UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KALE YASHWANT LAXMAN	PF NO.: 20
ADDRESS: SAURABH 18 SWASTISHREE SOC., NEAR ALANKAR POLICE COWKY, KARVENAGAR,PUNE 411052	PHONE: 25441176
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KALE YASHWANT LAXMAN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JOSHI RAMCHANDRA VISHWANATH	PF NO.: 47
ADDRESS: 31 TULSHIBAGWALE COY RAJANIGANDHA SOCIETY PARVATI PUNE 411009	PHONE: 24228423
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **JOSHI RAMCHANDRA VISHWANATH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MADHURI JAGANNATH APTE	PF NO.: 48
ADDRESS: S NO 20 2 BLDG NO 2 TARA RESIDENCY KOTHRUD PUNE 411038	PHONE: 9422048912
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **MADHURI JAGANNATH APTE** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: APARNA MHASKAR	PF NO.: 59
ADDRESS: 32 2B SHRAMASAFALYA SOCIETY ISHKRIPA BUNGLOW ERANDWANA NEAR MEHENDALE GARAGE PUNE 411004	PHONE: 9657982364
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **APARNA MHASKAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: VIJAYA LAXMIKANT RANJANIKAR	PF NO.: 133
ADDRESS: 476 SHANIWAR PETH HARIHARESHWAR APARTMENT PUNE 411030	PHONE: 9881461990
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **VIJAYA LAXMIKANT RANJANIKAR** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: Sudha Moreshwar Kulkarni	PF NO.: 138
ADDRESS: A-604, MEGHDOOT SOCIETY,S.NO.25, BEHIND PRUTHVI HOTEL, KOTHRUD, PUNE411038 PUNE. 411038	PHONE: 9765613015
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **Sudha Moreshwar Kulkarni** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: TADWALKAR YESHWANT RANGRAO	PF NO.: 145
ADDRESS: SWASTISREE SOC.9/2 MADHUMALATI APPTS. GANESHNAGAR PUNE 411052	PHONE: 9372467377
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **TADWALKAR YESHWANT RANGRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KARKARE RATNAKAR GOVIND	PF NO.: 153
ADDRESS: UGL AMOD ANKUR SOCIETY BLDG-K MANTRI PARK KOTHRUD PUNE 411038	PHONE: 9404726499
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KARKARE RATNAKAR GOVIND** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PAVNASKAR AVDHUT LAXMAN	PF NO.: 173
ADDRESS: 37ABHINAV SOC PADMAVATI PUNE 411009	PHONE: 9370740405
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PAVNASKAR AVDHUT LAXMAN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GOSAVI SHARADCHANDRA SADASHIV	PF NO.: 183
ADDRESS: SAMUDRA HEIGHTS FLAT 5 BHELKENAGAR NAYANTARA HSG SOCY KOTHRUD KOTHRUD 411038	PHONE: 9970084490
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **GOSAVI SHARADCHANDRA SADASHIV** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PUJARI KRISHNAJI GANESH	PF NO.: 185
ADDRESS: 89-90-91/1 KRANTI SO C TULASHIBAGWALE COL PUNE 411009 411009	PHONE: 9404610875
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PUJARI KRISHNAJI GANESH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KINJAWADEKAR BHASKAR DATTATRAYA	PF NO.: 186
ADDRESS: SHRUTI P NO 128 PATH NO 9 MAHATMA SO C GRIHARACHANA KOTH PUNE 411029	PHONE: 9850971281
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KINJAWADEKAR BHASKAR DATTATRAYA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SUBHEDAR ASHOK TRYAMBAK	PF NO.: 189
ADDRESS: MOHOR BUNGLOW ASAWARI SOC PUNE 411038	PHONE: 9403083624
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SUBHEDAR ASHOK TRYAMBAK** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DESHPANDE SURESH VISHWANATH	PF NO.: 191
ADDRESS: NIKHIL COOP HSG SOC S NO.128-129,FLAT NO.12 NEAR RELIANCE MALL SAHAKAR NAGAR PUNE 411009	PHONE: 9730200428
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **DESHPANDE SURESH VISHWANATH** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KESKAR SUDHAKAR NARAYAN	PF NO.: 192
ADDRESS: FLAT NO 601 A BUILDING SUVARNAREKHASHRI CO OP HSG SOC S NO 119 3 PLOT NO 2 PAARVATI SINHGAD RD OPP P L DESHPANDE GARDEN PUNE 411030	PHONE: 9960171734
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KESKAR SUDHAKAR NARAYAN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MAHABAL HANUMANT VASUDEO	PF NO.: 219
ADDRESS: 32/2 b shramsaphlya soc near mehendale garage karve road pune PUNE 411004	PHONE: 9403115557
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **MAHABAL HANUMANT VASUDEO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JOSHI KESHAV DAMODAR	PF NO.: 221
ADDRESS: 874 sadashivpeth joshiwada pune pune 411030	PHONE: 8888949817
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **JOSHI KESHAV DAMODAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BHIDE SHARAD GOPAL	PF NO.: 226
ADDRESS: FLAT NO C 103 DATTATRAYA NIWAS SAHAKARI SOCIETY 470 SADASHIV PETH KUMTHEKAR RD PUNE 411030	PHONE: 9423008115
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **BHIDE SHARAD GOPAL** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MEHTA VASANT KRISHNAJI	PF NO.: 246
ADDRESS: 11B 604 LOKMANYA NAGAR NEAR DATTA MANDIR PUNE 411030	PHONE: 9422062481
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **MEHTA VASANT KRISHNAJI** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PANSE ARVIND HARI	PF NO.: 257
