

CRITERION VI	
<b>KEY INDICATOR</b>	6.3. Faculty Empowerment Strategies
<b>METRIC NO.</b>	6.3.1: The institution has performance appraisal system, effective welfare measures for teaching and non-teaching staff and avenues for career development/progression

Sr. No.	Name of Document
1	Performance Appraisal
2	Welfare Measures
3	Principal interaction with Staff



**Asst. Prof. Anjum Patel**  
**IQAC Co-ordinator**



**Dr. Arun R. Patil**  
**PRINCIPAL**  
Vishwakarma College of Arts  
Commerce & Science  
Kondhwa (Bk.), Pune - 411 013

**Dr. Arun Patil**  
**Principal**

Sr. No.	Name of the staff	Performance Score Out of 10
1	Prof. Sudhir Chitnis	9
2	Prof. Anjum Patel	9
3	Mrs. Swati Sathye	9
4	Mrs. Kavita Khoje	9
5	Miss. Minal Patil	9
6	Mrs. Smita Deshmukh	9
7	Miss. Poonam Jadhav	9
8	Miss.Prajakta Shrungarpure	9
9	Ms. Pranjali Kubade	9
10	Mrs. Prajakta Nitin Patil	9
11	Mrs. Vaishali Kale	9
12	Mrs. Swati Patil	9
13	Ms. Shital Mantri	9
14	Ms. Poonam Chavan	8
15	Ms. Rupali Taware	8
16	Mr. Sameer Vilas Khole	8
17	Mrs.Varsha Thakre	8
18	Ms. Deepali Dange	8
19	Ms. Mohini Nikam	8
20	Ms. Sunila Shivtare	8
21	Ms. Geetanjali Kale	8
22	Mrs. Sunita Mahadik	8
23	Mr. Jaykumar Misal	8
24	Ms. Bhakti Joshi	7
25	Ms. Madhuri Sawant	7
26	Ms. Kirti Arge	7
27	Ms. Ruta Vaidya	7
28	Ms. Prajakta Bhalerao	7
29	Ms. Snehal Kulkarni	7
30	Ms. Yashashri Harshe	6
31	Ms. Komal Yadav	6
32	Ms. Trupti Gaikwad	6
33	Ms. Komal Dalnar	6
34	Ms. Sonali Walekar	6
35	Mr. Prasad Tikone	6



*Aradh*  
**Dr. A.R. Patil**  
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BRACT's

Vishwakarma College of Arts commerce and Science

S.No. 3/4 kondhwa(BK),Pune-48

Performance Appraisal Report 2018-19

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1	Prof. Sudhir Chitnis	9
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3	Mrs. Swati Sathye	9
4	Mrs. Swati Patil	9
5	Mrs. Vaishali Kale	9
6	Ms. Shital Mantri	9
7	Ms. Poonam Jadhav	9
8	Miss.Prajakta Shrungarpure	9
9	Ms. Pranjali Kubade	9
10	Mrs.Prajakta Patil	9
11	Ms.Snehal Kulkarni	9
12	Mohini Nikam	9
13	Sameer Khole	9
14	Trupti Gaikwad	8
15	Ruta Vaidya	8
16	Ms. Rupali Taware	8
17	Ms. Sunila Shivtare	8
18	Ms.Deepali Dange	8
19	Ms. Madhuri Sawant	8
20	Komal Dalnar	8
21	Ms.Priyanka Khedekar	8
22	Mr. Hemant Jadhav	8
23	Ms. Sheetal Waghmare	8
24	Mrs. Manasa Dake	7
25	Mrs. Bhakti Joshirao	7
26	Mr. Pravin Bonke	7
27	Ms. Shraddha Dayma	7
28	Mrs. Bhagyashri Patil	7
29	Mrs. Rama Rode	7
30	Mrs. Snehal Jadhav	7
31	Mrs. Madhura Thite	7
32	Vaishali Chilvar	6
33	Archana Benrde	6
34	Varsharani Dond	6
35	Sheetal Sarnot	6
36	Prasad Tikone	6
37	Komal Yadav	6



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6	Ms. Poonam Jadhav	9
7	Miss.Prajakta Shrungarpure	9
8	Mrs.Prajakta Patil	9
9	Ms. Ruta Vaidya	9
10	Mrs. Madhura Thite	9
11	Ms. Poonam Chavan	9
12	Ms. Snehal Kulkarni	9
13	Ms. Rupali Taware	9
14	Ms. Komal Dalnar	9
15	Ms. Priyanka Mehetre	8
16	Ms. Rama Rode	8
17	Ms. Varsharani Dond	8
18	Mr. Hemant Jadhav	8
19	Mrs. Trupti Gaikwad	8
20	Ms. Snehal Jadhav	8
21	Ms. Deepali Sawalkar	8
22	Ms. Neeta Bendre	8
23	Ms. Mansa Dake	8
24	Ms. Sonali Kadam	8
25	Ms. Archana Chavan	6
26	Ms. Eeshwari Ransing	6
27	Ms. Prajakta Lodha	6
28	Ms. Shrasti Shiv	6
29	Mr. Ganesh Jamdurkar	6
30	Ms. Sarika Ghorpade	6
31	Ms. Shital Waghmare	6
32	Ms. Snehal Boyar	6
33	Ms. Nilima Chinchorkar	6
34	Mr. Pravin Bonke	6
35	Mr. Yogesh Borde	6
36	Mr. Jay Nikambe	6
37	Ms. Sunita Pathare	6
38	Mr. Onkar Thorat	6
39	Ms. Anandi Dharme	6
40	Ms. Shilpa Dubey	6



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**BRACT's**  
**Vishwakarma College of Arts commerce and Science**  
**S.No. 3/4 kondhwa(BK),Pune-48**  
**Performance Appraisal Report 2020-21**

Sr. No.	Name of the staff	Performance Score Out of 10
1	Prof. Anjum Patel	9
2	Prof. Sudhir Chitnis	9
3	Ms. Shital Mantri	9
4	Mrs. Vaishali Kale	9
5	Jay Nikambe	9
6	Ms. Poonam Jadhav	9
7	Mrs.Prajakta Patil	9
8	Mrs. Swati Patil	9
9	Mrs. Madhura Thite	9
10	Ms. Poonam Chavan	9
11	Ms. Rupali Taware	9
12	Ms. Prajakta Lodha	9
13	Ms. Snehal Kulkarni	9
14	Prajakta Shrugarpure	8
15	Rupesh Mandalecha	8
16	Trupti Gaikwad	8
17	Ms. Deepali Sawalkar	8
18	Ganesh Jamdurkar	8
19	Shilpa Dubey	8
20	Mugdha Kande	8
21	Bhakti Joshirao	8
22	Sunila Shitware	8
23	Onkar Thorat	8
24	Ruta Vaidya	8
25	Eeshwari Ransing	8
26	Smita Deshmukh	7
27	Pandurang Aher	4
28	Paras Gaikwad	7
29	Seema Pawar	7
30	Komal Raisinghani	7
31	Varsharani Dond	7
32	Pooja Dalvi	6
33	Kirti Nashikkar	6
34	Sunita Pathare	6
35	Aishwarya Solanki	6




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**BRAC T's**  
**Vishwakarma College of Arts commerce and Science**  
**S.No. 3/4 kondhwa(BK),Pune-48**  
**Performance Appraisal Report 2021-22**

Sr. No.	Name of the staff	Performance Score Out of 10
1	Prof. Anjum Patel	9
2	Prof. Sudhir Chitnis	9
3	Ms. Shital Mantri	9
4	Mrs. Vaishali Kale	9
5	Jay Nikambe	9
6	Ms. Poonam Jadhav	9
7	Mrs.Prajakta Patil	9
8	Mrs. Swati Patil	9
9	Mrs. Madhura Thite	9
10	Ms. Poonam Chavan	9
11	Ms. Rupali Taware	9
12	Ms. Prajakta Lodha	9
13	Ms. Snehal Kulkarni	9
14	Shrasti Shiv	8
15	Dr.Sheetal Waghmare	8
16	Rupesh Mandalecha	8
17	Sarika Ghorpade	8
18	Ms. Deepali Sawalkar	8
19	Garima Panchbhai	8
20	Jyoti Bhongale	8
21	Nayana Joshi	8
22	Snehal Jadhav	8
23	Roshni Pawar	8
24	Nisha Satpute	8
25	Komal Walgude	8
26	Rachna Bhagwat	8
27	Vandana Khawashi	8
28	Shweta Sarode	7
29	Vinit Dhiwar	7
30	Archana Ghiware	7
31	Akshata Durugkar	7
32	Sunila Shivtare	6
33	Snehal Vallal	6
34	Sajjani Patil	6
35	Vidyasagar Bansode	6
36	Mr. Vishal Jadhav	6
37	Shilpa Gawande	6
38	Aisha Khan	6



  
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**S.No. 3/4 kondhwa(BK),Pune-48**  
**Performance Appraisal Report 2017-18**

Sr. No.	Name of the staff	Performance Score Out of 10
1	Suresh Sase	9
2	Santosh Karekar	9
3	Milind Kadam	9
4	Ganesh Atkare	9
5	Swapnil Chougule	9
6	Sandip Bhosale	9
7	Vinod Kasar	9
8	Sudarshan Bhukele	8
9	Ganesh Sathe	8
10	Ravi Kedari	8
11	Mudassar Patel	8




  
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**Performance Appraisal Report 2018-19**

Sr. No.	Name of the staff	Performance Score Out of 10
1	Suresh Sase	9
2	Santosh Karekar	9
3	Milind Kadam	9
4	Ganesh Atkare	8
5	Swapnil Chougule	8
6	Sandip Bhosale	8
7	Vinod Kasar	8
8	Sudarshan Bhukele	8
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10	Ravi Kedari	8
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**S.No. 3/4 kondhwa(BK),Pune-48**  
**Performance Appraisal Report 2019-20**

Sr. No.	Name of the staff	Performance Score Out of 10
1	Suresh Sase	9
2	Santosh Karekar	9
3	Milind Kadam	9
4	Ganesh Atkare	8
5	Swapnil Chougule	8
6	Sandip Bhosale	8
7	Vinod Kasar	8
8	Sudarshan Bhukele	8
9	Ganesh Sathe	8
10	Ravi Kedari	7
11	Mudassar Patel	7



  
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**BRACT's**  
**Vishwakarma College of Arts, Commerce and Science**  
**Kondhwa (Bk), Pune**  
**Non-Teaching Staff**

**Performance Appraisal Report 2020-21**

Sr. No.	Name of Staff	Performance Score out of 10
1	Suresh Sase	9
2	Santosh Karekar	9
3	Milind Kadam	9
4	Ganesh Atkare	9
5	Swapnil Chougule	9
6	Sandip Bhosale	9
7	Vinod Kasar	8
8	Sudarshan Bhukele	8
9	Ganesh Sathe	8
10	Ravi Kedari	8
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**S.No. 3/4 kondhwa(BK),Pune-48**  
**Performance Appraisal Report 2021-22**

Sr. No.	Name of the staff	Performance Score Out of 10
1	Suresh Sase	9
2	Santosh Karekar	9
3	Milind Kadam	9
4	Ganesh Atkare	9
5	Swapnil Chougule	9
6	Sandip Bhosale	8
7	Vinod Kasar	8
8	Sudarshan Bhukele	8
9	Ganesh Sathe	8
10	Ravi Kedari	8
11	Mudassar Patel	8



  
**Dr. A.R. Patil**  
**Principal**

**Personal Details:**

Name	Sudhir Devidas Chitnis			Designation	H.O.D Computer Science
Date of Birth	21-07-1973	Age	47	Joining Date	14-06-2010
Qualification	MSc, MPhil (Comp.Sci.), MCA			No. of year	11

**A. Your performance against set goals**

S. No.	Goals	Performance	Rating on 10 point scale	Assessor
1.	Online hassle-free learning for students	100%	10	10
2.	Organize International Level Conference / Webinar	100%	10	09
3.	Organize workshop for students through linkages	90%	9	10
4.	Publish research papers in Scopus and/or UGC-CARE Journals	100%	10	10
5.	Attend workshops on "In/New" Technology	90%	9	10
6.	To Appear for New Technology courses and try to clear those	95%	9.5	09
7.	Represent College in Events for any National issue	100%	10	10
8.	Activities and audit related to ISO	80%	8	10

**B. Factors which hindered / assisted in your achieving goals:**

1. College Staff is very much cooperative to do ISO related activities
2. Participative inclusion of Staff and students in research and academic related activities
- 3.

**Competence's Personal Attribute**

Criteria	Excellent (✓)	Good (✓)	Average (✓)	Below Average (✓)	Poor (✓)	Rating on 10 points	Assessor
Job Knowledge	✓					10	09
Communication		✓				9	10
Team Player		✓				9	10
Integrity	✓					10	09
Performance	✓					10	10
Initiative	✓					10	10
Punctuality		✓				8	09
<b>Total</b>						66	67

## C. Extra / Additional – Result / Performance:

1. Regularly guide staff and students through Online meet (and Offline, whenever applicable) for the smooth conduction of Academics, extra-curricular, co-curricular and research activities
- 2.

## Goals for Next Year:

S. No.	Goals of the Institute	Measurement	Schedule
1.	Organize more student-centric activities to enhance their overall performance	Organise Webinar, seminar, workshop, Skill based activities	AY 2021-22.
2.	Encourage student's to learn abroad for advanced studies	Webinar, Seminar, Workshop Organise	AY 2021-22

## Your Goals:

S. No.	Goals	Measurement	Schedule
1.	Organize more research related activities	— NA —	AY 2021-22
2.			

## Your personal goals:

S. No.	Goals	Measurement	Schedule
1.	To complete Ph.D. course	— NA —	AY 2021-22
2.			
3.			

The Appraisal and Goals have been discussed with me.

  
Sudhir D. Chitnis

Appraisee

Date: 25-April-2021

Appraiser

Date:

  
Appraiser

Date: 25/04/2021.



**Vishwakarma College of Arts, Commerce & Sciences**

3/6, Kondhwa Bk, Pune - 411048

**Esst. Code No.:- MH/302567****Staff PF Summery for the month of August 2017**

Sr. No.	UAN	PF.No.	Employee Name	Father/Husband Name	Date of Birth
1	100150022627	MH/302567/00001	Mr. Ganesh Dnyaneshwar Atkare	Dnyaneshwar	25-Sep-1985
2	100090906152	MH/302567/00004	Dr. Arun Ramchandra Patil	Ramchandra Patil	7-May-1973
3	100336408051	MH/302567/00013	Mr. Santosh Anant Karekar	Anant	6-Aug-1982
4	100243853827	MH/302567/00016	Mr. Milind Mahadev Kadam	Mahadev	15-May-1987
5	100244223555	MH/302567/00018	Mr. Suresh Eknath Sase	Eknath	1-Jun-1976
6	100244203556	MH/302567/00019	Mr. Sudhir Devidasrao Chitnis	Devidasrao	21-Jul-1973
7	100244587190	MH/302567/00027	Mrs. Anjum A. Patel	Ayyaj (H)	23-Oct-1981
8	100244486716	MH/302567/00030	Mr. Swapnil Vilas Chougule	Vilas	5-Oct-1984
9	100244370266	MH/302567/00031	Mr. Ganesh Mohan Sathe	Mohan	27-May-1986
10	100244429845	MH/302567/00032	Mr. Patel Mudassar Hanif	Hanif	1-Jun-1976
11	100232944942	MH/302567/00037	Mr Ravi Gulab Kedari	Gulab	30-Jul-1985
12	100235118206	MH/302567/00041	Mr Sandip D. Bhosale	Dnyanoba	10-Aug-1982
13	100235271614	MH/302567/00061	Mr. Vinod Suresh Kasar	Suresh	8-Aug-1989
14	100792568103	MH/302567/00080	Ms. Shital Mantri	Prasoon (H)	5-Jan-1983
15	100793008139	MH/302567/00148	Mr. Sudarshan S. Bhukele	Sudhakar Bhukele	4-Aug-1993
16	100793009873	MH/302567/00152	Ms. Poonam Jadhav	Sudhir Narayan Jadhav	25-Jun-1986
17	100792878263	MH/302567/00158	Ms. Rupali Taware	Dineshwar (H)	14-Dec-1983
18	100792305189	MH/302567/00162	Ms. Prajka Shringarpure	Gajanan Shringarpure	10-Feb-1993
19	100792215918	MH/302567/00168	Mrs. Vaishali Kale	Chaitanya Kale (H)	5-Oct-1975
20	100792703178	MH/302567/00171	Mrs. Swati Parikshit Sathye	Parikshit Sathye (H)	16-Nov-1986
21	100792361326	MH/302567/00172	Ms. Swati Hemant Patil	Hemant Patil (H)	28-Nov-1975
22	100792672454	MH/302567/00174	Ms. Prajka Nitin Patil	Nitin Patil (H)	12-Jun-1981
23	100793037001	MH/302567/00175	Mrs. Kavita Khoje	Swapnil Khoje (H)	7-May-1986
24	100792638536	MH/302567/00176	Ms. Smita Deshmukh	Nagesh Deshmukh (H)	6-Jun-1988
25	100792855093	MH/302567/00181	Ms. Pranjali Kubade	Rupesh Kubade (H)	17-May-1989
26	100792936629	MH/302567/00188	Ms. Poonam Chavan	Shankar M Chavan	10-Mar-1990
27	100792639726	MH/302567/00187	Ms. Deepali Dange	Nagnath Dange (H)	8-Mar-1984
28	100792126262	MH/302567/00197	Ms. Sunila Shivtare	Ashok Shivtare (F)	19-Aug-1990
29	101156964378	MH/302567/00209	Mr. Jaykumar Misal	Rajkumar Misal (F)	25-Apr-1990
30	101156964366	MH/302567/00211	Ms. Madhuri Sawant	Sambhaji Sawant (F)	14-Apr-1989
31	101156964402	MH/302567/00214	Ms. Snehal Kulkarni	Harshad Kulkarni (H)	1-May-1987
32	100701044487	MH/302567/00217	Ms. Trupti Gaikwad	Sandeep Gaikwad (H)	20-Apr-1986
33	101156964384	MH/302567/00218	Ms. Komal Dalnar	Shivaji Dalnar (F)	7-Apr-1990
34	101169965249	MH/302567/00220	Mr Prasad Bhimrao Tikone	Bhimrao (F)	20-Mar-1990



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Sr. No.	UAN	PF.No.	Employee Name
1	100150022627	MH/302567/00001	Mr. Ganesh Dnyaneshwar Atkare
2	100090906152	MH/302567/00004	Dr Arun Ramchandra Patil
3	100336408051	MH/302567/00013	Mr. Santosh Anant Karekar
4	100243853827	MH/302567/00016	Mr. Milind Mahadev Kadam
5	100244223555	MH/302567/00018	Mr. Suresh Eknath Sase
6	100244203556	MH/302567/00019	Mr. Sudhir Devidasrao Chitnis
7	100244587190	MH/302567/00027	Mrs. Anjum A. Patel
8	100244486716	MH/302567/00030	Mr.Swapnil Vilas Chougule
9	100244370266	MH/302567/00031	Mr Ganesh Mohan Sathe
10	100244429845	MH/302567/00032	Mr.Patel Mudassar Hanif
11	100232944942	MH/302567/00037	Mr Ravi Gulab Kedari
12	100235118206	MH/302567/00041	Mr Sandip D. Bhosale
13	100235271614	MH/302567/00061	Mr Vinod Suresh Kasar
14	100792568103	MH/302567/00154	Ms. Shital Mantri
15	100793008139	MH/302567/00148	Mr.Sudarshan S.Bhukele
16	100793009873	MH/302567/00152	Ms.Poonam Jadhav
17	100792305189	MH/302567/00162	Ms.Prajakta Shrungarpure
18	100792215918	MH/302567/00168	Mrs Vaishali Kale
19	100792703178	MH/302567/00171	Mrs. Swati Parikshit Sathye
20	100792361326	MH/302567/00172	Ms. Swati Hemant Patil
21	100792855093	MH/302567/00181	Ms. Pranjali Kubade
22	100792936629	MH/302567/00188	Ms. Poonam Chavan
23	100792672454	MH/302567/00174	Ms. Prajcta Nitin Patil
24	100792878263	MH/302567/10225	Ms. Rupali Taware
25	100792126262	MH/302567/00197	Ms. Sunila Shivtare
26	101156964402	MH/302567/10217	Ms. Snehal Kulkarni
27	100792639726	MH/302567/00187	Ms. Deepali Dange
28	101156964425	MH/302567/10219	Ms. Yashashri Jawadekar
29	100792877557	MH/302567/00157	Ms.Mohini Nikam
30	101156964366	MH/302567/10211	Ms. Madhuri Sawant
31	100793101264	MH/302567/00156	Mr. Sameer Khole
32	100701027752	MH/302567/10216	Ms. Ruta Vaidya
33	100701044487	MH/302567/10210	Ms. Trupti Gaikwad
34	101156964384	MH/302567/10213	Ms. Komal Dalnar
35	101156964439	MH/302567/10220	Ms. Dhanashri Korpad
36	101169965249	MH/302567/10223	Mr Prasad Bhimrao Tikone
37	101151471879	MH/302567/10232	Ms Priyanka Khedekar
38	101338180511	MH/302567/10231	Ms Bhagyashri Vinod Patil
39	100762207714	MH/302567/00223	Ms Aarati Patil

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4	100243853827	MH/302567/00016	Mr. Milind Mahadev Kadam
5	100244223555	MH/302567/00018	Mr. Suresh Eknath Sase
6	100244203556	MH/302567/00019	Mr. Sudhir Devidasrao Chitnis
7	100244587190	MH/302567/00027	Mrs. Anjum A. Patel
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11	100232944942	MH/302567/00037	Mr Ravi Gulab Kedari
12	100235118206	MH/302567/00041	Mr. Sandip D. Bhosale
13	100235271614	MH/302567/00061	Mr. Vinod Suresh Kasar
14	100792568103	MH/302567/00154	Ms. Shital Mantri
15	100793008139	MH/302567/00148	Mr. Sudarshan S. Bhukele
16	100793009873	MH/302567/00152	Ms. Poonam Jadhav
17	100792305189	MH/302567/00162	Ms. Prajкта Shrungarpure
18	100792215918	MH/302567/00168	Mrs. Vaishali Kale
19	100792361326	MH/302567/00172	Ms. Swati Hemant Patil
20	100792672454	MH/302567/00174	Ms. Prajкта Nitin Patil
21	100701027752	MH/302567/10245	Ms. Ruta Vaidya
22	100792936629	MH/302567/10244	Ms. Poonam Chavan
23	101156964402	MH/302567/10246	Ms. Snehal Kulkarni
24	100792878263	MH/302567/10247	Ms. Rupali Taware
25	101156964384	MH/302567/10248	Ms. Komal Dalnar
26	101151471879	MH/302567/10249	Ms. Priyanka Khedekar
27	100701044487	MH/302567/10254	Ms. Trupti Gaikwad
28	100792639726	MH/302567/10255	Ms. Deepali Dange



*Arun R. Patil*  
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# Vishwakarma College of Arts, Commerce & Sciences

3/6, Kondhwa Bk, Pune - 411048

Esst. Code No.:- MH/302567

Staff PF Summery for the month of Aug 2020

Sr. No.	UAN	PF.No.	Employee Name
1	100150022627	MH/302567/00001	Mr. Ganesh Dnyaneshwar Atkare
2	100090906152	MH/302567/00004	Dr.Arun Ramchandra Patil
3	100336408051	MH/302567/00013	Mr. Santosh Anant Karekar
4	100243853827	MH/302567/00016	Mr. Milind Mahadev Kadam
5	100244223555	MH/302567/00018	Mr. Suresh Eknath Sase
6	100244203556	MH/302567/00019	Mr. Sudhir Devidasrao Chitnis
7	100244587190	MH/302567/00027	Mrs. Anjum A. Patel
8	100244486716	MH/302567/00030	Mr.Swapnil Vilas Chougule
9	100244370266	MH/302567/00031	Mr.Ganesh Mohan Sathe
10	100244429845	MH/302567/00032	Mr.Patel Mudassar Hanif
11	100232944942	MH/302567/00037	Mr Ravi Gulab Kedari
12	100235118206	MH/302567/00041	Mr.Sandip D. Bhosale
13	100235271614	MH/302567/00061	Mr.Vinod Suresh Kasar
14	100792568103	MH/302567/00154	Ms. Shital Mantri
15	100793008139	MH/302567/00148	Mr.Sudarshan S.Bhukele
16	100793009873	MH/302567/00152	Ms.Poonam Jadhav
17	100792305189	MH/302567/00162	Ms.Prajakta Shrungarpure
18	100792215918	MH/302567/00168	Mrs.Vaishali Kale
19	100792361326	MH/302567/00172	Ms. Swati Hemant Patil
20	100792672454	MH/302567/00174	Ms. Prajcta Nitin Patil
21	100792936629	MH/302567/10244	Ms. Poonam Chavan
22	101156964402	MH/302567/10246	Ms. Snehal Kulkarni
23	100701044487	MH/302567/10254	Ms. Trupti Gaikwad
24	100792639726	MH/302567/10255	Ms. Deepali Dange



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4	100243853827	MH/302567/00016	Mr. Milind Mahadev Kadam
5	100244223555	MH/302567/00018	Mr. Suresh Eknath Sase
6	100244203556	MH/302567/00019	Mr. Sudhir Devidasrao Chitnis
7	100244587190	MH/302567/00027	Mrs. Anjum A. Patel
8	100244486716	MH/302567/00030	Mr. Swapnil Vilas Chougule
9	100244370266	MH/302567/00031	Mr. Ganesh Mohan Sathe
10	100244429845	MH/302567/00032	Mr. Patel Mudassar Hanif
11	100232944942	MH/302567/00037	Mr. Ravi Gulab Kedari
12	100235118206	MH/302567/00041	Mr. Sandip D. Bhosale
13	100235271614	MH/302567/00061	Mr. Vinod Suresh Kasar
14	100792568103	MH/302567/00154	Ms. Shital Mantri
15	100793008139	MH/302567/00148	Mr. Sudarshan S. Bhukele
16	100792305189	MH/302567/00162	Ms. Prajкта Shringarpure
17	100792215918	MH/302567/00168	Mrs. Vaishali Kale
18	100792936629	MH/302567/10262	Ms. Poonam Chavan
19	100792878263	MH/302567/00158	Rupali Taware
20	100793009873	MH/302567/00152	Ms. Poonam Jadhav
21	100792361326	MH/302567/00172	Ms. Swati Hemant Patil
22	100792672454	MH/302567/00174	Ms. Prajкта Nitin Patil
23	101156964402	MH/302567/10246	Ms. Snehal Kulkarni
24	100701044487	MH/302567/10254	Ms. Trupti Gaikwad
25	100792639726	MH/302567/10255	Ms. Deepali Dange
26	100792126262	MH/302567/00197	Sunila Shivtare



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**Vishwakarma College of Arts, Commerce and Science**

**Conference & International Visit**


Ledger Account

1-Apr-2017 to 31-Mar-2022

Page 1  
Credit

Date	Particulars	Vch Type	Vch No.	Debit	Credit
10-8-2017	Cr (as per details)	Bank Payment	291E	1,54,584.00	
	Bank Charges & Commission			600.00 Dr	
	Bank Charges & Commission			169.00 Dr	
	Bank Charges & Commission			169.00 Dr	
	Oriental Bank of Commerce			1,55,522.00 Cr	
	2400 USD @ 64.41 INR for Registration Chgs for International Conference ICAE 2017 21.11.17 to 24.11.17 Rs 154584.00 Com Rs 600.00 GST Rs 338.00 Rs 155522.00 (Dr Arun Patil, Sudhir Chitnis, Anju Patel & Swati Patil)				
12-9-2017	Cr MakeMy Trip (India) Pvt Ltd	Journal	09/17/005	46,229.00	
	Air Ticket for Dr Arun Patil (BOM-ICN-BOM) dt 16.11.17 & 26.11.17 Ref bill no 1000000004870473 dt 2017-09-04 Rs 46229.00				
25-9-2017	Cr Oriental Bank of Commerce	Bank Payment	397	4,889.00	
	ch no 693327 Paid to Dr Arun Patil agst Air Fare for dm Patil Seoul to Jeju Return dtd 21.11.17 & 24.11.17 Rs 4889.00				
31-10-2017	Cr Petty Cash	Cash Payment	187	2,860.00	
	paid to ganesh sathre agst DD chgs for Visa App Fees for Dr Arun Patil Rs 2800+60 Rs 2860.00 for Korean Visa DD no 718659				
15-11-2017	Cr Pheroze Framroze & Co Pvt Ltd	Journal	11/17/008	78,921.80	
	1200 USD @ 65.6500 rS 78780.00 Tax Val 787.80 GST 70.90+70.90 Rs 78921.80 ref bill PN-A/17/045846 Dt 08.11.17 Rs 78921.80				
				2,87,483.80	
Dr	Closing Balance			2,87,483.80	2,87,483.80
1-4-2018	Cr Opening Balance			2,87,483.80	
28-2-2019	Cr (as per details)	Journal	02/19/021	93,364.00	
	Kesari Tours Pvt Ltd			48,034.00 Cr	
	Kesari Tours Pvt Ltd Forex			45,330.00 Cr	
	Dr Arun Patil Singapur Visit dtd 20.03.19 to 24.03.19 for International Conference Rs 93364.00				
31-3-2019	Cr Cox & Kings Ltd	Journal	03/19/013	28,729.00	
	400 USD @ Rs 71.45 Rs 28560.00 Ser Chgs Rs 100.00 GST Rs 69.40 Ref bill no MH1027/812000303 dtd 13.03.19				
				4,09,576.80	
Dr	Closing Balance			4,09,576.80	4,09,576.80



  
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Vishwakarma College of Arts, Commerce and Science

Staff Development Chgs

Ledger Account

1-Apr-2017 to 31-Mar-2018

Page 1

Date	Particulars	Vch Type	Vch No.	Debit	Credit
15-12-2017	Cr (as per details)	Cash Payment	246	600.00	
	Travelling & Conveyance Expenses	168.00 Dr			
	Petty Cash	768.00 Cr			
	Being cash paid to Sudhir Chitnis agst Workshop in Modern College of Engineering dt 12.12.17 & 13.12.17 Rs 600+168 Rs 768.00				
16-1-2018	Cr Petty Cash	Cash Payment	292	1,000.00	
	Paid to Vinod Kasar agst non teaching tournament dtd 13.01.18 to 15.01.18 SP College Rs 1000.00				
28-2-2018	Cr Oriental Bank of Commerce	Bank Payment	650	5,001.00	
	Cheque 635636	28-2-2018	5,001.00 Cr		
	ch no 635636 Paid to Ravi Kedari agst Best Non Teaching Award 2017-18 Rs 5001.00				
				6,601.00	
Dr	Closing Balance			6,601.00	6,601.00

Awards :-



*A.R.P.*  
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Vishwakarma College of Arts, Commerce and Science

Uniform Charges

Ledger Account

1-Apr-2017 to 31-Mar-2018

Page 1

Date	Particulars	Vch Type	Vch No.	Debit	Credit
30-9-2017	Cr <b>Bansilal Cloth Market</b> <i>Suiting &amp; Shirting (2.40 @ 225 &amp; 5 @ 110) for Uniform chgs for Patel M H Rs 981.00</i>	Journal	09/17/023	981.00	
	Cr <b>(as per details)</b>	Journal	09/17/034	1,180.00	
	Priyanka Enterprises	1,000.00 Cr			
	CGST 9% RCM	90.00 Cr			
	SGST 9% RCM	90.00 Cr			
	<i>Dress Stching Chgs Rs 1000/- for Uniform chgs for Patel M H Rs 1000.00 RCM 18% GST RS 180.00</i>				
				2,161.00	
	Dr <b>Closing Balance</b>				2,161.00
				2,161.00	2,161.00



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Vishwakarma College of Arts, Commerce and Science

Staff Welfare Expenses

Ledger Account

1-Apr-2018 to 31-Mar-2019

Date	Particulars	Vch Type	Vch No.	Debit	Page 1 Credit
30-10-2018	Cr (as per details) Vinod Kasar (Advance) Petty Cash <i>Being cash paid to Vinod Kasar agst Staff trip to Dapoli dtd 27.10.18 to 28.10.18 Rs 14501.00</i>	Cash Payment	149	14,501.00	
				10,000.00 Cr	
				4,501.00 Cr	
28-2-2019	Cr Tech Connect Retail Pvt Ltd <i>12 nos sport shoes for non teaching staff Rs 25188.00</i>	Journal	02/19/003	25,188.00	
	Cr Puma Sports India Pvt Ltd <i>03 nos sport shoes for non teaching staff Rs 05757.00</i>	Journal	02/19/004	5,757.00	
	Cr RetailNet <i>1Shoes for cricket staff Rs 2168.00</i>	Journal	02/19/048	2,168.00	
	Cr RetailNet <i>1Shoes for cricket staff Rs 1924.00</i>	Journal	02/19/049	1,924.00	
				49,538.00	
Dr	Closing Balance				49,538.00
				49,538.00	49,538.00



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**Vishwakarma College of Arts, Commerce and Science**

**Staff Development Chgs**

Ledger Account

1-Apr-2018 to 31-Mar-2019

Page 1  
Credit

Date	Particulars	Vch Type	Vch No.	Debit	Credit
10-12-2018	Cr <b>Petty Cash</b> <i>Being cash paid to Pravin Bonke agst regn fees for state level workshop @ Shahu College dtd 07.12 &amp; 08.12 Rs 500.00</i>	Cash Payment	173	500.00	
4-1-2019	Cr <b>Petty Cash</b> <i>being cash paid to ravi kedari agst registration fees for non teaching tournament @ ness wadia college dtd 26.12.18 to 28.12.18 Rs 1000.00</i>	Cash Payment	252	1,000.00	
17-1-2019	Cr <b>Petty Cash</b> <i>being cash paid to Ravi Kedari agst non teaching cricket team tournament dtd 14.01.19 to 16.01.19 Rs 1000.00</i>	Cash Payment	268	1,000.00	
4-2-2019	Cr <b>Petty Cash</b> <i>being cash paid to Ravi Kedari agst Reg fees for Sharad Agarwal Karandak Rs 1000.00</i>	Cash Payment	290	1,000.00	
12-2-2019	Cr <b>HDFC Bank Ltd 50100215398429</b> Bank Payment <i>Enet Paid to Sudhir Chitnis agst Regn chgs international conferance dt 23-24 Feb 19 Rs 1500/- + Rs 400/-</i>	Bank Payment	572	1,900.00	
	Cr <b>HDFC Bank Ltd 50100215398429</b> Bank Payment <i>Paid to Santosh Karekar agst best non teaching award Rs 5001.00</i>	Bank Payment	573	5,001.00	
	Cr <b>HDFC Bank Ltd 50100215398429</b> Bank Payment <i>Paid to Vaishali Kale agst best teaching award Rs 5001.00</i>	Bank Payment	574	5,001.00	
13-2-2019	Cr <b>(as per details)</b> <b>Vaishali Kale - Advance</b> 300.00 Cr <b>Petty Cash</b> 20.00 Dr <i>cash recd from Vaishali Kale agst Workshop on Research Paper Publication Rs 280.00</i>	Cash Receipt	CR-050	280.00	
25-2-2019	Cr <b>Petty Cash</b> <i>paid to hemant jadhav agst NSS Workshop chgs dtd 23.02.19 to 24.02.19 Rs 322.00</i>	Cash Payment	313	322.00	
				16,004.00	
Dr	<b>Closing Balance</b>			16,004.00	16,004.00



  
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Staff Development Chgs

Ledger Account

1-Apr-2019 to 31-Mar-2020

Page 1  
Credit

Date	Particulars	Vch Type	Vch No.	Debit
3-7-2019	Cr <b>Petty Cash</b> <i>Being cash paid to Snehal Avadhoot Jadhav agst Work Fees Rs 250.00 dtd 02.07.19 @ Sinhgad College</i>	Cash Payment	58	250.00
12-7-2019	Cr <b>Petty Cash</b> <i>Being cash paid to Vaishali Kale agst Travelling chgs for one day workshop @ SPPU dtd 11.07.19 Rs 84.00</i>	Cash Payment	69	84.00
	Cr <b>Petty Cash</b> <i>Being cash paid to Vaishali Kale agst Registration fee for one day workshop @ D Y Patil College dtd 12.07.19 Rs 354.00</i>	Cash Payment	70	354.00
31-7-2019	Cr <b>Petty Cash</b> <i>Being cash paid to Priyanka Khedekar agst Regsistratn fee for one day workshop @ Modern College dtd 20.07.19 Rs 356.00</i>	Cash Payment	81	356.00
5-8-2019	Cr <b>Petty Cash</b> <i>Being cash paid to Rama Rode agst Registration fee for one day workshop @ Vidya Pratishan Baramati dtd 20.07.19 Rs 200+150 Rs 335.00</i>	Cash Payment	86	335.00
14-8-2019	Cr <b>Petty Cash</b> <i>Being cash paid to Prajakta Patil agst Regsistratn fee for one day workshop @ Indra College dtd 10.08.19 Rs 300+154 Rs 454.00</i>	Cash Payment	97	454.00
	Cr <b>Petty Cash</b> <i>Being cash paid to Anjum Patel agst Registration fee for one day workshop @ Indra College dtd 10.08.19 Rs 300+193 Rs 493.00</i>	Cash Payment	98	493.00
2-9-2019	Cr <b>HDFC Bank Ltd 50100215398429</b> <i>Enet Paid agst Workshop attending chgs Rs 694.00 to Ganesh Jamdurkar</i>	Bank Payment	259	694.00
10-1-2020	Cr <b>Petty Cash</b> <i>Paid to Snehal Jadhav agst FDP fees ICT Training at New Law College dtd 9th Jan 2019 Rs 654.00</i>	Cash Payment	232	654.00
20-1-2020	Cr <b>(as per details)</b> <b>Sudhir Chitnis - Advance</b> <b>Petty Cash</b> <i>Cash recd from Sudhir Chitnis agst National Summit on Agriculture export dtd 17.01.2020 for 3 person &amp; Local conveyance for MCCA to Kondhwa Rs 2832.00 + 49.00 Rs 2881.00</i>	Cash Receipt	CR-046	2,881.00
	Cr <b>Petty Cash</b> <i>Paid to Snehal Kulkarni agst FDP fees at Modern College dtd 17.01.2020 &amp; 18.01.2020 Rs 600.00</i>	Cash Payment	244	600.00

Carried Over

7,155.00



continued ...



