAD IN FRONT OF MAHADEO MANDIR NASHIK 422009	PHONE: 9763156918
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, SWATI M JOSHI has paid Rs. **24897** /- Rupees Twenty four thousand eight hundred ninety seven only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 21099/- & GST Rs. 3798/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: USHA ARVIND BHILAWADIKAR	PF NO.: 2666
ADDRESS: 1774 BRAMESHWAR PARK KOLHAPUR KOLHAPUR 416002	PHONE: 9822751518
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, USHA ARVIND BHILAWADIKAR has paid Rs. **24897** /- Rupees Twenty four thousand eight hundred ninety seven only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 21099/- & GST Rs. 3798/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

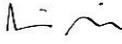
POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)	
RETIREE NAME: SMITA R SINNARKAR	PF NO.: 2696
ADDRESS: 324 SHANIWAR PETH XXXXX PUNE 411030	PHONE: 9403189064
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, SMITA R SINNARKAR has paid Rs. **24897** /- Rupees Twenty four thousand eight hundred ninety seven only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 21099/- & GST Rs. 3798/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: CLETA XAVIER LOBO	PF NO.: 2779
ADDRESS: H NO 214 CARVOTA C O MARY ANN XAVIER LOUTULIM SALCETE SOUTH GOA LOUTULIM 403718	PHONE: 9960276569
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, CLETA XAVIER LOBO has paid Rs. **24897** /- Rupees Twenty four thousand eight hundred ninety seven only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 21099/- & GST Rs. 3798/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: VIDYA KHALADKAR	PF NO.: 2793
ADDRESS: 506NARAYAN PETH ASHWINA BULD AMRUTKALASH SOC PUNE 411030	PHONE: 7769831990
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, VIDYA KHALADKAR has paid Rs. **24897** /- Rupees Twenty four thousand eight hundred ninety seven only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 21099/- & GST Rs. 3798/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

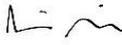
POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: VAISHALI VILAS THOMBRE	PF NO.: 2869
ADDRESS: J 4 KRISHNA APARTMENT OPP VOLLEY BALL GROUND RANAPRATPNAGAR LAXMINAGAR NAGPUR 440022	PHONE: 9373284664
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, VAISHALI VILAS THOMBRE has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd




Authorised signatory



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Tel. No. 022-22822564/65

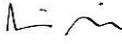
POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: SULBHA ARVIND MANDREKAR	PF NO.: 2907
ADDRESS: 36/275 LAXMI NAGAR PARVATI PUNE 411009	PHONE: 9850178494
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, SULBHA ARVIND MANDREKAR has paid Rs. **24897** /- Rupees Twenty four thousand eight hundred ninety seven only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 21099/- & GST Rs. 3798/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: MRS.MALATI S BHAT	PF NO.: 2925
ADDRESS: FLAT NO 6 GOWAIKAR BLDG 595 SHANIWAR PETH PUNE 411030	PHONE: 9881570995
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, MRS.MALATI S BHAT has paid Rs. **24897** /- Rupees Twenty four thousand eight hundred ninety seven only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 21099/- & GST Rs. 3798/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: PADMA PRAFULCHANDRA SARPOTDAR	PF NO.: 2969
ADDRESS: PLOT NO 460 SAI SECTION AMBARNATH E AMBARNATH 421501	PHONE: 8983640064
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, PADMA PRAFULCHANDRA SARPOTDAR has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd



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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: ARCHANA ARUN KADAM	PF NO.: 2984
ADDRESS: LAXMAN NAGAR CHS 24 SHEETAL VAZIRA NAKA L T RD BORIVALI WEST MUMBAI 400091	PHONE: 8691985228
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, ARCHANA ARUN KADAM has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREEES)	
RETIREEE NAME: APARNA ANIL AMBIKE	PF NO.: 3041
ADDRESS: FLAT NO 2 BLD NO 2 CHANDRALOKNAGARI SOCIETY DAHANUKAR COLONY KOTHRUD PUNE 411038	PHONE: 9822667683
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, APARNA ANIL AMBIKE has paid Rs. **24897** /- Rupees Twenty four thousand eight hundred ninety seven only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 21099/- & GST Rs. 3798/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: MEERA M ATHALYE	PF NO.: 3068
ADDRESS: RAJYOG APARTMENT, MAHALAXMI NAGAR, FLAT NO 6, 2823/20 KOLHAPUR 416012	PHONE: 9960624612
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, MEERA M ATHALYE has paid Rs. **24897** /- Rupees Twenty four thousand eight hundred ninety seven only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 21099/- & GST Rs. 3798/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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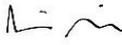
POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: AHILYA PURUSHUTTAM KHARSHIKAR	PF NO.: 3097
ADDRESS: 493,NARAYAN PETH, KASHINATH APARTMENT NEAR PUNE MARATHI GRANTHALAYA PUNE 411030 411030	PHONE: 9420730184
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, AHILYA PURUSHUTTAM KHARSHIKAR has paid Rs. **24897** /- Rupees Twenty four thousand eight hundred ninety seven only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 21099/- & GST Rs. 3798/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: JYOTI P SOHONI	PF NO.: 3144
ADDRESS: VISHWALAXMI F 3 LAXMINAGAR NAGPUR NAGPUR 440012	PHONE: 9604036494
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, JYOTI P SOHONI has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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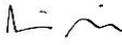
POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: sushma m limaye	PF NO.: 3183
ADDRESS: RATNA HOSPITAL SAMOR 3 6 SHAILENDRA SOC PUNE SENAPATI BAPAT RD SHIVAJINGAR PUNE 411016	PHONE: 9422307491
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, sushma m limaye has paid Rs. **24897** /- Rupees Twenty four thousand eight hundred ninety seven only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 21099/- & GST Rs. 3798/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd




Authorised signatory



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IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)

Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: SUNITA DEVIDAS BHAVARTHI	PF NO.: 3200
ADDRESS: 96 MANIK CHAND CHAWL JAYKUMAR APPARTMENT RAILWAY LINES SOLAPUR 413001	PHONE: 8888564320
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, SUNITA DEVIDAS BHAVARTHI has paid Rs. **24897** /- Rupees Twenty four thousand eight hundred ninety seven only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 21099/- & GST Rs. 3798/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: SHALAKA SHRIKRISHNA APTE	PF NO.: 3236
ADDRESS: `SAWALI'S NO 23A PLOT NO 3 PATWARDHAN BAUG ERANDWANA PUNE 411004 PUNE 411004	PHONE: 9766044466
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, SHALAKA SHRIKRISHNA APTE has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: Mrs madhavi Anil Jogalekar	PF NO.: 3249
ADDRESS: 1262 SHUKRAWAR PETH 6 TH LANE SUBHASH NAGAR OPP WADIA HOSPITAL PUNE 411002	PHONE: 9921175633
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, Mrs madhavi Anil Jogalekar has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: VIMAL RAMNARAYAN BALDWA	PF NO.: 3448
ADDRESS: 3 SWAPNIL SOC KOHINOOR COL SAHAKAR NAGAR NO 2 PARVATI PUNE 411009	PHONE: 9423921645
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, VIMAL RAMNARAYAN BALDWA has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: UJJWALA S GOKHALE	PF NO.: 3573
ADDRESS: 32/2/B SHRAMSAPHALYA HSG SOC ERANDWANE PUNE 411004	PHONE: 9371015149
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, UJJWALA S GOKHALE has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: MANJUSHA PRAMOD KULKARNI	PF NO.: 3612
ADDRESS: 76 32 ERANDAWANA KALIKRIPA SHANTISHEELA SOCIETY PUNE PUNE 411004	PHONE: 9922489155
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, MANJUSHA PRAMOD KULKARNI has paid Rs. **24897** /- Rupees Twenty four thousand eight hundred ninety seven only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 21099/- & GST Rs. 3798/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