ADDRESS: HARI SMRITI, 24,PADMAREKHA SOCY. KARVENAGAR, PUNE 411052	PHONE: 9923458718
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PANSE ARVIND HARI** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KHOLE ARVIND VASUDEO	PF NO.: 263
ADDRESS: 983/4 SHUKRAWAR PETH AMBAR COOP.HOUSING SOCIETY PUNE . 411002	PHONE: 9850082961
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KHOLE ARVIND VASUDEO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: WALIMBE ASHOK DAMODAR	PF NO.: 270
ADDRESS: 127/3 ASAVARI COOP HSG SOC OFF KARVE RD KOTHRU KOTHRUD PUNE 411038	PHONE: 9767369489
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **WALIMBE ASHOK DAMODAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PHAWADE PRABHAKAR ANANT	PF NO.: 277
ADDRESS: 20/49 BHAGYATARA SOC PATWARDHAN BAUG ERANDAWAN PUNE 411004	PHONE: 9326972126
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PHAWADE PRABHAKAR ANANT** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KALAWATI D ADHAV	PF NO.: 328
ADDRESS: 983/4 AMBAR CO OP HSG SOC SHUKRAWAR PETH PUNE 411001 411002 411002	PHONE: 9422012114
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KALAWATI D ADHAV** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MARNE NIWARUTI NARAYAN	PF NO.: 353
ADDRESS: 1216 SHIVAJINAGAR F C ROAD XXXXX PUNE 411004	PHONE: 8888363050
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **MARNE NIWARUTI NARAYAN** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: alka arvind sahasrabuddhe	PF NO.: 355
ADDRESS: ASAVARI SOCIETY, BANGLOW NO-4 OPP MARUTI MANDIR NEAR BKZALA APART KOTHRUD, PUNE.38 411038	PHONE: 2025444669
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **alka arvind sahasrabuddhe** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PENDSE UPENDRA SHANKAR	PF NO.: 375
ADDRESS: A/1,SHRAMSAFALYA SO. B/H TANA APTT. NR. ELLORA PARK, R C ROAD, BARODA 390023	PHONE: 9974384462
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PENDSE UPENDRA SHANKAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PATHAK ASHOK DATTATRAYA	PF NO.: 391
ADDRESS: SUSHILDATTA PADMAREKHA CHS KARNE NAGAR PUNE 411052	PHONE: 9767258060
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PATHAK ASHOK DATTATRAYA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MRS. MADHAVI M TATAKE	PF NO.: 402
ADDRESS: 1947,MADIWALE COLONY SADASHIV PETH PUNE 411030	PHONE: 9970153435
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **MRS. MADHAVI M TATAKE** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KULKARNI MADHUKAR KASHINATH	PF NO.: 420
ADDRESS: 10 ANANTSAGAR APT IDEAL COLONY PUNE 29 PUNE 411029	PHONE: 7588230355
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KULKARNI MADHUKAR KASHINATH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KETKAR PRABHAKAR RAGHUNATH	PF NO.: 429
ADDRESS: RAGHUVANSH 8,PADMAREKHA SOC KARVENAGAR PUNE 411052	PHONE: 9657726106
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KETKAR PRABHAKAR RAGHUNATH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: HASABNIS JAYANT SHRINIVAS	PF NO.: 454
ADDRESS: 4 PADMAKUNJ CO.OP HSG SOCY BIBVEWADI PUNE PUNE 411037	PHONE: 9403308148
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **HASABNIS JAYANT SHRINIVAS** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: HINGWAY VIJAY JANARDAN	PF NO.: 477
ADDRESS: 47/1/B HIMANSHU, ERANDAWANA, PUNE 4 Pune 411004	PHONE: 7588232331
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **HINGWAY VIJAY JANARDAN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: HARDIKAR NALINI MANOHAR	PF NO.: 490
ADDRESS: 11/111 KAMDHENU HARI OM NAGAR MULUND EAST MUMBAI 400081	PHONE: 9969886283
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **HARDIKAR NALINI MANOHAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KHEDEKAR PRABHAKAR KESHAV	PF NO.: 498
ADDRESS: ANUKESH 127 3 C ASAWARI CO OP HSG SOCIETY KOTHRUD PUNE. 411029	PHONE: 9420183020
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KHEDEKAR PRABHAKAR KESHAV** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DESHPANDE SUDHAKAR VYANKATESH	PF NO.: 503
ADDRESS: TRIMURTI 104 TULSHIBAGWALE CO PUNE 411009	PHONE: 9921662855
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **DESHPANDE SUDHAKAR VYANKATESH** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: ARADHYE ATMARAM VISHNU	PF NO.: 521
ADDRESS: 301 NILESH APTS. 267 SHANIWAR PETH OMKARESHWAR CHOUK PUNE 411030	PHONE: 9326844382
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **ARADHYE ATMARAM VISHNU** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BHIDE PRABHAKAR GANESH	PF NO.: 528
ADDRESS: KOTNIS HEIGHTS 7TH LANE RAJARAMPURI KOLHAPUR KOLHAPUR 416008	PHONE: 9822650088
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **BHIDE PRABHAKAR GANESH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SAHASRABUDHE SUDHAKAR MAHADEO	PF NO.: 542
ADDRESS: 477B/4A,FLAT NO.2, SHAHU COLLEGE ROAD, `SUMEDHA`SHIVDARSHAN PARVATI,PUNE 411009	PHONE: 9420860156
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SAHASRABUDHE SUDHAKAR MAHADEO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DHARAP SHRIDHAR SITARAM	PF NO.: 545