Vishwakarma College of Arts, Commerce and Science  
Staff Development Chgs Ledger Account : 1-Apr-2019 to 31-Mar-2020

Page  
Cred

Date	Particulars	Vch Type	Vch No.	Debit	Credit
	Brought Forward			7,155.00	
20-1-2020	Cr Petty Cash <i>Paid to Snehal Kulkarni agst FDP fees at Modern College dtd 17.01.2020 &amp; 18.01.2020 Rs 196.00 local conveyance</i>	Cash Payment	245	196.00	
21-1-2020	Cr Petty Cash <i>Paid to Eeshwari Ransing agst FDP fees at Modern College dtd 17.01.2020 &amp; 18.01.2020 Rs 600.00 + 224.00 Rs 824.00</i>	Cash Payment	247	824.00	
23-1-2020	Cr Petty Cash <i>Paid to Vaishali Kale agst FDP fees at Shri Siddhivinayak Mahila MAhavidyalaya dtd 20.01.20 &amp; 21.01.2020 with Anjum Patel, Rupali Taware, Madhura Thite &amp; Shital Mantri Rs 500.00</i>	Cash Payment	250	500.00	
9-3-2020	Cr Petty Cash <i>Paid to Snehal H Kulkarni agst workshop on Mathematics in Abasaheb Garware College Rs 300.00 Local Conveyance Rs 92.00 Rs 392.00</i>	Cash Payment	299	392.00	
				9,067.00	
Dr	<b>Closing Balance</b>				9,067.00
				<b>9,067.00</b>	<b>9,067.00</b>



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# Vishwakarma College of Arts, Commerce and Science

## Staff Welfare Expenses

Ledger Account

1-Apr-2019 to 31-Mar-2020

Page 1  
Credit

Date	Particulars	Vch Type	Vch No.	Debit	Credit
9-5-2019	Cr <b>Petty Cash</b> <i>Being cash paid to Swapnil Chougule agst Cake &amp; Bouquet for Patil Sir Birthday Celebration Rs 560.00</i>	Cash Payment	20	560.00	
2-9-2019	Cr <b>HDFC Bank Ltd 50100215398429</b> <i>Enet paid to Staff Trip of Rs 20157.00</i>	Bank Payment	271	20,157.00	
1-11-2019	Cr <b>(as per details)</b> <b>TDS-Contractor</b> <b>Gurukrupa Caterers</b> <i>60 nos Lunch for Teaching &amp; non teaching staff for Diwali festival dt 24.10.19 RS 7200. 00 ref bill no 364 dtd 08.11.19 TDS Rs 72/-</i>	Journal	11/19/010	7,200.00	
					72.00 Cr 7,128.00 Cr
3-12-2019	Cr <b>Petty Cash</b> <i>Being cash paid to Ganesh Atkare agst entry fee for nowrojee wadia college match Rs 1000.00</i>	Cash Payment	197	1,000.00	
11-12-2019	Cr <b>Kunden Saree Shoppe</b> <i>22 no Uniform sarees for Teaching staff @ 945/- Ref bill no 20061 dt 26.12.19 Rs 20790.00</i>	Journal	12/19/038	20,790.00	
16-1-2020	Cr <b>Petty Cash</b> <i>Paid to Ganesh Atkare agst SP College Non Teaching Cricket tournament entry fee Rs 1000.00</i>	Cash Payment	240	1,000.00	
6-2-2020	Cr <b>HDFC Bank Ltd 50100215398429</b> <i>Enet Paid to Shital Mantri agst Best Teaching Award Rs 5000.00 for AY 2019-20</i>	Bank Payment	559	5,000.00	
	Cr <b>HDFC Bank Ltd 50100215398429</b> <i>Enet Paid to Swati Patil agst Best Teaching Award Rs 5000.00 for AY 2019-20</i>	Bank Payment	560	5,000.00	
	Cr <b>Petty Cash</b> <i>Paid to Ganesh Atkare agst entry fee for Sharad Karandak Rs 1000.00</i>	Cash Payment	264	1,000.00	
12-2-2020	Cr <b>Petty Cash</b> <i>Paid to Sudarshan Bhukelel agst gift for marriage dtd 14.02.2020 Rs 2001.00</i>	Cash Payment	268	2,001.00	
				63,708.00	
Dr	<b>Closing Balance</b>				63,708.00
				63,708.00	63,708.00



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Vishwakarma College of Arts, Commerce and Science

Uniform Charges  
Ledger Account

1-Apr-2019 to 31-Mar-2020

Page 1

Date	Particulars	Vch Type	Vch No.	Debit	Credit
19-8-2019	Cr Bansilal Cloth Market 2 Nos Uniform @ 1100.00 Ref bill no 20394 dtd 02.08.19 Rs 2200.0	Journal	08/19/009	2,200.00	
				2,200.00	2,200.00
	Dr Closing Balance			2,200.00	2,200.00

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**Vishwakarma College of Arts, Commerce and Science**

**Staff Development Chgs**


Ledger Account

1-Apr-2020 to 31-Mar-2021

Page 1

Date	Particulars	Vch Type	Vch No.	Debit	Credit
10-11-2020	Cr <b>Petty Cash</b> <i>Paid to Anjum Patel agst NAAC workshop dtd 18.07.2020 to 19.07.2020 Rs 600.00</i>	Cash Payment	91	600.00	
	Cr <b>Petty Cash</b> <i>Paid to Anjum Patel agst PG Recognition Rs 1000.00 to SPPU</i>	Cash Payment	92	1,000.00	
22-3-2021	Cr <b>VACSJC</b> <i>Net banking paid to APG Learning Rs 12500.00 GST Rs 2250.00 Rs 14750.00 agst Import - Export Management Course Fees for Shital Mantri</i>	Journal	03/21/025	14,750.00	
31-3-2021	Cr <b>(as per details)</b> <b>Students Activities</b> <b>Petty Cash</b> <i>Paid to Sudhir Chitnis agst International Conference dtd 08.03.2021 C-MET Sudhir Chitnis Anjum Patel Arun Patil &amp; Aditya Patil Rs 1250.00</i>	Cash Payment	181	1,000.00	
				17,350.00	
Dr	<b>Closing Balance</b>				17,350.00
				17,350.00	17,350.00



  
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Vishwakarma College of Arts, Commerce and Science

Uniform Charges

Ledger Account

1-Apr-2020 to 31-Mar-2021

Page 1  
Credit

Date	Particulars	Vch Type	Vch No.	Debit	Credit
14-7-2020	Cr <b>Bansilal Cloth Market</b> 30 Uniform set @ 1150.00 Rs 34500.00 Dis Rs 1642.20 Rs 32857.80 GST Rs 1642.90 Rs 34501.00 Ref bill no 907 dtd 05.07.2020	Journal	07/20/008	34,501.00	
				34,501.00	34,501.00
	Dr <b>Closing Balance</b>			34,501.00	34,501.00



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Vishwakarma College of Arts, Commerce and Science

Staff Welfare Expenses  
Ledger Account

1-Apr-2020 to 31-Mar-2021

Page 1  
Credit

Date	Particulars	Vch Type	Vch No.	Debit	Credit
1-12-2020	Cr	HDFC Bank Ltd 50100215398429	Bank Payment		
		Others	11-12-2020	19,328.00	Cr
	Enet paid To Ganesh Atkare Agst Non Teaching Staff Personality Development & Meditation Program Organisaed By College Dtd 29.11.20-30.11.20 of Rs 19328.00				
				19,328.00	
Dr	Closing Balance				19,328.00
				19,328.00	19,328.00



*Arun*  
Dr. Arun R. Patil  
PRINCIPAL  
Vishwakarma College of Arts,  
Commerce & Science  
Kondhwa(Bk.), Pune - 411 048.

Vishwakarma College of Arts, Commerce and Science

Staff Welfare Expenses

Ledger Account

1-Apr-2021 to 31-Mar-2022

Page 1  
Credit

Date	Particulars	Vch Type	Vch No.	Debit	Credit
31-10-2021	Cr Vinod Kasar (Advance) <i>Enet paid To Vinod Kasar Agst Non Teaching Staff Personality Development &amp; Meditation Program Organisaed By College dtd 17.10.21 to 18.10.21 Rs 29689.00</i>	Journal	10/21/042	29,689.00	
19-1-2022	Cr (as per details) Ganesh Atkare - Advance Petty Cash <i>Cash Recd from Ganesh Atkare of Rs.51.50 Agnst Moov Spray &amp; first Aid Box charges as pe bill attached</i>	Cash Receipt	CR-036	248.00	
				29,937.00	
Dr	Closing Balance			29,937.00	29,937.00



*Arun R. Patil*  
Dr. Arun R. Patil  
PRINCIPAL  
Vishwakarma College of Arts,  
Commerce & Science  
Kondhwa(Bk.), Pune - 411 048.

# Vishwakarma College of Arts, Commerce and Science

## Staff Development Chgs

Ledger Account

1-Apr-2021 to 31-Mar-2022

Page 1

Date	Particulars	Vch Type	Vch No.	Debit	Credit
6-7-2021	Cr SSBL VIIT 013023100000002	Bank Payment	007	1,000.00	
9-7-2021	Cr VACSJC <i>Net Banking Paid to Director UGC HRD for Application fees for Online Refresher Course dtd 15.11.21 to 28.11.21 to Poonam Jadhav, Vaishali Kale, Shital Mantri, Sudhir Chitnis, Swati Patil, Anjum Patel, Madhura Thite Rs 1000.00 X 7 Rs 7000.00</i>	Journal	07/21/001F	7,000.00	
11-10-2021	Cr HDFC Bank Ltd 50100215398429	Bank Payment	050	11,000.00	
23-3-2022	Cr Petty Cash <i>Amt Paid to Mahesh Karkar for Non Teaching workshop remuneration charges ( first year new examination credit pattern result process ) Dated 23.3.2022</i>	Cash Payment	193	3,000.00	
24-3-2022	Cr Petty Cash <i>Amt Paid to Mayuresh Joshi towards Non Teaching Workshop Remuneration charges ( DTE fees approval and scholarship application process ) on 24.03.2022</i>	Cash Payment	194	2,500.00	
31-3-2022	Cr Ganesh Atkare - Advance <i>Being Remuneration paid for workshop Regularly work load and Teaching Methods of New Credit Based System and administrative work of state govt</i>	Cash Receipt	CR-	3,000.00	
				27,500.00	
Dr	Closing Balance				27,500.00
				27,500.00	27,500.00



*Arun R. Patil*  
Dr. Arun R. Patil  
PRINCIPAL

Vishwakarma College of Arts,  
Commerce & Science  
Kondhwa(Bk.), Pune - 411 048.



01/10/2020

To,  
The Principal,  
VCA CS, Pune.

Subject - Regarding Covid-19 infection.

Respected sir,

As cited in above subject,  
after some symptoms from 5/sep/2020  
tested for covid-19 and result was  
positive on 5/sep/2020. Hence hospitalized  
on 4/sep/2020 to 15/sep/2020 in Sahyadri  
hospital. As advised by doctor needs  
to take home isolation till 24/sep/2020.  
After that I consulted doctor for  
heavy weakness.

I have started my online  
lectures from 28/sep/2020 onwards.  
Thanking you,

Swati Patil  
Your's faithfully,  
Swati Patil

Swati Patil  
01/10/2020

Dr  
Considered as Special Case  
Under Covid-19.  
Patil



BHARATI VIDYAPEETH  
 (DEEMED TO BE UNIVERSITY)  
**MEDICAL COLLEGE HOSPITAL  
 & RESEARCH CENTRE, LABORATORY**  
 Dhankawadi Pune - 411 045  
**NABL Accredited**



Certificate No. 1111  
 M. 2111



PRN : 200901404  
 Patient Name : Mrs. Pabl (sai) Hemant  
 Rep Date Time : 09/09/2020 04:05PM  
 Company Name : RUDRO, (Mysore)  
 Referred By : Dr. S. N. V. P.  
 Mobile No : 9420264350/9552257884

Lab No : 55  
 Req. No : 55320  
 Req. Date : 09/Sep/2020 08:11AM  
 Age : 46 Year(s) 2 Day(s)  
 Sex : Female

TEST NAME RESULT VALUE

**CoVID-19 PCR**

(AB17502 FAST Automated RT-PCR System)

IQMR SRF Number : 2749000378390  
 Kit : TRUPCR CoVid-19 RT-PCR kit  
 Specimen : Nasopharyngeal Swab  
 Screening Test E gene : Positive  
 Confirmatory Test RdRp gene : Positive  
 Interpretation : Assay Positive for CoVID-19/SARS CoV2

**COMMENTS:**

1. Results from RT-PCR assay should be interpreted with other laboratory and clinical data.
2. Negative results **do not** exclude CoVID-19 infection & should not be used as the sole criteria for patient management decisions.
3. Viral nucleic acid may persist in vivo independent of virus viability. Detection of analyte target does not indicate that the viruses are infectious or are the causative agents of symptoms.
4. This test cannot rule out diseases caused by other bacterial and viral pathogens etc.
5. False negative results may be due to improperly collected, transported, handled specimen inadequate organisms in the specimen, treatment administered, PCR inhibition etc.
6. The results of this test are from the sample as received.
7. All specimen testing reports are notifiable to ICMR New Delhi and ICSI, Maharashtra State.

**NOTE:** As per PMC and PCMC guidelines, it is mandatory to remain in home quarantine for 14 days after getting CoVID-19 PCR test done.  
 WhatsApp for result.

\*\*\*END OF REPORT\*\*\*

Dr. Khaparde Ashvini  
 MBBS, MD, Microbiology

Checked By

Report Type By :- SWATI ANKUSH JAGDALE



Discharge Summary

<b>Patient Name</b>	: Mrs. Swati Patil	<b>Age/Sex</b>	: 45 Yrs/Female
	: 1097757	<b>Visit</b>	: IPI
<b>Physician Incharge</b>	: Dr. Madhav Dharme	<b>Admission Date</b>	: 11/09/2020 00:07
<b>Referred. By 1</b>	: dr dinesh joshi	<b>Discharge Date</b>	: 15/09/2020 12:08
<b>Department</b>	: Internal Medicine	<b>Referred. By 2</b>	:
<b>IP No.</b>	:	<b>Joint Care</b>	:

**Physic To** :  
**NOT KNOWN**

**Diagnosis**  
**Provisional** : COVID POSITIVE  
**Final** : COVID 19 LRTI

**Chief Complaints on admission**  
FEVER ON AND OFF  
BODYPAIN  
DRY COUGH SINCE YESTERDAY

**Medical/Surgical History**  
DM

**Physical findings on admission**  
G.C : SICK

<b>Temperature</b>	° F	<b>Weight</b>	(kg)	<b>Pallor</b>	-
<b>Pulse Rate</b>	105/Min	<b>Height</b>	(cm)	<b>Icterus</b>	
<b>R.R.</b>	18/Min	<b>BMI</b>	(kg/m <sup>2</sup> )	<b>Cyanosis</b>	
<b>B.P.</b>	108/70 mm of Hg			<b>Oedema</b>	-

**P/A** : SOFT NON TENDER  
**VS** : S1S2+  
**R** : CHEST CLEAR  
**CNS** : CONSCIOUS ORIENTED

**Investigations-Lab**

11-SEP-20  
Serum Sodium:135 mmol/L,Serum Potassium:3.8 mmol/L,Serum Chlorides:104 mmol/L,Serum Total Protein:6.8 gm/dl  
Albumin:4 gm/dl,Serum Bilirubin Total:49 mg/dl,Serum Bilirubin Direct:1 mg/dl,Serum SGOT:29 IU/L,Serum SGPT:19 IU/L,Serum Alkaline Phosphatase:54 IU/L,Serum Creatinine:65 mg/dl

**Investigations-Lung**

11-SEP-20  
CT-Thorax(Impression):Above described lung findings are consistent with changes of Covid 19 pneumonia in a known case, with CT severity score of 5/20.

**Course In the Hospital**

ADMITTED WITH ABOVE COMPLAINTS . ALL LABS DONE AND NOTED. CXR DONE .

## Discharge Summary

Patient Name	: Mrs. Swati Patil	Age/Sex	: 45 Yrs/Female
PRN	: 1097757	Visit	: IP1
Clinician Incharge	: Dr. Madhav Dharme	Admission Date	: 11/09/2020 00:00
Referred. By 1	: dr dinesh joshi	Discharge Date	: 15/09/2020 11:00
Department	: Internal Medicine	Referred. By 2	:
MLC No.	:	Joint Care	:

VITALS MONITORED . TREATED WITH IV ANTIBIOTICS , ANTIEMETICS , PROTON PUMP INHIBITORS . VITAMIN SUPPLEMENTS, STEROIDS ,REMDES VIR AND OTHER SUPPORTIVE MANAGEMENT DONE. CXR AND LABS REPEATED . SHOWS IMPROVEMENT . NOW PATIENT HEMODYNAMICALY STABLE HENCE DISCHARGE

### Treatment Given

INJ MONOCEF 1 GM BD IV  
INJ EMESET 4 MG BD IV  
INJ EMESET 4 MG BDIV  
TAB ZINCONIA BD  
TAB VIT 500 MG BD  
INJ SCORBEX NT OD IV  
INJ CLEXANE 0.4 ML S/C OD  
SYP GRILLINCTUS 5 ML TDS  
TAB ALLEGRA M BD  
TAB IVERMECTIN 12 MG OD  
CAP DOXY 100 MG BD  
INJ REMDES VIR 200 MG STAT THEN 100 MG OD IV X 5 DAY  
H ACTRAPID ACC TO BSL  
NEB DUOLI AND BUDECORT TDS

### Condition at Discharge

STABLE

### Treatment advice on Discharge

CAP ROSUMAC ASP 75+10 0-----0-----1 X 15 DAY  
TAB RAZO 20 MG 1-----0-----0 X 15 DAY  
TAB ZINCONIA OD 1-----0-----0 X 15 DAY  
TAB VIT C 500 MG OD 1-----0-----0 X 15 DAY  
TAB VYLDA M 50+500 OD 1-----0-----0 X 15 DAY BEFORE BREAKFAST  
TAB DEXAAM 4 MG OD 1-----0-----0 X 5 DAY  
SYP GRILLINCTUS 5 ML TWICE DAILY TILL STOCK

### Special Instructions

Please contact on given number if following symptoms are observed--

- 1) Any reaction like nausea, vomiting,
- 2) Itching or rash on body after consumption of medicines.
- 3) Noticed any abnormal findings.
- 4) If there is bleeding from any orifices if patient is on anticoagulant like warfarin.

### Preventive Aspect :

- Do not smoke or use tobacco. Do not drink alcohol.
- Exercise daily for 20 - 30 mins

## Discharge Summary

<b>Patient Name</b>	: Mrs. Swati Patil	<b>Age/Sex</b>	: 45 Yrs/Female
<b>PRN</b>	: 1097757	<b>Visit</b>	: IP1
<b>Clinician Incharge</b>	: Dr. Madhav Dharme	<b>Admission Date</b>	: 11/09/2020 00:00
<b>Referred. By 1</b>	: Dr. Dinesh Joshi	<b>Discharge Date</b>	: 15/09/2020 12:00
<b>Department</b>	: Internal Medicine	<b>Referred. By 2</b>	:
<b>MLC No.</b>	:	<b>Joint Care</b>	:

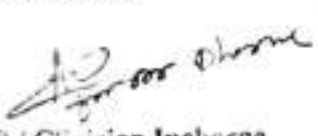
- Eat a healthy diet
- Avoid deep fried fast foods, bakery products, red meat
- Take medicines as per schedule regularly
- No medications to be taken without Doctor's advice
- Consult doctor for immunization
- STRICT HOME QUARANTINE FOR 1 WEEK
- FOLLOW AROGYA SETU APP
- CHECK TEMPERATURE TWICE DAILY
- IF FEVER, COUGH, BREATHLESSNESS CONTACT EMERGENCY NUMBER
- FOLLOW INSTRUCTIONS GIVEN ON SEPERATE PAGE.

### Follow up:

FOLLOW UP WITH DR DHARME AFTER 15 DAYS WITH APPOINTMENT WITH BSL F/PP REPORT ON DATE 30/9/20.

### Contact in Emergency

02067210523/ 02067210524

  
Signature of RMO / Clinician Incharge

Entered By 70002302



Bansilal Ramnath Agarwal Charitable Trust's  
**Vishwakarma College of Arts, Commerce and Science, Pune.**  
 (Affiliated to Savitribai Phule Pune University)  
 NAAC Accredited with 'B+' Grade

LEAVE APPLICATION

FF48

(to be submitted through the Registrar, generally 3 working days in advance for all leave except CL)

Date 01/06/22

To,  
 The Principal, VCACS  
 Sir,

SPL

I request you to sanction me ~~CASUAL/ERNED/MEDICAL/COMPENSATORY OFF~~ / LEAVE WITHOUT  
 PAY 13 no of days leave(s) from 6/6/22 to 18/6/22 will report to work on 19/06/22  
 at \_\_\_\_\_ am / pm.

ONLY FOR FACULTY MEMBERS: Tick mark as applicable: (Applicable only when the term is in progress)

1. I have no sessions scheduled on the above days.
2. I have \_\_\_\_\_ number of sessions scheduled on the above days, which I have
  - a) rescheduled in consultation with the programme coordinator and conducted them in advance
  - b) rescheduled in consultation with the programme coordinator and will conduct after rejoining the office.

Name Vinod Kumar Signature [Signature]

----- TO BE FILLED BY REGISTRAR'S OFFICE -----

Sr. No.	Details	CL	ML	EL	CO	VACATION	Initials of Registrar
1	Applicable for the current year						
2	Availed till date						

Application Approved: Yes / No

[Signature]  
 Approved by  
 VCACS

Date: 01/06/2022

To,  
The Principal,  
VCACS,  
Pune.

Sub: Requesting for the leave for my marriage

Respected sir,

I Vinod Suresh Kasar working as Junior clerk in our Institute. My marriage is on 13/06/2022 at Sawantwadi (Card attached). I need the leave of 13 days from 6/06/2022 to 18/06/2022 to cover the other work.

With this letter I humbly request you to kindly issue the leaves to me.

Thanking you in anticipation

Yours faithfully,



Vinod Kasar





॥ श्री कालिका देवी प्रसन्न ॥ ॥ श्री गजानन प्रसन्न ॥ ॥ श्री सातेरी देवी प्रसन्न ॥ ॥ श्री कलेश्वर प्रसन्न ॥

सप्रेम नमस्कार विनंती विशेष आमचे येथे श्रीकृपेकरून

**चि. विनोद**

( श्री.सुरेश साबा कासार (तिवरेकर)  
यांचे चिरंजीव मु.पो.कोलगाव (कासारवाडी)  
ता.सावंतवाडी, जि.सिंधुदुर्ग )



**चि.सां.कां. वंदना**

(कै.दत्त तुकाराम येंडे यांची नात व  
सां./श्री. संतोष दत्त येंडे यांची सुकन्या  
मु.पो.पडळी पैकी (कासारवाडी)  
ता.साधानगरी, जि.कोल्हापुर )

**॥ यांचा शुभविवाह ॥**

जेष्ठ शु.१४,शके १९४४ सोमवार दि.१३/०६/२०२२ रोजी दु. १२ वा. ३९ मि. या शुभमुहूर्तावर करण्याचे योजले आहे.

पाऊस क्षणाचा गारवा कायमचा । ओळख क्षणाची आपुलकी कायमची ॥

भेट क्षणाची नाती आयुष्याची । सहवास क्षणाचा ओड कायमची ॥ आशीर्वाद, शुभेच्छा घेऊन या ही नम्र विनंती.

आपले स्नेहांकित

श्री.सुरेश साबा कासार (तिवरेकर)

सां.सुप्रिया सुरेश कासार (तिवरेकर)

वरील विनंतीस मान देऊन अगत्य येण्याची कृपा करावी.

सां./श्री.संभाजी नारायण साळवी  
सां./श्री.दिपक जगन्नाथ साळवी (मामा)  
सां./श्री.प्रकाश कृष्णा एकावडे (भावोजी)



सां./श्री.अशोक सीताराम कासार  
सां./श्री.रमेश लक्ष्मण कासार  
सां./श्री.राजेंद्र केशव पित्रे

समस्त तिवरेकर, कासार, साळवी, एकावडे, येंडे आतेट आणि मित्र मंडळ

॥ श्री गजानन प्रसन्न ॥

ॐ ब्रह्मसुण्ड महाकाय सूर्य कोटि समप्रभा

निर्विघ्नं कुरु मे देव, सर्व कार्येषु सर्वदा ॥

॥ विवाहस्थळ ॥

श्री अशोक सीताराम कासार यांचे घरी  
श्री कालिका देवी मंदिर शेजारी  
कोलगाव (कासारवाडी) ता.सावंतवाडी,  
जि.सिंधुदुर्ग.

\* विवाह मुहूर्त \*

सोमवार दि.१३/६/२२  
रोजी दु.१२ वा. ३९ मि.

\* स्नेह भोजन \*  
दुपारी १ ते ३

\* हळदी समारंभ \*

रविवार दि.१२/६/२२  
रोजी सायं. ६ वा.

\* प्रमुख पाहुणे \*

मा.श्री.डॉ.अरुण रामचंद्र पाटील  
(प्राचार्य VCACS Pune )  
मा.श्री.संतोष अरुण राऊळ  
(सरपंच कोलगाव)

\* कार्यवाहक \*

श्री कालिका देवी प्रासादिक  
मित्र मंडळ  
कोलगाव (कासारवाडी)

\* छोटे निमंत्रक \*

विनित, पराग, धनदा, कार्तिक, धुवी, सृष्टी, परिधी, खुशी, साधी, सात्विक, विघ्नेश.



\* निमंत्रक \*

श्री.प्रविण चंद्रकांत कासार (तिवरेकर)  
मो.9049657376

श्री.हेमंत केशव कासार (तिवरेकर)  
मो.7219156234



## AWARDS AND RECOGNITION












Following are the Details of Advance Salary paid by Management on the occasion of Diwali:

Sr. No.	Year	Salary for the Month	Salary Date
1	2017-18	October Salary	11/10/2017
2	2018-19	October Salary	29/10/2018
3	2019-20	October Salary	24/10/2019

  
Mr. Santosh Karekar  
Accounts Officer

  
Asst. Prof. Anjum Patel  
IQAC Co-ordinator



  
Dr. Arun Patil  
Principal



**UNITED INDIA INSURANCE COMPANY LIMITED**  
**KUBERA CHAMBERS J.M. ROAD, SHIVAJINAGAR PUNE, PUNE, MAHARASHTRA**  
**PUNE - 411005 MAHARASHTRA**  
**PH: (020) 25534699,(020) 25533667 FAX: (20) 25534964 EMAIL:**

**UNI GROUP HEALTH INSURANCE POLICY**  
**UIN NO. UIIHLGP20043V011920**  
**POLICY NO.: 1610002821P103777150**

**PERIOD OF INSURANCE**  
**FROM 00:00 Hrs on 04/07/2021**  
**To Midnight on 03/07/2022**

Insured  
**M/s BANSILAL RAMNATH AGARWAL CHARITABLE TRUST**

34/A/1, SUYOG CENTRE, 7TH FLOOR,  
GULTEKDI, MARKET YARD ROAD, GIRIDHAR BHAVAN CHOWK, PUNE  
PUNE  
MAHARASHTRA  
411037

Agent Name : **DAMIKA INSURANCE BROKING CO PVT LTD**  
Agent Code : **BRC0000741**  
Mobile/Landline Number/Email : **9850957401**

**The genuineness of the policy can be verified through "Verify Your Policy" link at [www.uiic.co.in](http://www.uiic.co.in).**

**For any Information, Service Requests and Grievances please write to [161000@uiic.co.in](mailto:161000@uiic.co.in)**

**For ID Cards & Claim Intimations Please contact the TPA mentioned in the Policy document.**

---

**Download Customer App([www.uiic.co.in](http://www.uiic.co.in)). REGD. & HEAD OFFICE, 24, WHITES ROAD, CHENNAI - 600014.**

**Website: <http://www.uiic.co.in>**

**Printed By : MAD34194 @ 22/07/2021 4:37:26 PM**



**UNI GROUP HEALTH INSURANCE POLICY  
SCHEDULE**

<b>Policy No.</b>	<b>1610002821P103777150</b>		Previous Policy No.	1610002820P104105870	
Insured Detail	<b>Name/ID</b>	M/s BANSILAL RAMNATH AGARWAL CHARITABLE TRUST/23086050656			
	Tel. (O)		Tel.(R)		Fax
	Email				
	Business/Occupation	None			
<b>Period of Insurance</b>	<b>From</b>	<b>00:00</b>	<b>Hours of</b>	<b>04/07/2021</b>	<b>To Midnight of 03/07/2022</b>

<b>Coinsurance</b>	UIIC 161000 : 100%
--------------------	--------------------

**Risk Coverage Details:-**

No. of Employees/Members covered	403
No. of Dependents Covered	0
Total No. of Persons covered	403
Sum Insured Slab/s(₹)	200000
Total Sum Insured(₹)	80,600,000.00
Total Sum Insured (in words)	Eight crores six lakhs rupees only
Cover type basis	Individual SumInsured Basis
Family Definition	Self

**Base Covers:-**

**In-patient Hospitalisation Expenses Cover**

Room, Boarding and Nursing expenses(per day limit)- 1% of Sum Insured or Actual Expenses Incurred, whichever is less  
ICU/ICCU/HDU(per day limit)- 2 % of Sum Insured or Actual Expenses Incurred, whichever is less  
Proportionate Clause-Applicable  
Mental Illness Cover Limit for Named Illnesses- Not Opted

**Day Care Treatment Cover**

Actual Expenses Incurred

**Pre-hospitalisation Medical Expenses Cover**

Actual Expenses Incurred  
Number of days-30

**Post-hospitalisation Medical Expenses Cover**

Actual Expenses Incurred  
Number of days-60

**Road Ambulance Cover**

₹ 1,500.00 or Actual Expenses Incurred, whichever is less

**Domiciliary Hospitalisation Cover**

Actual Expenses Incurred

**Donor Expenses Cover**

Actual Expenses Incurred



**Modern Treatment Methods & Advancement in Technology**

<b>Sr. No.</b>	<b>Modern Treatment Methods &amp; Advancement in Technology</b>	<b>Limits per Surgery</b>
1	Uterine Artery Embolization & High Intensity Focussed Ultrasound (HIFU)	Up to 20% of Sum Insured subject to a maximum of Rs.2 Lacs per policy period for claims involving Uterine Artery Embolization & HIFU
2	Balloon Sinuplasty	Up to 10% of Sum Insured subject to a maximum of Rs.1 Lac per policy period for claims involving Balloon Sinuplasty
3	Deep Brain Stimulation	Up to 70% of Sum Insured per policy period for claims involving Deep Brain Stimulation
4	Oral Chemotherapy	Up to 20% of Sum Insured subject to a maximum of Rs.2 Lacs per policy period for claims involving Oral Chemotherapy
5	Immunotherapy-Monoclonal Antibody to be given as injection	Up to 20% of Sum Insured subject to a maximum of Rs.2 Lacs per policy period
6	Intra vitreal Injections	Up to 10% of Sum Insured subject to a maximum of Rs. 1 Lac per policy period
7	Robotic Surgeries (Including Robotic Assisted Surgeries)	<ul style="list-style-type: none"> <li>•Up to 75% of Sum Insured per policy period for claims involving Robotic Surgeries for (i) the treatment of any disease involving Central Nervous System irrespective of aetiology; (ii) Malignancies</li> <li>•Up to 50% of Sum Insured per policy period for claims involving Robotic Surgeries for other diseases</li> </ul>
8	Stereotactic Radio Surgeries	Up to 50% of Sum Insured per policy period for claims involving Stereotactic Radio Surgeries
9	Bronchial Thermoplasty	Up to 30% of Sum Insured subject to a maximum of Rs.3 Lacs per policy period for claims involving Bronchial Thermoplasty.
10	Vaporisation of the Prostate (Green laser treatment for holmium laser treatment)	Up to 30% of Sum Insured subject to a maximum of Rs.2 Lacs per policy period.
11	Intra Operative Neuro Monitoring (IONM)	Up to 15% of Sum Insured per policy period for claims involving Intra Operative Neuro Monitoring subject to a maximum of Rs. 1 Lac per policy period.
12	Stem Cell Therapy: Hematopoietic Stem Cells for bone marrow transplant for haematological conditions to be covered only	No additional sub-limit

**Other Special Condition Details:**

SL. No.	Other Special Conditions
1	MATERNITY NOT COVERED. CLAIM INTIMATION SHOULD BE WITHIN 72 HRS AND CLAIM PAPERS SUBMITTED WITHIN 15 DAYS. PRE-EXISTING DISEASES COVERED FROM DAY 1. AMBULANCE CHARGES RS-1500/- .HOSPITALISATION DUE TO CONGENITAL EXTERNAL DISEASES AND GENETIC DISORDERS ARE NOT COVERED. CO-PAYMENT IS WAIVED OFF. HOSP.DUE TO TERRORISM COVERED. DOMICILIARY HOSPITALIZATION NOT COVERED.