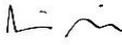
POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: SMT JAYASHREE SHANKAR KHER	PF NO.: 3865
ADDRESS: FLAT NO A-10 I LOTUS COURT 120 MODERN COLONY PLOT NO-15 PAUD ROAD KOTHRUD PUNE PUNE- 38 411038	PHONE: 7720851966
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, SMT JAYASHREE SHANKAR KHER has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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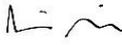
POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: SHEELA PRABHAKAR POTDAR	PF NO.: 3925
ADDRESS: 103/C BHALCHANDRA CO OP SOC. NEAR CIDCO PLOT NO.19 SECT 4,KALAMBOLI NERA CIDCO GARDEN KALAMBOLI PANVEL DIST RAIGAD 410206	PHONE: 8108127772
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, SHEELA PRABHAKAR POTDAR has paid Rs. **24897** /- Rupees Twenty four thousand eight hundred ninety seven only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 21099/- & GST Rs. 3798/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: SARASWATI RAMDAS CHOUDHARY	PF NO.: 3975
ADDRESS: PLOT. NO.2 HIRAVE GALLI AHMEDNAGAR 414001	PHONE: 9405000699
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, SARASWATI RAMDAS CHOUDHARY has paid Rs. **24897** /- Rupees Twenty four thousand eight hundred ninety seven only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 21099/- & GST Rs. 3798/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: UJWALA MANOHAR LULEY	PF NO.: 4168
ADDRESS: AT PLOT NO 246 SHANKAR NAGAR NEAR MANASI TUTION CLASSES NAGPUR 440010	PHONE: 9423615972
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, UJWALA MANOHAR LULEY has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

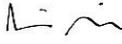
POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME:	PF NO.: 4199
ADDRESS: FLAT NO 20 BLDG 3 C MRUDUNG NADBRAHMA SOC WARJE PUNE 411052	PHONE: 9673880222
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/-** & **GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: MINAL DILIP WAIKAR	PF NO.: 4229
ADDRESS: PLOT NO 13 HRUNANUBANDHA S NO 2 4C 5 6A KARVENAGAR NR RAJARAM BRIDGE PUNE 411052	PHONE: 9405026444
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, MINAL DILIP WAIKAR has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: Janahavi Madhav Joshi	PF NO.: 4421
ADDRESS: A6 SHIVAI 1 HSG SOCY SINHAGAD ROAD PUNE 411030	PHONE: 9730000401
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, Janahavi Madhav Joshi has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: SUMITA C PATWARDHAN	PF NO.: 4450
ADDRESS: A3 6 POTNIS PARISAR NEAR GIRIJA SHANKAR KARVENAGAR PUNE 411052	PHONE: 9850518480
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, SUMITA C PATWARDHAN has paid Rs. **24897** /- Rupees Twenty four thousand eight hundred ninety seven only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 21099/- & GST Rs. 3798/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: MRS ASHA S KALE	PF NO.: 4533
ADDRESS: 14 SHEETAL LAXMAN NAGAR CHS VAZIRA NAKA BORIVALI WEST MUMBAI 400091	PHONE: 9930965031
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, MRS ASHA S KALE has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: Anagha Ashok Mulkar	PF NO.: 4562
ADDRESS: B114 ED JANKINAGAR CHUNABHATTI BHOPAL 462016	PHONE: 9130097025
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, Anagha Ashok Mulkar has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd



Authorised signatory



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IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)

Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: SHEELA VIJAY KULKARNI	PF NO.: 4567
ADDRESS: 16 LOKMITRA COLONY MADHUGANDH AURANGABAD 431005	PHONE: 9637049029
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, SHEELA VIJAY KULKARNI has paid Rs. **24897** /- Rupees Twenty four thousand eight hundred ninety seven only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 21099/- & GST Rs. 3798/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: BHARATI BHASKAR MAHAJAN	PF NO.: 4966
ADDRESS: B 403 ASHTVINAYAK TOWER THATTE NAGAR GANGAPUR ROAD NASIK 422005	PHONE: 8452930693
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, BHARATI BHASKAR MAHAJAN has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: MADHAVI SATISH DHAIGUDE	PF NO.: 5028
ADDRESS: B/3 ANGAL PARK, CHATUSHRINGI, PUNE 411 053 PUNE 411007	PHONE: 7798017080
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, MADHAVI SATISH DHAIGUDE has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: DEVAYANI A KHADILKAR	PF NO.: 5058
ADDRESS: 23A/5,"SHIVRANJANI", PATWARDHAN BAUG NEAR C D S S PUNE 411004	PHONE: 9890659373
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, DEVAYANI A KHADILKAR has paid Rs. **24897** /- Rupees Twenty four thousand eight hundred ninety seven only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 21099/- & GST Rs. 3798/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: smt sujata padmakar chawathe	PF NO.: 5095
ADDRESS: GAT NO 37 BY 1 SHINDEWADI TAL KHANDALA DIST SATARA 412801	PHONE: 9623442900
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, smt sujata padmakar chawathe has paid Rs. **24897** /- Rupees Twenty four thousand eight hundred ninety seven only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 21099/- & GST Rs. 3798/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: ANAGHA N.SAHASTRABUDHE	PF NO.: 5115
ADDRESS: C/O R P NAIK 63/3 SOMWAR PETH TILAKWADI BELGAUM TILAKAWADI-BELGAUM 590006	PHONE: 9822553379
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, ANAGHA N.SAHASTRABUDHE has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREEES)	
RETIREE NAME: Mrs Malati Madhav Date	PF NO.: 5120
ADDRESS: 106 TAPOBHUMI SOCIETY MADHAVENDU APARTMENTS DATTAWADI PUNE 411030	PHONE: 9226485839
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, Mrs Malati Madhav Date has paid Rs. **24897** /- Rupees Twenty four thousand eight hundred ninety seven only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 21099/- & GST Rs. 3798/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: SHUBHANGI S CHIKATE	PF NO.: 5176
ADDRESS: RAJANIGANGHA SOCIETY 31 34 TULSHIBAGWALE COLONY PUNE 411009	PHONE: 9422504326
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, SHUBHANGI S CHIKATE has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: ANAGHA SURESH PONKSHE	PF NO.: 5262
ADDRESS: 667B GAON BHAG PONKSHE WADA SANGLI. 416416	PHONE: 9404290283
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, ANAGHA SURESH PONKSHE has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: MANGALA DIGAMBAR THOSAR	PF NO.: 5274
ADDRESS: SHIVHARI APPT. BEHIND SBI,DASHMESH NAGAR AURANGAB AURANGABAD 431005	PHONE: 9011550173
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, MANGALA DIGAMBAR THOSAR has paid Rs. **24897** /- Rupees Twenty four thousand eight hundred ninety seven only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 21099/- & GST Rs. 3798/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd



Authorised signatory



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Tel. No. 022-22822564/65

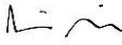
POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: MANJIRI G BARVE	PF NO.: 5300
ADDRESS: A P KALMATH NEAR KALESHWAR MANDIR SHIVAKRUPA APPARTMENT TAL KANKAVLI DIST SINDHUDURG 416602	PHONE: 9423818665
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, MANJIRI G BARVE has paid Rs. **24897** /- Rupees Twenty four thousand eight hundred ninety seven only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 21099/- & GST Rs. 3798/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: SANDHYA ULHAS ABHYANKAR	PF NO.: 5639
ADDRESS: 13 JAYWANT SADAN SHIVAJI PARK RD.NO 3 DADAR WEST MUMBAI 400028	PHONE: 8097682696
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, SANDHYA ULHAS ABHYANKAR has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: VANITA DEWOO NAR	PF NO.: 5819
ADDRESS: 14/1076, OLD MHB COLONY 4TH FL GORAI ROAD BORIVLI WEST MUMBAI 400091	PHONE: 9821546699
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, VANITA DEWOO NAR has paid Rs. **24897** /- Rupees Twenty four thousand eight hundred ninety seven only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 21099/- & GST Rs. 3798/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd



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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: ANURADHA KRISHNA BHIDE	PF NO.: 5862
ADDRESS: H NO 312 SHRIPAD A PARTMENT ROY ROAD TILAKWADI BELGAUM 590006	PHONE: 8123104313
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, ANURADHA KRISHNA BHIDE has paid Rs. **24897** /- Rupees Twenty four thousand eight hundred ninety seven only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 21099/- & GST Rs. 3798/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: SUVARNA SHANTARAM ADAWADE	PF NO.: 6074
ADDRESS: B 2 KESHAV MADHAV SANKUL PANTACHA KOT SOMWAR PETH KARAD DIST SATARA 415110	PHONE: 9850610550
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, SUVARNA SHANTARAM ADAWADE has paid Rs. **24897** /- Rupees Twenty four thousand eight hundred ninety seven only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 21099/- & GST Rs. 3798/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

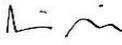
POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: MRS VINAYA DEVENDRA SOMAN	PF NO.: 6168
ADDRESS: `DEVALAYA', 12, JEEVANPRAKASH SOC. TAWARE COLONY S.NO.47/2 B PARVATI PUNE- 411009 411009	PHONE: 9422504353
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, MRS VINAYA DEVENDRA SOMAN has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/-** & **GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd




Authorised signatory



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IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)

Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREEES)	
RETIREE NAME: ANJALI ARUN MANGALVEDHEKAR	PF NO.: 6382
ADDRESS: 5/A,YASHODHAN-JAIVAN CHS RAJAJI PATH,DOMBIVALI-EAST 421 201 DOMBIVALI 421202	PHONE: 9819683566
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, ANJALI ARUN MANGALVEDHEKAR has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: USHABEN BABUBHAI SOLANKI	PF NO.: 6592
ADDRESS: 13 JAY HOUSING SOC , NR SANTOSH NAGAR SUBHANPURA VADODARA 390007	PHONE: 9978925709
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, USHABEN BABUBHAI SOLANKI has paid Rs. **24897** /- Rupees Twenty four thousand eight hundred ninety seven only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 21099/- & GST Rs. 3798/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: VIJAYA DAYANAND KADAM	PF NO.: 6979
ADDRESS: SHREEKRIPA CO-OP.HSG SOCIETY OPP.TATA POWER HOUSE,BORIVLI EAST MUMBAI 400066	PHONE: 9869132040
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, VIJAYA DAYANAND KADAM has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: ANAGHA D SHINDE	PF NO.: 7104
ADDRESS: 89/90 SAI SAYAJI CORNER FLAT 5 PARAMHANS NAGAR KOTHRUD PUNE PUNE 411038	PHONE: 9011001927
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, ANAGHA D SHINDE has paid Rs. **24897** /- Rupees Twenty four thousand eight hundred ninety seven only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 21099/- & GST Rs. 3798/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd



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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: ANITA AVINASH BHAIKAR	PF NO.: 7256
ADDRESS: C 44 S DATTANAGAR COLONY BAHERCHAWADA SAVANTWADI SINDHUDURG 416510	PHONE: 9764535396
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, ANITA AVINASH BHAIKAR has paid Rs. **24897** /- Rupees Twenty four thousand eight hundred ninety seven only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 21099/- & GST Rs. 3798/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: usha kumari	PF NO.: 7323
ADDRESS: 44 GALI NO 2 JAGDAMBHEY COLONY MAJITHA ROAD AMRITSAR AMRITSAR 143001	PHONE: 9780480608
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, usha kumari has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: SHAILAJA RAJENDRA KULKARNI	PF NO.: 7393
ADDRESS: FLAT NO 7 BHARAT VIHAR OPP NEW KARNATAK SCHOOL ERANDWANE PUNE PUNE 411004	PHONE: 9890117601
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, SHAILAJA RAJENDRA KULKARNI has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