ADDRESS: 381 A SHANIWAR PETH NEAR KANYA SCHOOL PRABHUNE ROAD PUNE 411030	PHONE: 9922446365
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **DHARAP SHRIDHAR SITARAM** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: HALBE MADHUKAR PANDURANG	PF NO.: 546
ADDRESS: 77 TULSHIBAGWALE COY SANDHYA SOCIETY SAHJEEVAN NAGAR PUNE 411009	PHONE: 9637060708
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **HALBE MADHUKAR PANDURANG** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BRAHME RAMAKANT BHALACHANDRA	PF NO.: 589
ADDRESS: 206 ABHINAV APARTMENTS 996/3 NAVI PETH PUNE 411030	PHONE: 9763937940
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **BRAHME RAMAKANT BHALACHANDRA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: VAREKAR MANOHAR KRISHAJI	PF NO.: 590
ADDRESS: SUPURTI 2 DATTAWADI PUNE 411030 PUNE 411030	PHONE: 9970002942
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **VAREKAR MANOHAR KRISHAJI** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GIJARE BHASKAR PANDURANG	PF NO.: 610
ADDRESS: SWAPNIL SOC,TULSIBAGHWALE COLO SAHAKARNAGAR PUNE 411009	PHONE: 24221759
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **GIJARE BHASKAR PANDURANG** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SATHE JAGDISH SOMESWAR	PF NO.: 617
ADDRESS: SB 400333 SAHAKARNAGAR PUNE PUNE 411009	PHONE: 9763067789
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SATHE JAGDISH SOMESWAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PRAMILA MISHRILAL MUTHA	PF NO.: 618
ADDRESS: ASAWARI COOP H SOC BUNGLOW NO2 NEAR GOPAL VIHAR SOC KOTHRUD PUNE 411029 PUNE 411029	PHONE: 9923637040
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PRAMILA MISHRILAL MUTHA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BAPAT RAMESH SADASHIV	PF NO.: 621
ADDRESS: C/O BANK OF MAHARASHTRA SAHAKAR NAGAR PUNE 411009	PHONE: 9404225509
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **BAPAT RAMESH SADASHIV** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KULKARNI VASANT WAMANRAO	PF NO.: 671
ADDRESS: 28 BALAJI SOCIETY UMARASARA YAVATMAL 445001	PHONE: 9822473180
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KULKARNI VASANT WAMANRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MADHAVI RAMESH MHAISEKAR	PF NO.: 689
ADDRESS: 46 S E RLY LAY OUT NO 2 PRATAP NAGAR NAGPUR NAGPUR NAGPUR 440022	PHONE: 9422812203
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **MADHAVI RAMESH MHAISEKAR** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MRS.GARUD PRATIMA VISHNU	PF NO.: 723
ADDRESS: 803 NIRMAN BLDG LIBERTY GARDEN MAMLETDAR WADI X RD MALAD WEST MUMBAI 400064	PHONE: 7738742820
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **MRS.GARUD PRATIMA VISHNU** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PURANIK MURLIDHAR BHASKAR	PF NO.: 753
ADDRESS: RAHUL APTS PRABHAT RAOD ERANDWANA PUNE 411004	PHONE: 9860034388
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PURANIK MURLIDHAR BHASKAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KULKARNI ASHOK PRABHAKAR	PF NO.: 759
ADDRESS: FLAT NO 6 SIDDHARTH KUNJ PLOT NO 247 S NO972 BHUSARI COLONY PUNE 411038	PHONE: 9881793259
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KULKARNI ASHOK PRABHAKAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: ANITA ANIL RANADE	PF NO.: 835
ADDRESS: 13 BUTY LAYOUT ALXMINAGAR NEAR R P T S NAGPUR BEHIND BHOJRAJ LAWN 440022	PHONE: 9371412273
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **ANITA ANIL RANADE** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MUJUMDAR DIVAKAR BALWANT	PF NO.: 874
ADDRESS: FLATNO3 SAHAVAS APTT PLOTNO6VANVIHARCOLONY NEXTTOBHOSALAMILITSCHOOLGROUND NASIK 422007	PHONE: 9423173078
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **MUJUMDAR DIVAKAR BALWANT** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PUJARI PRAMOD GOVINDRAO	PF NO.: 958
ADDRESS: 501ASHWINIKUNJ HSG SOC GOKHALE CROSS ROAD MODEL COLONY PUNE 411016	PHONE: 9850076603
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PUJARI PRAMOD GOVINDRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KHARE SADASHIV VISHWANATHRAO	PF NO.: 977
ADDRESS: RUNWAL RESIDENCY ROW H NO B 4 BEHIND THHATE HAUD BEGUMPURA AURANGABAD 431004	PHONE: 8378879198
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KHARE SADASHIV VISHWANATHRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JOSHI ADINATH MAHADEO	PF NO.: 984
ADDRESS: F.NO.O/19,MAURYA VIHAR, KOTHRUD PUNE. 411029	PHONE: 9922758990
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **JOSHI ADINATH MAHADEO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KULKARNI MOHAN SHANKAR	PF NO.: 1006
ADDRESS: A/902 ANJOR SOCIETY NEAR GANRAJ MANGAL KARYALAY BANER PUNE 411045 411045	PHONE: 9975507823
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KULKARNI MOHAN SHANKAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: K SUNANDA	PF NO.: 1046
ADDRESS: 16-11-220-D-10 FRIENDS COLONY MOOSARAMBAGH HYDERABAD 500036	PHONE: 9849605118
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **K SUNANDA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PAKNIKAR MADHUKAR KRISHNARAO	PF NO.: 1062