**Insured Details**

As Per Annexure Attached.

**Waiting Periods:**

Pre-Existing Disease Waiting Period : Waived.  
Initial Waiting Period for Hospitalization : Waived.  
Specific Illness Waiting Period : Waived.

**Other conditions:**

- All Other Terms & Conditions Subject to printed Policy (Uni Group Health Insurance Policy) Clauses attached.
- Addition / Deletion of Employees & Dependents:
  - Insured will be allowed a window period of 30 days from the policy Inception date to review the employee list covered under the policy. All Addition / deletion / Correction of the persons to be done subject to additional premium, if there is a change in the group size.
  - We agree for providing cover for additions from the date of joining of the new employee by charging prorata premium from the date of joining till the expiry of the policy, subject to maintenance of free and adequate balance under Cash Deposit maintained by the Insured with us or the coverage will be effective from the date of payment of premium.

Premium:	2,360,371.00
CGST(9%):	212,433.00
SGST(9%):	212,434.00
Stamp Duty:	1.00
Total:	2,785,238.00
Receipt Number :	10116100021103938379
Receipt Date:	22/07/2021
Development Officer Code/ Agent Code:	BRC0000741
DAMIKA INSURANCE BROKING CO PVT LTD	

This Schedule and the attached policy shall be read together as one contract and any word or expression to which a specific meaning has been attached in any part of this Policy or of the Schedule shall bear the same meaning wherever it may appear.

<b>Customer GST/UIN No.:</b>	27AAATB4383K1ZJ	<b>Office GST No.:</b>	27AAACU5552C1ZJ
<b>SAC Code:</b>	997133	<b>Invoice No. &amp; Date:</b>	2821I103777150 & 22/07/2021
<b>Amount Subject to Reverse Charges-NIL</b>			

**Anti Money Laundering Clause:** -In the event of a claim under the policy exceeding ₹ 1 lakh or a claim for refund of premium exceeding ₹ 1 lakh, the insured will comply with the provisions of AML policy of the company. The AML policy is available in all our operating offices as well as Company's web site.

**LET US JOIN THE FIGHT AGAINST CORRUPTION. PLEASE TAKE THE PLEDGE AT <https://pledge.cvc.nic.in>.**

Date of Proposal and Declaration: 04/07/2021

IN WITNESS WHEREOF, this policy has been signed at DO 3 PUNE 161000 on this 22nd day of July 2021

**For and On behalf of**

**United India Insurance Co. Ltd.**

Affix Policy  
Stamp here.

**Authorized Signatory**

**Underwritten By - MAD34194 ( DO UNDERWRITER ) , Approved By - KAL25130(HO UNDERWRITER\_HEALTH)**

**Note:- Blank spaces in the policy schedule if present are deliberately left blank.**

**Details of TPA:**

Please contact the following TPA for Issue of Identity Cards, Cashless Approvals & Claims Settlement.

<b>Name of TPA/ID</b>	Medi Assist Insurance TPA Private Limited / TPA00010			
<b>Address</b>	Tower D, 4th Floor, IBC Knowledge Park, 4/1, Bannerghatta Road, Bangalore- 560029,Pune Nagar Road, Wadgaon -Sheri, Pin Code : 560029, Fax No :			
<b>Toll Free number</b>	1800 425 9449			
<b>Contact Details</b>	<b>For General Enquiries</b>	<b>For Cashless approval</b>	<b>For Claim intimation</b>	<b>For Grievances</b>
<b>Telephone Numbers</b>	080 4969 8000	1800 425 9449	For sending SMS 9664172929	8049698066
<b>Email IDs</b>	<a href="mailto:info@mediassistindia.com">info@mediassistindia.com</a>	<a href="mailto:cashless@mediassistindia.com">cashless@mediassistindia.com</a>	<a href="mailto:claimintimation@mediassistindia.com">claimintimation@mediassistindia.com</a>	<a href="mailto:grievance@mediassistindia.com">grievance@mediassistindia.com</a>

UIIC230860506563631	363	1	Mr. Sanjay K. Sonawane	Self	Male	10-Feb-1977	04-Jul-2021	200,000.00
UIIC230860506563641	364	1	Mrs. Rajshri M. Kulkarni	Self	Female	14-Jun-1971	04-Jul-2021	200,000.00
UIIC230860506563651	365	1	Mr. Omprakash F. Gudgilla	Self	Male	26-Jun-1974	04-Jul-2021	200,000.00
UIIC230860506563661	366	1	Mrs. Ulka R. Solanki	Self	Female	24-Apr-1974	04-Jul-2021	200,000.00
UIIC230860506563671	367	1	Mr. Suhas T. Shendkar	Self	Male	05-Oct-1985	04-Jul-2021	200,000.00
UIIC230860506563681	368	1	Mrs. Hemlata A. Bankar	Self	Female	20-Jun-1977	04-Jul-2021	200,000.00
UIIC230860506563691	369	1	Mr. Deepak G. Tupsaundar	Self	Male	16-Jan-1981	04-Jul-2021	200,000.00
UIIC23086050656371	37	1	PROF.SMT. M.R. MHETRE	Self	Female	13-May-1974	04-Jul-2021	200,000.00
UIIC230860506563701	370	1	Ms. Deepa B. Patil	Self	Female	08-Nov-1969	04-Jul-2021	200,000.00
UIIC230860506563711	371	1	Mr. Deepak V. Mehendale	Self	Male	15-Jul-1964	04-Jul-2021	200,000.00
UIIC230860506563721	372	1	Mr. Girish M. Gaikwad	Self	Male	31-Oct-1976	04-Jul-2021	200,000.00
UIIC230860506563731	373	1	Mr. Rajendra P. Salunkhe	Self	Male	01-Jun-1971	04-Jul-2021	200,000.00
UIIC230860506563741	374	1	Mr. Amol P. Jadhav	Self	Male	06-Aug-1992	04-Jul-2021	200,000.00
UIIC230860506563751	375	1	Mr. Nilesh M. Bhoj	Self	Male	08-Nov-1972	04-Jul-2021	200,000.00
UIIC230860506563761	376	1	Mrs. Sangita D. Kardile	Self	Female	24-Mar-1976	04-Jul-2021	200,000.00
UIIC230860506563771	377	1	Mr. Pramod R. Joshi	Self	Male	21-Dec-1979	04-Jul-2021	200,000.00
UIIC230860506563781	378	1	Mr. Surajkumar S. Wakchaure	Self	Male	19-Jun-1970	04-Jul-2021	200,000.00
UIIC230860506563791	379	1	Mr. Vikram D. Muley	Self	Male	21-Sep-1980	04-Jul-2021	200,000.00
UIIC23086050656381	38	1	SHRI J.A. GAIKWAD	Self	Male	01-Jun-1974	04-Jul-2021	200,000.00
UIIC230860506563801	380	1	Mr. Santosh S. More	Self	Male	07-Sep-1977	04-Jul-2021	200,000.00
UIIC230860506563811	381	1	Mr. Harshad S. Kamble	Self	Male	01-Aug-1981	04-Jul-2021	200,000.00
UIIC230860506563821	382	1	Mr. Suresh N. Sonawane	Self	Male	05-Jul-1969	04-Jul-2021	200,000.00
UIIC230860506563831	383	1	Mrs. Manjiri C. Deshpande	Self	Female	08-Nov-1979	04-Jul-2021	200,000.00
UIIC230860506563841	384	1	Mr. Atul B. Wakse	Self	Male	20-May-1981	04-Jul-2021	200,000.00
UIIC230860506563851	385	1	Mr. Dinesh A. Gade	Self	Male	15-Feb-1983	04-Jul-2021	200,000.00
UIIC230860506563861	386	1	Mr. Dhananjay T. Adsul	Self	Male	30-Apr-1974	04-Jul-2021	200,000.00
UIIC230860506563871	387	1	Mr. Ramdas K. Khandagale	Self	Male	03-Aug-1980	04-Jul-2021	200,000.00
UIIC230860506563881	388	1	Mr. Yogesh V. Bhilare	Self	Male	17-Mar-1987	04-Jul-2021	200,000.00
UIIC230860506563891	389	1	Mr. Jitendra B. Suryawanshi	Self	Male	17-Jun-1967	04-Jul-2021	200,000.00
UIIC23086050656391	39	1	SHRI K.B. KADAM	Self	Male	01-Jun-1976	04-Jul-2021	200,000.00
UIIC230860506563901	390	1	Mr. Abhijit A. Shingade	Self	Male	13-Feb-1983	04-Jul-2021	200,000.00
UIIC230860506563911	391	1	Mr. Rupesh A. Sutar	Self	Male	31-Aug-1985	04-Jul-2021	200,000.00
UIIC230860506563921	392	1	Mr. Vishal V. Pattar	Self	Male	31-Oct-1979	04-Jul-2021	200,000.00
UIIC230860506563931	393	1	Mr. Rahul S. Pol	Self	Male	16-Nov-1978	04-Jul-2021	200,000.00
UIIC230860506563941	394	1	Mr. Deepak ramesh Paigude	Self	Male	23-Dec-1974	04-Jul-2021	200,000.00
UIIC230860506563951	395	1	ARUN RAMCHANDRA PATIL	Self	Male	07-May-1973	04-Jul-2021	200,000.00
UIIC230860506563961	396	1	SANTOSH ANANT KAREKAR	Self	Male	06-Aug-1982	04-Jul-2021	200,000.00

UIIC230860506563971	397	1	Suresh Eknath Sase	Self	Male	06-Jan-1976	04-Jul-2021	200,000.00
UIIC230860506563981	398	1	Sudhir devidas Chitnis	Self	Male	21-Jul-1973	04-Jul-2021	200,000.00
UIIC230860506563991	399	1	SHITAL PRASOON MANTRI	Self	Female	01-May-1985	04-Jul-2021	200,000.00
UIIC2308605065641	4	1	SHRI J.T. DHIDE	Self	Male	22-Jun-1975	04-Jul-2021	200,000.00
UIIC23086050656401	40	1	SHRI R.P. SATHE	Self	Male	27-Sep-1972	04-Jul-2021	200,000.00
UIIC230860506564001	400	1	Sunita Nitinchandra Dalvai	Self	Female	09-Oct-1970	04-Jul-2021	200,000.00
UIIC230860506564011	401	1	Shailaja Pravin Patil	Self	Female	01-Apr-1976	04-Jul-2021	200,000.00
UIIC230860506564021	402	1	Sachin Madhukar Jadhav	Self	Male	27-Apr-1981	04-Jul-2021	200,000.00
UIIC230860506564031	403	1	Vishal Raghunath Bote	Self	Male	09-May-1980	04-Jul-2021	200,000.00
UIIC23086050656411	41	1	PROF. DR. J.V. KULKARNI	Self	Male	20-Apr-1969	04-Jul-2021	200,000.00
UIIC23086050656421	42	1	KAWANKAR DIGAMBAR BABANRAO	Self	Male	14-Mar-1963	04-Jul-2021	200,000.00
UIIC23086050656431	43	1	A.B.KADU	Self	Male	31-Jul-1981	04-Jul-2021	200,000.00
UIIC23086050656441	44	1	Kulkarni Medha Datta	Self	Female	14-Oct-1963	04-Jul-2021	200,000.00
UIIC23086050656451	45	1	Shri Krishna B Tikhe	Self	Male	13-Sep-1984	04-Jul-2021	200,000.00
UIIC23086050656461	46	1	Shri.D.S.Jadhav	Self	Male	14-Nov-1988	04-Jul-2021	200,000.00
UIIC23086050656471	47	1	Shri.L.V.Pawar	Self	Male	01-Jan-1968	04-Jul-2021	200,000.00
UIIC23086050656481	48	1	Kanade Dnyaneshwar Gajanan	Self	Male	17-Nov-1972	04-Jul-2021	200,000.00
UIIC23086050656491	49	1	Gaigole Pankaj Motiram	Self	Male	24-Aug-1975	04-Jul-2021	200,000.00
UIIC2308605065651	5	1	SHRI G.N. KOTWAL	Self	Male	22-Dec-1968	04-Jul-2021	200,000.00
UIIC23086050656501	50	1	Mr.Mehetre Jagdish Tukaram	Self	Male	13-May-1974	04-Jul-2021	200,000.00
UIIC23086050656511	51	1	SHRI G.B. WAGHMARE	Self	Male	02-May-1977	04-Jul-2021	200,000.00
UIIC23086050656521	52	1	SHRI P.S. JADHAV	Self	Male	14-Feb-1976	04-Jul-2021	200,000.00
UIIC23086050656531	53	1	SHRI V.D. GIRI	Self	Male	15-Jul-1967	04-Jul-2021	200,000.00
UIIC23086050656541	54	1	SHRI V.S. DHARPHALE	Self	Male	25-Aug-1970	04-Jul-2021	200,000.00
UIIC23086050656551	55	1	PROF. N.B. PATKI	Self	Male	28-Jul-1964	04-Jul-2021	200,000.00
UIIC23086050656561	56	1	SHRI R.P. BHOSALE	Self	Male	01-Jun-1964	04-Jul-2021	200,000.00
UIIC23086050656571	57	1	SHRI S.S. KAMBLE	Self	Male	01-Jun-1963	04-Jul-2021	200,000.00
UIIC23086050656581	58	1	S. T. PATIL	Self	Male	01-Jun-1965	04-Jul-2021	200,000.00
UIIC23086050656591	59	1	C.M.MAHAJAN	Self	Male	01-Jun-1979	04-Jul-2021	200,000.00
UIIC2308605065661	6	1	SHRI G.Y. GIRI	Self	Male	10-Jun-1969	04-Jul-2021	200,000.00
UIIC23086050656601	60	1	SHRI VIVEK B. PAWAR	Self	Male	25-Nov-1985	04-Jul-2021	200,000.00
UIIC23086050656611	61	1	D.M.WAGHMARE	Self	Male	16-Jan-1971	04-Jul-2021	200,000.00
UIIC23086050656621	62	1	K G MUNDADA	Self	Male	17-Nov-1984	04-Jul-2021	200,000.00
UIIC23086050656631	63	1	SAANA SHAIKH	Self	Male	08-Mar-1988	04-Jul-2021	200,000.00
UIIC23086050656641	64	1	KISHOR MAGAR	Self	Male	25-Aug-1975	04-Jul-2021	200,000.00
UIIC23086050656651	65	1	SHIVAJI JADHAV	Self	Male	21-Jul-1977	04-Jul-2021	200,000.00
UIIC23086050656661	66	1	BADE U N	Self	Male	01-Jan-1970	04-Jul-2021	200,000.00



**UNITED INDIA INSURANCE COMPANY LIMITED**  
**REGD.& HEAD OFFICE : No.24, WHITES ROAD, CHENNAI-600014**

**UNI GROUP HEALTH INSURANCE POLICY**

**I. Preamble & Operating Clause**

This is a legal contract between the Policyholder and Us to provide the insurance cover detailed in the Policy to the Insured Persons up to the Sum Insured subject to

- i. the receipt of full premium,
- ii. disclosure to information norm including the information provided in the Proposal Form or the Request for Quote (RFQ) by the Proposer or by his/ her authorized Intermediary on behalf of him/her-self and all persons to be insured which is incorporated in the policy and is the basis of it; and
- iii. the terms, conditions and exclusions of this Policy.

If during the policy period one or more Insured Person (s) is required to be hospitalized for treatment of an Illness or Injury at a Hospital/Day Care Centre, following Medical Advice of a duly qualified Medical Practitioner, the Company shall indemnify the medically necessary and Reasonable and Customary expenses towards the Coverage mentioned in the policy schedule.

Provided further that, any amount payable under the policy shall be subject to the terms of coverage (including any co-pay, sub limits), exclusions, conditions and definitions contained herein. Maximum liability of the Company under all such Claims during each Policy Year shall be the Sum Insured opted as specified in the Schedule.

**II. Covers under the Policy**

In the event of any claim arising as a result of treatment taken for an Injury or Illness during the Policy period which becomes payable under any applicable Base Cover and/or Optional Covers, then We shall indemnify the Reasonable and Customary Medical Expenses incurred or pay for the listed Benefits, in accordance with the terms, conditions and exclusions of the Policy subject to availability of the Sum Insured for the cover/ benefit applicable and subject to the limit, if any, specified in the Policy Schedule/ Certificate of Insurance. All limits mentioned in the Policy Schedule/ Certificate of Insurance are applicable for each Policy period of coverage.

**Base Covers**

The Policy provides base coverage as described below in this section provided that the expenses are incurred on the written Medical Advice of a Medical Practitioner and are incurred on Medically Necessary Treatment of the Insured Person.

**1. In-patient Hospitalisation Expenses Cover**

We will pay the Reasonable and Customary Charges for the following Medical Expenses of an Insured Person in case of Medically Necessary Treatment taken during Hospitalisation provided that the admission date of the Hospitalisation due to Illness or Injury is within the Policy period:

- A. Room, Boarding and Nursing expenses as provided by the Hospital/Nursing Home up to the category/limit specified in the Policy Schedule/ Certificate of Insurance or actual expenses incurred, whichever is less, including nursing care, RMO charges, IV Fluids/Blood transfusion/injection administration charges and similar expenses.
- B. Charges for accommodation in ICU/CCU/HDU up to the category/limit specified in the Policy Schedule/ Certificate of Insurance or actual expenses incurred, whichever is less,
- C. Operation theatre cost,
- D. Anaesthetics, Blood, Oxygen, Surgical Appliances and/ or Medical Appliances, Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like pacemaker, orthopaedic implants, infra cardiac valve replacements, vascular stents, and other medical expenses related to the treatment.
- E. The fees charged by the Medical Practitioner, Surgeon, Specialists and Anaesthetists treating the Insured Person;
- F. Medicines, drugs and other allowable consumables prescribed by the treating Medical Practitioner;
- G. Cost of Investigative tests or diagnostic procedures directly related to the Injury/Illness for which the Insured Person is hospitalized such as but not limited to Radiology, Pathology tests, X-rays, MRI and CT Scans, Physiotherapy.

**Note 1:**

**Proportionate Clause:** In case of admission to a room at rates exceeding the limits mentioned in the Policy Schedule/Certificate of Insurance (for Clause II.1.A), the reimbursement/payment of all associated medical expenses incurred at the Hospital shall be effected in the same proportion as the admissible rate per day bears to the actual rate per day of Room Rent.

Proportionate Deductions shall not be applied in respect of those hospitals where differential billing is not followed or for those expenses where differential billing is not adopted based on the room category.

**Note 2:**

**Mental Illness Cover Limit:**

In case of following mental illnesses the Inpatient Hospitalization benefit will be covered upto the limit as mentioned in the schedule;

1. Schizophrenia (ICD - F20; F21; F25)
2. Bipolar Affective Disorders (ICD - F31; F34)
3. Depression (ICD - F32; F33)
4. Obsessive Compulsive Disorders (ICD - F42; F60.5)
5. Psychosis (ICD - F 22; F23; F28; F29)

All claims under this Benefit can be made as per the process defined under Section V. C and D

**2. Day Care Treatment Cover**

We will cover the Medical Expenses incurred on the Insured Person's Day Care Treatment (as defined in Section VII.19) during the Policy Period following an Illness or Injury that occurs during the Policy Period provided the Day Care Treatment is for Medically Necessary Treatment and follows the written Medical Advice.

The benefit under the policy will be limited to the amount specified in the Policy Schedule/ Certificate of Insurance, whichever is less. All claims under this Benefit can be made as per the process defined under Section V. C and D

**3. Pre-hospitalisation Medical Expenses Cover**

We will cover, on a reimbursement basis, the Insured Person's Pre-hospitalization Medical Expenses incurred due to an Illness or Injury that occurs during the Policy Period upto the number of days and upto the amount limit as specified in the Policy Schedule or Certificate of Insurance Or actual expenses incurred, whichever is less, provided that:

- (i) We have accepted a claim for In-patient Hospitalization under Section II.1 or II.2 above;

- (ii) The Pre-hospitalisation Medical Expenses are related to the same Illness or Injury.
- (iii) The date of admission to the Hospital for the purpose of this Benefit shall be the date of the Insured Person's first admission to the Hospital in relation to the same Any One Illness.
- All claims under this Benefit can be made as per the process defined under Section V. D
- 4. Post-hospitalisation Medical Expenses Cover**  
We will cover, on a reimbursement basis, the Insured Person's Post-hospitalization Medical Expenses incurred following an Illness or Injury that occurs during the Policy Period upto the number of days and upto the amount limit as specified in the Policy Schedule or Certificate of Insurance, provided that:
- (i) We have accepted a claim for In-patient Hospitalization under Section II.1 or II.2 above;
- (ii) The Pre-hospitalisation Medical Expenses are related to the same Illness or Injury.
- (iii) The date of discharge from the Hospital for the purpose of this Benefit shall be the date of the Insured Person's last discharge from the Hospital in relation to the same Any One Illness for which We have accepted an In-patient Hospitalization claim under Section II.1 or II.2 above.
- All claims under this Benefit can be made as per the process defined under Section V. D
- 5. Road Ambulance Cover**  
We will cover the costs incurred up to the limit as specified in the Policy Schedule or Certificate of Insurance on transportation of the Insured Person by road Ambulance to a Hospital for treatment in an Emergency following an Illness or Injury which occurs during the Policy Period. It becomes payable if a claim has been admitted under Section II.1 or II.2 and the expenses are related to the same Illness or Injury.
- We will also cover the costs incurred on transportation of the Insured Person by road Ambulance in the following circumstances up to the limits specified in the Policy Schedule or Certificate of Insurance:
- (i) it is medically required to transfer the Insured Person to another Hospital or diagnostic centre during the course of Hospitalization for advanced diagnostic treatment in circumstances where such facility is not available in the existing Hospital;
- (ii) it is medically required to transfer the Insured Person to another Hospital during the course of Hospitalization due to lack of speciality treatment in the existing Hospital.
- All claims under this Benefit can be made as per the process defined under Section V. D
- 6. Domiciliary Hospitalisation Cover**  
We will cover Medical Expenses, up to the limit specified in the Policy Schedule/ Certificate of Insurance, incurred for the Insured Person's Domiciliary Hospitalization during the Policy Period following an Illness or Injury that occurs during the Policy Period provided that:
- i. The Domiciliary Hospitalisation continues for at least 3 consecutive days in which case We will make payment under this Benefit in respect of Medical Expenses incurred from the first day of Domiciliary Hospitalisation;
- ii. The treating Medical Practitioner confirms in writing that Domiciliary Hospitalization was medically required and the Insured Person's condition was such that the Insured Person could not be transferred to a Hospital or the Insured Person satisfies Us that a Hospital bed was unavailable;
- iii. We shall not be liable to pay for any claim in connection with:
- Asthma, bronchitis, tonsillitis and upper respiratory tract infection including laryngitis and pharyngitis, cough and cold, influenza;
  - Arthritis, gout and rheumatism;
  - Chronic nephritis and nephritic syndrome;
  - Diarrhoea and all type of dysenteries, including gastroenteritis;
  - Diabetes mellitus and insipidus;
  - Epilepsy;
  - Hypertension;
  - Psychiatric or psychosomatic disorders of all kinds;
  - Pyrexia of unknown origin.
- All claims under this Benefit can be made as per the process defined under Section V. D
- 7. Donor Expenses Cover**  
We will cover the In-patient Hospitalization Medical Expenses incurred for an organ donor's treatment during the Policy Period for the harvesting of the organ donated up to the limit as specified in the Policy Schedule or Certificate of Insurance provided that:
- i. The donation conforms to The Transplantation of Human Organs Act 1994 and the organ is for the use of the Insured Person;
- ii. We have admitted a claim towards In-patient Hospitalisation under the Base Cover and it is related to the same condition; organ donated is for the use of the Insured Person as certified in writing by a Medical Practitioner;
- iii. We will not cover:
- Pre-hospitalization Medical Expenses or Post-hospitalization Medical Expenses of the organ donor;
  - Screening expenses of the organ donor;
  - Costs associated with the acquisition of the donor's organ;
  - Transplant of any organ/tissue where the transplant is experimental or investigational;
  - Expenses related to organ transportation or preservation;
  - Any other medical treatment or complication in respect of the donor, consequent to harvesting.
- All claims under this Benefit can be made as per the process defined under Section V. C and D
- 8. Modern Treatment Methods & Advancement in Technologies:**  
In case of an admissible claim under section 4.1, expenses incurred on the following procedures (wherever medically indicated) either as in-patient or as part of day care treatment in a hospital, shall be covered. The claim shall be subject to additional sub-limits indicated against them in the table below:

Sr. No.	Modern Treatment Methods & Advancement in Technology	Additional Limit
1.	Uterine Artery Embolization & High Intensity Focussed Ultrasound (HIFU)	up to the limit as specified in the Policy Schedule or Certificate of Insurance per policy period for claims involving Uterine Artery Embolization & HIFU
2.	Balloon Sinuplasty	up to the limit as specified in the Policy Schedule or Certificate of Insurance per policy period for claims involving Balloon Sinuplasty
3.	Deep Brain Stimulation	up to the limit as specified in the Policy Schedule or Certificate of Insurance per policy period for claims involving Deep Brain Stimulation
4.	Oral Chemotherapy	up to the limit as specified in the Policy Schedule or Certificate of Insurance per policy period for claims involving Oral Chemotherapy
5.	Immunotherapy- Monoclonal Antibody to be given as injection	up to the limit as specified in the Policy Schedule or Certificate of Insurance per policy period
6.	Intra vitreal Injections	up to the limit as specified in the Policy Schedule or Certificate of Insurance per policy period
7.	Robotic Surgeries (including Robotic Assisted Surgeries)	• up to the limit as specified in the Policy Schedule or Certificate of Insurance per policy period for claims involving Robotic Surgeries for (i) the treatment of any disease involving Central Nervous System irrespective of aetiology; (ii) Malignancies

		•up to the limit as specified in the Policy Schedule or Certificate of Insurance per policy period for claims involving Robotic Surgeries for other diseases
8.	Stereotactic Radio Surgeries	up to the limit as specified in the Policy Schedule or Certificate of Insurance per policy period for claims involving Stereotactic Radio Surgeries
9.	Bronchial Thermoplasty	up to the limit as specified in the Policy Schedule or Certificate of Insurance per policy period for claims involving Bronchial Thermoplasty.
10.	Vaporisation of the Prostate (Green laser treatment or holmium laser treatment)	up to the limit as specified in the Policy Schedule or Certificate of Insurance per policy period.
11.	Intra Operative Neuro Monitoring (IONM)	up to the limit as specified in the Policy Schedule or Certificate of Insurance per policy period for claims involving Intra Operative Neuro Monitoring
12.	Stem Cell Therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered only	up to the limit as specified in the Policy Schedule or Certificate of Insurance per policy period

All claims under this Benefit can be made as per the process defined under Section V. C and D

There are Optional covers available with the Policy. Refer Section VIII-Optional Covers: Policy Terms and Conditions for Optional Covers for further details on these.

### III. COVER TYPE

The Policy provides cover on an Individual or Family Floater basis. A separate Sum Insured for each Insured Person, as specified in the Policy Schedule/Certificate of Insurance, is provided under Individual basis while under Family Floater basis, the Sum Insured limit is shared by the whole family of the group member as specified in the Policy Schedule/ Certificate of Insurance and Our total liability for the family cannot exceed the Sum Insured in a Policy period. The cover type basis shall be as specified in the Policy Schedule/ Certificate of Insurance. The basis of cover chosen for the Base Cover is applicable for the Optional Covers as well. Relationships covered under the Policy are as specified in the Policy Schedule/ Certificate of Insurance.

### IV. PERMANENT EXCLUSIONS & WAITING PERIODS

All the Waiting Periods shall be applicable individually for each Insured Person and claims shall be assessed accordingly.

#### A. Permanent Exclusions

We shall not be liable to make any payment under this Policy caused by, based on, arising out of, relating to or howsoever attributable to any of the following:

1. All expenses, caused by or arising from or attributable to foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country), civil war, public defense, rebellion, revolution, insurrection, military or usurped power.
2. All Illness/expenses caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel nuclear, chemical or biological attack.
3. a) Stem cell implantation/Surgery, harvesting, storage or any kind of Treatment using stem cells except as provided for in clause II.8 (12) above; b) growth hormone therapy.
4. External Congenital Anomaly or defects.
5. Sterility and Infertility (**Code-Excl17**): Expenses related to Sterility and Infertility. This includes:
  - i. Any type of contraception, sterilization
  - ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
  - iii. Gestational Surrogacy
  - iv. Reversal of sterilization
6. Circumcision unless necessary for Treatment of an Illness or Injury not excluded hereunder or due to an Accident.
7. Conditions for which treatment could have been done on an out-patient basis without any Hospitalization.
8. Investigation & Evaluation (**Code-Excl04**):
  - i. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded;
  - ii. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.
9. Any treatment or part of a treatment that is not of a reasonable charge, is not a Medically Necessary Treatment; drugs or treatments which are not supported by a prescription.
10. Costs of donor screening or costs incurred in an organ transplant Surgery involving organs not harvested from a human body.
11. Unproven Treatments (**Code- Excl16**): Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
12. Any form of Alternative Treatment:
  - i. AYUSH Treatment;
  - ii. Hydrotherapy, Acupuncture, Reflexology, Chiropractic Treatment or any other form of indigenous system of medicine.
13. Dental Treatment, dentures or Surgery of any kind unless necessitated due to an Accident and requiring minimum 24 hours Hospitalisation. Treatment related to gum disease or tooth disease or damage unless related to irreversible bone disease involving the jaw which cannot be treated in any other way.
14. Routine eye examinations, cost of spectacles, multifocal lens, contact lenses.
15. Refractive Error (**Code-Excl15**): Expenses related to the treatment for correction of eyesight due to refractive error less than 7.5 dioptries.
16. a) Cost of hearing aids; including optometric therapy; b) cochlear implants unless necessitated by an Accident or required intra-operatively.
17. Vaccinations including inoculation and immunizations except in case of post-bite treatment.
18. Any Treatment and associated expenses for alopecia, baldness, wigs, or toupees and hair fall Treatment and products,
19. Cost incurred for any health check-up or for the purpose of issuance of medical certificates and examinations required for employment or travel or any other such purpose.
20. Any stay in Hospital without undertaking any Treatment or any other purpose other than for receiving eligible Treatment of a type that normally requires a stay in the Hospital.
21. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalisation claim or day care procedure. (**Code-Excl14**)
22. Artificial life maintenance including life support machine use, from the date of confirmation by the treating doctor that the patient is in a vegetative state.
23. Rest Cure, Rehabilitation and Respite Care (**Code-Excl05**): Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
  - i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing,



- dressing, moving around either by skilled nurses or assistant or non-skilled persons.
- ii. Any services for people who are terminally ill to address physical, social, emotional, and spiritual needs.
24. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. **(Code-Excl13)**
25. Breach of law **(Code-Excl10)**: Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
26. Certification / diagnosis / Treatment by a family member, or a person who stays with the Insured Person, save for the proven material costs which are eligible for reimbursement as per the applicable cover, or from persons not registered as Medical Practitioners under the respective Medical Councils, or from a Medical Practitioner who is practicing outside the discipline that he is licensed for.
27. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **(Code-Excl12)**
28. Prostheses, corrective devices and and/or Medical Appliances, which are not required intra-operatively for the Illness/ Injury for which the Insured Person was Hospitalized.
29. Cosmetic or Plastic Surgery **(Code-Excl08)**: Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the Insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
30. Change-of-Gender treatments **(Code-Excl07)**: Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.
31. Obesity/ Weight Control **(Code-Excl06)**: Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:
- Surgery to be conducted is upon the advice of the Doctor
  - The surgery/Procedure conducted should be supported by clinical protocols
  - The member has to be 18 years of age or older and
  - Body Mass Index (BMI)
    - greater than or equal to 40 or
    - greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
      - Obesity-related cardiomyopathy
      - Coronary heart disease
      - Severe Sleep Apnoea
      - Uncontrolled Type2 Diabetes
32. Treatment received outside India.
33. a) Instrument used in Treatment of Sleep Apnea Syndrome (C.P.A.P.); b) Oxygen Concentrator for Bronchial Asthmatic condition; c) Infusion pump or any other external devices used during or after Treatment.
34. Hazardous or Adventure sports **(Code- Excl09)**: Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.
35. Injury caused whilst flying or taking part in aerial activities (including cabin) except as a fare-paying passenger in a regular scheduled airline or air charter company.
36. Maternity **(Code-Excl18)**:
- Medical treatment expenses traceable to child birth (Including complicated deliveries and caesarean sections incurred during hospitalisation) except ectopic pregnancy;
  - Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
37. All non-medical expenses including but not limited to convenience items for personal comfort not consistent with or incidental to the diagnosis and Treatment of the Illness/Injury for which the Insured Person was Hospitalised, such as, ambulatory devices, walker, crutches, belts, collars, splints, slings, braces, stockings of any kind, diabetic footwear, glucometer/thermometer and any medical equipment that is subsequently used at home except when they form part of room expenses. For complete list of non-medical expenses, please refer to the Annexure I 'Non-Medical Expenses' and also on Our website.
38. Any opted Deductible (Per claim/ Aggregate/ Corporate) amount or percentage of admissible claim under Co-Payment, Sub Limit if applicable and as specified in the Policy Schedule/ Certificate of Insurance to this Policy.
39. Charges related to a Hospital stay not expressly mentioned as being covered, including but not limited to charges for admission, discharge, administration, registration, documentation and filing, including MRD charges (medical records department charges).
40. Any physical, medical or mental condition or Treatment or service that is specifically excluded in the Policy Schedule/ Certificate of Insurance under Special Conditions.
- B. Pre-Existing Disease Waiting Period (Code-Excl01)**
- Expenses related to the treatment of a pre-existing disease (PED) and its direct complications shall be excluded until the expiry of the number of months, as mentioned in the Policy schedule or Certificate of Insurance, of continuous coverage after the date of inception of the first policy with us.
  - In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.
  - If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
  - Coverage under the policy after the expiry of the number of months, as mentioned in the Policy schedule or Certificate of Insurance, for any pre-existing disease is subject to the same being declared at the time of application and accepted by us.
- C. Initial Waiting Period for Hospitalization (Code-Excl03)**
- Expenses related to the treatment of any illness within the number of days, as mentioned in the Policy schedule or Certificate of Insurance, from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
  - This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
  - The within referred waiting period is made applicable to the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.
- D. Specific Waiting Period (Code-Excl02)**
- Expenses related to the treatment of the following listed Conditions, surgeries/treatments shall be excluded until the expiry of the number of months, as mentioned in the Policy schedule or Certificate of Insurance, of continuous coverage, as may be the case after the date of inception of the first policy with the Insurer. This exclusion shall not be applicable for claims arising due to an accident.
  - In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.
  - If any of the specified disease/procedure falls under the waiting period specified for pre-existing diseases, then the longer of the two waiting periods shall apply.
  - The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
  - If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
  - List of specific diseases/procedures:
    - Cataract

- b) Hysterectomy for Menorrhagia or Fibromyoma or prolapse of Uterus unless necessitated by malignancy myomectomy for fibroids
- c) Knee Replacement Surgery (other than caused by an Accident), Non-infectious Arthritis, Gout, Rheumatism, Osteoarthritis and Osteoporosis, Joint Replacement Surgery (other than caused by Accident), Prolapse of Intervertebral discs (other than caused by Accident), all Vertebrae Disorders, including but not limited to Spondylitis, Spondylosis, Spondylolisthesis, Congenital Internal Diseases
- d) Varicose Veins and Varicose Ulcers
- e) Stones in the urinary, uro-genital and biliary systems including calculus diseases
- f) Benign Prostate Hypertrophy, all types of Hydrocele
- g) Fissure, Fistula in anus, Piles, all types of Hernia, Pilonidal sinus, Hemorrhoids and any abscess related to the anal region
- h) Chronic Supportive Otitis Media (CSOM), Deviated Nasal Septum, Sinusitis and related disorders, Surgery on tonsils/Adenoids, Tympanoplasty and any other benign ear, nose and throat disorder or surgery
- i) Gastric and duodenal ulcer, any type of Cysts/Nodules/Polyps/internal tumors/skin tumors, and any type of Breast lumps (unless malignant), Polycystic Ovarian Diseases
- j) Any Surgery of the genito-urinary system unless necessitated by malignancy
- k) Age-related Macular Degeneration (ARMD)
- l) All Neurodegenerative disorders
- m) Waiting Period for Named Mental Illnesses

S. No.	Organ / Organ Systems	Illness / Surgeries
1.	Mental Disorders	1) Schizophrenia (ICD - F20; F21; F25) 2) Bipolar Affective Disorders (ICD - F31; F34) 3) Depression (ICD - F32; F33) 4) Obsessive Compulsive Disorders (ICD - F42; F60.5) 5) Psychosis (ICD - F 22; F23; F28; F29)

## V. Claims Procedure

### A. Claims Administration & Process

It shall be the condition precedent to admission of Our liability under this Policy that the terms and conditions of making the payment of premium in full and on time, insofar as they relate to anything to be done or complied with by You or any Insured Person, are fulfilled including complying with the following in relation to claims:

1. On the occurrence or discovery of any Illness or Injury that may give rise to a Claim under this Policy, the Claims Procedure set out below shall be followed.
2. The treatment should be taken as per the directions, advice and guidance of the treating Medical Practitioner. Any failure to follow such directions, Medical advice or guidance will prejudice the claim.
3. The Insured Person must submit to medical examination by Our Medical Practitioner or our authorized representative in case requested by Us and at Our cost, as often as We consider reasonable and necessary and We/Our representatives must be permitted to inspect the medical and Hospitalisation records pertaining to the Insured Person's treatment and to investigate the circumstances pertaining to the claim.
4. We and Our representatives must be given all reasonable co-operation in investigating the claim in order to assess Our liability and quantum in respect of the claim.