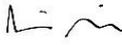
POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: SMT.SADHANA P.DHOBALÉ	PF NO.: 7642
ADDRESS: 14 107 SHASTRI NAGAR MAHARASHTRA HOUSING BOARD COLONY SAGARMAL SHASTRI NAGAR KOLHAPUR 416008	PHONE: 9860002610
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, SMT.SADHANA P.DHOBALÉ has paid Rs. **24897** /- Rupees Twenty four thousand eight hundred ninety seven only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 21099/-** & **GST Rs. 3798/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: PRASHANT RAGHUNATH DIXIT	PF NO.: 8607
ADDRESS: 198 E RASHMI APARTMENT FLAT NO 3 RABADE COMPOUND KAWALA NAKA KOLHAPUR 416003	PHONE: 9822865514
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, PRASHANT RAGHUNATH DIXIT has paid Rs. **24897** /- Rupees Twenty four thousand eight hundred ninety seven only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 21099/- & GST Rs. 3798/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd




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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: Leela Shewak Lalwani	PF NO.: 8879
ADDRESS: 68/B/12,TAPOBHOO MI TENAMENTS PART- 3,B/H VISHAL NAGAR ISANPUR AHMEDABAD 382443	PHONE: 9426227591
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, Leela Shewak Lalwani has paid Rs. **24897** /- Rupees Twenty four thousand eight hundred ninety seven only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 21099/- & GST Rs. 3798/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: ANJALI SATISH TALEGAONKAR	PF NO.: 9224
ADDRESS: A-19 B K AVENUE AZADWADI NEW D P ROAD OPP PARANJAPE SCHOOL KOTHRUD PUNE 411038	PHONE: 9422656318
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, ANJALI SATISH TALEGAONKAR has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: KULKARNI N J	PF NO.: 9230
ADDRESS: VP B ED COLLEGE VIDYA NAGARI BARAMATI PUNE 413133	PHONE: 9226338339
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, KULKARNI N J has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: VIJAYA DIPAK BAGDE	PF NO.: 9338
ADDRESS: VISHWADEEPAM ASHIYAD COLONY SHEGAON ROAD AMRAVATI 444604	PHONE: 9960562566
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, VIJAYA DIPAK BAGDE has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: SANDHYA BELEKAR	PF NO.: 9408
ADDRESS: PLOT NO 172 LAGHUWETAN COLONY NEAR COLONY POST JARIPATKA NAGPUR 440014	PHONE: 7744018667
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, SANDHYA BELEKAR has paid Rs. **24897** /- Rupees Twenty four thousand eight hundred ninety seven only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 21099/- & GST Rs. 3798/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: REEMA RAVINDRA ACHAREKAR	PF NO.: 10077
ADDRESS: B 63 SHREE SHANTI NIKETAN EKSAR ROAD BORIVLI W MUMBAI 400103	PHONE: 9820922217
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, REEMA RAVINDRA ACHAREKAR has paid Rs. **24897** /- Rupees Twenty four thousand eight hundred ninety seven only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 21099/- & GST Rs. 3798/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: MRS.MANISHA VILAS GUJAR	PF NO.: 10158
ADDRESS: SANDESHNAGAR VASANT TEKDI PIPELINE RD SAWEDI-NAGAR 414003	PHONE: 9673446558
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, MRS.MANISHA VILAS GUJAR has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)

Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: SMT PUSHPANJALI DINKAR KUMBHAR	PF NO.: 10226
ADDRESS: ABHIJIT OPPO. J. K. CLASSES MAHADEVNAGAR URUN ISLAMPUR URUN ISLAMPUR DT SANGLI 415409	PHONE: 9822651400
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, SMT PUSHPANJALI DINKAR KUMBHAR has paid Rs. **24897** /- Rupees Twenty four thousand eight hundred ninety seven only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 21099/- & GST Rs. 3798/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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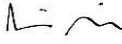
POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: SHOUKATALI M MOKASHI	PF NO.: 10254
ADDRESS: 2322,SONGIRWADI WAI SATARA WAI 412803	PHONE: 9850830154
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, SHOUKATALI M MOKASHI has paid Rs. **24897** /- Rupees Twenty four thousand eight hundred ninety seven only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 21099/- & GST Rs. 3798/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: SINDHU BABASHEB RAUT	PF NO.: 10498
ADDRESS: SR NO 43 5 NR GANESHPURI BANK SOC GANPATI MATHA WARJE MALWADI PUNE 411058	PHONE: 9881666045
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, SINDHU BABASHEB RAUT has paid Rs. **24897** /- Rupees Twenty four thousand eight hundred ninety seven only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 21099/- & GST Rs. 3798/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: ARUNA MISRA	PF NO.: 10643
ADDRESS: 42 ADI PARISAR BAG SEWANIA ROAD NEAR SANSKRIT SANSTHAN BHOPAL 462026	PHONE: 7803899222
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, ARUNA MISRA has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd



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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: Vasudha Yashwant Karve	PF NO.: 10908
ADDRESS: D 11/303 SUNDER SAHWAS PHASE 2 OPP SUNCITY OFF SINHGAD ROAD PUNE 411051	PHONE: 9552029821
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, Vasudha Yashwant Karve has paid Rs. **24897** /- Rupees Twenty four thousand eight hundred ninety seven only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 21099/- & GST Rs. 3798/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
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INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: MADHAV GOVIND GOKHALE	PF NO.: 11028
ADDRESS: PATEL CLASSIC FLAT NO 1 BHUSARI COLONY KOTHRUD PUNE 411038	PHONE: 9423562662
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, MADHAV GOVIND GOKHALE has paid Rs. **61784** /- Rupees Sixty one thousand seven hundred eighty four only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 52359/- & GST Rs. 9425/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