ADDRESS: 477 A SHAHU COLLEGE RD PUNE 411009	PHONE: 9403186735
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PAKNIKAR MADHUKAR KRISHNARAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MAHAJANI KASHINATH DATTATRAYA	PF NO.: 1102
ADDRESS: 940/3 SHREE APARTMENT MODEL COLONY PUNE 411016 PUNE 411016	PHONE: 9822616490
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **MAHAJANI KASHINATH DATTATRAYA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BOBADE ARVIND RAGHUNATH	PF NO.: 1108
ADDRESS: 3,SANT TUKARAM HSG SOC, SANTANAGAR PUNE 411009	PHONE: 9370640062
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **BOBADE ARVIND RAGHUNATH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KULKARNI HARIHAR BALKRISHNA	PF NO.: 1141
ADDRESS: D 7 SHIWAI SCTY VITTHALWADI RD PUNE 30 PUNE 411030	PHONE: 9822790510
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KULKARNI HARIHAR BALKRISHNA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PHADKE PRABHAKAR TRIMBAKRAO	PF NO.: 1165
ADDRESS: MADHUVISHWA RESIDENCY DNYANADEEP COLONY LANE NO 1 KARVENAGAR PUNE 411052	PHONE: 9326970030
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PHADKE PRABHAKAR TRIMBAKRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SHOBHA NILKANTH KHER	PF NO.: 1204
ADDRESS: 401 AGNEL PARADISE JAI BHAVANI MATA ROAD AMBOLI ANDHERI WEST 400058 400058	PHONE: 9967654842
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SHOBHA NILKANTH KHER** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DHAVALIKAR RAMCHANDRA VAMAN	PF NO.: 1211
ADDRESS: 45/5/A NIMIT HSG SOC KARVENAGAR PUNE 411052	PHONE: 9822548620
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **DHAVALIKAR RAMCHANDRA VAMAN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MENGJI RAMCHANDRA RUKMASA	PF NO.: 1232
ADDRESS: SHILAMKOT 104 CHANDANNAGAR JULE SOLAPUR SOLAPUR SOLAPUR 413004	PHONE: 9028474994
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **MENGJI RAMCHANDRA RUKMASA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DONDE ARVIND SHANTARAM	PF NO.: 1269
ADDRESS: SHARMISHTHA 2 3 429 A SHIVAJI NAGAR PUNE PUNE 411005	PHONE: 9970152109
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **DONDE ARVIND SHANTARAM** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BHIDE KESHAV SHANKAR	PF NO.: 1287
ADDRESS: M 8 MANTRI PARK II S NO28 6 NEAR KOTHRUD BUS STAND KOTHRUD PUNE 411029	PHONE: 9850970932
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **BHIDE KESHAV SHANKAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GANDHE DIGAMBAR SITARAM	PF NO.: 1288
ADDRESS: C/O VINAYA KULKARNI A/2 804 RAHUL PARK NR ATUL NAGAR WARJE PUNE 411058	PHONE: 9422620706
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **GANDHE DIGAMBAR SITARAM** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: OAK SHARAD NARAYAN	PF NO.: 1314
ADDRESS: F NO 401 VIOLA CO-OP HSG SOC LTD WARJE PUNE 411058	PHONE: 9969290830
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **OAK SHARAD NARAYAN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JAYASHREE V BONDRE	PF NO.: 1345
ADDRESS: 204 RUNANUBANDHA SOC GUJRATI MANDAL RD VILE PARLE EAST MUMBAI 400057	PHONE: 9833361156
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **JAYASHREE V BONDRE** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: WAGLE RAVINDRA PURUSHOTTAM	PF NO.: 1352
ADDRESS: 1/4,BAHAR APTS. 20 PALIMALA RD. BANDRA-W MUMBAI 400050	PHONE: 9820118965
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **WAGLE RAVINDRA PURUSHOTTAM** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GODBOLE JAGANNATH RAMCHANDRA	PF NO.: 1372
ADDRESS: MOHOR BLOCK NO 9 TILAK NAGAR DOMBIVALI EAST DOMBIVALI 421201	PHONE: 9987884306
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **GODBOLE JAGANNATH RAMCHANDRA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: UTTURKAR RAVINDRA VINAYAK	PF NO.: 1380
ADDRESS: 10 KEDAR CHS GUNDAVALI LANE NO 3 ANDHERI EAST MUMBAI 400069	PHONE: 8879030605
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **UTTURKAR RAVINDRA VINAYAK** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: OKE GOVIND PANDURANG	PF NO.: 1382
ADDRESS: 102 PINAKIN CHS MITHAGAR ROAD MULUND EAST MUMBAI 400081	PHONE: 9820301477
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **OKE GOVIND PANDURANG** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: LAGAWANKAR	PF NO.: 1423
ADDRESS: SNO 153 B/2 153B PLNO 85 NEAR CHAKAN KAR MALA PRATHAMESH PARK BANER BALEWADI ROAD PUNE 411007	PHONE: 8805377325
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **LAGAWANKAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: CHENDAVANKAR SHARAD GOVIND	PF NO.: 1426
ADDRESS: A-403,,MANGALYA NEAR CHAVAREWADI,G V SCHEME ROAD NO 4.MULUND EAST MUMBAI 400081	PHONE: 9769214750
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **CHENDAVANKAR SHARAD GOVIND** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JAGTAP DHAIRYASHIL VINAYAKRAO	PF NO.: 1458
ADDRESS: SADHANA Ist RD TPS VI SANTACRUZ WEST MUMBAI 400054	PHONE: 7021983489