### B. Notification of claim

Upon the happening of any event which may give rise to a claim under this Policy, the insured person/insured person's representative shall notify the TPA (if claim is processed by TPA)/company (if claim is processed by the company) in writing providing all relevant information relating to claim including plan of treatment, policy number etc. within the prescribed time limit as under:

- i. Within 24 hours from the date of emergency hospitalization required or before the Insured Person's discharge from Hospital, whichever is earlier
- ii. At least 48 hours prior to admission in Hospital in case of a planned Hospitalization.

### C. Procedure for Cashless claims

1. Cashless facility for treatment in network hospitals only shall be available to insured if opted for claim processing by TPA.
2. Treatment may be taken in a network provider/PPN hospital and is subject to pre- authorization by the TPA. Booklet containing list of network provider/PPN hospitals shall be provided by the TPA. Updated list of network provider/PPN is available on website of the company (<https://uiic.co.in/en/tpa-ppn-network-hospitals>) and the TPA mentioned in the schedule.
3. Call the TPA's toll free phone number provided on the health ID card for intimation of claim and related assistance. Inform the ID number for easy reference.
4. On admission in the network provider/PPN hospital, produce the ID card issued by the TPA at the Hospital Insurance-desk. Cashless request form available with the network provider/PPN and TPA shall be completed and sent to the TPA for pre- authorization.
5. The TPA upon getting cashless request form and related medical information from the insured person/ network provider/PPN shall issue pre-authorisation letter to the hospital after verification.
6. Once the request for pre-authorization has been granted, the treatment must take place within 15 days of the pre-authorization date at a Network Provider and pre-authorization shall be valid only if all the details of the authorized treatment, including dates, Hospital and locations, match with the details of the actual treatment received. For Hospitalization where Cashless Facility is pre-authorized by Us or the associated TPA, We will make the payment of the amounts assessed directly to the Network Provider.
7. In the event of any change in the diagnosis, plan of Treatment, cost of Treatment during Hospitalization to the Insured Person, the Network Provider shall obtain a fresh authorization letter from Us in accordance with the process described under V.4 above.
8. At the time of discharge, the insured person shall verify and sign the discharge papers and final bill and pay for non-medical and inadmissible expenses.

**Note:** (Applicable to V.C): Cashless facility for Hospitalization expenses shall be limited exclusively to Medical Expenses incurred for Treatment undertaken in a Network Provider/ PPN hospital for Illness or Injury / Accident/ Critical Illness as the case may be which are covered under the Policy. For all cashless authorisations, the Insured Person will, in any event, be required to settle all non-admissible expenses, expenses above specified Sub Limits (if applicable), Co-Payments and / or opted Deductible (Per claim/ Aggregate/ Corporate) (if applicable), directly with the Hospital.

9. The TPA reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant medical details. Denial of a Pre-authorization request is in no way to be construed as denial of treatment or denial of coverage. The Insured Person may get the treatment as per treating doctor's advice and submit the claim documents to the TPA for possible reimbursement.
10. In case of admission in PPN hospitals, duly filled and signed PPN declaration format available with the hospital must be submitted.
11. Claims for Pre and Post-Hospitalisation will be settled on a reimbursement basis on production of cash receipts alongwith supporting documents.

### D. Procedure for reimbursement of claims

In non-network hospitals payment must be made up-front and for reimbursement of claims the insured person may submit the necessary documents to TPA (if claim is processed by TPA)/company (if claim is processed by the company) within the prescribed time limit.

### E. Documents

1. The claim is to be supported with the following original documents and submitted within the prescribed time limit.
  - i.i. Duly completed claim form;
  - i.ii. Photo ID and Age proof;

- i.iii. Health Card, policy copy, photo ID, KYC documents;
- i.iv. Attending medical practitioner's / surgeon's certificate regarding diagnosis/ nature of operation performed, along with date of diagnosis, investigation test reports etc. supported by the prescription from attending medical practitioner.
- i.v. Original discharge card / day care summary / transfer summary;
- i.vi. Original final Hospital bill with detailed break-up with all original deposit and final payment receipt;
- i.vii. Original invoice with payment receipt and implant stickers for all implants used during Surgeries i.e. lens sticker and Invoice in cataract Surgery, stent invoice and sticker in Angioplasty Surgery;
- i.viii. All previous consultation papers indicating history and treatment details for current ailment;
- i.ix. All original diagnostic reports (including imaging and laboratory) along with Medical Practitioner's prescription and invoice / bill with receipt from diagnostic center;
- i.x. All original medicine / pharmacy bills along with the Medical Practitioner's prescription;
- i.xi. MLC / FIR copy-in Accidental cases only;
- i.xii. Copy of death summary and copy of death certificate (in death claims only);
- i.xiii. Pre and post-operative imaging reports;
- i.xiv. Copy of indoor case papers with nursing sheet detailing medical history of the Insured Person, treatment details and the Insured Person's progress;
- i.xv. KYC documents
- i.xvi. Cheque copy with name of proposer printed on the cheque leaf or copy of the first page of the bank passbook or the bank statement not later than 3 months.

**Note**

In the event of a claim lodged as per Settlement under multiple policies clause and the original documents having been submitted to the other insurer, the company may accept the duly certified documents listed under condition 5.6.4 and claim settlement advice duly certified by the other insurer subject to satisfaction of the company.

## 2. Time limit for submission of documents

Type of claim	Time limit for submission of documents to company/TPA
Where Cashless Facility has been authorised	Immediately after discharge.
Reimbursement of hospitalisation and pre hospitalisation expenses (limited to 30 days)	Within 15 (fifteen) days of date of discharge from hospital
Reimbursement of post hospitalisation expenses (limited to 60 days)	Within 15 (fifteen) days from completion of post hospitalisation treatment

Note: Waiver of this Condition may be considered in extreme cases of hardship where it is proved to the satisfaction of the Company that under the circumstances in which the insured was placed it was not possible for him or any other person to give such notice or file claim within the prescribed time-limit.

- 3. The Insured Person shall also give the TPA / Company such additional information and assistance as the TPA / Company may require in dealing with the claim including an authorisation to obtain Medical and other records from the hospital, lab, etc.
- 4. All the documents submitted to TPA shall be electronically collected by Us for settlement and denial of the claims by the appropriate authority.

F. **Scrutiny of Claim Documents**

- a. TPA/ We shall scrutinize the claim form and the accompanying documents. Any deficiency in the documents shall be intimated to the Insured Person/ Network Provider as the case may be. If the deficiency in the necessary claim documents is not met or is partially met in 10 working days of the first intimation. We will send a maximum of 3 (three) reminders. We may, at Our sole discretion, decide to deduct the amount of claim for which deficiency is intimated to the Insured Person and settle the claim if we observe that such a claim is otherwise valid under the Policy.
- b. In case a reimbursement claim is received when a pre-authorisation letter has been issued, before approving such a claim, a check will be made with the Network Provider whether the pre-authorisation has been utilized as well as whether the Insured Person has settled all the dues with the Network Provider. Once such check and declaration is received from the Network Provider, the case will be processed.
- c. The Pre-Hospitalisation Medical Expenses Cover claim and Post- Hospitalization Medical Expenses Cover claim shall be processed only after decision of the main Hospitalization claim.

G. **Claim Assessment**

We will pay the fixed or indemnity amount as specified in the applicable Base or Optional cover in accordance with the terms of this Policy.

We will assess all admissible claims under the Policy in the following progressive order:

- 1. Application Proportionate clause as per Note 1.clause II.1.
- 2. Co-pay as applicable.
- 3. Limit/ Sub Limit on Medical Expenses are applicable as specified in the Policy Schedule/ Certificate of Insurance
- 4. Opted Deductible (Per claim/ Aggregate)

Claim Assessment for Benefit Plans:

We will pay fixed benefit amounts as specified in the Policy Schedule/ Certificate of Insurance in accordance with the terms of this Policy. We are not liable to make any reimbursements of Medical Expenses or pay any other amounts not specified in the Policy.

H. **Claim Settlement (provision for Penal Interest)**

- 1. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- 2. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the Insured Person from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- 3. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- 4. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the Insured Person at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.  
(Explanation: "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due).

I. **Claim Rejection/ Repudiation**

If the company, for any reasons, decides to reject a claim under the policy, we shall communicate to the insured person in writing explicitly mentioning the grounds for rejection/repudiation and within a period of 30 (thirty) days from the receipt of the final document(s) or investigation report (if any), as the case may be. Where a rejection is communicated by Us, the Insured Person may, if so desired, within 15 days from the date of receipt of the claims decision represent to Us for reconsideration of the decision.

J. **Claim Payment Terms**

- i. We shall have no liability to make payment of a claim under the Policy in respect of an Insured Person once the Sum Insured for that Insured Person is exhausted.  
All claims will be payable in India and in Indian rupees.
- ii. We are not obliged to make payment for any claim or that part of any claim that could have been avoided or reduced if the Insured Person could have reasonably minimized the costs incurred, or that is brought about or contributed to by the Insured Person by failing to follow the directions, Medical Advice or guidance provided by a Medical Practitioner.

- iii. The Sum Insured opted under the Policy shall be reduced by the amount payable / paid under the Policy terms and conditions and any optional covers applicable under the Policy and only the balance shall be available as the Sum Insured for the unexpired Policy Period.
- iv. If the Insured Person suffers a relapse within 45 days from the date of discharge from the Hospital for which a claim has been made, then such relapse shall be deemed to be part of the same claim and all the limits for 'Any one illness' under this Policy shall be applied as if they were under a single claim.
- v. **For Cashless claims**, the payment shall be made to the Network Provider whose discharge would be complete and final.
- vi. **For Reimbursement claims**, the payment shall be made to the Insured Person. In the unfortunate event of the Insured Person's death, we will pay the Nominee (as named in the Policy Schedule/ Certificate of Insurance) and in case of no Nominee, to the legal heir who holds a succession certificate or indemnity bond to that effect, whichever is available and whose discharge shall be treated as full and final discharge of Our liability under the Policy.
- K. **Services offered by TPA (To be stated where TPA is involved)**  
Servicing of claims, i.e., claim admissions and assessments, under this Policy by way of pre-authorisation of cashless treatment or processing of claims other than cashless claims or both, as per the underlying terms and conditions of the policy.  
The services offered by a TPA shall not include:
  - i. Claim settlement and rejection;
  - ii. Any services directly to any Insured Person or to any other person unless such service is in accordance with the terms and conditions of the Agreement entered into with the Company.
- L. **Payment of Claim**  
All claims under the policy shall be payable in Indian currency only.

## VI. Terms and conditions

### 1. Disclosure of Information

The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, misdescription or non-disclosure of any material fact by the policyholder.  
(Explanation: "Material facts" for the purpose of this policy shall mean all relevant information sought by the Company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk).

### 2. Condition Precedent to Admission of Liability

The terms and conditions of the policy must be fulfilled by the Insured Person for the Company to make any payment for claim(s) arising under the policy.

### 3. Parties to the Policy

The only parties to this Policy are the Policyholder and Us.

### 4. No Constructive Notice

Any knowledge or information of any circumstance or condition in relation to You/Insured Person in Our possession or in the possession of any of Our officials shall not be deemed to be notice or be held to bind or prejudicially affect Us, or absolve You/Insured Person from your/her duty of disclosure, notwithstanding subsequent acceptance of any premium.

### 5. Eligibility

To be eligible for coverage under the Policy, the Insured Person must be -

- a. Either an employee of the policyholder where there is an employer/employee relationship OR a member of the group as defined in extant IRDAI guidelines on Group Health Insurance in case of Non-Employer-Employee policies
- b. The relationships which may be covered under the Policy are-
  - i. Self
  - ii. Employee/member's legal Spouse, Life Partner (including live-in partner)  
For the purpose of this section, Life Partner (including live-in partner) shall be taken as declared at the time of inception of Policy and no change would be accepted during the Policy Period. However, the Insured may request for change at the time of Renewal of the cover.
  - iii. The Employee/member's children between the age of 91 days and 18 years shall be covered provided either or both parents are covered concurrently. Children above 18 years will continue to be covered along with parents up to the age of 26 years, provided they are unmarried/unemployed and dependent.
  - iv. Parents/Parents-in-law
  - v. The Employee/member's siblings shall be covered up to the age of 26 years, provided they are unmarried/unemployed and dependent.
  - vi. Any other relationship as specified in the Policy Schedule/Certificate of Insurance
- c. Minimum Group size: The Policyholder shall ensure that the minimum number of Employees/members who will form a group to avail the Benefits under this Policy shall be 7 (Seven).
- d. New Born Babies will be accepted for cover (subject to the limitations of the New Born Baby Benefit Cover) from birth if mother is covered and maternity cover is opted. Acceptance of New Born Babies as Insured Persons is subject to written notification on or before the last day of the month following the birth of the child and receipt of the agreed premium.

### 6. Reasonable Care

The Insured Person understands and agrees to take all reasonable steps in order to safeguard against any Illnesses, Accident or Injury that may give rise to any claim under this Policy.

### 7. Premium

The premium for each Policy will be determined based on the available data of each group, coverage sought by the insured and applicable discounts and loadings. Payment of premiums will be available in Single mode. No receipt for premium shall be valid except on Our official form signed by Our duly authorized official. The due payment of premium and the observance and fulfilment of the terms, provisions, conditions and endorsements of this Policy by the Policyholder in so far as they relate to anything to be done or complied with by the Policyholder shall be a Condition Precedent to Our liability to make any payment under this Policy. Premium will be subject to revision at the time of renewal of the Policy. Further, premium shall be paid in Indian Rupees and in favour of United India Insurance Company Ltd.

**NOTE:** Where Instalment facility is granted by Us for the payment of premium, it is to be in accordance with the schedule of payments agreed between the Policyholder and Us in writing.

Where premium is payable on an instalment basis, the revival period shall be 15 days. Wherever premiums are not received within the revival period, the Policy will be terminated effective from instalment due date and all claims that fall beyond such instalment due date shall not be paid. However, we will be liable to pay in respect of all claims where the Treatment/Admission/Accident has commenced/ occurred before the date of termination of such Policy.

For installment premium, in the event of cancellation of policy, we will refund premium on pro rata basis after deducting Our expenses.

Premium shall be refunded for all lives which have not registered a claim with Us under the Policy up to the date of cancellation.

### 8. Role of Group Administrator/Policyholder

- i. The Policyholder should provide all the written information that is reasonably required to work out the premium and pay any claim/ Benefit provided under the Policy including the complete list of members to Us at the time of policy issuance and renewal. Further intimation should be provided to Us on the entry and exit of the members at periodic intervals. Insurance will cease once the member leaves the group except when it is agreed in advance to continue the benefit even if the member leaves the group.
- ii. Material information to be disclosed includes every matter that the Insured Person and/or the Policyholder is aware of, or could reasonably be expected to know, that relates to questions in the RFQ/ proposal form and which is relevant to Us in order to accept

the risk of insurance and if so on what terms. The Insured Person/ Policyholder must exercise the same duty to disclose those matters to Us before the Renewal, extension, variation, or endorsement of the Policy.

- iii. The Policy holder i.e. the Employer may issue confirmation of insurance protection to the individual employees with clear reference to the Group Insurance policy and the benefits secured thereby.
- iv. The claims of the individual employees may be processed through the employer.

9. **Alterations in the Policy**

This Policy constitutes the complete contract of insurance. No change or alteration will be effective or valid unless approved in writing which will be evidenced by a written endorsement, signed and stamped by Us. All endorsement requests will be made by the Policyholder only.

10. **Material Information for administration**

The Insured Person and/ or the Policyholder must give Us all the written information that is reasonably required to work out the premium and pay any claim/ Benefit provided under the Policy. You must give Us written notification specifying the details of the Insured Persons to be deleted and the details of the eligible persons proposed to be added to the Policy as Insured Persons.

Material information to be disclosed includes every matter that the Insured Person and/or the Policyholder is aware of, or could reasonably be expected to know, that relates to questions in the proposal form and which is relevant to Us in order to accept the risk of insurance and if so on what terms. The Insured Person/ Policyholder must exercise the same duty to disclose those matters to Us before the Renewal, extension, variation or endorsement of the Policy.

11. **Material Change**

It is Condition Precedent to Our liability under the Policy that You shall at Your own expense immediately notify Us in writing of any material change in the risk on account of change in nature of occupation or business of any Insured Person. We may, in Our discretion, adjust the scope of cover and / or the premium paid or payable, accordingly.

12. **Fraud**

If any claim made by the Insured Person is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured Person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/ Policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the Insurer.

For the purpose of this clause, the expression 'fraud' means any of the following acts committed by the Insured Person or by his agent or the hospital/doctor/ any other party acting on behalf of the Insured Person, with intent to deceive the Insurer or to induce the Insurer to issue an insurance policy:

- i. the suggestion, as a fact of that which is not true and which the Insured Person does not believe to be true;
  - ii. the active concealment of a fact by the Insured Person having knowledge or belief of the fact;
  - iii. any other act fitted to deceive; and
  - iv. any such act or omission as the law specially declares to be fraudulent
- The Company shall not repudiate the claim and/ or forfeit the policy benefits on the ground of fraud, if the Insured Person/beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the Insurer.

13. **Geographical Area**

The geographical scope of this Policy applies to events limited to India unless specified under this Policy in a particular Benefit or definition. However, all admitted or payable claims shall be settled in India in Indian rupees.

14. **Addition and Deletion of a Member**

We shall include/exclude a group member/Employee of the Policyholder and/or his/her Dependent(s) as an Insured Person under the Policy in accordance with the following procedure:

A. **Additions**

- a. Employer-Employee Group:
  - i) Newly appointed employee and his/her dependents
  - ii) Newly wedded spouse of the employee,
  - iii) New born child of the employee
 may be added to the Policy as an Insured Person during the Policy period provided that the application for cover has been accepted by Us, additional premium on pro-rata basis applied on the risk coverage duration for the Insured Person has been received by Us and We have issued an endorsement confirming the addition of such person as an Insured Person
- b. Non-Employer-Employee Group: As specified in the Policy Schedule

B. **Deletions:**

- a. Employer-Employee Group
    - i) Employee leaving the company/organization on account of resignation/retirement/termination and his/her dependents shall be deleted from the policy effective from the date of resignation/retirement/termination or till the last day of the month of resignation/retirement/termination at the option of the insured
    - ii) In the event of death of an employee, his/her dependents may continue to be covered until the expiry of the policy period at the option of the insured
  - b. Non-Employer-Employee Group: As specified in the Policy Schedule
- Refund of premium shall be made on a pro-rata basis, provided that no claim is paid/outstanding in respect of that Insured Person or his/her Dependents.

Throughout the Policy period, the Policyholder will notify Us of all and any changes in the membership of the Policy occurring in a month on or before the last day of the succeeding month.

15. **Nomination**

The Insured Person is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the Company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

16. **Endorsements**

The Policy will allow the following endorsements during the Policy period. Any request for endorsement must be made only in writing by the Policyholder. Any endorsement would be effective from the date of the request received from You, or the date of receipt of premium, whichever is later.

- Rectification in name of the proposer / Insured Person.
- Rectification in gender of the proposer/ Insured Person.
- Rectification in relationship of the Insured Person with the proposer.
- Rectification of age/ date of birth of the Insured Person
- Change in the correspondence address of the proposer.
- Change/updating in the contact details viz., phone number, E-mail ID, etc.
- Updating of alternate contact address of the proposer.
- Change in Nominee details.
- Deletion of Insured Person on death or upon leaving the group provided no claims are paid / outstanding.

Addition of member (New Born Baby or newly wedded Spouse).

All endorsement requests shall be assessed by the underwriter and where required additional information/documents/ premium may be requested.

**17. Multiple Policies**

- i. In case of multiple policies taken by an Insured Person during a period from one or more Insurers to indemnify treatment costs, the Insured Person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the Insurer chosen by the Insured Person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.
- ii. Insured Person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy/policies, even if the Sum Insured is not exhausted. Then the Insurer shall independently settle the claim subject to the terms and condition of this policy.
- iii. If the amount to be claimed exceeds the Sum Insured under a single policy, the Insured Person shall have the right to choose Insurer from whom he/she wants to claim the balance amount.
- iv. Where an Insured Person has policies from more than one Insurer to cover the same risk on indemnity basis, the Insured Person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

**18. Renewal of Policy**

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation, non-disclosure of material facts by the Insured Person.

- i. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- ii. Renewal shall not be denied on the ground that the Insured Person had made a claim or claims in the preceding policy years.
- iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
- v. No loading shall apply on renewals based on individual claims experience.

**19. Renewal Terms**

Alterations like increase/ decrease in Sum Insured or change in optional covers can be requested at the time of Renewal of the Policy. We reserve Our right to carry out assessment of the group and provide the Renewal quote in respect of the revised Policy.

We may in Our sole discretion, revise the premiums payable under the Policy or the terms of the cover, provided that all such changes are in accordance with the IRDAI rules and regulations as applicable from time to time.

**20. Cancellation**

- i. The policyholder may request for cancellation of the policy at any time by giving 15 days' notice in writing. In such case We shall refund the percentage of premium for the unexpired Policy Period on short period scale as per the table below:  
The grid is applicable for single premium Policy

<b>Cancellation Grid</b>	
Period* for which risk is retained	Refund
Upto 1 Month	75%
>1 Month- less than 3 Month	50%
>3 Months - less than 6 months	25%
>6 Months - less than 9 months	15%
>9 Months	Nil

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured Person under the policy.

- ii. The Company may cancel the policy at any time on grounds of mis-representation, non-disclosure of material facts, fraud by the Insured Person, by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of mis-representation, non-disclosure of material facts or fraud.

**21. Our Right of Termination**

**A. Termination of Policy:**

Prior to the expiry of the Policy as shown in the Policy Schedule/ Certificate of Insurance, cover will end immediately for all Insured Persons, if:

- i. there is misrepresentation, fraud, non-disclosure of material fact by You / Insured Person without any refund of premium, by giving 15 days' notice in writing by Registered Post Acknowledgment Due / recorded delivery to Your last known address.
- ii. there is non-cooperation by You/ Insured person, with refund of premium on pro rata basis for all lives which have not registered a claim with Us, after deducting Our expenses, by giving 15 days' notice in writing by Registered Post Acknowledgment Due / recorded delivery to Your last known address.
- iii. the Policyholder does not pay the premiums owed under the Policy within the Grace Period.

Upon termination, cover and services under the Policy shall end immediately. Treatment and costs incurred after the date of termination shall not be paid. If Treatment has been authorized or an approval for Cashless facility has been issued, we will not be held responsible for any Treatment costs if the Policy ends. However, we will be liable to pay in respect of all claims where the Treatment/admission has commenced before the date of termination of such Policy.

**B. Termination for Insured Person's cover**

Cover will end for a Member or dependent:

- i. If the Policyholder stops paying premiums for the Insured Person(s) and their Dependents (if any);
- ii. When this Policy terminates at the expiry of the period shown in the Policy Schedule/ Certificate of Insurance.
- iii. If he or she dies;
- iv. When a dependent insured person ceases to be a Dependent; unless otherwise agreed specifically for continuation till end of policy period;
- v. If the Insured Person ceases to be a member of the group.

**22. Limitation of Liability**

If a claim is rejected or partially settled and is not the subject of any pending suit or other proceeding or arbitration, as the case may be, within twelve months from the date of such rejection or settlement, the claim shall be deemed to have been abandoned and Our liability shall be extinguished and shall not be recoverable thereafter.

**23. Migration**

The Insured Person will have the option to migrate the policy to other health insurance products/plans offered by the Company by applying for migration of the policy at least 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the Company, the Insured Person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

For Detailed Guidelines on Migration, kindly refer the link:

[https://www.irdai.gov.in/ADMINCMS/cms/whatsNew\\_Layout.aspx?page=PageNo3987&flag=1](https://www.irdai.gov.in/ADMINCMS/cms/whatsNew_Layout.aspx?page=PageNo3987&flag=1)

**24. Operation of Policy & Certificate of Insurance**

The Policy shall be issued for the duration as specified in the Policy Schedule/ Certificate of Insurance. The Policy takes effect on the Inception Date stated in the Policy Schedule and/or the Certificate of Insurance and ends on the date of expiry of the Policy. For specific groups, upon request, all additions thereto by way of Certificate/s of Insurance shall be valid up to the Policy Period commencing from the actual date of addition to the Policy, it being agreed and understood that We shall continue to extend the

benefit of coverage of insurance to the Insured Person(s) in the same manner on Renewal of the Policy or until expiry of the Certificate of Insurance, whichever is later.

25. **Electronic Transactions**

The Policyholder/ Insured Person agrees to comply with all the terms and conditions as We shall prescribe from time to time, and confirms that all transactions effected facilities for conducting remote transactions such as the internet, World Wide Web, electronic data interchange, call centers, tele-service operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, in respect of this Policy, or Our other services, shall constitute legally binding when done in compliance with Our terms for such facilities.

Sales through such electronic transactions shall ensure that all conditions of Section 41 of the Insurance Act, 1938 prescribed for the proposal form and all necessary disclosures on terms and conditions and exclusions are made known to the Policyholder/ Insured Person. A voice recording in case of tele-sales or other evidence for sales through the World Wide Web shall be maintained and such consent will be subsequently validated / confirmed by the Policyholder/ Insured Person.

26. **Communications & Notices**

- iii. Any notice, direction or instruction or any other communication related to the Policy should be made in writing.
- iv. Such communication shall be sent to the address of the Company or through any other electronic modes at contact address as specified in the Policy Schedule.
- v. No insurance agents, brokers, other person or entity is authorized to receive any notice on behalf of Us unless explicitly stated in writing by Us.
- vi. The Company shall communicate to The Policyholder/ Insured Person in writing, at the address as specified in the Policy Schedule/ Certificate of Insurance or through any other electronic mode at the contact address as specified in the policy schedule

27. **Complete Discharge**

Any payment to the Policyholder, Insured Person or his/her nominees or his/her legal representative or Assignee or to the Hospital, as the case may be, for any benefit under the Policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

28. **Withdrawal of Policy**

- i. In the likelihood of this product being withdrawn in future, the Company will intimate the Policyholders about the same 90 days prior to date of withdrawal of the product.
- ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break.

29. **Moratorium Period**

After completion of eight continuous years under the policy no look back would be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of 8 continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no claim under this policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments as per the policy.

30. **Redressal of Grievances**

In case of any grievance the Insured Person may contact the Company through:

Website: [www.uiic.co.in](http://www.uiic.co.in)

Toll free: 1800 425 333 33

E-mail: [customercare@uiic.co.in](mailto:customercare@uiic.co.in)

Courier: Customer Care Department, Head Office, United India Insurance Co. Ltd., 19, IV Lane, Nungambakkam High Road, Chennai, Tamil Nadu- 600034

Insured Person may also approach the grievance cell at any of the Company's branches with the details of grievance. If Insured Person is not satisfied with the redressal of grievance through one of the above methods, Insured Person may contact the grievance officer at [customercare@uiic.co.in](mailto:customercare@uiic.co.in)

For updated details of grievance officer, kindly refer the link <https://uiic.co.in/en/customercare/grievance>

If Insured Person is not satisfied with the redressal of grievance through above methods, the Insured Person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017. The contact details of the Insurance Ombudsman offices have been provided as Annexure-C

Grievance may also be lodged at IRDAI Integrated Grievance Management System: <https://iqms.irda.gov.in/>

31. **Territorial Jurisdiction**

All disputes or differences under or in relation to the interpretation of the terms, conditions, validity, construct, limitations and/or exclusions contained in the policy shall be determined by the Indian court and according to Indian law.

VII. **Definitions**

The terms defined below and at other junctures in the Policy have the meanings ascribed to them wherever they appear in this Policy and, where, the context so requires, references to the singular include references to the plural; references to the male includes the female and references to any statutory enactment includes subsequent changes to the same.

1. **Accident** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Age or Aged** means age of the Insured Person on last birthday as on date of commencement of the Policy.
3. **Alternative Treatments** are forms of Treatments other than "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Siddha and Homeopathy in the Indian context.
4. **Annexure** means a document attached and marked as Annexure to this Policy.
5. **Ambulance** means a road vehicle operated by a licensed/authorized service provider and equipped for the transport and paramedical treatment of the person requiring medical attention.
6. **Any one illness** means continuous period of illness and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.
7. **Associated Medical Expenses** means hospitalisation related expenses on Surgeon, Anesthetist, Medical Practitioner, Consultants and Specialist Fees whether paid directly to the treating doctor / surgeon or to the hospital; Anesthesia, blood, oxygen, operation theatre charges, surgical appliances and such other similar expenses with the exception of:
  - a. cost of pharmacy and consumables medicines
  - b. cost of implants/medical devices
  - c. cost of diagnostics

**The scope of this definition is limited to admissible claims where a proportionate deduction is applicable, as per Note 1 of Clause II.1.**

8. **AYUSH Treatment** refers to the medical and /or Hospitalization Treatments given under Ayurveda, Unani, Siddha and Homeopathy Systems.

9. **Benefit** means any benefit shown in the Policy Schedule and/or Certificate of Insurance.

10. **Base Sum Insured** means the Sum Insured for the Base Cover as specified in the Policy Schedule and/or Certificate of Insurance.

11. **Break in Policy** means the period of gap that occurs at the end of the existing policy term, when the premium due for renewal on a given policy is not paid on or before the premium renewal date or within 30 days thereof.

12. **Cashless facility** means a facility extended by the Insurer to the Insured where the payments, of the costs of treatment

undergone by the Insured Person in accordance with the policy terms and conditions, are directly made to the network provider by the Insurer to the extent pre-authorization is approved.

13. **Certificate of Insurance** means the certificate We issue to the Insured Person outlining the Insured Person's cover under the Policy.

14. **Co-Morbidity** is the presence of one or more additional conditions co-occurring with a primary condition; in the countable sense of the term, a comorbidity is each additional condition

15. **Condition Precedent** means a Policy term or condition upon which the Company's liability under the Policy is conditional upon.

16. **Congenital Anomaly** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

a) **Internal Congenital Anomaly**-Congenital anomaly which is not in the visible and accessible parts of the body.

b) **External Congenital Anomaly**-Congenital anomaly which is in the visible and accessible parts of the body.

16. **Co-Payment** means a cost sharing requirement under a health insurance policy that provides that the policyholder/ insured will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured.

17. **Cosmetic Surgery** means Surgery or medical Treatment that modifies, improves, restores or maintains normal appearance of a physical feature, irregularity, or defect.

18. **Cumulative Bonus** means any increase or addition in the Sum Insured granted by the insurer without an associated increase in premium.

19. **Day Care Treatment** means medical treatment, and/or surgical procedure which is:

i. undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hours because of technological advancement, and

ii. which would have otherwise required a hospitalization of more than 24 hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition.

20. **Day Care Centre** means any institution established for day care treatment of illness and / or injuries or a medical setup within a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under-

i) has qualified nursing staff under its employment;

ii) has qualified medical practitioner/s in charge;

iii) has fully equipped operation theatre of its own where surgical procedures are carried out;

iv) Maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

21. **Deductible** means a cost sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.

22. **Dentist** means a dentist, dental surgeon or dental practitioner who is registered or licensed as such under the laws of the country, state or other regulated area in which the Treatment is provided.

23. **Dental Treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.

24. **Domiciliary Hospitalization** means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:

a. the condition of the patient is such that he/she is not in a condition to be removed to a hospital, or

25. **Effective Date** means the date shown on the Certificate of Insurance on which the Insured Person was first included under the Policy.

26. **Eligibility** means the provisions of the Policy that state the requirements to be complied with.

27. **Employee** means any member of Your staff who is proposed and sponsored by You and who becomes an Insured Person under this Policy.

28. **Emergency Care** means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.

29. **Emergency** shall mean a serious medical condition or symptom resulting from Injury or sickness which arises suddenly and unexpectedly, and requires immediate care and treatment by a Medical Practitioner, generally received within 24 hours of onset to avoid jeopardy to life or serious long term impairment of the Insured Person's health, until stabilization at which time this medical condition or symptom is not considered an emergency anymore.

30. **Exclusions** mean specified coverage, hazards, services, conditions, and the like that are not provided for (covered) under a particular health insurance contract.

31. **Grace Period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.

32. **Home nursing** is arranged by the Hospital for a Qualified Nurse to visit the patient's home to give expert nursing services immediately after Hospital Treatment for as long as is required by medical necessity, visits for as long as is required by medical necessity for Treatment which would normally be provided in a Hospital.

In either case, the Specialist who treated the patient must have recommended these services.