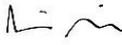
POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: SHARADA SHANTARAM DABHILKAR	PF NO.: 11149
ADDRESS: 39, LAXMI SADAN, KAULY COMPOUND, SENAPATI BAPAT MARG., OPP. KAMLA MILLS, LOWER PAREL, MUMBAI 400013	PHONE: 9869255908
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, SHARADA SHANTARAM DABHILKAR has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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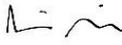
POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: SHUBHADA YASHAWANT PENDSE	PF NO.: 11451
ADDRESS: FLAT 101 PASAYDAN PLOT 133 7 MRITYUNJAY COLONY NEAR MAYUR COLNY KOTHRUD PUNE PUNE 411038	PHONE: 9420481340
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, SHUBHADA YASHAWANT PENDSE has paid Rs. **24897** /- Rupees Twenty four thousand eight hundred ninety seven only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 21099/- & GST Rs. 3798/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: ASHALATA D VENGURLEKAR	PF NO.: 11460
ADDRESS: E WARD NEAR JAIL KHASKILWADA SAWANTWADI SINDHUDURG 416510	PHONE: 9158182005
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, ASHALATA D VENGURLEKAR has paid Rs. **24897** /- Rupees Twenty four thousand eight hundred ninety seven only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 21099/- & GST Rs. 3798/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: BABY L	PF NO.: 12304
ADDRESS: KALLUVILA HOUSE 16 1745 PATEL MARKET ROAD THOPPUMPADY P O KOCHI 682005	PHONE: 9496200768
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, BABY L has paid Rs. **24897** /- Rupees Twenty four thousand eight hundred ninety seven only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 21099/- & GST Rs. 3798/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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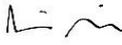
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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREEES)	
RETIREE NAME: SMT MUGDHA VINAYAK KULKARNI	PF NO.: 12561
ADDRESS: 2295/27, GANESH NAGAR, NEAR DR. BHOI HOSPITAL, A/P ISLAMPUR, DIST. SANGLI. ISLAMPUR 415409	PHONE: 9595403453
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, SMT MUGDHA VINAYAK KULKARNI has paid Rs. **24897** /- Rupees Twenty four thousand eight hundred ninety seven only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 21099/-** & **GST Rs. 3798/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: ANUPAMA MOHAN DESHPANDE	PF NO.: 12617
ADDRESS: 63-66 FLAT NO 202 SAI GANGOTRI 2 REVATI NAGAR BESA ROAD NAGPUR 440034	PHONE: 7558739768
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, ANUPAMA MOHAN DESHPANDE has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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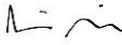
POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: MADHURI SURESH VAIDYA	PF NO.: 12874
ADDRESS: PLOT NO 3 SUMADHUR LOKMANGAL HSG SOCY NEAR AMBAR GAS GODOWN PADEGAON AURANGABAD DIST AURANGABAD 431106	PHONE: 9922129061
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, MADHURI SURESH VAIDYA has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: SNEHA SANJAY JOSHI	PF NO.: 12991
ADDRESS: `MADHUMATI` SANT EKNATH NAGAR BIBWEWADI PUNE 411037	PHONE: 9422514070
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, SNEHA SANJAY JOSHI has paid Rs. **24897** /- Rupees Twenty four thousand eight hundred ninety seven only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 21099/- & GST Rs. 3798/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: Mr. PRADEEP PRABHAKAR GARUD	PF NO.: 13228
ADDRESS: PLOT 3 OMKAR SOCIETY SHAHUPURI SATARA SATARA 415002	PHONE: 9850291834
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, Mr. PRADEEP PRABHAKAR GARUD has paid Rs. **24897** /- Rupees Twenty four thousand eight hundred ninety seven only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 21099/- & GST Rs. 3798/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: VAIJAYANTI ANIL MEHENDALE	PF NO.: 13994
ADDRESS: 2 GANANJAY SOC PLOT NO25 VAISHAKHI BLDG KOTHRUD PUNE 411038	PHONE: 9421077300
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, VAIJAYANTI ANIL MEHENDALE has paid Rs. **24897** /- Rupees Twenty four thousand eight hundred ninety seven only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 21099/- & GST Rs. 3798/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd



Authorised signatory



UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)

Tel. No. 022-22822564/65

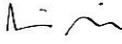
POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: VANDANA BHAGWAT	PF NO.: 14045
ADDRESS: ASSISTANT MANAGER S.P.E.S. 411005	PHONE: 9730000567
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, VANDANA BHAGWAT has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd




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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: NARINDER KAUR	PF NO.: 14099
ADDRESS: H NO 1831 PHASE V MOHALI S A S NAGAR 160059	PHONE: 9888661227
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, NARINDER KAUR has paid Rs. **24897** /- Rupees Twenty four thousand eight hundred ninety seven only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 21099/- & GST Rs. 3798/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd



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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: V.VIJAYKUMAR	PF NO.: 14454
ADDRESS: C-15 HILL VIEW RESIDENCY SURVEY NO.288/1A BANER ROAD PUNE 411045	PHONE: 9850907780
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, V.VIJAYKUMAR has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd



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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: N AGEETA DAVID	PF NO.: 18010
ADDRESS: FLAT NO 304 HNO 1 43 10 KANCHANAMALA TOWERS NAZARPET TENALI 522201	PHONE: 9441386605
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, N AGEETA DAVID has paid Rs. **33193** /- Rupees Thirty three thousand one hundred ninety three only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 28130/- & GST Rs. 5063/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112811493	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIRES)	
RETIREE NAME: SAYARA R MAKANDAR	PF NO.: 18577
ADDRESS: MALKAPUR TAL-SHAHUWADI KOLHAPUR 415101	PHONE: 9420970127
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, SAYARA R MAKANDAR has paid Rs. **24897** /- Rupees Twenty four thousand eight hundred ninety seven only towards premium for Medclaim Insurance vide policy no.: 5001002819P112811493 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 21099/- & GST Rs. 3798/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd



Authorised signatory