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **JAGTAP DHAIRYASHIL VINAYAKRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PURANIK SHIVRAM DAMODAR	PF NO.: 1478
ADDRESS: A/401 NAV BHAGYASHREE MP MARD MULUND E MULUND 400081	PHONE: 9967006693
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PURANIK SHIVRAM DAMODAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: RANADE PRAMOD NARAYAN	PF NO.: 1560
ADDRESS: 12,DATTAPRASAD SOC. NEAR SANE GURUJI SM. SINHAGAD RD. PUNE 411030	PHONE: 9403185103
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **RANADE PRAMOD NARAYAN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GANDHI VIJAY BHIKUSHET	PF NO.: 1564
ADDRESS: STAR MANSION, CLAVE RD., BYCULLA, MUMBAI 400008	PHONE: 9833647170
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **GANDHI VIJAY BHIKUSHET** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PEDNEKAR RAGHUNATH DATTARAM	PF NO.: 1579
ADDRESS: A102 VINIT SADAN CHS LTD RAJAJI PATH DOMBIVLI EAST THANE 421201	PHONE: 9420054397
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PEDNEKAR RAGHUNATH DATTARAM** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DHOPESHWARKAR SURESH DATTARAYA	PF NO.: 1589
ADDRESS: SHRI RAMNATH HSG SOC A-WING, FLAT NO-4 OPP SAYANI ROAD, PRABHADEVI MUMBAI 400025	PHONE: 9372348519
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **DHOPESHWARKAR SURESH DATTARAYA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: RANADE MANOHAR PRABHAKAR	PF NO.: 1597
ADDRESS: E 103 DATTA RAMANAND SOCIETY HANUMAN DROSS ROAD NO 2 VILE PARLE EAST MUMBAI 400057	PHONE: 9821864141
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **RANADE MANOHAR PRABHAKAR** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: CHINCHALKAR RAMESH SHANKAR	PF NO.: 1616
ADDRESS: 83,MANALI, MEGHANA HSG SOC TULSHIBAGWALE COL PUNE 411009	PHONE: 9970071291
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **CHINCHALKAR RAMESH SHANKAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: kalpana narendra apte	PF NO.: 1628
ADDRESS: 18 LAXMI SADAN GOKHALE RD. (N) DADAR MUMBAI 400028	PHONE: 9921622626
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **kalpana narendra apte** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SATHE JAYANT VASUDEO	PF NO.: 1648
ADDRESS: B-001, ASHWINI SOCIETY, EKSAR RD, BORIVLI (WEST) BOMBAY 400091 MUMBAI 400091	PHONE: 9987595891
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SATHE JAYANT VASUDEO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SARDESAI VILAS GANESH	PF NO.: 1660
ADDRESS: 6-MEGHALAYA, VAZIRA NAKA, VAZIRA NAKA,L T ROAD, BORIVALI(W) MUMBAI 400091	PHONE: 9969037131
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SARDESAI VILAS GANESH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MADHAVI K SHEODE	PF NO.: 1672
ADDRESS: A 303 VARUN SOCIETY OPP SAMAJ MANDIR HALL TILAKNAGAR DOMBIVLI E 421201	PHONE: 9833753069
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **MADHAVI K SHEODE** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KANE PRABHAKAR SITARAM	PF NO.: 1696
ADDRESS: 11, BHAGIRATHI,KANE WADA, SIDDHESHWAR LANE, PARNAKA KALYAN. WEST DIST. THANE 421301	PHONE: 9820656656
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KANE PRABHAKAR SITARAM** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MANGALWEDHE YADAV BALACHARYA	PF NO.: 1762
ADDRESS: A/ 502, MANGALYA , G.V.SCHEME RD, MULUND(EAST) MUMBAI 400081	PHONE: 9167196039
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **MANGALWEDHE YADAV BALACHARYA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GOKHALE ARVIND DATTATRAYA	PF NO.: 1766
ADDRESS: A/201 MANGALYA 2ND FLOOR,GVS RD NO1 MULUND EAST MUMBAI 400081	PHONE: 9619838647
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **GOKHALE ARVIND DATTATRAYA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PONKSHE SURESH DATTATRAY	PF NO.: 1790
ADDRESS: 8 SHREE KESHAV RAJ CHS NR ULTRA CHS LT DILIP GUPTE MARG,MAHIM MUMBAI 400016	PHONE: 9869430769
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PONKSHE SURESH DATTATRAY** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: ALWAY SUBHASH RAMCHANDRA	PF NO.: 1798
ADDRESS: C\203 MANGALYA MULUND EAST MUMBAI . 400081	PHONE: 9867601960
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **ALWAY SUBHASH RAMCHANDRA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: THITE GHANSHYAM WAMAN	PF NO.: 1815
ADDRESS: PLOT NO 3 SHRIRAJ SOCIETY INDITANAGAR NASIK 422009	PHONE: 7887744213
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **THITE GHANSHYAM WAMAN** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: VELANKAR RAVINDRA DATTATRAYA	PF NO.: 1817
ADDRESS: 12 SWAPNIL HSG SOC. SAHAKARNAGAR-2 PUNE 411009	PHONE: 9823016137
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **VELANKAR RAVINDRA DATTATRAYA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MAHADDALKAR VIJAY SHANTARAM	PF NO.: 1819
ADDRESS: 10 SWAPNEEL SAHAKAR NAGAR PUNE 411009	PHONE: 9225740673
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **MAHADDALKAR VIJAY SHANTARAM** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GOHAD SHREERANG ANANT	PF NO.: 1822