33. **Hospital** means any institution established for in- patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said act or complies with all minimum criteria as under:

i) has qualified nursing staff under its employment round the clock;

ii) has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;

iii) has qualified medical practitioner(s) in charge round the clock;

iv) has a fully equipped operation theatre of its own where surgical procedures are carried out;

v) Maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

34. **Hospitalization** means admission in a Hospital for a minimum period of 24 consecutive 'In- patient Care' hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.

35. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

1. **Acute condition**- Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery

2. **Chronic condition** - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:

i. it needs on going or long-term monitoring through consultations, examinations, check-ups, and/ or tests

ii. it needs on going or long-term control or relief of symptoms

iii. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it

iv. it continues indefinitely

v. it recurs or is likely to recur

36. **Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.

37. **Inception Date** means the inception date of this Policy as specified in the Policy Schedule or Certificate of Insurance when the



coverage under the Policy commences.

38. **Inpatient Care** means treatment for which the Insured Person has to stay in a hospital for more than 24 hours for a covered event.
39. **In-patient** means an Employee/ Member or Dependent who is admitted to a Hospital and stays for at least 24 hours for the sole purpose of receiving Treatment.
40. **Insured Person** means the Employee/ Member and/or Dependents named in the Policy Schedule/ Certificate of Insurance, who is / are covered under this Policy, for whom the insurance is proposed and the appropriate premium is paid.
41. **Intensive Care Unit** means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
42. **ICU Charges** means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.
43. **IRDAI** means the Insurance Regulatory and Development Authority of India.
44. **Maternity expenses means:**
- medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization);
  - expenses towards lawful medical termination of pregnancy during the Policy period.
45. **Medical Assistance Service** is a service which provides Medical Advice, evacuation, assistance and repatriation. This service can be multi-lingual and is available 24 hours a day.
46. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
47. **Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
48. **Medical Practitioner** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.
49. **Medically Necessary Treatment** means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which:
- is required for the medical management of the illness or injury suffered by the insured;
  - must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
  - must have been prescribed by a medical practitioner;
  - must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
50. **Migration** means, the right accorded to health insurance policyholders (including all members under family cover and members of group Health insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same Insurer.
51. **Network Provider** means hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an Insured by a cashless facility.
52. **Nominee** means the person named in the Policy Schedule or Certificate of Insurance (as applicable) who is nominated to receive the Benefits in respect of an Insured Person or Dependent covered under the Policy in accordance with the terms and conditions of the Policy, if such person is deceased when the Benefit becomes payable.
53. **Non-Network Provider** means any hospital, day care centre or other provider that is not part of the network.
54. **New Born Baby** means baby born during the Policy period and is aged upto 90 days.
55. **Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
56. **Out-Patient** means a patient who undergoes OPD treatment.
57. **OPD treatment** means the one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.
58. **Policy** is sent to You comprising of Policy wordings, Certificates of Insurance issued to the Insured Persons, group proposal form/RFQ and Policy Schedule/ Certificate Of Insurance which form part of the Policy contract including endorsements, as amended from time to time which form part of the Policy contract and shall be read together.
59. **Policy Period** means the period between the Inception Date and the expiry date of the Policy as specified in the Policy Schedule/ Certificate of Insurance or the date of cancellation of this Policy, whichever is earlier.
60. **Policy Schedule** means the schedule attached to and forming part of this Policy mentioning the details of the Insured Persons, the Sum Insured, the period and the limits to which Benefits under the Policy are subject to, including any Annexures and/or endorsements, made to or on it from time to time, and if more than one, then the latest in time.
61. **Pre-Existing Disease (PED)** means any condition, ailment, injury, or disease:
- That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the Insurer or its reinstatement or
  - For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the Insurer or its reinstatement.
62. **Pre-hospitalisation Medical Expenses** means medical expenses incurred during pre-defined number of days preceding the hospitalisation of the Insured Person, provided that:
- Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
  - The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
63. **Post-hospitalisation Medical Expenses** means medical expenses incurred during pre-defined number of days immediately after the insured person is discharged from the hospital provided that:
- Such Medical Expenses are for the same condition for which the insured person's hospitalisation was required, and
  - The inpatient hospitalisation claim for such hospitalisation is admissible by the insurance company.
64. **Qualified Nurse** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
65. **Reasonable and Customary Charges** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.
66. **Room Rent** means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.
67. **Renewal** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.
68. **Spouse** means the Employee's legal husband or wife proposed to be covered under the Policy.
69. **Specialist** is a Medical Practitioner who:

- Has received advanced specialist training;
- Practices a particular branch of medicine or Surgery;
- Is or has been appointed as a consultant in a Hospital or is or has been appointed to a position in a Hospital Which We accept as being of equivalent status.

It is clarified that a physiotherapist who is registered or licensed as such under the laws of the country, state or other regulated area in which the Treatment is provided is only a Specialist for the purpose of physiotherapy as described in the list of Benefits.

70. **Sum Insured** means, subject to the terms, conditions and exclusions of this Policy, the amount representing Our maximum, total liability for any or all claims arising under this Policy for the respective Benefit(s) in respect of an Insured Person and is as specified in the Policy Schedule and/or Certificate of Insurance against the particular Benefit(s).

71. **Surgical Appliance and/or Medical Appliance** means:

- An artificial limb, prosthesis or device which is required for the purpose of or in connection with a Surgery;
- An artificial device or prosthesis which is a necessary part of the Treatment immediately following Surgery for as long as such device or prosthesis is required by medical necessity.
- A prosthesis or appliance which is medically necessary and is part of the recuperation process on a Short-Term basis.

72. **Service Partner** is an assistance company utilized by Us to support You for facilitation of access to Network Providers and for providing Medical Assistance Services. In India such services will be provided by a TPA.

73. **Sub Limit** defines limitation on the amount of coverage available to cover a specific type of claim. A sublimit is part of, rather than in addition to, the limit that would otherwise apply to the admissible claim amount.

74. **Surgery or Surgical Procedure** means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.

75. **Third Party Administrator (TPA)** means a Company who is licensed under the IRDAI (Third Party Administrators-Health Services) Regulations 2016, as amended from time to time, by the IRDAI and is engaged for a fee or remuneration by Us for the purposes of providing health services.

76. **Treatment** means any relevant treatment controlled or administered by a Medical Practitioner to cure or substantially relieve Illness within the scope of the Policy.

77. **Unproven/Experimental Treatment** means the treatment, including drug experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.

78. **Waiting Period** means a time bound exclusion period related to condition(s) specified in the Policy Schedule or Certificate of Insurance or Policy which shall be served before a claim related to such condition(s) becomes admissible.

79. **We/Our/Us** means the United India Insurance Company Limited.

80. **You/Your/Policyholder** means the person named in the Policy Schedule who has concluded this Policy with Us.

#### **Claim Process for Optional Covers**

##### **1. Claim Intimation:**

In addition to the claim intimation process set out in the Base Cover, the following conditions apply in relation to the respective Options. Upon the discovery or occurrence of an Accident/ Critical Illness or any other contingency that may give rise to a claim under this Policy, then as a Condition Precedent to Our liability under the Policy, the Insured Person or the Nominee, as the case may be, must notify Us/ Our TPA either at the call centre or in writing and shall undertake the following:

In the case of Accidental Death Benefit/ PTD/ PPD/ Critical Illness (if applicable) -The Insured Person or the Nominee, as the case may be, shall notify Us either at the call centre or in writing, within 10 days from the date of occurrence of such Accident/diagnosis of a Critical Illness.

##### **2. Reimbursement Process**

In addition to the documents mentioned in the Base Cover claim reimbursement process, the following additional documents will be required for reimbursement claim for the respective Options.

Optional Cover	Additional Documents Required
<b>Critical Illness - Benefit Cover</b>	<p>The Insured Person may submit the following documents for reimbursement of the claim to our policy issuing office at his/her own expense ninety (90) days from the date of first diagnosis of the Illness/ date of Surgical Procedure or date of occurrence of the medical event, as the case may be</p> <p>Medical certificate confirming the diagnosis of Critical Illness.            Discharge certificate/ card from the Hospital, if any.            Investigation test reports confirming the diagnosis.            First consultation letter and subsequent prescriptions.            Indoor case papers, if applicable.            Specific documents listed under the respective Critical Illness.            Any other documents as may be required by Us.            In those cases, where Critical Illness arises due to an Accident, a copy of the FIR or medico legal certificate will be required, wherever conducted.</p>
<b>Out- Patient Cover</b>	<p>The Insured Person shall avail these benefits as defined in Policy T&amp;C if opted for.</p> <p><b>Submission of claim</b>            Invoices, treating Medical Practitioner's prescription, reports, duly signed by Insured Person as the case may be, to the TPA Head Office</p> <p><b>Assessment of claim documents</b>            We shall assess the claim documents and ascertain the admissibility of claim.</p> <p><b>Settlement &amp; Repudiation of a claim</b>            We shall settle claims, including its rejection, within 30 days of the receipt of the last 'necessary' document.</p>
<b>Dental Expenses Cover &amp; Vision Expenses Cover</b>	<p>The Insured Person shall avail these Benefits as defined below, if opted for.</p> <p><b>Submission of claim</b> Insured Person can send the claim form provided along with the invoices, treating Medical Practitioner's prescription, reports, duly signed by the Insured Person as the case may be, to Our branch office or head office.</p> <p><b>Assessment of claim documents</b>            We shall assess the claim documents and ascertain the admissibility of claim.</p> <p><b>Settlement &amp; Repudiation of a claim</b>            We shall settle claims, including its rejection, within 30 days of the receipt of the last 'necessary' document.</p> <p>In respect of Orthodontic Treatment claims for Dependent Children below 18 years, pre- authorisation is a must.            For claims in respect of Orthodontic Treatment towards Dependent Children below 18 years, the Employee/ Member or Dependent must send the following information prepared by the Dentist who is to carry out the proposed Treatment to Us before Treatment starts, so that We can confirm the Benefit that will be payable:</p> <ul style="list-style-type: none"> <li>• Full description of the proposed Treatment;</li> <li>• X-rays and study models;</li> <li>• An estimate of the cost of the Treatment.</li> </ul> <p>Any Benefit will be payable only if We have authorised the cover before Treatment starts.</p>
<b>Refractive Error Correction Expenses Cover</b>	<p>Prescription from Specialist Medical Practitioner specifying the refractive error and medical necessity of the Treatment.</p>
<b>Home Nursing Charges Cover</b>	<p>Bills from registered nursing service provider.</p>
<b>Air Ambulance Cover</b>	<p>Air ambulance ticket for registered service provider.</p>
<b>Emergency Evacuation Cover</b>	<p>In the event of an Insured Person requiring Emergency evacuation and repatriation, the Insured Person must notify Us immediately either at Our call centre or in writing.            Emergency medical evacuations shall be pre-authorized by Us.            Our team of Specialists in association with the Emergency assistance service provider shall determine the medical necessity of such Emergency evacuation or repatriation post which the same will be approved.</p>
<b>Medical Equipment Cover</b>	<p>Prescriptions of treating Specialist for support items and original invoice of actual Medical Expenses incurred.</p>
<b>Ultra-modern Treatment Cover</b>	<p>Certificate by qualified medical surgeons indicating the medical necessity of the procedure.</p>
<b>Birth Control Procedure Cover</b>	<p>All medical records and treating Medical Practitioner's certificate on the indication.</p>
<b>Infertility Treatment Cover</b>	<p>Certificate from Specialist Medical Practitioner detailing the cause of infertility, Treatment, procedure.</p>
<b>Deductible (Aggregate/ Per-Claim)</b>	<p>Any claim towards Hospitalisation during the Policy period must be submitted to Us for assessment in accordance with the claim process laid down under Section V of the Policy towards Cashless facility or reimbursement respectively in order to assess and determine the applicability of the Deductible on such claim. Once the claim has been assessed, if any amount becomes payable after applying the Deductible, We will assess and pay such claim in accordance with Section V.F and G of the Policy.            Wherever such Hospitalisation claims as stated under Section V above is being covered under another policy held by the Insured Person, We will assess the claim on available photocopies duly attested by the Insured Person's insurer / TPA as the case may be.</p>

**We may call for any additional document/information as required based on the circumstances of the claim wherever the claim is under further investigation or available documents do not provide clarity.**

## Annexure-I

## List I - Items for which coverage is not available in the Policy

Sr. No	Item	Payable / Not Payable
1	BABY FOOD	Not Payable
2	BABY UTILITIES CHARGES	Not Payable
3	BEAUTY SERVICES	Not Payable
4	BELTS/ BRACES	Payable for cases who have undergone surgery of thoracic or lumbar spine.
5	BUDS	Not Payable
6	COLD PACK/HOT PACK	Not Payable
7	CARRY BAGS	Not Payable
8	EMAIL / INTERNET CHARGES	Not Payable
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	Not Payable
10	LEGGINGS	Payable in case of varicose vein surgery
11	LAUNDRY CHARGES	Not Payable
12	MINERAL WATER	Not Payable
13	SANITARY PAD	Not Payable
14	TELEPHONE CHARGES	Not Payable
15	GUEST SERVICES	Not Payable
16	CREPE BANDAGE	Not Payable
17	DIAPER OF ANY TYPE	Not Payable
18	EYELET COLLAR	Not Payable
19	SLINGS	Reasonable costs for one sling in case of upper arm fractures is payable
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood, not payable
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge not payable separately
22	Television Charges	Payable under room charges not if separately levied
23	SURCHARGES	Part of Room Charge, Not payable separately
24	ATTENDANT CHARGES	Not Payable - Part of Room Charges
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient Diet provided by hospital is payable
26	BIRTH CERTIFICATE	Not Payable
27	CERTIFICATE CHARGES	Not Payable
28	COURIER CHARGES	Not Payable
29	CONVEYANCE CHARGES	Not Payable
30	MEDICAL CERTIFICATE	Not Payable
31	MEDICAL RECORDS	Not Payable
32	PHOTOCOPIES CHARGES	Not Payable
33	MORTUARY CHARGES	Payable up to 24 hrs, shifting charges not payable
34	WALKING AIDS CHARGES	Not Payable
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
36	SPACER	Not Payable
37	SPIROMETRE	Device not payable
38	NEBULIZER KIT	Not Payable
39	STEAM INHALER	Not Payable
40	ARMSLING	Not Payable
41	THERMOMETER	Not Payable
42	CERVICAL COLLAR	Not Payable
43	SPLINT	Not Payable
44	DIABETIC FOOT WEAR	Not Payable
45	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
47	LUMBO SACRAL BELT	Payable for cases who have undergone surgery of lumbar spine
48	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia/quadruplegia for any reason and at reasonable cost of approximately Rs 200/ day
49	AMBULANCE COLLAR	Not Payable
50	AMBULANCE EQUIPMENT	Not Payable
51	ABDOMINAL BINDER	Payable for cases who have undergone surgery of lumbar spine.
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	Payable in post hospitalisation
53	SUGAR FREE Tablets	Payable -Sugar free variants of admissible medicines are not excluded
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)	Payable when prescribed
55	ECG ELECTRODES	Up to 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and at least one set every second day is payable.

56	GLOVES	Sterilized Gloves payable / unsterilized gloves not payable
57	NEBULISATION KIT	Payable reasonably if used during hospitalisation
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	Not Payable
59	KIDNEY TRAY	Not Payable
60	MASK	Not Payable
61	OUNCE GLASS	Not Payable
62	OXYGEN MASK	Not Payable
63	PELVIC TRACTION BELT	Payable in case of PIVD requiring traction
64	PAN CAN	Not Payable
65	TROLLEY COVER	Not Payable
66	UROMETER, URINE JUG	Not Payable
67	AMBULANCE	Payable
68	VASOFIX SAFETY	Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs

**List II - Items that are to be subsumed into Room Charges**

Sr. No	Item
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB
7	EAU DE-COLOGNE / ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISTOR'S PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSE OXIMETER CHARGES

**List III - Items that are to be subsumed into Procedure Charges**

Sr. No	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHIELD
5	CAMERA COVER
6	DVD, CD CHARGES
7	GAUZE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONIC SCALPEL, SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

**List IV - Items that are to be subsumed into costs of treatment**

Sr. No	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALISATION FOR EVALUATION/DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/ CAPD EQUIPMENTS
7	INFUSION PUMP-COST
8	HYDROGEN PEROXIDE / SPIRIT / DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES, DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABS
16	SCRUB SOLUTIONS / STERILLIUM
17	GLUCOMETER & STRIPS
18	URINE BAG

**Annexure-II**  
**Details of Insurance Ombudsmen**

Areas of Jurisdiction	Office of the Insurance Ombudsman
Gujarat, Dadra & Nagar Haveli, Daman and Diu	Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad - 380 001. Tel No: 079 - 25501201/02/05/06. Email: bimalokpal.ahmedabad@ecoi.co.in
Karnataka	Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru - 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in
Madhya Pradesh and Chhattisgarh	Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal - 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in
Odisha	Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar - 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in
Punjab , Haryana, Himachal Pradesh, Jammu and Kashmir, UT of Chandigarh	Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 - D, Chandigarh - 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in
Tamil Nadu, UT-Pondicherry Town and Karaikal (which are part of UT of Pondicherry)	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI - 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in
Delhi	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi - 110 002. Tel.: 011 - 23232481/2321350 4. Email: bimalokpal.delhi@ecoi.co.in
Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura	Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati - 781001 (ASSAM). Tel.: 0361 - 2632204 / 2602205. Email: bimalokpal.guwahati@ecoi.co.in
Andhra Pradesh, Telangana and UT of Yanam - a part of the UT of Pondicherry	Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 67504123 / 23312122. Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in
Rajasthan	Office of the Insurance Ombudsman, Jeevan Nidhi - II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@ecoi.co.in
Kerala , UT of (a) Lakshadweep, (b) Mahe - a part of UT of Pondicherry	Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in
West Bengal, UT of Andaman and Nicobar Islands, Sikkim	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in
Districts of Uttar Pradesh: Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorakhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.	Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331. Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in
Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in
State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddha Nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kasganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur	Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in
Bihar, Jharkhand.	Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952. Email: bimalokpal.patna@ecoi.co.in
Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region	Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune - 411 030. Tel.: 020-41312555. Email: bimalokpal.pune@ecoi.co.in

The updated details of Insurance Ombudsman are also available at:

- IRDAI website: <https://www.irdai.gov.in/>
- General Insurance Council website: <https://www.gicouncil.in/>
- Our Company Website: <https://uiic.co.in/>
- From any of the offices of our Company.

# विश्वकर्मा कर्मचारी सहकारी पतसंस्था मर्यादित

६६६, अप्पर इंदिरा नगर, बिबवेवाडी, पुणे - ४११ ०३७.

स्थापना दिनांक - १० ऑक्टोबर १९९७

( नोंदणी क्र. पीएनए / पीएनए - १ / आरएसआर / (सीआर) / १४३८ / १७-९८ )

सन-२०१७-२०१८

(दिनांक ०१-०४-२०१७ ते ३१-०३-२०१८)

## ऑडिट वर्ग "अ"

एकविसावा-वार्षिक अहवाल



(फ्रक्टसभासदांकरीता)





# विश्वकर्मा कर्मचारी सहकारी पतसंस्था मर्यादित, पुणे

६६६, अप्पर इंदिरा नगर, बिबवेवाडी, पुणे - ४११ ०३७.  
( नोंदणी क्र. पीएनए / पीएनए - १ / आरएसआर / ( सीआर ) / १४३८ / १७-१८ )

## संचालक मंडळ - २०१७-१८

अ. क्र.	संचालकाचे नाव	संस्था	पद
१	सौ. वासंती अशोक माने	व्ही.आय.आय.टी., कोंढवा बु.११, पुणे-४८	अध्यक्षा
२	श्री. व्यंकटेश दत्तात्रय गिरी	व्ही.आय.टी., बिबवेवाडी, पुणे-३७	उपाध्यक्ष
३	श्री. प्रकाश लक्ष्मण पिसे	व्ही.आय.आय.टी., कोंढवा बु.११, पुणे-४८	सचिव
४	श्री. नारायण धोंडदेव नाडकर्णी	व्ही.आय.टी., बिबवेवाडी, पुणे-३७	संचालक
५	श्री. पंडित संभाजीराव गर्जे	व्ही.आय.टी., बिबवेवाडी, पुणे-३७	संचालक
६	श्री. रामदास पांडुरंग भोसले	व्ही.आय.टी., बिबवेवाडी, पुणे-३७	संचालक
७	श्री. सुनिल चावदास बोरोले	व्ही.व्ही.मराठी माध्यम, बिबवेवाडी, पुणे-३७	संचालक
८	श्री. अनिल शंकर कांबळे	व्ही.आय.टी., बिबवेवाडी, पुणे-३७	संचालक

विश्वकर्मा कर्मचारी सहकारी पतसंस्था मर्यादित  
नोंदणी क्रमांक  
पीएनए/पीएनए-१/आरएसआर  
(सीआर)/१४३८ १७-१८  
दि १-१०-१७  
अप्पर इंदिरानगर, पुणे-३७



# विश्वकर्मा कर्मचारी सहकारी पतसंस्था मर्यादित

६६६, अप्पर इंदिरा नगर, विठवेवाडी, पुणे - ४११ ०३७.

( नोंदणी क्र. पीएनए / पीएनए - १ / आरएसआर / ( सीआर ) / १४३८ / १७-१८ )

जा. क्र.: विकसपम/२०१८-१९/००५

दिनांक : ०७/०९/२०१८

## वार्षिक सर्वसाधारण सभेची सूचना

आपल्या पतसंस्थेची वार्षिक सर्वसाधारण सभा, शनिवार दि. २२/०९/२०१८ रोजी सकाळी ठीक ११:०० वाजता शरद हरिना, वि. आय. टी., विठवेवाडी पुणे-३७, येथे आयोजित केली आहे. तरी सर्व सभासदांनी वेळेवर उपस्थित रहावे, ही विनंती.

### सभेपुढील विषय

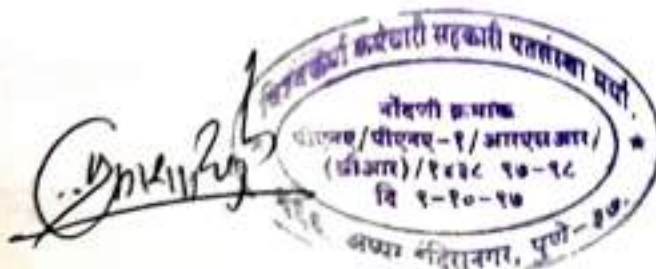
१. दि. २३ सप्टेंबर २०१७ रोजी झालेल्या वार्षिक सर्वसाधारण सभेचा वृत्तांत वाचून कायम करणे.
२. सन २०१७-१८ च्या वार्षिक अहवालास मंजूरी देणे.
३. सन २०१७-१८ चे तेरीज, ताळेबंद व नफा-तोटा पत्रक यांस मान्यता देणे.
४. सन २०१७-१८ करीता मंजूर केलेल्या अंदाजपत्रकापेक्षा जो कमी-अधिक खर्च झाला त्यास मंजूरी देणे.
५. सन २०१८-१९ करीता कार्यकारी मंडळाने शिफारस केलेले अंदाजपत्रक मंजूर करणे.
६. सन २०१७-१८ चे नफा वाटणीस मंजूरी देणे.
७. आदर्श पोटनियम दुरुस्तीस मान्यता देणे.
८. वैधानिक व अंतर्गत हिशेब तपासणीसाठी नेमणूक करणेबाबत.
९. मा. अध्यक्षींच्या परवानगीने आयत्या वेळच्या विषयांवर विचार करणे.

दिनांक - ०७/०९/२०१८



साक्षात्कृत/-  
(प्रकाश ल. पिसे)  
सचिव

१. संस्थेच्या पोटनियामाप्रमाणे गणसंख्येअभावी तहकूब झालेली सभा त्याच दिवशी नियोजित वेळेनंतर अर्ध्या तास्ताने वरील नमूद केलेल्या ठिकाणीच घेतली जाईल व अशा सभेस गणसंख्या पूर्तीची आवश्यकता असणार नाही.
२. सभासदांना संस्थेच्या कामाविषयी व अहवालाविषयी काही माहिती हवी असल्यास दि. २०/०९/२०१८ रोजी सायंकाळी ५.०० वाजेपर्यंत अध्यक्ष / सचिव यांना लेखी अथवा ई-मेल द्वारे कळवावे.  
E-mail Add:- [yjshwakarmasociety1997@gmail.com](mailto:yjshwakarmasociety1997@gmail.com)
३. सभासदांच्या माहितीसाठी सर्व विभागांमध्ये पतसंस्थेच्या वार्षिक अहवालाच्या काही प्रति दिलेल्या आहेत. वैयक्तिक प्रत हवी असल्यास पतसंस्थेचे अध्यक्ष / उपाध्यक्ष / सचिव यांच्याशी संपर्क साधावा.





# विश्वकर्मा कर्मचारी सहकारी पतसंस्था मर्यादित, पुणे

६६६, अप्पर इंदिरा नगर, विबवेवाडी, पुणे - ४११ ०३७.  
( नोंदणी क्र. पीएनए / पीएनए - १ / आरएसआर / ( सीआर ) / १४३८ / १७-९८ )

## तेरीज पत्रक

०१ एप्रिल २०१७ ते ३१ मार्च २०१८

तपशील	प्रारंभिक शेषवाकी	व्यवहार		अंतशेष
		डेबिट	क्रेडिट	
वसुल भागभांडवल	10370900.00 Cr	121800.00	1193000.00	11442100.00 Cr
वसुल भागभांडवल	10370900.00 Cr	121800.00	1193000.00	11442100.00 Cr
ठेवी	22801069.00 Cr	244600.00	7481000.00	30037469.00 Cr
आर्वत ठेव	402969.00 Cr	0.00	0.00	402969.00 Cr
वर्गणी	22398100.00 Cr	244600.00	7481000.00	29634500.00 Cr
इतर देणी	2272480.00 Cr	3234902.00	3852304.00	2889882.00 Cr
वर्गणी व्याज	9193.00 Cr	1026201.00	1040233.00	23225.00 Cr
आर्वत ठेव व्याज	41933.00 Cr	41417.00	42321.00	42837.00 Cr
लाभांश	2183732.00 Cr	2122904.00	2725250.00	2766078.00 Cr
शासकीय लेखा परिक्षण शुल्क	32117.00 Cr	28920.00	28000.00	31197.00 Cr
हिशोब तपासणीस मानधन	15005.00 Cr	15480.00	15000.00	14545.00 Cr
शिक्षण निधी	5000.00 Cr	0.00	1000.00	6000.00 Cr
व्यवसाय कर	5500.00 Cr	0.00	500.00	6000.00 Cr
डेडस्टॉक	839.00 Dr	0.00	115.00	724.00 Dr
क्याट	213.00 Dr	0.00	21.00	192.00 Dr
प्रिंटर	626.00 Dr	0.00	94.00	532.00 Dr
गुंतवणुक	2714089.00 Dr	365701.00	0.00	3079790.00 Dr
गंगाजळी - पी.डी.सी.सी.	2713589.00 Dr	365701.00	0.00	3079290.00 Dr
भाग भांडवल - पी.डी.सी.सी.	500.00 Dr	0.00	0.00	500.00 Dr
कर्ज (दायित्व)	30552800.00 Dr	31793468.00	24626268	37718000.00 Dr
सर्वसाधारण कर्ज	29409900.00 Dr	28454972.00	21353772.00	36511100.00 Dr
अकरिमक कर्ज	1142900.00 Dr	3338496.00	3274496.00	1206900.00 Dr
इतर देणी	0.00 Dr	0.00	0.00	0.00 Dr
रोख शिल्लक	1054.00 Dr	18225.00	17327	1952.00 Dr
हस्तारख रोकड	1054.00 Dr	18225.00	17327.00	1952.00 Dr
बँक खाती	7589477.38 Dr	34524869.00	32865586.00	9248760.38 Dr
पुणे जिल्हा मध्य सहकारी बँक	723798.50 Dr	1419881.00	618612.00	1524847.50 Dr
सुवर्णयुग सहकारी बँक - १३११	1944935.88 Dr	2524359.00	4467994.00	1300.88 Dr
सुवर्णयुग सहकारी बँक - ६७८	4920743.00 Dr	30580649.00	27778960.00	7722612.00 Dr
सॉफ्टवेअर देखभाल खर्च	0.00	5000.00	0.00	5000.00 Dr
देखभाल खर्च	0.00	5000.00	0.00	5000.00 Dr
हिशोब लिहिणावळ	0.00	120000.00	0.00	120000.00 Dr
हिशोब लिहिणावळ	0.00	120000.00	0.00	120000.00 Dr
बँक चार्जेस	0.00	878.00	60.00	828.00 Dr
बँक चार्जेस	0.00	878.00	60.00	828.00 Dr

तपशील	प्रारंभिक शेषबाकी	व्यवहार		अंतशेष
		डेबिट	क्रेडिट	
प्रवेश फी	0.00	1600.00	1600.00	0.00 Cr
प्रवेश फी	0.00	1600.00	1600.00	0.00 Cr
मिळालेले व्याज व लाभांश	0.00	5500.00	4334099.00	4328599.00 Cr
लाभांश	0.00	0.00	50.00	50.00 Cr
सर्वसाधारण कर्ज व्याज	0.00	5500.00	3745457.00	3739957.00 Cr
आकस्मिक कर्ज व्याज	0.00	0.00	135105.00	135105.00 Cr
बँक व्याज	0.00	0.00	453487.00	453487.00 Cr
सभा खर्च	0.00	92132.00	0.00	92132.00 Dr
सभा खर्च	0.00	92132.00	0.00	92132.00 Dr
किरकोळ खर्च	0.00	5200.00	0.00	5200.00 Dr
किरकोळ खर्च	0.00	5200.00	0.00	5200.00 Dr
स्टेशनरी व छापाई - खर्च	0.00	2680.00	0.00	2680.00 Dr
स्टेशनरी व छापाई - खर्च	0.00	2680.00	0.00	2680.00 Dr
स्टेशनरी व छापाई - उत्पन्न	0.00	0.00	1600.00	1600.00 Cr
स्टेशनरी व छापाई - उत्पन्न	0.00	0.00	1600.00	1600.00 Cr
तरतुद खर्च	0.00	2810571.00	0.00	2810571.00 Dr
तरतुद खर्च	0.00	2810571.00	0.00	2810571.00 Dr
राखिव व इतर निधी	3585308.00	0.00	787301.00	4372607.00 Cr
राखिव निधी	2713589.00 Cr	0.00	365701.00	3079290.00 Cr
प्रवेश फी-राखिव निधी	4300.00 Cr	0.00	1600.00	5900.00 Cr
लाभांश समिकरण निधी	678067.00 Cr	0.00	370000.00	1048067.00 Cr
सभासद कल्याण निधी	72500.00 Cr	0.00	25000.00	97500.00 Cr
संशयित बुडित निधी	118850.00 Cr	0.00	25000.00	143850.00 Cr
छापिल अर्ज / दाखले विक्री	0.00	0.00	15425.00	15425.00 Cr
दाखले विक्री	0.00	0.00	2750.00	2750.00 Cr
छापिल अर्ज विक्री - सर्वसाधारण	0.00	0.00	8700.00	8700.00 Cr
छापिल अर्ज विक्री - आकस्मिक	0.00	0.00	3975.00	3975.00 Cr
वाहन खर्च	0.00	3000.00	0.00	3000.00 Dr
वाहन खर्च	0.00	3000.00	0.00	3000.00 Dr
नफ़ा व नुकसान खाते	1828504.38 Cr	1828504.38	1070.38	1070.38 Cr
अंतिम बेरीज		75,176,745.38	75,176,745.38	

नोंदणी क्रमांक  
 मि.एन.ए./पी.एन.ए.-१/आर.एस.आर./  
 (सि.आर.)/१४३८ ९७-९८  
 दि १-१०-१७  
 दीपा नंदिरानगर, पुणे-३७.



# विश्वकर्मा कर्मचारी सहकारी पतसंस्था मर्यादित, पुणे

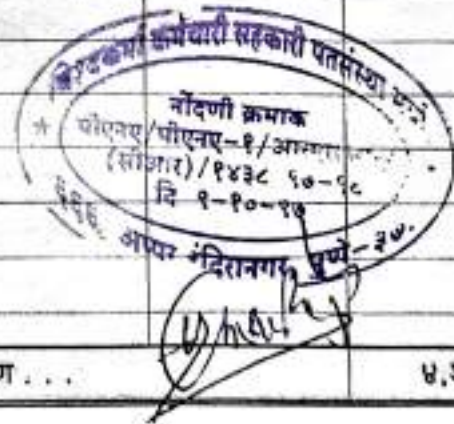
६६६, अप्पर इंदिरा नगर, बिबवेवाडी, पुणे - ४११ ०३७.