ADDRESS: 29 SWAPNA NAGARI 20 KARVE ROAD NEAR AURVED RASHASHALA PUNE 411004	PHONE: 9422311679
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **GOHAD SHREERANG ANANT** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KHADE RAMESH YASHWANT	PF NO.: 1855
ADDRESS: DIGAMBER CHHAYA"B" HAPPY COLONY LANE NO 2,KOTHRUD PUNE 411029	PHONE: 9422084398
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KHADE RAMESH YASHWANT** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: WADEKAR PRABHAKAR GOPAL	PF NO.: 1883
ADDRESS: 10 CHHAYA VAZIRA NAKA BORIVALI WEST MUMBAI 400091	PHONE: 9969378222
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **WADEKAR PRABHAKAR GOPAL** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DAMLE MADHAV RAMCHANDRA	PF NO.: 1884
ADDRESS: C/2, MULUND SHRIRAM COOP HSG SOC NEAR DESHMUKH GRDN., MULUND [E] MUMBAI 400081	PHONE: 9820791169
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **DAMLE MADHAV RAMCHANDRA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DEODHAR SHRIKANT DINKAR	PF NO.: 1886
ADDRESS: ANADVAN COP HSG SOCIETY 1ST FLOOR,BLOCK NO 5, BEHIND LAXMAN RESHA, AYRE RD, DOMBIVLI-E 421201	PHONE: 9322321563
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **DEODHAR SHRIKANT DINKAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: UPARE SUBHASHCHANDRA MAROTRAO	PF NO.: 1897
ADDRESS: MANGOLIA,FLAT NO.B/901, S.NO.136/2,BANER PASHAN LINK RD, PASHAN PUNE 411021	PHONE: 9970166187
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **UPARE SUBHASHCHANDRA MAROTRAO** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: INKANE MANOHAR NARAYANRAO	PF NO.: 1942
ADDRESS: N-48 RESHIMBAUGH NAGPUR NAGPUR 440009	PHONE: 9423102381
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **INKANE MANOHAR NARAYANRAO** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BARVE DATTATRAY RAMCHANDRA	PF NO.: 1948
ADDRESS: 983/4 SHUKRAWAR PETH AMBAR SOC. PUNE 411002 PUNE 411002	PHONE: 9421816149
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **BARVE DATTATRAY RAMCHANDRA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MARATHE SURESH VISHNU	PF NO.: 1962
ADDRESS: KULDIP HSG.SOCIETY, BLDG.NO.3,BLOCK NO.4 41/5 AB,ERANDAWANA, PUNE38 411038	PHONE: 9822652141
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **MARATHE SURESH VISHNU** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: CHITNIS SUHAS MANOHAR	PF NO.: 1963
ADDRESS: SAMRUDDHIPLOT NO 38 PATWARDHAN BAUGH ERANDAWANE PUNE 411004	PHONE: 9860054713
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **CHITNIS SUHAS MANOHAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DEODHAR SURESH GANESH	PF NO.: 1973
ADDRESS: 504/1 RAHUL APT PARVATI PUNE 411009	PHONE: 9881903256
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **DEODHAR SURESH GANESH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: CHAUDHARI SHASHIKUMAR VASUDEO	PF NO.: 1989
ADDRESS: B1/101 DAHANUKAR REGENCY DAHANUKAR COLONY KOTHRUD PUNE 411038	PHONE: 9890689016
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **CHAUDHARI SHASHIKUMAR VASUDEO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BAPAT ARVIND KASHINATH	PF NO.: 2001
ADDRESS: SUKH SHANTI APPTT,B,8 BEHIND AKASHWANI TOWER,OPP ANAND NAGAR NASIK -422013 NASIK CITY. 422013	PHONE: 9921543456
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **BAPAT ARVIND KASHINATH** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: CHARDE MANOHAR MADHAVRAO	PF NO.: 2002
ADDRESS: FLAT NO/203 JAYANT MINSION /2 PLOT NO/1/2//2A NAGAR VIKAS SOCIETY MANISH NAGAR SOMALWADA 440015	PHONE: 9049966253
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **CHARDE MANOHAR MADHAVRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MRS. SUVERNA BABURAO BIDAYE	PF NO.: 2017
ADDRESS: C/213, RAJSHIVAM CO OP HSG SOC, S V ROAD DAHISAR (E) MUMBAI 400068	PHONE: 9892485756
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **MRS. SUVERNA BABURAO BIDAYE** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JOSHI SHRIRAM SHANKARRAO	PF NO.: 2040
ADDRESS: B 12 SHRIRAM HEIGHTS NEAR MIT COLLEGE PAUD ROAD PUNE 411038	PHONE: 8788296717
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **JOSHI SHRIRAM SHANKARRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BADVE SHRIKANT JAGANNATH	PF NO.: 2043
ADDRESS: B2 05 PRIME HOEGHTS OPP ABHINAV KALA VIDYALAYA SUS ROAD PASHAN PUNE PUNE 411021	PHONE: 9096038198
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **BADVE SHRIKANT JAGANNATH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KANADE PRABHAKAR GOPAL	PF NO.: 2068
ADDRESS: RATNAGIRI XXXXX RATNAGIRI 415612	PHONE: 9665732791
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KANADE PRABHAKAR GOPAL** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PALKAR AVINASH LAXMANRAO	PF NO.: 2074
ADDRESS: 18,PRAGATINAGAR SOCI ETY,NR.ARUNACHAL, SUBHANPURA BARODA 390023	PHONE: 9727587618
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PALKAR AVINASH LAXMANRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BHAVE SHRIDHAR MANOHAR	PF NO.: 2113
ADDRESS: ISHAN NAGARI BLDG NO.C2,FLAT NO.13 3RD FLOOR WARJE PUNE 411058	PHONE: 9422618224
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **BHAVE SHRIDHAR MANOHAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MAVLE SURESH GANGADHAR	PF NO.: 2126
ADDRESS: KRUTARTH HSG.SOC., BLDG NO.1, PUNE-SATARA ROAD, PUNE PUNE 411037	PHONE: 8237878164
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **MAVLE SURESH GANGADHAR** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DUGAL VIJAY DATTATRAYA	PF NO.: 2127
ADDRESS: 768 SADASHIV PETH PMC BANK BLDG PUNE 411030	PHONE: 7387384543
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **DUGAL VIJAY DATTATRAYA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BARVE ASHOK DATTATRAYA	PF NO.: 2132
ADDRESS: FLAT NO 2 VINAYAK POOJA PARK LEFT BHUSARI COL KOTHRUD PUNE 411029	PHONE: 9822033143
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **BARVE ASHOK DATTATRAYA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PANDE DEVIDAS BARKU	PF NO.: 2134
ADDRESS: 3,DABIR APPARTMENT,GOLE-COLONY NASIK. NASHIK 422002	PHONE: 9764141355
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PANDE DEVIDAS BARKU** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PANDE HARIHAR SHANKARRAO	PF NO.: 2138
ADDRESS: MAHABANK COLONY SAI NAGAR AMRAVATI 444607	PHONE: 8975469164
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PANDE HARIHAR SHANKARRAO** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: AYARE ARUN NARAYAN	PF NO.: 2149
ADDRESS: BLDG 2,C FLAT NO 1004 N G ROYAL PARK,KANJUR VILLAGE ROAD KANJURMARG EAST MUMBAI 400042	PHONE: 9819779795
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **AYARE ARUN NARAYAN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: Shobha Arun Lale	PF NO.: 2153
ADDRESS: FLAT NO 5, EDEN GARDEN APTS. SHRIRAM SOC. WARJE NAKA, WARJE PUNE 411029	PHONE: 9423572275
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **Shobha Arun Lale** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: VIRKAR NARENDRA SHRIDHAR	PF NO.: 2175
ADDRESS: 16 SHEETAL CHS OPP DON BOSCO VAZIRA NAKA PT MALHARRAO KULKARNI MG BORIVALI WEST MUMBAI 400091	PHONE: 9167687930
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **VIRKAR NARENDRA SHRIDHAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KHEBDE MURLIDHER LAXMAN	PF NO.: 2189
ADDRESS: KHEBADE MALA NARAYANGAON TAL JUNNAR DIST PUINE 410504	PHONE: 7028641217
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KHEBDE MURLIDHER LAXMAN** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: TAMBOLI ASHOK GANGADHAR	PF NO.: 2191
ADDRESS: MAHADKAR RESIDENCY B-2 FLAT NO.103 BHUSARI COLONY PUNE 411038	PHONE: 9822650981
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **TAMBOLI ASHOK GANGADHAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SHUBHANGI UKARDE	PF NO.: 2196
ADDRESS: MAPLE HEIGHTS OFF B R ROAD FLAT 704/7TH FLR MULUND WEST 400080	PHONE: 9819110417
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SHUBHANGI UKARDE** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: RISBUD SURESH VASUDEO	PF NO.: 2197
ADDRESS: 6 MANGALYA G V SCHEME RD NO1 MULUND EAST MUMBAI 400081	PHONE: 9892366213
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **RISBUD SURESH VASUDEO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JOSHI CHANDRASHEKHAR BHALCHANDRA	PF NO.: 2224
ADDRESS: A 1 301 AJIT PARK CHS SOMWAR BAZAR ROAD MALAD WEST Mumbai 400064	PHONE: 7977891193
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **JOSHI CHANDRASHEKHAR BHALCHANDRA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PENDHARKAR RAMESH MADHUKAR	PF NO.: 2227
ADDRESS: A602 NAV NAV BHAGYASHRI M P ROAD MULUND EAST MUMBAI MUMBAI 400081	PHONE: 9821156452
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PENDHARKAR RAMESH MADHUKAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SATHE SUHAS ANANTRAO	PF NO.: 2233
ADDRESS: BLDG.NO.3, FLAT NO.5, KRUTARTH HSG.SOC., NEAR BHAPKAR PETROL PUMP, SATARA ROAD, PUNE 411037	PHONE: 9421947606
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SATHE SUHAS ANANTRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JOSHI ANIRUADDHA YESHWANT	PF NO.: 2238
ADDRESS: FLAT NO 102 YASHWANT APARTMENT TIRUPATI NAGAR KORADI ROAD NAGPUR 440030	PHONE: 9403195968
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **JOSHI ANIRUADDHA YESHWANT** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KHARE PRAMOD PRABHAKAR	PF NO.: 2242
ADDRESS: FLAT NO 503 BLDG NO D 3 RAHUL PARK WARJE PUNE 411058	PHONE: 8830693468
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KHARE PRAMOD PRABHAKAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DIXIT YASHWANT DATTATRAYA	PF NO.: 2246
ADDRESS: 2 AKSHAR SOCIETY TAWARE COLONY ARANYESHWAR PUNE 411009	PHONE: 9850680999
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **DIXIT YASHWANT DATTATRAYA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BAHIRAT TUKARAM BHALCHANDRA	PF NO.: 2248
ADDRESS: MUKTAI S BO 27/3C BUNGLOW NO 11 ASAVARI HSG SO NEAR RAJHANS CHOWK DP ROAD KOTHRUD 411038	PHONE: 9561059714
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **BAHIRAT TUKARAM BHALCHANDRA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KANADE SHAMSUNDER KRISHNAJI	PF NO.: 2265