( नोंदणी क्र. पीएनए / पीएनए - १ / आरएसआर / ( सीआर ) / १४३८ / १७-१८ )

## नफा व नुकसान खाते

०१ एप्रिल २०१७ ते ३१ मार्च २०१८

तपशील	१-एप्रिल-२०१७ ते ३१-मार्च-२०१८	तपशील	१-एप्रिल-२०१७ ते ३१-मार्च-२०१८	
किरकोळ खर्च		५,२००.००	छापिल अर्ज विक्री	१५,४२५.००
किरकोळ खर्च	५,२००.००		छापिल अर्ज विक्री	१५,४२५.००
घसारा		११५.००	स्टेशनरी व छपाई	१,६००.००
घसारा	११५.००		स्टेशनरी व छपाई	१,६००.००
ठेव व्याज खर्च		-	मिळालेले व्याज	४,३२८,५१९.००
ठेव व्याज खर्च		-	सर्वसाधारण कर्ज व्याज	३,७३९,९५७.००
तरतुद खर्च		२,८१०,५७१.००	आकस्मिक कर्ज व्याज	१३५,१०५.००
तरतुद खर्च	२,८१०,५७१.००		बँक व्याज	४५३,४८७.००
वाहन खर्च		३,०००.००	लाभांश	५०.००
वाहन खर्च	३,०००.००			
बँक चार्जस		८२८.००		
बँक चार्जस	८२८.००			
सभा खर्च		९२,१३२.००		
सभा खर्च	९२,१३२.००			
सॉफ्टवेअर देखभाल खर्च		५,०००.००		
देखभाल खर्च	५,०००.००			
स्टेशनरी व छपाई		२,६८०.००		
स्टेशनरी व छपाई	२,६८०.००			
हिशोब लिहिणावळ		१२०,०००.००		
हिशोब लिहिणावळ	१२०,०००.००			
निव्वळ नैफा		१,३०६,०१८.००		
एकूण		४,३४५,६२४.००	एकूण	४,३४५,६२४.००



सांक्षातिक /-  
( प्रकाश ल. पिसे )  
सचिव

सांक्षातिक /-  
( व्यंकटेश द. गिरी )  
उपाध्यक्ष

सांक्षातिक /-  
( वासंती अ.माने )  
अध्यक्ष



# विश्वकर्मा कर्मचारी सहकारी पतसंस्था मर्यादित, पुणे

६६६, अण्णर इंदिरा नगर, विठ्ठलवाडी, पुणे - ४११ ०३७.  
( नोंदणी क्र. पीएनए / पीएनए - १ / आरएसआर / ( सीआर ) / १४३८ / १७-१८ )

## ताळेबंद पत्रक

०१ एप्रिल २०१७ ते ३१ मार्च २०१८

दायित्व	३१ - मार्च - २०१८ या तारखेस		मालमत्ता	३१ - मार्च - २०१८ या तारखेस	
<b>अधिकृत भागभांडवल</b>		३०,०००,०००.००			
अधिकृत भागभांडवल	३०,०००,०००.००				
<b>वसुल भागभांडवल</b>		११,४४२,१००.००	<b>बँड्स/कि</b>		७२४.००
वसुल भागभांडवल	११,४४२,१००.००		कपाट	११२.००	
			प्रिटर	५१२.००	
<b>राखिव व इतर निधी</b>		४,३७२,६०७.००			
राखिव निधी	३,०७१,२१०.००		कर्ज (दायित्व)		३७,७१८,०००.००
राखिव निधी - प्रवेश वी	५,१००.००		सर्वसाधारण कर्ज	३६,५११,१००.००	
साभास राखिव निधी	१,०४६,०६७.००		अवकाशिक कर्ज	१,२०६,९००.००	
साभास कल्याण निधी	१७,५००.००				
संगठित भुटिया निधी	१४३,८५०.००				
<b>डेवी</b>		३०,०३७,४६९.००	<b>गुंतवणुके</b>		३,०७१,२१०.००
आर्वीत डेव	४०२,१६९.००		संगठनी - पी. डी. सी. सी.	३,०७१,२१०.००	
वर्गणी	२९,६३४,५००.००		भाग भांडवल - पी. डी. सी. सी.	५००.००	
<b>इतर कर्ज</b>			<b>रोख शिल्लक</b>		१,९५२.००
इतर कर्ज			हस्तगत रोख	१,९५२.००	
<b>इतर देणी</b>		२,८८९,८८२.००	<b>बँक खाती</b>		१,२४८,७६०.३८
वर्गणी खाज	२,७६६,०७८.००		पुणे जिल्हा मध्य सहकारी बँक	१,५२४,८४७.५०	
आर्वीत डेव खाज	४२,८३७.००		सुवर्णपुत्र सहकारी बँक- १३११	१,३००.८८	
साभास	२३,२२५.००		सुवर्णपुत्र सहकारी बँक- ६७८	७,७२२,६१२.००	
शासकीय लेखा परिष्कण शुल्क	३१,११७.००				
दिशोब तपासणीस मनाशन	१४,५४५.००				
सिक्कण निधी	६,०००.००				
कायनाय कन	६,०००.००				
<b>नाश व गुळमनाय खाते</b>		१,३०७,१६८.३८			
प्रारंभिक रोखवडी	१,८२८,५०४.३८				
सर्वसाधारण	१,३०६,०१८.००				
कमी - सावधान	१,८२७,४३४.००				
<b>एकूण ...</b>		<b>५०,०४९,२२६.३८</b>	<b>एकूण ...</b>		<b>५०,०४९,२२६.३८</b>



सांभाकित /-  
( प्रकाश ल. पिसे )

सांभाकित /-  
( व्यंकटेश द. गिरी )

सांभाकित /-  
( वासंती अ. माने )



# विश्वकर्मा कर्मचारी सहकारी पतसंस्था मर्यादित,

६६६, अप्पर इंदिरा नगर, बिबवेवाडी, पुणे - ४११ ०३७.

( नोंदणी क्र. पीएनए / पीएनए - १ / आरएसआर / ( सीआर ) / १४३८ / १७-१८ )

## नफा वाटणी - २०१७-१८

### नफा

अ.क्र.	तपशील	रक्कम ( ₹ )
१)	मागील वर्षाचा शिल्लक नफा - २०१६-१७	१,०७०.३८
२)	अहवाल वर्षाचा निव्वळ नफा - २०१७-१८	१,३०६,०९८.००
३)	लाभांश समिकरण निधी	४५,०००.००
	एकूण . . . . .	१,३५२,१६८.३८

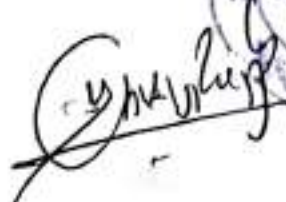
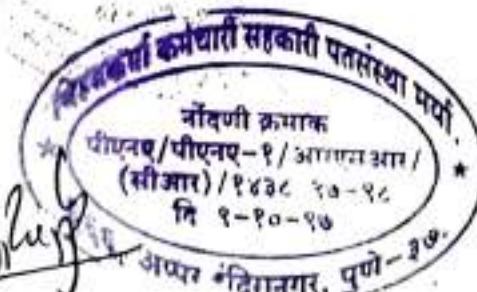
### वाटणी

अ.क्र.	तपशील	रक्कम ( ₹ )
१)	गंगाजळी - २०%	२७०,४३४.००
२)	लाभांश - १०.५०%	१,०८१,२०५.००
३)	शिल्लक नफा	५२९.३८
	एकूण . . . . .	१,३५२,१६८.३८

सांक्षाकित /-  
( प्रकाश ल. पिसे )  
सचिव

सांक्षाकित /-  
( व्यंकटेश द. गिरी )  
उपाध्यक्ष

सांक्षाकित /-  
( वासंती अ. माने )  
अध्यक्षा



# विश्वकर्मा कर्मचारी सहकारी पतसंस्था मर्यादित, पुणे

६६६, अप्पर इंदिरा नगर, बिबवेवाडी, पुणे - ४११ ०३७.

( नोंदणी क्र. पीएनए / पीएनए - १ / आरएसआर / ( सीआर ) / १४३८ / १७-१८ )

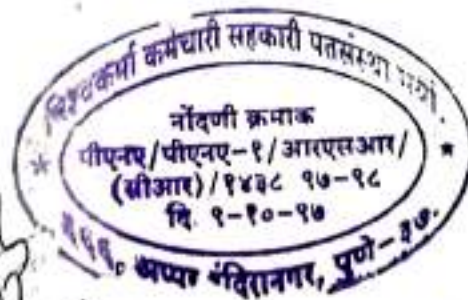
## अंदाजपत्रक - २०१८-१९

जमा	रक्कम (रु).	खर्च	रक्कम (रु).
सर्वसाधारण कर्ज व्याज	४,०५०,०००.००	स्टेशनरी व छपाई	१५,०००.००
आकस्मिक कर्ज व्याज	५५०,०००.००	किरकोळ खर्च	६,५००.००
कर्ज अर्ज विक्री	२०,०००.००	स्थानिक वाहन खर्च	५,०००.००
बँक व्याज	४५०,०००.००	सॉफ्टवेअर खर्च	४०,०००.००
प्रवेश शुल्क	५,०००.००	सॉफ्टवेअर देखभाल खर्च	१०,०००.००
स्टेशनरी व छपाई	५,०००.००	हिशोब लिहीणावळ	२४०,०००.००
पी.डी.सी.सी.लाभांश	५०.००	वर्गणी व्याज	३,१११,६२२.५०
		शिक्षण निधी	२,०००.००
		लेखा परीक्षण शुल्क	३३,०००.००
		हिशोब तपासनीस मानधन	१७,०००.००
		सभा खर्च	११०,०००.००
		घसारा	३००.००
		बँक चार्जेस	२,५००.००
		नफा	१,४८७,१२७.५०
एकूण . . . .	५,०८०,०५०.००	एकूण . . . .	५,०८०,०५०.००

सांक्षातिक /-  
( प्रकाश ल. पिसे )  
सचिव

सांक्षातिक /-  
( व्यंकटेश द. गिरी )  
उपाध्यक्ष

सांक्षातिक /-  
( वासंती अ.माने )  
अध्यक्षा



*(Handwritten signature)*



# विश्वकर्मा कर्मचारी सहकारी पतसंस्था मर्यादित

६६६, अप्पर इंदिरा नगर, बिबवेवाडी, पुणे - ४११ ०३७.

स्थापना दिनांक - १० ऑक्टोबर १९९७

( नोंदणी क्र. पीएनए / पीएनए - १ / आरएसआर / (सीआर) / १४३८ / ९७-९८ )

सन-२०१८-२०१९

(दिनांक ०१-०४-२०१८ ते ३१-०३-२०१९)

## ऑडिट वर्ग "अ"

### बावीसावा-वार्षिक अहवाल



(फक्तसभासदांकरीता)



# विश्वकर्मा कर्मचारी सहकारी पतसंस्था मर्यादित, पुणे

६६६, अप्पर इंदिरा नगर, बिबवेवाडी, पुणे - ४११ ०३७.

( नोंदणी क्र. पीएनए / पीएनए - १ / आरएसआर / ( सीआर ) / १४३८ / १७-१८ )

## संचालक मंडळ - २०१८-१९

अ. क्र.	संचालकाचे नाव.	संस्था	पद
१	सौ. वासंती अशोक माने	व्ही.आय.आय.टी., कोंढवा बु.११, पुणे-४८	अध्यक्षा
२	श्री. व्यंकटेश दत्तात्रय गिरी	व्ही.आय.टी., बिबवेवाडी, पुणे-३७	उपाध्यक्ष
३	श्री. प्रकाश लक्ष्मण पिसे	व्ही.आय.आय.टी., कोंढवा बु.११, पुणे-४८	सचिव
४	श्री. नारायण धोंडदेव नाडकर्णी	व्ही.आय.टी., बिबवेवाडी, पुणे-३७	संचालक
५	श्री. पंडित संभाजीराव गर्जे	व्ही.आय.टी., बिबवेवाडी, पुणे-३७	संचालक
६	श्री. रामदास पांडुरंग भोसले	व्ही.आय.टी., बिबवेवाडी, पुणे-३७	संचालक
७	श्री. सुनिल चावदास बोरोले	व्ही.व्ही.मराठी माध्यम, बिबवेवाडी, पुणे-३७	संचालक
८	श्री. अनिल शंकर कांबळे	व्ही.आय.टी., बिबवेवाडी, पुणे-३७	संचालक

विश्वकर्मा कर्मचारी सहकारी पतसंस्था मर्यादित  
नोंदणी क्रमांक  
पीएनए/पीएनए-१/आरएसआर/  
(सीआर)/१४३८ १७-१८  
दि. १-१०-१७  
अप्पर इंदिरा नगर, पुणे-३७.



# विश्वकर्मा कर्मचारी सहकारी पतसंस्था मर्यादित

३६६, आण्डर इंदिरा नगर, विठ्ठेवाडी, पुणे - ४११ ०३७.

( नोंदणी क्र. पीएनए / पीएनए - १ / आरएरआर / ( सीआर ) / १४३८ / १७-१८ )

आ. क्र. विकासपम/२०१९-२०/००३

दिनांक : ०९/०९/२०१९

## वार्षिक सर्वसाधारण सभेची सूचना

आपल्या पतसंस्थेची वार्षिक सर्वसाधारण सभा, शनिवार दि. २८/०९/२०१९ रोजी दुपारी ठीक १२:३० वाजता शारद हरिना, वि. आण्ड.टी., विठ्ठेवाडी पुणे-३७, येथे आयोजित केली आहे. तरी सर्व सभासदांनी वेळेवर उपस्थित रहावे, ही विनंती.

### सभेपुढील विषय

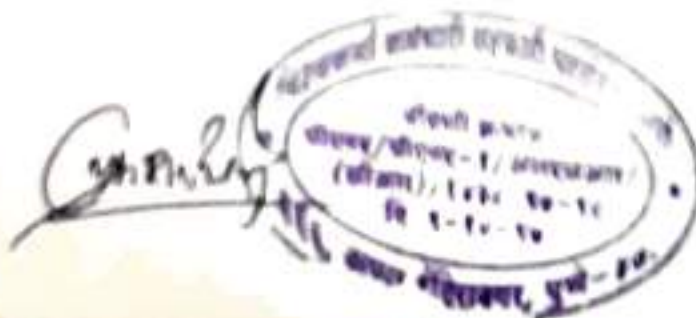
१. दि. २२ सप्टेंबर २०१८ रोजी झालेल्या वार्षिक सर्वसाधारण सभेचा वृत्तांत वाचून कायम करणे.
२. सन २०१८-१९ च्या लेखापरिक्षण अहवालास मंजूरी देणे.
३. सन २०१८-१९ चे तेरीज, लाळेबंद व नफा-तोटा पत्रक यांस मान्यता देणे.
४. सन २०१८-१९ करीता मंजूर केलेल्या अंदाजपत्रकापेक्षा जो कमी-अधिक खर्च झाला त्यास मंजूरी देणे.
५. सन २०१९-२० करीता कार्यकारी मंडळाने शिफारस केलेले अंदाजपत्रक मंजूर करणे.
६. सन २०१८-१९ चे नफा वाटणीस मंजूरी देणे.
७. आदर्श पोटनियम दुरुस्तीस मान्यता देणे.
८. वैधानिक व अंतर्गत हिशेब तपासणीसाठी नेमणूक करणेबाबत.
९. मा. अध्यक्षींच्या परवानगीने आपल्या वेळच्या विषयांवर विचार करणे.

दिनांक - ०९/०९/२०१९

साक्षात्कार/-  
(प्रकाश ल. दिसे)  
सचिव

### विशेष सूचना

१. संस्थेच्या पोटनियामाप्रमाणे गणसंख्येअभावी तहकूब झालेली सभा त्याच दिवशी नियोजित वेळेनंतर अर्ध्या तासाने झाल नमूद केलेल्या ठिकाणीच घेतली जाईल व अशा सभेस गणसंख्या पूर्तीची आवश्यकता असणार नाही.
२. सभासदांना संस्थेच्या कामविषयी व अहवालविषयी काही माहिती हवी असल्यास दि. २६/०९/२०१९ रोजी सायंकाळी ५.०० वाजेपर्यंत अध्यक्ष / सचिव यांना लेखी अथवा ई-मेल द्वारे कळवावे.  
E-mail Add: - yishwakarnasociety1997@gmail.com
३. सभासदांच्या माहितीसाठी सर्व विभागांमध्ये पतसंस्थेच्या वार्षिक अहवालाच्या काही प्रती दिलेल्या आहेत. वैयक्तिक प्रत हवी असल्यास पतसंस्थेचे अध्यक्ष / उपअध्यक्ष / सचिव यांच्याशी कार्यालयीन वेळेत संपर्क राखावा.





# विश्वकर्मा कर्मचारी सहकारी पतसंस्था मर्यादित, पुणे

६६६, अम्पर इंदिरा नगर, बिबवेवाडी, पुणे - ४११ ०३७.


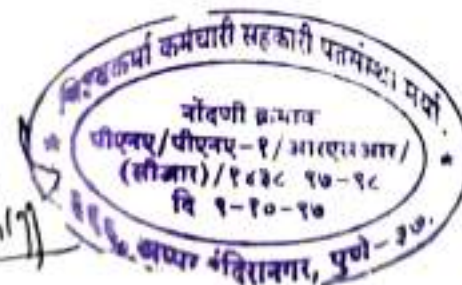
( नोंदणी क्र. पीएनए / पीएनए - १ / आरएसआर / ( सीआर ) / १४३८ / १७-९८ )

## तेरीज पत्रक

०१ एप्रिल २०१८ ते ३१ मार्च २०१९

तपशील	प्रारंभिक शेषबाकी	व्यवहार		अंतरशेष
		डेबिट	क्रेडिट	
वसुल भागभांडवल	11442100.00 Cr	374700.00	1143000.00	12210400.00 Cr
वसुल भागभांडवल	11442100.00 Cr	374700.00	1143000.00	12210400.00 Cr
ठेवी	30037468.00 Cr	1373308.00	7693739.00	36357900.00 Cr
आर्वत ठेव	402969.00 Cr	407708.00	4738.00	0.00 Cr
वर्गणी	29634500.00 Cr	965800.00	7689000.00	36357900.00 Cr
इतर देणी	2889882.00 Cr	3883243.00	4639682.00	3648321.00 Cr
वर्गणी व्याज	23225.00 Cr	1078579.00	1081205.00	25851.00 Cr
आर्वत ठेव व्याज	42837.00 Cr	42321.00	38415.00	38931.00 Cr
लाभभांड	2768078.00 Cr	2716601.00	3467582.00	3517039.00 Cr
शासकीय लेखा परिक्षण शुल्क	31197.00 Cr	31197.00	35000.00	35000.00 Cr
हिशोब तपासणीस मानधन	14545.00 Cr	14545.00	17500.00	17500.00 Cr
शिक्षण निधी	6000.00 Cr	0.00	0.00	6000.00 Cr
व्यवसाय कर	6000.00 Cr	0.00	0.00	6000.00 Cr
डेबिट्स	625.00 Dr	0.00	99.00	526.00 Dr
कपाट	173.00 Dr	0.00	19.00	154.00 Dr
प्रिंटर	452.00 Dr	0.00	80.00	372.00 Dr
गुंतवणुक	3079790.00 Dr	10270437.00	0.00	13350227.00 Dr
एफ.डी. - सुवर्णयुग सहकारी बँक	0.00 Dr	5000000.00	0.00	5000000.00 Dr
एफ.डी. - सुवर्णयुग सहकारी बँक	0.00 Dr	5000000.00	0.00	5000000.00 Dr
गंगाजळी - पी. डी. सी. सी.	3079290.00 Dr	270437.00	0.00	3349727.00 Dr
भाग भांडवल - पी. डी. सी. सी.	500.00 Dr	0.00	0.00	500.00 Dr
कर्ज (दायित्व)	37718000.00 Dr	24212930.00	26205630	35726300.00 Dr
सर्वसाधारण कर्ज	36511100.00 Dr	20877455.00	22878655.00	34509900.00 Dr
अकार्यिक कर्ज	1208900.00 Dr	3335475.00	3326975.00	1215400.00 Dr
रोख शिल्लक	1952.00 Dr	13425.00	14658	719.00 Dr
हस्तस्थ रोख	1952.00 Dr	13425.00	14658.00	719.00 Dr
बँक खाती	9248760.38 Dr	34542462.00	34753649.33	9037893.05 Dr
पुणे जिल्हा मध्य सहकारी बँक	1524847.50 Dr	1490124.00	628606.00	2386365.50 Dr
सुवर्णयुग सहकारी बँक - १३९१	1300.88 Dr	1567949.00	0.00	1569249.88 Dr
सुवर्णयुग सहकारी बँक - LUC	7722612.00 Dr	31484409.00	34125043.33	5081977.67 Dr
हिशोब लिहिणावढ	0.00	129000.00	8000.00	121000.00 Dr
हिशोब लिहिणावढ	0.00	129000.00	8000.00	121000.00 Dr
बँक चार्जेस	0.00	1426.33	80.00	1376.33 Dr
बँक चार्जेस	0.00	1426.33	80.00	1376.33 Dr
घसाघ	8.00	99.00	0.00	89.00 Dr
घसाघ	0.00	99.00	0.00	99.00 Dr

तपशील	प्रारंभिक शेषबाकी	व्यवहार		अंतशेष
		डेबिट	क्रेडिट	
प्रवेश फी	0.00	1100.00	1100.00	0.00 Cr
प्रवेश फी	0.00	1100.00	1100.00	0.00 Cr
मिळालेले व्याज व लाभांश	0.00	115.00	4984168.00	4984053.00 Cr
सर्वसाधारण कर्ज व्याज	0.00	115.00	4177330.00	4177215.00 Cr
आकस्मिक कर्ज व्याज	0.00		110640.00	110640.00 Cr
बँक व्याज	0.00	0.00	696198.00	696198.00 Cr
सभा खर्च	0.00	8885.00	0.00	8885.00 Dr
सभा खर्च	0.00	8885.00	0.00	8885.00 Dr
किरकोळ खर्च	0.00	2767.00	172.00	2595.00 Dr
किरकोळ खर्च	0.00	2767.00	172.00	2595.00 Dr
स्टेशनरी व छपाई - खर्च	0.00	2973.00	0.00	2973.00 Dr
स्टेशनरी व छपाई - खर्च	0.00	2973.00	0.00	2973.00 Dr
स्टेशनरी व छपाई - उत्पन्न	0.00	0.00	1100.00	1100.00 Cr
स्टेशनरी व छपाई - उत्पन्न	0.00	0.00	1100.00	1100.00 Cr
तरतुद खर्च	0.00	3558477.00	0.00	3558477.00 Dr
तरतुद खर्च	0.00	3558477.00	0.00	3558477.00 Dr
राखिव व इतर निधी	4347607.00	45000.00	271534.00	4574141.00 Cr
राखिव निधी	3079290.00 Cr	0.00	270434.00	3349724.00 Cr
प्रवेश फी-राखिव निधी	5900.00 Cr	0.00	1100.00	7000.00 Cr
लाभांश समिकरण निधी	1046067.00 Cr	45000.00	0.00	1001067.00 Cr
सभासद कल्याण निधी	97500.00 Cr	0.00	0.00	97500.00 Cr
संशोधित बुडित निधी	118850.00 Cr	0.00	0.00	118850.00 Cr
छापिल अर्ज / दाखले विक्री	0.00	0.00	13425.00	13425.00 Cr
दाखले विक्री	0.00	0.00	2750.00	2750.00 Cr
छापिल अर्ज विक्री - सर्वसाधारण	0.00	0.00	6600.00	6600.00 Cr
छापिल अर्ज विक्री - आकस्मिक	0.00	0.00	4075.00	4075.00 Cr
वाहन खर्च	0.00	3000.00	0.00	3000.00 Dr
वाहन खर्च	0.00	3000.00	0.00	3000.00 Dr
नफा व नुकस्तान खाते	1307168.38 Cr	1307168.38	529.38	529.38 Cr
अंतिम बेरीज		79,730,535.71	79,730,535.71	



# विश्वकर्मा कर्मचारी सहकारी पतसंस्था मर्यादित, पुणे

६६६, अप्पर इंदिरा नगर, विठवेवाडी, पुणे - ४११ ०३७.  
( नोंदणी क्र. पीएनए / पीएनए - १ / आरएसआर / ( सीआर ) / १४३८ / १७-१८ )

## नफा व नुकसान खाते

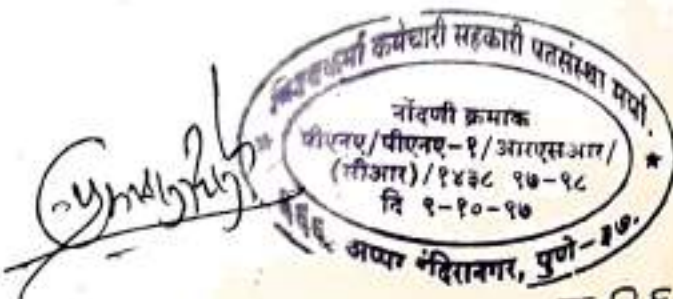
०१ एप्रिल २०१८ ते ३१ मार्च २०१९

तपशील	१-एप्रिल-२०१८ ते ३१-मार्च-२०१९		तपशील	१-एप्रिल-२०१८ ते ३१-मार्च-२०१९	
किरकोळ खर्च		२,५९५.००	छापिल अर्ज विक्री		१३,४२५.००
किरकोळ खर्च	२,५९५.००		छापिल अर्ज विक्री	१३,४२५.००	
घसारा		९९.००	स्टेशनरी व छापाई		१,१००.००
घसारा	९९.००		स्टेशनरी व छापाई	१,१००.००	
तरतुद खर्च		३,५५८,४७७.००	मिळालेले व्याज		४,९८४,०५३.००
तरतुद खर्च	३,५५८,४७७.००		सर्वसाधारण कर्ज व्याज	४,९७७,२१५.००	
वाहन खर्च		३,०००.००	आकस्मिक कर्ज व्याज	११०,६४०.००	
वाहन खर्च	३,०००.००		बँक व्याज	६९६,१९८.००	
बँक चार्जेस		१,३७६.३३			
बँक चार्जेस	१,३७६.३३				
सभा खर्च		८,८८५.००			
सभा खर्च	८,८८५.००				
स्टेशनरी व छापाई		२,९७३.००			
स्टेशनरी व छापाई	२,९७३.००				
हिशोब लिहिणावळ		१२१,०००.००			
हिशोब लिहिणावळ	१२१,०००.००				
निव्वळ नफा		१,३००,१७२.६७			
एकूण . . .		४,९९८,५७८.००	एकूण . . .		४,९९८,५७८.००

सांक्षातिक /-  
( प्रकाश ल. पिसे )  
सचिव

सांक्षातिक /-  
( व्यंकटेश द. गिरी )  
उपाध्यक्ष

सांक्षातिक /-  
( वासंती अ. माने )  
अध्यक्ष





# विश्वकर्मा कर्मचारी सहकारी पतसंस्था मर्यादित, पुणे

६६६, अप्पर हुंदिरा नगर, विबवेवाडी, पुणे - ४११ ०३७.

( नोंदणी क्र. पीएनए / पीएनए - १ / आरएसआर / ( सीआर ) / १४३८ / १७-१८ )

## ताळेबंद पत्रक

०१ एप्रिल २०१८ ते ३१ मार्च २०१९

दाखिल	३१ - मार्च - २०१९ या तारखेस	मालमत्ता	३१ - मार्च - २०१९ या तारखेस
अधिकृत भागभांडवल			
अधिकृत भागभांडवल	३०,०००,०००.००		
वसूल भागभांडवल			
वसूल भागभांडवल	१२,२१०,४००.००	बँक स्टॉक	६२५.००
		कपाट	१७३.००
		ट्रिटर	४५२.००
राखिव व इतर निधी			
राखिव निधी	३,३४९,७२४.००	कर्ज (राखिला)	३५,७२५,३००.००
राखिव निधी - प्रवेश धी	७,०००.००	सर्वसाधारण कर्ज	३४,५०९,९००.००
साभांश समिकरण निधी	१,००१,०६७.००	आकस्मिक कर्ज	१,२१५,४००.००
सभासद कल्याण निधी	१७,५००.००		
संशोधित बुडित निधी	१४३,८५०.००	गुंतवणूक	१३,३५०,२२७.००
डेवी		मुदत ठेव - तुवर्णपुंग सहकारी बँक	५,०००,०००.००
वर्गणी	३६,३५७,९००.००	मुदत ठेव - तुवर्णपुंग सहकारी बँक	५,०००,०००.००
		गंगलजी - पी. डी. सी. सी.	३,३४९,७२४.००
इतर देणी		भाग भांडवल - पी. डी. सी. सी.	५००.००
वर्गणी व्याज	३,५१७,०३९.००		
आर्जित ठेव व्याज	३८,९३१.००	रोख सिल्लक	७१९.००
साभांश	२५,८५९.००	हस्तस्थ रोकड	७१९.००
शासकीय लेखा परिक्षण शुल्क	३५,०००.००		
दिसोब तपासणीस मानधन	१७,५००.००	बँक खाती	१,०३७,५९३.०५
शिक्षण निधी	६,०००.००	पुणे जिल्हा मध्य सहकारी बँक	२,३८६,३६५.५०
व्यवसाय कर	६,०००.००	तुवर्णपुंग सहकारी बँक - १३११	१,५६९,२४९.८८
		तुवर्णपुंग सहकारी बँक - ६७८	५,०८९,९७७.६७
नफा व नुकसान खाते			
प्रारंभिक शेवटची	१,३०७,१६८.३८		
वर्धमान कालकांड	१,३००,१७२.६७		
कमी / व्हावलेख	१,३०६,६३९.००		
एकूण . . .	५८,११४,४६४.०५	एकूण . . .	५८,११४,४६४.०५

सांशकित /-  
( प्रकाश ल. पिसे )  
सचिव

सांशकित /-  
( व्यंकटेश द. गिरी )  
उपाध्यक्ष

सांशकित /-  
( वासंती अ. माने )  
अध्यक्षा

*(Signature)*

विश्वकर्मा कर्मचारी सहकारी पतसंस्था मर्यादित  
नोंदणी क्रमांक  
पीएनए/पीएनए-१/आरएसआर/  
(सीआर)/१४३८ १७-१८  
दि. १-१०-१७  
पुणे-२७.



# विश्वकर्मा कर्मचारी सहकारी पतसंस्था मर्यादित,

६६६, अप्पर इंदिरा नगर, बिबवेवाडी, पुणे - ४११ ०३७.

( नोंदणी क्र. पीएनए / पीएनए - १ / आरएसआर / ( सीआर ) / १४३८ / १७-१८ )

## नफा वाटणी - २०१८-१९

### नफा

अ.क्र.	तपशील	रक्कम ( ₹ )
१)	मागील वर्षाचा शिल्लक नफा - २०१७-१८	५२९.३८
२)	अहवाल वर्षाचा निव्वळ नफा - २०१८-१९	१,३००,१७२.६७
३)	लाभांश समिकरण निधी	१७७,०००.००
	एकूण . . . . .	१,४७७,७०२.०५

### वाटणी

अ.क्र.	तपशील	रक्कम ( ₹ )
१)	गंगाजळी - २०%	२९५,५४०.००
२)	लाभांश - १०.५०%	१,९८९,३९०.००
३)	शिल्लक नफा	७७२.०५
	एकूण . . . . .	१,४७७,७०२.०५

सांक्षाकित /-  
( प्रकाश ल. पिसे )  
सचिव

सांक्षाकित /-  
( व्यंकटेश द. गिरी )  
उपाध्यक्ष

सांक्षाकित /-  
( वासंती अ.माने )  
अध्यक्ष






# विश्वकर्मा कर्मचारी सहकारी पतसंस्था मर्यादित, पुणे

६६६, अप्पर इंदिरा नगर, बिबवेवाडी, पुणे - ४११ ०३७.  
( नोंदणी क्र. पीएनए / पीएनए - १ / आरएसआर / ( सीआर ) / १४३८ / १७-१८ )

## अंदाजपत्रक - २०१९-२०

जमा	रक्कम (रु).	खर्च	रक्कम (रु).
सर्वसाधारण कर्ज व्याज	४,५००,०००.००	स्टेशनरी व छापाई	१५,०००.००
आकस्मिक कर्ज व्याज	६००,०००.००	किरकोळ खर्च	६,५००.००
कर्ज अर्ज विक्री	२२,५००.००	स्थानिक वाहन खर्च	५,०००.००
बँक व्याज	५००,०००.००	सॉफ्टवेअर खर्च	१७५,०००.००
प्रवेश शुल्क	७,५००.००	सॉफ्टवेअर देखभाल खर्च	५०,०००.००
स्टेशनरी व छापाई	७,५००.००	हिशोब लिहीणावळ	२४०,०००.००
पी.डी.सी.सी.लाभांश	७५.००	वर्गणी व्याज	३,६३५,७१०.००
		शिक्षण निधी	२,०००.००
		लेखा परीक्षण शुल्क	४०,०००.००
		हिशोब तपासनीस मानधन	२०,०००.००
		सभा खर्च	११०,०००.००
		देणगी	१०,०००.००
		घसारा	१००.००
		बँक चार्जेस	२,५००.००
		नफा	१,३२५,६८५.००
एकूण . . . . .	५,६३७,५७५.००	एकूण . . . . .	५,६३७,५७५.००

सांक्षातिक /-  
( प्रकाश ल. पिसे )  
सचिव

सांक्षातिक /-  
( व्यंकटेश द. गिरी )  
उपाध्यक्ष

सांक्षातिक /-  
( वासंती अ.माने )  
अध्यक्षा

विश्वकर्मा कर्मचारी सहकारी पतसंस्था मर्यादित.  
नोंदणी क्रमांक  
पीएनए/पीएनए-१/आरएसआर/  
(सीआर)/१४३८ १७-१८  
दि १-१०-१७  
११११, अप्पर इंदिरा नगर, पुणे-३७.

# विश्वकर्मा कर्मचारी सहकारी पतसंस्था मर्यादित

६६६, अप्पर इंदिरा नगर, बिबवेवाडी, पुणे - ४११ ०३७.

स्थापना दिनांक - १० ऑक्टोबर १९९७

( नोंदणी क्र. पीएनए / पीएनए - १ / आरएसआर / (सीआर) / १४३८ / ९७-९८ )

सन-२०१९-२०२०

(दिनांक ०१-०४-२०१९ ते ३१-०३-२०२०)

## ऑडिट वर्ग "अ"

तेवीसावा-वार्षिक अहवाल



(फक्तसभासदांकरीता)



## विश्वकर्मा कर्मचारी सहाकारी पतसंस्था मर्यादित, पुणे

६.६.६, अप्पर इंदिरा नगर, बिबवेवाडी, पुणे - ४११ ०३७.  
( नोंदणी क्र. पीएनए / पीएनए - १ / आरएसआर / ( सीआर ) / १४३८ / १७-१८ )

### संचालक मंडळ - २०१९-२०

अ. क्र.	संचालकाचे नाव	संस्था	पद
१	सौ. वासंती अशोक माने	व्ही.आय.आय.टी., कोंढवा बु.११, पुणे-४८	अध्यक्षा
२	श्री. व्यंकटेश दत्तात्रय गिरी	व्ही.आय.टी., बिबवेवाडी, पुणे-३७	उपाध्यक्ष
३	श्री. प्रकाश लक्ष्मण पिसे	व्ही.आय.आय.टी., कोंढवा बु.११, पुणे-४८	सचिव
४	श्री. नारायण धोंडदेव नाडकर्णी	व्ही.आय.टी., बिबवेवाडी, पुणे-३७	संचालक
५	श्री. पंडित संभाजीराव गर्जे	व्ही.आय.टी., बिबवेवाडी, पुणे-३७	संचालक
६	श्री. रामदास पांडुरंग भोसले	व्ही.आय.टी., बिबवेवाडी, पुणे-३७	संचालक
७	श्री. सुनिल चावदास बोरोले	व्ही.व्ही.मराठी माध्यम, बिबवेवाडी, पुणे-३७	संचालक
८	श्री. अनिल शंकर कांबळे	व्ही.आय.टी., बिबवेवाडी, पुणे-३७	संचालक

विश्वकर्मा कर्मचारी सहाकारी पतसंस्था मर्यादित  
नोंदणी क्रमांक  
पीएनए/पीएनए-१/आरएसआर/  
(सीआर)/१४३८/१७-१८  
दि १-१०-१७  
अप्पर इंदिरा नगर, पुणे-३७.



# विश्वकर्मा कर्मचारी सहकारी पतसंस्था मर्यादित, पुणे

६६६, अप्पर हुंदिरा नगर, बिबतेवाडी, पुणे - ४११ ०३७.

( नोंदणी क्र. पीएनए / पीएनए - १ / आरएसआर / ( सीआर ) / १४३८ / १७-१८ )

## तेरीज पत्रक

०१ एप्रिल २०१९ ते ३१ मार्च २०२०

तपशील	प्रारंभिक शेषमाती	व्यवहार		अंतर्शेष
		डेबिट	क्रेडिट	
<b>वसूल भागभांडवल</b>	<b>12210400.00 Cr</b>	<b>251300.00</b>	<b>841000.00</b>	<b>12800100.00 Cr</b>
वसूल भागभांडवल	12210400.00 Cr	251300.00	841000.00	12800100.00 Cr
<b>ठेवी</b>	<b>38357900.00 Cr</b>	<b>657500.00</b>	<b>7529000.00</b>	<b>43229400.00 Cr</b>
ठेवी	38357900.00 Cr	657500.00	7529000.00	43229400.00 Cr
<b>इतर देणी</b>	<b>3846321.00 Cr</b>	<b>4737734.00</b>	<b>5262444.00</b>	<b>4171031.00 Cr</b>
ठेवी व्याज	25851.00 Cr	1179886.00	1181380.00	27375.00 Cr
आवृत्त ठेव व्याज	38931.00 Cr	38415.00	0.00	516.00 Cr
लाभांश	3517039.00 Cr	3466953.00	4021754.00	4071840.00 Cr
शासकीय लेखा परिक्षण शुल्क	35000.00 Cr	35000.00	39550.00	39550.00 Cr
द्विभांडव लयासणीस मानधन	17500.00 Cr	17500.00	19750.00	19750.00 Cr
शिक्षण निधी	6000.00 Cr	0.00	0.00	6000.00 Cr
व्यवसाय कर	6000.00 Cr	0.00	0.00	6000.00 Cr
<b>डेबिट्स</b>	<b>626.00 Dr</b>	<b>0.00</b>	<b>85.00</b>	<b>540.00 Dr</b>
क्याट	173.00 Dr	0.00	17.00	156.00 Dr
प्रिंटर	452.00 Dr	0.00	68.00	384.00 Dr
<b>गुंतवणुक</b>	<b>13350227.00 Dr</b>	<b>10295540.00</b>	<b>0.00</b>	<b>23645767.00 Dr</b>
एफ डी - सुवर्णयुग सहकारी बँक	5000000.00 Dr	0.00	0.00	5000000.00 Dr
एफ डी - सुवर्णयुग सहकारी बँक	5000000.00 Dr	0.00	0.00	5000000.00 Dr
एफ डी - सुवर्णयुग सहकारी बँक	0.00 Dr	5000000.00	0.00	5000000.00 Dr
एफ डी - सुवर्णयुग सहकारी बँक	0.00 Dr	5000000.00	0.00	5000000.00 Dr
गंगाजळी - पी डी सी सी	3349727.00 Dr	295540.00	0.00	3645267.00 Dr
भाग भांडवल - पी डी सी सी	500.00 Dr	0.00	0.00	500.00 Dr
<b>कर्ज (दायित्व)</b>	<b>36726560.00 Dr</b>	<b>27343722.00</b>	<b>27825022</b>	<b>36244060.00 Dr</b>
सर्वसाधारण कर्ज	34509900.00 Dr	24486667.00	24704467.00	34292100.00 Dr
अकस्मिक कर्ज	1215400.00 Dr	2857055.00	3120555.00	951900.00 Dr
<b>रोख शिल्लक</b>	<b>719.00 Dr</b>	<b>14175.00</b>	<b>14198</b>	<b>696.00 Dr</b>
हस्तस्थ रोख	719.00 Dr	14175.00	14198.00	696.00 Dr
<b>बँक खाती</b>	<b>9037593.05 Dr</b>	<b>36548435.00</b>	<b>39448547.50</b>	<b>7137480.55 Dr</b>
पुणे जिल्हा मध्य सहकारी बँक	2386365.50 Dr	1671927.00	657953.00	3400339.50 Dr
सुवर्णयुग सहकारी बँक - १३९१	1569249.88 Dr	52765.00	383.50	1621631.38 Dr
सुवर्णयुग सहकारी बँक - ६७८	5081977.67 Dr	34823743.00	37790211.00	2115509.67 Dr
<b>द्विभांडव लिहिणावळ</b>	<b>0.00</b>	<b>120000.00</b>	<b>0.00</b>	<b>120000.00 Dr</b>
द्विभांडव लिहिणावळ	0.00	120000.00	0.00	120000.00 Dr
<b>बँक चार्जेस</b>	<b>0.00</b>	<b>1858.50</b>	<b>0.00</b>	<b>1858.50 Dr</b>
बँक चार्जेस	0.00	1858.50	0.00	1858.50 Dr
<b>घसाघ</b>	<b>0.00</b>	<b>85.00</b>	<b>0.00</b>	<b>85.00 Dr</b>
घसाघ	0.00	85.00	0.00	85.00 Dr

विश्वकर्मा कर्मचारी सहकारी पतसंस्था मर्यादित  
नोंदणी क्रमांक  
पीएनए/पीएनए-१/आरएसआर/  
(सीआर)/१४३८ १७-१८  
दि ९-१०-१७  
अप्पर हुंदिरानगर, पुणे-३७.

तपशील	प्रारंभिक शेषबाकी	व्यवहार		अंतशेष
		डेबिट	क्रेडिट	
<b>प्रवेश फी</b>	0.00	900.00	900.00	0.00 Cr
प्रवेश फी	0.00	900.00	900.00	0.00 Cr
<b>मिळालेले व्याज व लाभांश</b>	0.00	25.00	5381830.00	5381805.00 Cr
सर्वसाधारण कर्ज व्याज	0.00	25.00	3756767.00	3756742.00 Cr
आकस्मिक कर्ज व्याज	0.00		204420.00	204420.00 Cr
बँक व्याज	0.00	0.00	1420643.00	1420643.00 Cr
<b>सभा खर्च</b>	0.00	59565.00	0.00	59565.00 Dr
सभा खर्च	0.00	59565.00	0.00	59565.00 Dr
<b>किरकोळ खर्च</b>	0.00	2435.00	0.00	2435.00 Dr
किरकोळ खर्च	0.00	2435.00	0.00	2435.00 Dr
<b>स्टेशनरी व छपाई - खर्च</b>	0.00	2708.00	0.00	2708.00 Dr
स्टेशनरी व छपाई - खर्च	0.00	2708.00	0.00	2708.00 Dr
<b>प्रोफेशनल खर्च</b>	0.00	16500.00	0.00	16500.00 Dr
प्रोफेशनल खर्च	0.00	16500.00	0.00	16500.00 Dr
<b>स्टेशनरी व छपाई - उत्पन्न</b>	0.00	0.00	900.00	900.00 Cr
स्टेशनरी व छपाई - उत्पन्न	0.00	0.00	900.00	900.00 Cr
<b>तरतुद खर्च</b>	0.00	4081054.00	0.00	4081054.00 Dr
तरतुद खर्च	0.00	4081054.00	0.00	4081054.00 Dr
<b>राखिव व इतर निधी</b>	4599141.00	177000.00	296440.00	4718581.00 Cr
राखिव निधी	3349724.00 Cr	0.00	295540.00	3645264.00 Cr
प्रवेश फी-राखिव निधी	7000.00 Cr	0.00	900.00	7900.00 Cr
लाभांश समिकरण निधी	1001067.00 Cr	177000.00	0.00	824067.00 Cr
सभासद कल्याण निधी	97500.00 Cr	0.00	0.00	97500.00 Cr
संचायित बुडित निधी	143850.00 Cr	0.00	0.00	143850.00 Cr
<b>छापिल अर्ज / दाखले विक्री</b>	0.00	0.00	14175.00	14175.00 Cr
दाखले विक्री	0.00	0.00	3050.00	3050.00 Cr
छापिल अर्ज विक्री - सर्वसाधारण	0.00	0.00	7700.00	7700.00 Cr
छापिल अर्ज विक्री - आकस्मिक	0.00	0.00	3425.00	3425.00 Cr
<b>वाहन खर्च</b>	0.00	4075.00	0.00	4075.00 Dr
वाहन खर्च	0.00	4075.00	0.00	4075.00 Dr
<b>नफ़ा व नुकसान खाते</b>	1300702.05 Cr	1300702.05	772.05	772.05 Cr
<b>अंतिम बेरीज . . . . .</b>		8,56,15,313.55	8,56,15,313.55	

\* शिखरकर्मा कर्मचारी सहकारी पतसंस्था, पुणे \*  
 नोंदणी क्रमांक  
 पीएनए/पीएनए-१/आएएसआर/  
 (सीआर)/१४३८ ९७-९८  
 दि १-१०-९७  
 अण्णर मंदिरानगर, पुणे-३७.



# विश्वकर्मा कर्मचारी सहकारी पतसंस्था मर्यादित, पुणे

६.६.६, अप्पर इंदिरा नगर, विबलेवाडी, पुणे - ४११ ०३७.

( नोंदणी क्र. पीएनए / पीएनए - १ / आरएसआर / ( सीआर ) / १४३८ / १७-१८ )

## नफा व नुकसान खाते

०१ एप्रिल २०१९ ते ३१ मार्च २०२०

तपशील	१-एप्रिल-२०१८ ते ३१-मार्च-२०२०	तपशील	१-एप्रिल-२०१८ ते ३१-मार्च-२०२०
किरकोळ खर्च		छापिल अर्ज विक्री	१४,१७५.००
किरकोळ खर्च	२,४३५.००	छापिल अर्ज विक्री	१४,१७५.००
घसारा		स्टेशनरी व छपाई	१००.००
घसारा	८५.००	स्टेशनरी व छपाई	१००.००
तरतुद खर्च		मिळालेले व्याज	५३,८१,८०५.००
तरतुद खर्च	४०,८१,०५४.००	लाभांश - पी. डी. सी. सी.	७५.००
प्रोफेशनल खर्च		सर्वसाधारण कर्ज व्याज	३७,५६,७४२.००
प्रोफेशनल खर्च	१६,५००.००	आकस्मिक कर्ज व्याज	२,०४,४२०.००
वाहन खर्च		बँक व्याज - पी. डी. सी. सी.	२,५०,४३८.००
वाहन खर्च	४,०७५.००	मुदत ठेव व्याज - सु. स. बँक	७,२९,८६२.००
बँक चार्जेस		बँक व्याज - बचत खाते	४,४०,२६८.००
बँक चार्जेस	१,८५८.५०		
सभा खर्च			
सभा खर्च	५९,५६५.००		
स्टेशनरी व छपाई			
स्टेशनरी व छपाई	२,७०८.००		
हिशोब लिहिणावळ			
हिशोब लिहिणावळ	१,२०,०००.००		
निव्वळ नफा			
निव्वळ नफा	११,०८,५९९.५०		
एकूण . . .	५३,९६,८८०.००	एकूण . . .	५३,९६,८८०.००

सांक्षातिक /-  
प्रकाश ल. पिसे  
सचिव

सांक्षातिक /-  
पंडीत संभाजीराव गर्जे  
संचालक

सांक्षातिक /-  
वासंती अ.माने  
अध्यक्षा

विश्वकर्मा कर्मचारी सहकारी पतसंस्था मर्यादित  
नोंदणी क्रमांक  
पीएनए/पीएनए-१/आरएसआर /  
(सीआर)/१४३८ १७-१८  
दि १-१०-१७  
अप्पर इंदिरानगर, पुणे-४७.



# विश्वकर्मा कर्मचारी सहकारी पतसंस्था मर्यादित, पुणे

६६६, अप्पर इंदिरा नगर, विंबोताही, पुणे - ४११ ०३७.  
( नोंदणी क्र. पीएनए / पीएनए - १ / आरएलआर / ( सीआर ) / १४३८ / १७-१८ )

## ताळेबंद पत्रक

०१ एप्रिल २०१९ ते ३१ मार्च २०२०

वाचित	३१ - मार्च - २०२० या तारखेस		मालमरता	३१ - मार्च - २०२० या तारखेस	
अधिकृत भागभांडवल		५,००,००,०००.००			
अधिकृत भागभांडवल	५,००,००,०००.००				
समुल भागभांडवल		१,२८,००,१००.००	हेबस्टॉक		५४०.००
समुल भागभांडवल	१,२८,००,१००.००		कपाट	१५६.००	
			प्रिटर	३८४.००	
राखित व इतर निधी		४४,१८,५८१.००			
राखित निधी	३६,४५,२६४.००		कर्ज (वागिला)		३,५२,४४,०००.००
राखित निधी - प्रवेश वी	७,९००.००		सर्वताधारण कर्ज	३,४२,९२,९००.००	
लाभदा लक्षितल निधी	८,२४,०६७.००		अवसिक्त कर्ज	९,५१,९००.००	
समाप्त कर्जाय निधी	९७,५००.००				
संचालित बुटिन निधी	९,४३,८५०.००		गुंतवणूक		२,३६,४५,७६७.००
ढेकी		४,३२,२९,४००.००	मुदात ठेव - तुजर्णपुण सहकारी बँक	५०,००,०००.००	
कर्मी	४,३२,२९,४००.००		मुदात ठेव - तुजर्णपुण सहकारी बँक	५०,००,०००.००	
			मुदात ठेव - तुजर्णपुण सहकारी बँक	५०,००,०००.००	
इतर ढेकी		४१,७१,०३९.००	मुदात ठेव - तुजर्णपुण सहकारी बँक	५०,००,०००.००	
कर्मी कटाज	४०,७९,८४०.००		गंजाळी - पी. डी. सी. सी.	३६,४५,२६७.००	
आजीव ठेव कटाज	५९६.००		भाग मंडळार - पी. डी. सी. सी.	५००.००	
लाभदा	२७,३७५.००				
मालमरतीय लेखा परिश्रम शुल्क	३१,५५०.००		रोख निवाराक		६९६.००
इन्शुरेक त्वातगीत मानदान	१९,७५०.००		हस्तान्व रोख	६९६.००	
सिद्धता निधी	६,०००.००				
अवसत्य कर	६,०००.००		बँक खाती		७१,३७,४८०.५५
			पुणे जिल्हा नव्य सहकारी बँक	३४,००,३३९.५०	
नका व मुकसान खाते		११,०९,३७९.५५	तुजर्णपुण सहकारी बँक- १३९९	९६,२९,६३९.३८	
प्रारंभिक संवहारी	९३,००,७०२.०५		तुजर्णपुण सहकारी बँक- ६७८	२९,१५,५०९.६७	
संलग्न कालखंड	१९,०८,५९९.५०				
कमी संचालन	१२,९९,९३०.००				
<b>एकूण . . .</b>		<b>६,६०,२८,४८९.५५</b>	<b>एकूण . . .</b>		<b>६,६०,२८,४८९.५५</b>

संघाकित /  
प्रकाश ल. पिसे  
सचिव

संघाकित /  
पंडीत संभाजीराव गर्जे  
संचालक

संघाकित /  
वासंती अ. माने  
अध्यक्षा

विश्वकर्मा कर्मचारी सहकारी पतसंस्था  
नोंदणी क्र.मांक  
पीएनए/पीएनए-१/आरए.  
(सीआर)/१४३८ १७-१८  
दि १-१०-१७  
अप्यर इंदिरानगर, पुणे-४०.



# विश्वकर्मा कर्मचारी सहकारी पतसंस्था मर्यादित

६६६, अप्पर इंदिरा नगर, बिबवेवाडी, पुणे - ४११ ०३७.

( नोंदणी क्र. पीएनए / पीएनए - १ / आरएसआर / ( सीआर ) / १४३८ / १७-१८ )

## नफा वाटणी - २०१९-२०

### नफा

अ.क्र.	तपशील	रक्कम ( ₹ )
१)	मागील वर्षाचा शिल्लक नफा - २०१८-१९	७७२.०५
२)	अहवाल वर्षाचा निव्वळ नफा - २०१९-२०	११,०८,५९९.५०
३)	लाभांश समिकरण निधी	५,०४,०००.००
	एकूण . . . . .	१६,९३,३७१.५५

### वाटणी

अ.क्र.	तपशील	रक्कम ( ₹ )
१)	गंगाजळी - २५%	४,०३,३४३.००
२)	लाभांश - १०%	१२,०९,९६२.००
३)	शिल्लक नफा	८६६.५५
	एकूण . . . . .	१६,९३,३७१.५५

सांक्षाकित /-  
प्रकाश ल. पिसे  
सचिव

सांक्षाकित /-  
पंडीत संभाजीराव गर्जे  
संचालक

सांक्षाकित /-  
वासंती अ.माने  
अध्यक्षा

विश्वकर्मा कर्मचारी सहकारी पतसंस्था मर्यादित  
नोंदणी क्रमांक  
पीएनए/पीएनए-१/आरएसआर/  
(सीआर)/१४३८ १७-१८  
दि ९-१०-१७  
अप्पर इंदिरानगर, पुणे-३७.



# विश्वकर्मा कर्मचारी सहकारी पतसंस्था मर्यादित

६६६, अप्पर इंदिरा नगर, बिबवेवाडी, पुणे - ४११ ०३७.

स्थापना दिनांक - १० ऑक्टोबर १९९७

( नोंदणी क्र. पीएनए / पीएनए - १ / आरएसआर / (सीआर) / १४३८ / ९७-९८ )

सन-२०२०-२०२१

(दिनांक ०१-०४-२०२० ते ३१-०३-२०२१)

## ऑडिट वर्ग "अ"

चोवीसावा-वार्षिक अहवाल



(फक्तसभासदांकरीता)

000002



# विश्वकर्मा कर्मचारी सहकारी पतसंस्था मर्यादित, पुणे

६६६, अप्पर इंदिरा नगर, बिबवेवाडी, पुणे - ४११ ०३७.

( नोंदणी क्र. पीएनए / पीएनए - १ / आरएसआर / ( सीआर ) / १४३८ / १७-१८ )

## संचालक मंडळ - २०२०-२१

अ. क्र.	संचालकाचे नाव	संस्था	पद
१	सौ. वासंती अशोक माने	व्ही.आय.आय.टी., कौटवा बु.११, पुणे-४८	अध्यक्षा
२	श्री. व्यंकटेश दत्तात्रय गिरी	व्ही.आय.टी., बिबवेवाडी, पुणे-३७	उपाध्यक्ष
३	श्री. प्रकाश लक्ष्मण पिसे	व्ही.आय.आय.टी., कौटवा बु.११, पुणे-४८	सचिव
४	श्री. पंडित संभाजीराव गर्जे	व्ही.आय.टी., बिबवेवाडी, पुणे-३७	संचालक
५	श्री. रामदास पांडुरंग भोसले	व्ही.आय.टी., बिबवेवाडी, पुणे-३७	संचालक
६	श्री. सुनिल चावदास बोरोले	व्ही.व्ही.मराठी माध्यम, बिबवेवाडी, पुणे-३७	संचालक
७	श्री. अनिल शंकर कांबळे	व्ही.आय.टी., बिबवेवाडी, पुणे-३७	संचालक

विश्वकर्मा कर्मचारी सहकारी पतसंस्था मर्यादित
   
 नोंदणी क्रमांक
   
 पीएनए/पीएनए-१/आरएसआर/
   
 (सीआर)/१४३८ १७-१८
   
 दि १-१०-१७
   
 अप्पर इंदिरा नगर, पुणे-३७.

# विश्वकर्मा कर्मचारी सहकारी पतसंस्था मर्यादित

६६६, अप्पर हंडिरा नगर, बिबवेवाडी, पुणे - ४११ ०३७.

( नोंदणी क्र. पीएनए / पीएनए - १ / आरएसआर / ( सीआर ) / १४३८ / १७-१८ )

जा. क्र. वित्तसपम/२०२१-२२/०११

दिनांक : १५/१०/२०२१

## वार्षिक सर्वसाधारण सभेची सूचना

आपल्या पतसंस्थेची चोवीसावी वार्षिक सर्वसाधारण सभा, शनिवार दि. ३०/१०/२०१९ रोजी दुपारी ठीक १२:३० वाजता कोवीड-१९च्या प्रादुर्भावामुळे ऑनलाईन स्वरूपात आयोजित केली आहे. तरी सर्व सभासदांनी वेळेवर उपस्थित रहावे, ही विनंती.

## सभेपुढील विषय

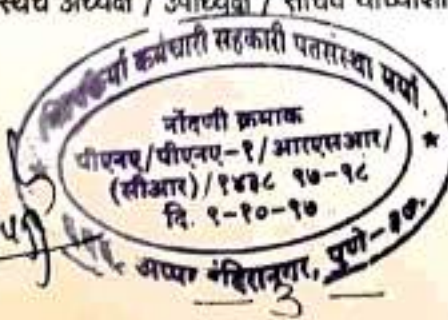
१. दि. २८ सप्टेंबर २०१९ रोजी झालेल्या वार्षिक सर्वसाधारण सभेचा वृत्तांत वाचून कायम करणे.
२. सन २०१९-२० च्या आर्थिक वर्षातील संचालक-मंडळ सभा दि. ०५/११/२०२० नुसार-संचालक मंडळाने मंजूर केलेल्या ठरावास मंजूरी देणेबाबत.
३. सन २०२०-२१ च्या लेखापरिक्षण अहवालास मंजूरी देणे.
४. सन २०२०-२१ चे तैरीज, ताळेबंद व नफा-तोटा पत्रक यांस मान्यता देणे.
५. सन २०२०-२१ करीता मंजूर केलेल्या अंदाजपत्रकापेक्षा जो कमी-अधिक खर्च झाला त्यास मंजूरी देणे.
६. सन २०२१-२२ करीता कार्यकारी मंडळाने शिफारस केलेले अंदाजपत्रक मंजूर करणे.
७. सन २०२०-२१ चे नफा वाटणीस मंजूरी देणे.
८. वैधानिक व अंतर्गत हिशेब तपासणीसाठी नेमणूक करणेबाबत.
९. मा. अध्यक्षंच्या परवानगीने आयत्या वेळच्या विषयांवर विचार करणे.

दिनांक - १५/१०/२०२१

साक्षात्कृत/-  
(प्रकाश ल. पिसे)  
सचिव

## विशेष सूचना

१. संस्थेच्या पोटनियामाप्रमाणे गणसंख्येअभावी तहकूब झालेली सभा त्याच दिवशी नियोजित वेळेनंतर अर्ध्या तासाने वरील नमूद केलेल्या ठिकाणीच घेतली जाईल व अशा सभेस गणसंख्या पूर्तीची आवश्यकता असणार नाही.
२. सभासदांना संस्थेच्या कामाविषयी व अहवालाविषयी काही माहिती हवी असल्यास दि. २८/१०/२०२१ रोजी सायंकाळी ५.०० वाजेपर्यंत अध्यक्ष/सचिव यांना लेखी अथवा ई-मेल द्वारे कळवावे.  
E-mail : - [vishwakarmasociety1997@gmail.com](mailto:vishwakarmasociety1997@gmail.com)
३. सभासदांच्या माहितीसाठी सर्व विभागांमध्ये पतसंस्थेच्या वार्षिक अहवालाच्या काही प्रति दिलेल्या आहेत. वैयक्तिक प्रत हवी असल्यास पतसंस्थेचे अध्यक्ष / उपाध्यक्ष / सचिव यांच्याशी कार्यालयीन वेळेत संपर्क साधावा.





# विश्वकर्मा कर्मचारी सहकारी पतसंस्था मर्यादित, पुणे ०००४


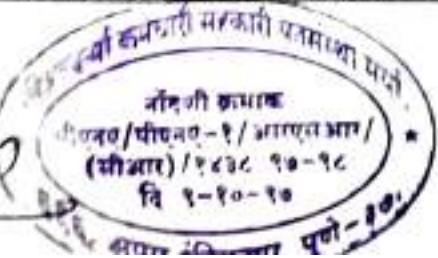
६६६, अप्पर इंदिरा नगर, विखवेवाडी, पुणे - ४११ ०३७.  
( नोंदणी क्र. पीएनए / पीएनए - १ / आरएराआर / ( सीआर ) / १४३८ / १७-९८ )

## तेरीज पत्रक

०१ एप्रिल २०२० ते ३१ मार्च २०२१

वर्गीकृत	प्रारंभिक शेषवाकी	व्यवहार		अंतर्शेष
		डेबिट	क्रेडिट	
<b>वसूल भागभांडवल</b>	<b>12800100.00 Cr</b>	<b>668800.00</b>	<b>664500.00</b>	<b>12815800.00 Cr</b>
वसूल भागभांडवल	12800100.00 Cr	668800.00	664500.00	12815800.00 Cr
<b>डेवी</b>	<b>43229400.00 Cr</b>	<b>2374750.00</b>	<b>10123500.00</b>	<b>50978150.00 Cr</b>
डेवी	43229400.00 Cr	2374750.00	10123500.00	50978150.00 Cr
<b>इतर देणी</b>	<b>4171031.00 Cr</b>	<b>5295760.00</b>	<b>5338887.00</b>	<b>4213918.00 Cr</b>
वर्गणी व्याज	4071840.00 Cr	4026752.00	4060455.00	4105543.00 Cr
आवृत ठेव व्याज	516.00 Cr	516.00	0.00	0.00 Cr
सभास	27375.00 Cr	1209212.00	1209212.00	27375.00 Cr
शासकीय लेखा परिक्षण सुल्ल	39550.00 Cr	39560.00	43000.00	43000.00 Cr
हिशोब तपासणीस मानधन	19750.00 Cr	19750.00	26000.00	26000.00 Cr
शिक्षण निधी	6000.00 Cr	0.00	0.00	6000.00 Cr
व्यवसाय कर	6000.00 Cr	0.00	0.00	6000.00 Cr
<b>डेबिट्स</b>	<b>540.00 Dr</b>	<b>0.00</b>	<b>74.00</b>	<b>466.00 Dr</b>
कपाट	158.00 Dr	0.00	16.00	140.00 Dr
ट्रिटर	384.00 Dr	0.00	58.00	326.00 Dr
<b>सुरवाणुक</b>	<b>23645767.00 Dr</b>	<b>10403343.00</b>	<b>0.00</b>	<b>34049110.00 Dr</b>
एफ.डी. - सुवर्णयुग सहकारी बँक	5000000.00 Dr	0.00	0.00	5000000.00 Dr
एफ.डी. - सुवर्णयुग सहकारी बँक	5000000.00 Dr	0.00	0.00	5000000.00 Dr
एफ.डी. - सुवर्णयुग सहकारी बँक	5000000.00 Dr	0.00	0.00	5000000.00 Dr
एफ.डी. - सुवर्णयुग सहकारी बँक	5000000.00 Dr	0.00	0.00	5000000.00 Dr
एफ.डी. - सुवर्णयुग सहकारी बँक	0.00 Dr	8000000.00	0.00	8000000.00 Dr
एफ.डी. - पी.डी. सी. सी.	0.00 Dr	2000000.00	0.00	2000000.00 Dr
गंगाजळी - पी.डी. सी. सी.	3645287.00 Dr	403343.00	0.00	4048610.00 Dr
भाग भांडवल - पी.डी. सी. सी.	500.00 Dr	0.00	0.00	500.00 Dr
<b>कर (दायित्व)</b>	<b>35244000.00 Dr</b>	<b>22170705.00</b>	<b>20505708.00</b>	<b>36909000.00 Dr</b>
सर्वसाधारण कर	34292100.00 Dr	18589585.00	18020285.00	35861500.00 Dr
अकारिमक कर	651900.00 Dr	2581020.00	2485420.00	1047500.00 Dr
<b>रोख शिल्लक</b>	<b>698.00 Dr</b>	<b>7,950.00</b>	<b>8,075.00</b>	<b>571.00 Dr</b>
हस्तस्थ रोख	698.00 Dr	7950.00	8075.00	571.00 Dr
<b>बँक खाती</b>	<b>7137480.55 Dr</b>	<b>40873022.00</b>	<b>44711048.00</b>	<b>2998457.55 Dr</b>
पुणे जिल्हा मध्य सहकारी बँक	3400330.50 Dr	2766935.00	5849708.40	317589.10 Dr
सुवर्णयुग सहकारी बँक - १३९१	1821631.38 Dr	3536857.00	5000053.10	158436.28 Dr
सुवर्णयुग सहकारी बँक - ६७८	2115509.87 Dr	34269230.00	33851286.50	2523453.17 Dr
<b>मुदत ठेव - टी.डी.एस.</b>	<b>0.00 Dr</b>	<b>241845.40</b>	<b>0.00</b>	<b>241845.40 Dr</b>
मुदत ठेव - टी.डी.एस.	0.00 Dr	241845.40	0.00	241845.40 Dr
<b>हिशोब लिहिणावळ</b>	<b>0.00</b>	<b>144000.00</b>	<b>0.00</b>	<b>144000.00 Dr</b>
हिशोब लिहिणावळ	0.00	144000.00	0.00	144000.00 Dr

तपशील	प्रारंभिक शेषबाकी	व्यवहार		
		डेबिट	क्रेडिट	
बँक घातारा	0.00	899.00	0.00	899.00 Dr
बँक घातारा	0.00	899.00	0.00	899.00 Dr
घराघरा	0.00	74.00	0.00	74.00 Dr
घराघरा	0.00	74.00	0.00	74.00 Dr
प्रवेश फी	0.00	300.00	300.00	0.00 Cr
प्रवेश फी	0.00	300.00	300.00	0.00 Cr
मिळालेले व्याज व लाभांश	0.00	100.00	5847038.00	5846938.00 Cr
सर्वसाधारण कर्ज व्याज	0.00	100.00	3414270.00	3414170.00 Cr
आकारिमक कर्ज व्याज	0.00	0.00	221496.00	221496.00 Cr
मुदत ठेव व्याज	0.00	0.00	1886497.00	1886497.00 Cr
बँक व्याज	0.00	0.00	324775.00	324775.00 Cr
सभा खर्च	0.00	1420.00	0.00	1420.00 Dr
सभा खर्च	0.00	1420.00	0.00	1420.00 Dr
किरकोड खर्च	0.00	1802.00	781.00	1021.00 Dr
किरकोड खर्च	0.00	1802.00	781.00	1021.00 Dr
स्टेशनरी व छपाई - खर्च	0.00	2475.00	0.00	2475.00 Dr
स्टेशनरी व छपाई - खर्च	0.00	2475.00	0.00	2475.00 Dr
प्रोफेशनल खर्च	0.00	9000.00	0.00	9000.00 Dr
प्रोफेशनल खर्च	0.00	9000.00	0.00	9000.00 Dr
स्टेशनरी व छपाई - उत्पन्न	0.00	0.00	300.00	300.00 Cr
स्टेशनरी व छपाई - उत्पन्न	0.00	0.00	300.00	300.00 Cr
तरतुद खर्च	0.00	4120457.00	0.00	4120457.00 Dr
तरतुद खर्च	0.00	4120457.00	0.00	4120457.00 Dr
राखिव व इतर निधी	4718581.00	504000.00	403643.00	4618224.00 Cr
राखिव निधी	3645264.00 Cr	0.00	403343.00	4048607.00 Cr
प्रवेश फी-राखिव निधी	7900.00 Cr	0.00	300.00	8200.00 Cr
लाभांश समिकरण निधी	824067.00 Cr	504000.00	0.00	320067.00 Cr
सभासद कल्याण निधी	97500.00 Cr	0.00	0.00	97500.00 Cr
संचायित बुडित निधी	143850.00 Cr	0.00	0.00	143850.00 Cr
छापिल अर्ज / दाखले विक्री	0.00	0.00	7950.00	7950.00 Cr
दाखले विक्री	0.00	0.00	800.00	800.00 Cr
छापिल अर्ज विक्री - सर्वसाधारण	0.00	0.00	4800.00	4800.00 Cr
छापिल अर्ज विक्री - आकारिमक	0.00	0.00	2350.00	2350.00 Cr
वाहन खर्च	0.00	2380.00	0.00	2380.00 Dr
वाहन खर्च	0.00	2380.00	0.00	2380.00 Dr
नफा व नुकसान खाते	1109371.65 Cr	1109371.55	866.55	866.55 Cr
अंतिम बरीज		87,632,444.55	87,632,444.55	



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# विश्वकर्मा कर्मचारी सहकारी पतसंस्था मर्यादित, पुणे

१११, अथर इंदिरा नगर, विठोबावाडी, पुणे - ४११ ०३७

( पीएचसी #. वीएच / वीएच - १ / अणुसंस्था // सीआर १ / १७३८ / १७९८ )

## नफा व नुकसान खाते

०१ एप्रिल २०२० ते ३१ मार्च २०२१

वर्गीकृत	१ एप्रिल २०२० ते ३१ मार्च २०२१	वर्गीकृत	१ एप्रिल २०२० ते ३१ मार्च २०२१
दिव्यकोट खाते	१,०११.००	व्यक्तिगत खाते विहरी	७,९५०.००
दिव्यकोट खाते	१,०११.००	व्यक्तिगत खाते विहरी	७,९५०.००
उपहार	७४.००	स्टोकरवरी व इतराई	१००.००
उपहार	७४.००	स्टोकरवरी व इतराई	१००.००
संपत्ती खाते	४,९३०,४५७.००	विक्रयलेले माल	१,८७६,९३८.००
संपत्ती खाते	४,९३०,४५७.००	सर्वसाधारण खाते माल	३,४१४,९७०.००
व्यक्तिगत खाते	१,०००.००	आवृत्त खाते माल	३३१,४१६.००
व्यक्तिगत खाते	१,०००.००	बँक माल - टी डी सी सी	३०३,७७७.००
व्यय खाते	२,३८०.००	मुद्रा देण माल - तु ल बँक	१,६८३,७७०.००
व्यय खाते	२,३८०.००	बँक माल - बचत खाते	३१४,७७५.००
बँक खाते	८६९.६०		
बँक खाते	८६९.६०		
समा खाते	१,४२०.००		
समा खाते	१,४२०.००		
स्टोकरवरी व इतराई	२,४७५.००		
स्टोकरवरी व इतराई	२,४७५.००		
शिवाय निविदा	१४४,०००.००		
शिवाय निविदा	१४४,०००.००		
निव्वळ नफा	१,५७३,४९१.४०		
एकूण ...	५,८५५,९८८.००	एकूण ...	५,८५५,९८८.००

विश्वकर्मा कर्मचारी सहकारी पतसंस्था, पुणे
   
 संपत्ती/व्यय - १ / अणुसंस्था
   
 (सीआर) / १७३८ / १७-९८
   
 दि. १-१०-२०
   
 सचिव, विश्वकर्मा कर्मचारी सहकारी पतसंस्था, पुणे-४११०३७

साक्षात्कार /  
 प्रकाश ल. पिले  
 सचिव

साक्षात्कार /  
 रामदास पांडुरंग भोसले  
 उपाध्यक्ष

साक्षात्कार /  
 संदीप सभाजीराव घडगे  
 अध्यक्ष



# विश्वकर्मा कर्मचारी सहकारी पतसंस्था मर्यादित, पुणे

000007

६६६, अप्पर इंदिरा नगर, विठ्ठलवाडी, पुणे - ४११ ०३७.  
( नोंदणी क्र. पीएनए - १ / आरएसआर / ( सीआर ) / १४३८ / १४-१८ )

## ताळेबंद पत्रक

०१ एप्रिल २०२० ते ३१ मार्च २०२१

दायित्व	३१ - मार्च - २०२१ या तारखेस	मालमत्ता	३१ - मार्च - २०२१ या तारखेस
अधिकृत भागभांडवल			
अधिकृत भागभांडवल	५०,०००,०००.००		
वसुल भागभांडवल			
वसुल भागभांडवल	१२,८१५,८००.००	डेबिटॉक	४६६.००
		कपाट	१४०.००
		डिटेन	३२६.००
राखिव व इतर निधी			
राखिव निधी	४,०४८,६०७.००	कर्ज (दायित्व)	३६,९०१,०००.००
राखिव निधी - प्रवेश फी	८,२००.००	सर्वासाधारण कर्ज	३५,८६१,५००.००
सामांश समिकरण निधी	३२०,०६७.००	आवृत्तिक कर्ज	१,०४०,५००.००
सभासद कल्याण निधी	१७,५००.००		
संशोधित बुध्दित निधी	१४३,८५०.००	गुंतवणुके	३४,०४९,११०.००
ठेडी		मुदात ठेव - सुवर्णपुत्र सहकारी बँक	२८,०००,०००.००
वर्गणी	५०,९७८,९५०.००	मुदात ठेव - पी.डी.सी.सी.	२,०००,०००.००
		गंगारुची - पी.डी.सी.सी.	४,०४८,६९०.००
इतर देणी		भाग भांडवल - पी.डी.सी.सी.	५००.००
वर्गणी व्याज	४,१०५,५४३.००		
सामांश	२७,३७५.००	मुदात ठेव - टी.डी.एस.	२४९,८४५.४०
शासकीय सेवा परिक्षण शुल्क	४३,०००.००	मुदात ठेव - टी.डी.एस.	२४९,८४५.४०
दिवसेव तपासणीस मानधन	२६,०००.००		
सिद्धांत निधी	६,०००.००	रोख किल्लक	५७९.००
व्यावसाय कर	६,०००.००	हस्तांतर रोखड	५७९.००
नफा व मुकसान खाते		बँक खाती	२,९९९,४५७.५५
आवृत्तिक रोखकधी	१,९०९,३७९.५५	पुणे जिल्हा मध्य सहकारी बँक	३९७,५६९.९०
कर्जाने कालकांड	१,५७३,४९९.४०	सुवर्णपुत्र सहकारी बँक- १३११	९५८,४३५.२८
कधी - सामानांतर	१,९०८,५०५.००	सुवर्णपुत्र सहकारी बँक- ६७८	२,५९३,४५३.१७
एकूण	७४,२००,४४९.९५	एकूण	७४,२००,४४९.९५

सांभाकित /-  
प्रकाश ल. पिसे  
सचिव

सांभाकित /-  
रामदास पांडुरंग भोसले  
उपाध्यक्ष

सांभाकित /-  
पंडीत सांभाजीराव गर्जे  
अध्यक्ष

*(Signature)*

नोंदणी क्रमांक  
पीएनए/पीएनए-१/आरएसआर/  
(सीआर)/१४३८ १७-१८  
दि १-१०-१४

६६६, अप्पर इंदिरा नगर, पुणे - ४११ ०३७.



# विश्वकर्मा कर्मचारी सहकारी पतसंस्था मर्यादित,

६६६, अप्पर इंदिरा नगर, बिबवेवाडी, पुणे - ४११ ०३७.

( नोंदणी क्र. पीएनए / पीएनए - १ / आरएसआर / ( सीआर ) / १४३८ / ९७-९८ )

## नफा वाटणी - २०२०-२१

### नफा

अ.क्र.	तपशील	रक्कम ( ₹ )
१)	मागील वर्षाचा शिल्लक नफा - २०१९-२०	८६६.५५
२)	अहवाल वर्षाचा निव्वळ नफा - २०२०-२१	१,५७३,४९१.४०
	एकूण . . . . .	१,५७४,३५७.९५

### वांटणी

अ.क्र.	तपशील	रक्कम ( ₹ )
१)	गंगाजळी - २५%	३९३,५८९.००
२)	लाभांश - ९%	१,१२६,३५९.००
३)	लाभांश समिकरण निधी	५४,०००.००
४)	शिल्लक नफा	४०९.९५
	एकूण . . . . .	१,५७४,३५७.९५

सांक्षाकित /-  
प्रकाश ल. पिसे  
सचिव

सांक्षाकित /-  
रामदास पांडुरंग भोसले  
उपाध्यक्ष

सांक्षाकित /-  
पंडीत संभाजीराव गर्जे  
अध्यक्ष

विश्वकर्मा कर्मचारी सहकारी पतसंस्था मर्यादित.  
नोंदणी क्रमांक  
पीएनए/पीएनए-१/आरएसआर/  
(सीआर)/१४३८ ९७-९८  
दि १-१०-१७  
६६६, अप्पर इंदिरा नगर, पुणे-४११०३७.



# विश्वकर्मा कर्मचारी सहकारी पतसंस्था मर्यादित, पुणे

६६६, अप्पर इंदिरा नगर, बिबवेवाडी, पुणे - ४११ ०३७.

( नोंदणी क्र. पीएनए / पीएनए - १ / आरएसआर / ( सीआर ) / १४३८ / १७-१८ )

## अंदाजपत्रक - २०२१-२२

जमा	रक्कम (रु).	खर्च	रक्कम (रु).
सर्वसाधारण कर्ज व्याज	४,५००,०००.००	स्टेशनरी व छपाई	१५,०००.००
आकस्मिक कर्ज व्याज	५००,०००.००	किरकोळ खर्च	६,५००.००
मुदत ठेव व्याज.	१,७००,०००.००	स्थानिक वाहन खर्च	५,०००.००
कर्ज अर्ज विक्री	२५,०००.००	सॉफ्टवेअर खर्च	१७५,०००.००
बँक व्याज	३००,०००.००	सॉफ्टवेअर देखभाल खर्च	५०,०००.००
प्रवेश शुल्क	७,५००.००	हिशोब लिहीणावळ	२४०,०००.००
स्टेशनरी व छपाई	७,५००.००	वर्गणी व्याज	४,३३३,९४२.७५
पी.डी.सी.सी.लाभांश	७५.००	शिक्षण निधी	२,०००.००
		लेखा परीक्षण शुल्क	६०,०००.००
		हिशोब तपासनीस मानधन	३०,०००.००
		सभा खर्च	१२५,०००.००
		देणगी	१०,०००.००
		घसारा	१००.००
		बँक चार्जेस	२,५००.००
		नफा	१,९८५,८३२.२५
एकूण . . . .	७,०४०,०७५.००	एकूण . . . .	७,०४०,०७५.००

सांक्षाकित /-  
प्रकाश ल. पिसे  
सचिव

सांक्षाकित /-  
रामदास पांडुरंग भोसले  
उपाध्यक्ष

सांक्षाकित /-  
पंडीत संभाजीराव गर्जे  
अध्यक्ष

विश्वकर्मा कर्मचारी सहकारी पतसंस्था मर्यादित  
नोंदणी क्रमांक  
पीएनए/पीएनए-१/आरएसआर/  
(सीआर)/१४३८ १७-१८  
दि १-१०-१७  
६६६, अप्पर इंदिरा नगर, पुणे-४११०३७

# विश्वकर्मा कर्मचारी सहकारी पतसंस्था मर्यादित

६६६, अप्पर इंदिरा नगर, बिबवेवाडी, पुणे - ४११ ०३७.

स्थापना दिनांक - १० ऑक्टोबर १९९७

( नोंदणी क्र. पीएनए / पीएनए - १ / आरएसआर / (सीआर) / १४३८ / ९७-९८ )

सन-२०२१-२०२२

(दिनांक ०१-०४-२०२१ ते ३१-०३-२०२२)

## ऑडिट वर्ग "अ"

पंचवीसावा - वार्षिक अहवाल



(फक्तसभासदांकरीता)



# विश्वकर्मा कर्मचारी सहकारी पतसंस्था मर्यादित, पुणे

६६६, अप्पर इंदिरा नगर, बिबवेवाडी, पुणे - ४११ ०३७.

( नोंदणी क्रं. पीएनए / पीएनए - १ / आरएसआर / ( सीआर ) / १४३८ / १७-१८ )

## संचालक मंडळ - २०२१-२२

अ. क्र.	संचालकाचे नाव	संस्था	पद
१	श्री. पंडित संभाजीराव गर्जे	व्ही.आय.टी., बिबवेवाडी, पुणे-३७	अध्यक्ष
२	श्री. रामदास पांडुरंग भोसले	व्ही.आय.टी., बिबवेवाडी, पुणे-३७	उपाध्यक्ष
३	श्री. प्रकाश लक्ष्मण पिसे	व्ही.आय.आय.टी., कोंढवा बु.॥, पुणे-४८	सचिव
४	श्री. सुनिल चावदास बोरोले	व्ही.व्ही.मराठी माध्यम, बिबवेवाडी, पुणे-३७	संचालक
५	श्री. व्यंकटेश दत्तात्रय गिरी	व्ही.आय.टी., बिबवेवाडी, पुणे-३७	संचालक

विश्वकर्मा कर्मचारी सहकारी पतसंस्था मर्यादित  
नोंदणी क्रमांक  
पीएनए/पीएनए-१/आरएसआर/  
(सीआर)/१४३८ १७-१८  
दि. ९-१०-१७  
अप्पर इंदिरानगर, पुणे-३७.



# विश्वकर्मा कर्मचारी सहकारी पतसंस्था मर्यादित

६६६, अम्पर इंदिरा नगर, बिबवेवाडी, पुणे - ४११ ०३७.

( नोंदणी क्रं. पीएनए / पीएनए - १ / आरएसआर / ( सीआर ) / १४३८ / १७-९८ )

जा. क्र.:विकसपम/२०२२-२३/००५

दिनांक : १४/०९/२०२२

## वार्षिक सर्वसाधारण सभेची सूचना

आपल्या पतसंस्थेची पंचवीसावी वार्षिक सर्वसाधारण सभा, शनिवार दि.३०/०९/२०२२ रोजी सायंकाळी ४:३० वाजता शरद एरिना, वि. आय.टी., बिबवेवाडी पुणे-३७, येथे आयोजित केली आहे. तरी सर्व सभासदांनी वेळेवर उपस्थित रहावे, ही विनंती.

## सभेपुढील विषय

१. दि. ३० ऑक्टोबर २०२१ रोजी झालेल्या वार्षिक सर्वसाधारण सभेचा वृत्तांत वाचून कायम करणे.
२. सन २०२१-२२ च्या लेखापरिक्षण अहवालास मंजूरी देणे.
३. सन २०२१-२२ चे तेरीज, ताळेबंद व नफा-तोटा पत्रक यांस मान्यता देणे.
४. सन २०२१-२२ करीता मंजूर केलेल्या अंदाजपत्रकापेक्षा जो कमी-अधिक खर्च झाला त्यास मंजूरी देणे.
५. सन २०२२-२२ करीता कार्यकारी मंडळाने शिफारस केलेले अंदाजपत्रक मंजूर करणे.
६. सन २०२१-२२ चे नफा वाटणीस मंजूरी देणे.
७. वैधानिक व अंतर्गत हिशेब तपासणीसाठी नेमणूक करणेबाबत.
८. मा. अध्यक्षंच्या परवानगीने आयत्या वेळच्या विषयांवर विचार करणे.

दिनांक - १४/०९/२०२२

साक्षात्कृत/-  
(प्रकाश ल. पिसे)  
सचिव

## विशेष सूचना

१. संस्थेच्या पोटनियामाप्रमाणे गणसंख्येअभावी तहकूब झालेली सभा त्याच दिवशी नियोजित वेळेनंतर अर्ध्या तासाने वरील नमूद केलेल्या ठिकाणीच घेतली जाईल व अशा सभेस गणसंख्या पूर्तीची आवश्यकता असणार नाही.
२. सभासदांना संस्थेच्या कामाविषयी व अहवालाविषयी काही माहिती हवी असल्यास दि.२८/०९/२०२२ रोजी सायंकाळी ५.०० वाजेपर्यंत अध्यक्ष/सचिव यांना लेखी अथवा ई-मेल द्वारे कळवावे.  
E-mail : - [vishwakarmasociety1997@gmail.com](mailto:vishwakarmasociety1997@gmail.com)
३. सभासदांच्या माहितीसाठी सर्व विभागांमध्ये पतसंस्थेच्या वार्षिक अहवालाच्या काही प्रति दिलेल्या आहेत. वैयक्तिक प्रत हवी असल्यास पतसंस्थेचे अध्यक्ष / उपाध्यक्ष / सचिव यांच्याशी कार्यालयीन वेळेत संपर्क साधावा.

विश्वकर्मा कर्मचारी सहकारी पतसंस्था मर्यादित  
नोंदणी क्रमांक  
पीएनए/पीएनए-१/आरएसआर/  
(सीआर)/१४३८ १४-९८  
दि १-१०-१७  
६६६, अम्पर इंदिरा नगर, पुणे-३७.



# विश्वकर्मा कर्मचारी सहकारी पतसंस्था मर्यादित, पुणे

६६६, अम्पर इंदिरा नगर, बिबवेवाडी, पुणे - ४११ ०३७.


( नोंदणी क्र. पीएनए / पीएनए - १ / आरएसआर / ( सीआर ) / १४३८ / १७-९८ )

## तेरीज पत्रक

०१ एप्रिल २०२१ ते ३१ मार्च २२

तपशील	प्रारंभिक शेषवाकी	व्यवहार		अंतराेष
		डेबिट	क्रेडिट	
वसुल भागभांडवल	12815800.00 Cr	894900.00	1195000.00	13115800.00 Cr
वसुल भागभांडवल	12815800.00 Cr	894900.00	1195000.00	13115800.00 Cr
डेवी	50878150.00 Cr	3758330.00	9598500.00	56818320.00 Cr
वर्गणी	50878150.00 Cr	3758330.00	9598500.00	56818320.00 Cr
मुदत ठेव - कर्ज	0.00 Cr	2281875.00	2513931.20	252056.20 Cr
मुदत ठेव - कर्ज	0.00 Cr	2281875.00	2513931.20	252056.20 Cr
इतर देणी	4213818.00 Cr	5192163.00	5830581.00	4852336.00 Cr
वर्गणी व्याज	4105543.00 Cr	4013415.00	4627413.00	4719541.00 Cr
लाभांश	27375.00 Cr	1109748.00	1128168.00	45785.00 Cr
शासकीय लेखा परिक्षण मुलक	43000.00 Cr	43000.00	47000.00	47000.00 Cr
हिशोब तपातणीस मानधन	28000.00 Cr	26000.00	28000.00	28000.00 Cr
शिक्षण निधी	6000.00 Cr	0.00	0.00	6000.00 Cr
व्यवसाय कर	6000.00 Cr	0.00	0.00	6000.00 Cr
डेबिट्स	466.00 Dr	0.00	63.00	403.00 Dr
कपाट	140.00 Dr	0.00	14.00	126.00 Dr
प्रिंटर	326.00 Dr	0.00	49.00	277.00 Dr
गुंतवणुक	34048110.00 Dr	1171589.00	0.00	35220699.00 Dr
एफ. डी. - सुवर्णयुग सहकारी बँक	5000000.00 Dr	0.00	0.00	5000000.00 Dr
एफ. डी. - सुवर्णयुग सहकारी बँक	5000000.00 Dr	0.00	0.00	5000000.00 Dr
एफ. डी. - सुवर्णयुग सहकारी बँक	5000000.00 Dr	0.00	0.00	5000000.00 Dr
एफ. डी. - सुवर्णयुग सहकारी बँक	5000000.00 Dr	0.00	0.00	5000000.00 Dr
एफ. डी. - सुवर्णयुग सहकारी बँक	8000000.00 Dr	498391.00	0.00	8498391.00 Dr
एफ. डी. - पी. डी. सी. सी.	2000000.00 Dr	279612.00	0.00	2279612.00 Dr
गंगाजळी - पी. डी. सी. सी.	4048610.00 Dr	393586.00	0.00	4442196.00 Dr
भाग भांडवल - पी. डी. सी. सी.	500.00 Dr	0.00	0.00	500.00 Dr
कर्ज (दायित्व)	36909000.00 Dr	34576275.00	25988045.00	45487230.00 Dr
सर्वसाधारण कर्ज	35861500.00 Dr	30904700.00	22832470.00	43933730.00 Dr
अकस्मिक कर्ज	1047500.00 Dr	3671575.00	3155575.00	1563500.00 Dr
रोख भित्तक	571.00 Dr	12,275.00	12,410.00	436.00 Dr
हस्तस्थ रोख	571.00 Dr	12275.00	12410.00	436.00 Dr
बँक खाती	2994457.55 Dr	38738416.98	41140306.00	597568.53 Dr
पुणे जिल्हा मध्य सहकारी बँक	317569.10 Dr	1676336.98	1493419.00	500487.08 Dr
सुवर्णयुग सहकारी बँक - १३११	158435.28 Dr	391131.00	475177.00	74369.28 Dr
सुवर्णयुग सहकारी बँक - ०६७८	2523453.17 Dr	38570949.00	39171710.00	22692.17 Dr
हिशोब लिहिणावळ	0.00	240000.00	24000.00	216000.00 Dr
हिशोब लिहिणावळ	0.00	240000.00	24000.00	216000.00 Dr
मुदत ठेव - टी. डी. एस.	24184140.00 Dr	233509.00	25340.88	46003.52 Dr
मुदत ठेव - टी. डी. एस.	24184140.00 Dr	233509.00	25340.88	46003.52 Dr

तपशील	प्रारंभिक शेषबाकी	व्यवहार		अंतशेष
		डेबिट	क्रेडिट	
बँक चार्जस	0.00	1729.20	0.00	1729.20 Dr
बँक चार्जस	0.00	1729.20	0.00	1729.20 Dr
घसारा	0.00	63.00	0.00	63.00 Dr
घसारा	0.00	63.00	0.00	63.00 Dr
प्रवेश फी	0.00	1000.00	1000.00	0.00 Cr
प्रवेश फी	0.00	1000.00	1000.00	0.00 Cr
मिळालेले व्याज व लाभांश	0.00	15859.00	6611398.10	6695539.10 Cr
सर्वसाधारण कर्ज व्याज	0.00	0.00	3829560.00	3829560.00 Cr
आकस्मिक कर्ज व्याज	0.00	0.00	149235.00	149235.00 Cr
मुदत ठेव व्याज	0.00	15859.00	2539082.10	2523223.10 Cr
बँक व्याज	0.00	0.00	93481.00	93481.00 Cr
लाभांश - पी. डी. सी. सी.	0.00	0.00	40.00	40.00 Cr
मुदत कर्ज व्याज	0.00	13825.00	0.00	13825.00 Dr
मुदत कर्ज व्याज	0.00	13825.00	0.00	13825.00 Dr
सभा खर्च	0.00	16455.00	0.00	16455.00 Dr
सभा खर्च	0.00	16455.00	0.00	16455.00 Dr
किरकोळ खर्च	0.00	1945.00	450.00	1495.00 Dr
किरकोळ खर्च	0.00	1945.00	450.00	1495.00 Dr
स्टेशनरी व छापाई - खर्च	0.00	10970.00	0.00	10970.00 Dr
स्टेशनरी व छापाई - खर्च	0.00	10970.00	0.00	10970.00 Dr
प्रोफेशनल खर्च	0.00	9000.00	0.00	9000.00 Dr
प्रोफेशनल खर्च	0.00	9000.00	0.00	9000.00 Dr
वाहन खर्च	0.00	5630.00	0.00	5630.00 Dr
वाहन खर्च	0.00	5630.00	0.00	5630.00 Dr
तरतुद खर्च	0.00	4691532.00	0.00	4691532.00 Dr
तरतुद खर्च	0.00	4691532.00	0.00	4691532.00 Dr
स्टेशनरी व छापाई - उत्पन्न	0.00	0.00	1000.00	1000.00 Cr
स्टेशनरी व छापाई - उत्पन्न	0.00	0.00	1000.00	1000.00 Cr
राखिव व इतर निधी	4618224.00	0.00	466989.00	5085213.00 Cr
राखिव निधी	4048607.00 Cr	0.00	393589.00	4442196.00 Cr
प्रवेश फी-राखिव निधी	8200.00 Cr	0.00	1000.00	9200.00 Cr
लाभांश समिकरण निधी	320067.00 Cr	0.00	54000.00	374067.00 Cr
सभासद कल्याण निधी	97500.00 Cr	0.00	0.00	97500.00 Cr
संगणित बुडित निधी	143650.00 Cr	0.00	18400.00	162250.00 Cr
छापिल अर्ज / दाखले विक्री	0.00	0.00	12275.00	12275.00 Cr
दाखले विक्री	0.00	0.00	1750.00	1750.00 Cr
छापिल अर्ज विक्री - सर्वसाधारण	0.00	0.00	7800.00	7800.00 Cr
छापिल अर्ज विक्री - आकस्मिक	0.00	0.00	2725.00	2725.00 Cr
तफा व नुकसान खाते	1574357.99 Cr	1574357.99	409.95	409.95 Cr
अंतिम बेरीज		93,421,699.13	93,421,699.13	


  
 निवृत्त कार्यकारी सहकारी पतसंस्था पयो.
   
 नोंदणी क्रमांक
   
 पीएनए/पीएनए-१/आएसआर/
   
 (सीआर)/१४३८ १७-१८
   
 दि १-१०-१७
   
 अण्ण भंदिनागर, पुणे-४७.



# विश्वकर्मा कर्मचारी सहकारी पतसंस्था मर्यादित, पुणे

६६६, अप्पर इंदिरा नगर, विठवेवाडी, पुणे - ४११ ०३७.

( नोंदणी क्र. पीएनए / पीएनए - १ / आरएरआर / ( सीआर ) / १४३८ / १७-१८ )

## नफा व नुकसान खाते


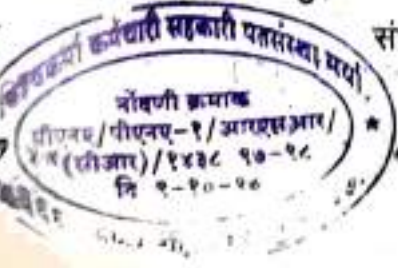
०१ एप्रिल २०२१ ते ३१ मार्च २०२२

तपशील	१-एप्रिल-२०२१ ते ३१-मार्च-२०२२	तपशील	१-एप्रिल-२०२१ ते ३१-मार्च-२०२२
बँक चार्जेस		छापित अर्ज विक्री	१२,२७५.००
बँक चार्जेस	१,७२९.२०	छापित अर्ज विक्री	१२,२७५.००
घसारा		स्टेशनरी व छपाई	१,०००.००
घसारा	६३.००	स्टेशनरी व छपाई	१,०००.००
तरतुद खर्च		मिळालेले व्याज	६,५९५,५३९.९०
तरतुद खर्च	४,६९९,५३२.००	सर्वसाधारण कर्ज व्याज	३,८२९,५६०.००
हिशोब लिहिणावढ		आकस्मिक कर्ज व्याज	१४९,२३५.००
हिशोब लिहिणावढ	२९६,०००.००	बँक व्याज - पी. डी. सी. सी.	१८८,१५७.९०
प्रोफेशनल खर्च		मुदत ठेव व्याज - सु. स. बँक	२,३३५,०६६.००
प्रोफेशनल खर्च	९,०००.००	बँक व्याज - बचत खाते	९३,४८९.००
सभा खर्च		लाभांश - पी. डी. सी. सी.	४०.००
सभा खर्च	९६,४५५.००		
मुदत कर्ज व्याज			
मुदत कर्ज व्याज	१३,८२५.००		
स्टेशनरी व छपाई			
स्टेशनरी व छपाई	१०,९७०.००		
वाहन खर्च			
वाहन खर्च	५,६३०.००		
किरकोड खर्च			
किरकोड खर्च	१,४९५.००		
निव्वळ नफा			
निव्वळ नफा	१,६४२,९९४.९०		
एकूण . . .	६,६०८,८९४.९०	एकूण . . .	६,६०८,८९४.९०

सांभाळित /-  
प्रकाश ल. पिसे  
सचिव

सांभाळित /-  
सुनिल चावदास बोरोले  
संचालक

सांभाळित /-  
पंढीत संभाजीराव गर्जे  
अध्यक्ष



# विश्वकर्मा कर्मचारी सहकारी पतसंस्था मर्यादित, पुणे

६६६, जय्यर इंदिरा नगर, विडंबेवाडी, पुणे - ४११ ०३७.  
 ( नोंदणी क्र. पीएचए / पीएचए - १ / अणुपणुन / ( सीआर ) / १४३८ / १७-१८ )

## ताळेबंद पत्रक

०१ एप्रिल २०१९ ते ३१ मार्च २०२२ :

दाखिल	३१ - मार्च - २०२२ या तारखेस	मातममता	३१ - मार्च - २०२२ या तारखेस
अधिकृत धारणाबंद	५०,०००,०००.००		
अधिकृत धारणा	५०,०००,०००.००		
बसुल धारणाबंद	१३,११५,१००.००	डेपॉजिट	४०३.००
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		ट्रिटर	२७७.००
टाकिय व इतर निधी	५,०८५,२१३.००		
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संशोधन बुद्धि निधी	१६२,२५०.००	मुद्रबन्धक	३५,२३०,६११.००
डेपॉ	५६,८१८,३२०.००	मुद्रत ठेव - मुकुण्डपुंग सहकारी बँक	२८,४१८,३१९.००
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		गंगावडी - पी.डी.सी.सी.	४,४४२,११६.००
इतर डेपॉ	५,१०४,३१२.२०	धन सांठवण - पी.डी.सी.सी.	५००.००
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मुद्रत कार्ये	२५२,०५६.२०	मुद्रत ठेव - टी.डी.एस.	४५०,०१३.५२
साधारण	४५,७१५.००	मुद्रत ठेव - टी.डी.एस.	४५०,०१३.५२
साधारणीय सेवा परिष्करण शुल्क	४७,०००.००		
शिरोबंद तयारकरिता मानधन	२८,०००.००	रोल विलसक	४३६.००
शिक्षण निधी	६,०००.००	इतर कार्ये	४३६.००
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नज्ज व मुकुण्डपुंग खाते	१,६४२,५२४.८५	बँक खाती	५१७,५६८.५३
अधिकृत कलक	१,५७४,३५७.९५	पुणे जिल्हा नग्य. सहकारी बँक	५००,४८७.०८
संशोधन कलक	१,६४२,११४.९०	मुकुण्डपुंग सहकारी बँक - १३११	७४,३८९.२८
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एकूण	८१,७६६,३५०.०५	एकूण	८१,७६६,३५०.०५

सांशकित /  
 प्रकाश ल. पिते  
 सचिव

सांशकित /  
 सुनिल धावदास बोरोले  
 संचालक

सांशकित /  
 पंडीत संभाजीराव गर्जे  
 अध्यक्ष

विश्वकर्मा कर्मचारी सहकारी पतसंस्था मर्यादित  
 वंदीजी क्रमांक  
 पीएचए/पीएचए-१/अणुपणुन/सीआर/१४३८/१७-१८  
 दि १-१०-१९  
 अणुपणुन मंदिरानगर, पुणे-४११०३७





# विश्वकर्मा कर्मचारी सहकारी पतसंस्था मर्यादित, पुणे

६६६, अप्पर हुंदिरा नगर, बिबवेवाडी, पुणे - ४११ ०३७.  
( नोंदणी क्रं. पीएनए / पीएनए - १ / आरएरआर / ( सीआर ) / १४३८ / १७-१८ )

## नफा वाटणी - २०२१-२३

### नफा

अ.क्र.	तपशील	रक्कम ( ₹ )
१)	मागील वर्षाचा शिल्लक नफा - २०२०-२१	४०९.९५
२)	अहवाल वर्षाचा निव्वळ नफा - २०२१-२२	१,६४२,११४.९०
	एकूण . . . . .	१,६४२,५२४.८५

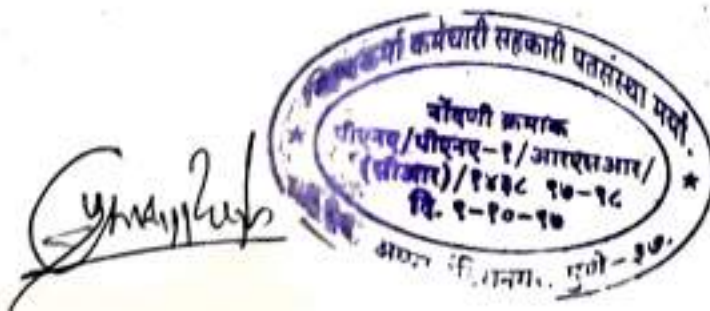
### वाटणी

अ.क्र.	तपशील	रक्कम ( ₹ )
१)	गंगाजळी - २५%	४१०,६३१.००
२)	लाभांश - ९%	१,११३,८११.००
३)	लाभांश समिकरण निधी	१००,०००.००
४)	सभासद कल्याण निधी	१५,०००.००
५)	शिक्षण निधी	१,०००.००
६)	संशयित बुडीत निधी	१,५००.००
७)	शिल्लक नफा	५८२.८५
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सांक्षातिक /-  
प्रकाश ल. पिसे  
सचिव

सांक्षातिक /-  
सुनिल चावदास बोरोले  
संचालक

सांक्षातिक /-  
पंडीत संभाजीराव गर्जे  
अध्यक्ष





# विश्वकर्मा कर्मचारी सहाकारी पतसंस्था मर्यादित, पुणे

६६६, अप्पर इंदिरा नगर, बिबतेवाडी, पुणे - ४११ ०३७.

( नोंदणी क्र. पीएनए / पीएनए - १ / आरएसआर / ( सीआर ) / १४३८ / १७-१८ )

## अंदाजपत्रक - २०२२-२३

जमा	रक्कम (₹).	खर्च	रक्कम (₹).
सर्वसाधारण कर्ज व्याज	४,६५०,०००.००	स्टेशनरी व छपाई	१२,५००.००
आकस्मिक कर्ज व्याज	५५०,०००.००	किरकोळ खर्च	६,५००.००
मुदत ठेव व्याज	२,०००,०००.००	स्थानिक वाहन खर्च	७,५००.००
कर्ज अर्ज विवरी	२५,०००.००	हिशोब लिहीणावळ	२४०,०००.००
वॅक व्याज	३००,०००.००	वर्गणी व्याज	५,३३०,०५०.००
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स्टेशनरी व छपाई	७,५००.००	लेखा परीक्षण शुल्क	६०,०००.००
पी.डी. सी. सी. लाभास	७५.००	हिशोब तपासनीस मानधन	३०,०००.००
		सभा खर्च	१२५,०००.००
		प्रोफेशनल खर्च	१५,०००.००
		घसारा	१००.००
		वॅक चार्जेस	२,५००.००
		नफा	१,७०९,४२५.००
एकूण . . . .	७,५४०,०७५.००	एकूण . . . .	७,५४०,०७५.००

सांक्षातिक /-  
प्रकाश ल. पिसे  
सचिव

सांक्षातिक /-  
सुनिल चावदास बोरोले  
संचालक

सांक्षातिक /-  
पंडीत संभाजीराव गर्जे  
अध्यक्ष

विश्वकर्मा कर्मचारी सहाकारी पतसंस्था  
नोंदणी क्रमांक  
पीएनए/पीएनए-१/२०११/१०३७  
(अंदाजपत्रक) / १६६६ १०-१८  
दि १-१०-२०  
अध्यक्ष विश्वकर्मा, पुणे-४०

APPLICATION FOR CONCESSION

To,  
The Principal,  
Vishwakarma College of Arts, Commerce and Science,  
Kondhwa (Bk),  
Pune-411048.

Sub-Concession in fees

Respected Sir,

I, undersigned, Mr/Ms. Khushi M. Patel is taking admission in FY/SY/TY BBA course in our VCACS, Pune. My 12<sup>th</sup> Ist / IInd year result has been declared by Board/ University examination held in the month of June, 2021 and I have got 88% in the year/ Sem. H.S.S. examination.

Please consider my request sympathetically and grant my concession in the College fees.

If you are permitted me concession in the fees, this concession is applicable me for only for this academic year.

Please do the needful.

Thanking you in anticipation.

Yours Sincerely,

Signature: [Signature] Signature: [Signature]  
Parent name: Usha Patel Student name: Khushi Patel  
Please give her / him Rs 5000/- % concession in fees.  
Place: Pune  
Date: 12/8/2021

By order Patil Sir  
VIT staff -

[Signature]  
12.08.2021

[Signature]  
Dr. Arun R. Patil  
Principal

**BRACT's**

**Vishwakarma College of Arts, Commerce and Science, Pune**

**Department of Science and Commerce**

**Report on "FACULTY INDUCTION PROGRAM FOR ACADEMIC  
YEAR 2020-2021"**

**Date:** 4<sup>th</sup> January 2021.

**Platform:** Google meet.

BRACT's, Vishwakarma College of Arts, Commerce and Science, Pune, has conducted Webinar on "**FYFACULTY INDUCTION PROGRAM FOR ACADEMIC YEAR 2020-2021**" as a Faculty Development Program at 2.00 pm to 2:15pm on Monday, 4<sup>th</sup> January, 2021.

**Expert Faculty: S.D. Chitnis (HoD Science) VCACS, Pune,  
Dr. Shital Mantri (HoD Commerce) VCACS, Pune.**

**Objective of FDP:**

- All the faculties should be aware of course completion, journal distribution, conducting theory as well as practical session.
- Faculties should know about the CBCS pattern, its marks distribution, Unit Test, Assignment submission and technical activities.
- Information about the exam form submission, remedial lectures for newly admitted students.

**Outcome of the Webinar:**

**S.D. Chitnis sir** and **Dr. Shital Mantri madam** welcomed and guided all the faculties for the academic year 2020-2021. In the webinar points like syllabus completion, Assignment and Unit Test and online practical session was discussed.

Following points related to academic year were discussed in webinar


- Points related to Exam form submission were discussed.
- Online practical session also going to start so process for journal distribution, online practical, software for execution and how to keep its record was discussed.
- The way to follow CBCS pattern for mark distribution, Unit Test and Assignments and their submission and other technical activities also. Keeping track on student's attendance and performance is also very much important.
- Also guided faculties about ICCR students and newly joined students, their remedial classes and their course completion so that they can give exam with regular students.

The FDP was very helpful to new as well as old faculties of both the departments. All the faculties will work efficiently to achieve all the mentioned points for the academic year 2020-2021.

**Faculties benefited** – All Science and Commerce Department.

  
HoD (Science)

  
HoD (Commerce)

  
Principal  
Dr. Arun R. Patil  
PRINCIPAL  
Vishwakarma College of Arts,  
Commerce & Science  
Sondhwa(Bk.), Pune - 411 048.

**BRACT's**  
**Vishwakarma College of Arts, Commerce and Science, Pune**  
**Department of Commerce**  
**Report on “FACULTY INDUCTION PROGRAM FOR ACADEMIC**  
**YEAR 2020-2021”**

**Date:**21<sup>st</sup> September 2020.

**Platform:**Google meet.

BRACT's, Vishwakarma College of Arts, Commerce and Science, Pune, has conducted Webinar on “**FACULTY INDUCTION PROGRAM FOR ACADEMIC YEAR 2020-2021**” as a Faculty Development Program at 4.45 pm to 5:30pm on Monday, 21<sup>st</sup>September, 2020.

**Expert Faculty: S.D. Chitnis (HoD Science) VCACS, Pune,**  
**Dr. Shital Mantri (HoD Commerce) VCACS, Pune.**

**Objective of FDP:**

- All the faculties should be aware of conducting online lectures and way to make it interesting just like a classroom lecture.
- Faculties should increase interaction with students by different tricks so that online lecture gives classroom atmosphere.
- By using various technologies, faculties should work according to the session plan and complete their syllabus on time and take a test for subject taught and give assignment also.

## **Outcome of the Webinar:**

**S.D. Chitnis sir** and **Dr. Shital Mantri madam** welcomed and guided all the faculties for the academic year 2020-2021. In the webinar points like time table management, syllabus completion and online exam process was discussed.

Following points related to academic year were discussed in webinar


- The way to make lecture more interesting, use videos or graphics with theory so that maximum number of the students can attend the online lecture.
- Interaction between teacher and student is very important, therefore teacher should interact with students by making two-way communication, by asking questions to them from time to time during lecture and students should give answers orally.
- Use more examples which helps faculty to explain the subject quickly and easily, it will help to complete syllabus on time.
- Faculties should take many small activities, assignments, projects, quiz exam on their subject which will increase student's participation and interest for learning.
- Keeping track on student's attendance and performance is also very much important.

The FDP was very helpful to new as well as old faculties of both the departments. All the faculties will work efficiently to achieve all the mentioned points for the academic year 2020-2021.

**Faculties benefited** – All Science and Commerce Department.

  
HoD (Science)

  
HoD (Commerce)

  
Principal  
Dr. Arun R. Patil  
PRINCIPAL  
Vishwakarma College of Arts,  
Commerce & Science  
Kandhwa(Bk.), Pune - 411 048.