ADDRESS: A/5 ZELAM CO OP 59-60 ERANDWANA OPP HARSHAL GARDAN KOTHARUD PUNE-38 411038	PHONE: 7588326935
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KANADE SHAMSUNDER KRISHNAJI** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SAWANT VINOD BHAGWAN	PF NO.: 2282
ADDRESS: 104 A DENA APARTMENTS SODAWALA LANE BORIWLI W MUMBAI MUMBAI 400092	PHONE: 9987955166
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SAWANT VINOD BHAGWAN** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BORGAONKAR MADHAV BANDOPANT	PF NO.: 2290
ADDRESS: B 207 VITTHAL SHREE SOCY,SADICHHA BLDG KARVENAGAR PUNE 411052	PHONE: 9503040115
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **BORGAONKAR MADHAV BANDOPANT** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

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IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PHADKE CHANDRAKANT DATTATRAYA	PF NO.: 2291
ADDRESS: 1495 SADASHIV PETH SAHITYA SAMRAT APPTS C'WING PUNE 411030	PHONE: 9226998864
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PHADKE CHANDRAKANT DATTATRAYA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MAHAJAN VASANT RAMCHANDRA	PF NO.: 2292
ADDRESS: SHREE,DHYEYAPURTI SOC. P.NO.15/1, SHANTIDHAM RD DHANKAWADI PUNE 411043	PHONE: 9420860938
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **MAHAJAN VASANT RAMCHANDRA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DESHPANDE VILAS CHANDRAKANT	PF NO.: 2296
ADDRESS: B2 304 KUMAR PARISAR NR GANDHI BHAVAN KOTHRUD PUNE 411038	PHONE: 9423576423
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **DESHPANDE VILAS CHANDRAKANT** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: ADKAR JANARDAN RAMCHANDRA	PF NO.: 2306
ADDRESS: F/5,SAIVIHAR APTT. OPP.BHAGINI BK KARVENAGAR PUNE 411052	PHONE: 9970949255
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **ADKAR JANARDAN RAMCHANDRA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DIXIT SHRIPAD NARHAR	PF NO.: 2319
ADDRESS: 703,BUDHWAR PETH BHAGAWANT KRIPA PUNE PUNE 411002	PHONE: 9372458074
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **DIXIT SHRIPAD NARHAR** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DIKE MUKUND DATTARAYA	PF NO.: 2325
ADDRESS: 6/2 DAVBINDU SOCIETY 17/12,ERANDAVANE NEAR SHARDA CENTER PUNE 411004	PHONE: 9422520484
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **DIKE MUKUND DATTARAYA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BHIDE DATTATRAY MAHADEO	PF NO.: 2327
ADDRESS: 137,SHUKRAWAR PETH,SHINDE ALI, BENDRE CHAMBERS, PUNE 411002 Pune 411002	PHONE: 9763088600
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **BHIDE DATTATRAY MAHADEO** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MANGRULKAR DATTATRAYA SHRIPAD	PF NO.: 2332
ADDRESS: BLOCK NO.9 ASHIWINIKUNJ SOCIETY NEAR MAFATLAL BUNGLOW SHIVAJI NAGAR PUNE 411016	PHONE: 9860633669
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **MANGRULKAR DATTATRAYA SHRIPAD** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KHOLGADE RAVINDRA MADHUKAR	PF NO.: 2335
ADDRESS: TEJAS, 30-PADMAKUNJ BIBWEWADI PUNE 411037	PHONE: 9881073471
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KHOLGADE RAVINDRA MADHUKAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PAI MANJUNATH GOPAL	PF NO.: 2336
ADDRESS: FLAT NO 51 SHIG C 4 KHB 5TH PHASE YELAHANKA NEW TOWN BANGALORE 560064	PHONE: 9741898678
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PAI MANJUNATH GOPAL** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: NENE PRAKASH KESHAV	PF NO.: 2345
ADDRESS: 5,JAITIRTH CO-OP HSG SOCIETY,ASHMEGH NAGAR PUNE SATARA RD PUNE 411009	PHONE: 9075015562
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **NENE PRAKASH KESHAV** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: RODE ASHOK BALKRISHNA	PF NO.: 2354
ADDRESS: SHITAL CHS 17, VAZIRA NAKA, BORIWALI WEST. MUMBAI 400091	PHONE: 8976004482
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **RODE ASHOK BALKRISHNA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DESHMUKH DILIP LAXMAN	PF NO.: 2361
ADDRESS: 103 UNIQUE RESIDENCY APPTT PLOT NO 28 MODAKESHWAR COLONY NR BAPU BANGLA INDIRANAGAR NASHIK 422009	PHONE: 9823502135
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **DESHMUKH DILIP LAXMAN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MUKHERJI SHASHANK BIJANKRISHNA	PF NO.: 2369
ADDRESS: 1226 C SHUKRAWAR PETH ANMOL APARTMENT 4 TH LANE SUBHASHNGR PUNE 411002	PHONE: 9822485707
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **MUKHERJI SHASHANK BIJANKRISHNA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: THOMBRE MADHUKAR PANDURANG	PF NO.: 2389
ADDRESS: 68 ATREY LAYOUTPRATAPNAGAR NAMRATA APT RING ROAD NAGPUR 22 NAGPUR 440022	PHONE: 9860301233
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **THOMBRE MADHUKAR PANDURANG** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BAPAT PURUSHOTTAM VISHNU	PF NO.: 2397
ADDRESS: A 10 VISHNU KAMAL BUNGLOW MAHIMNA COOP HSG SOCIETY KARVE NAGAR PUNE 411052	PHONE: 9422317238
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **BAPAT PURUSHOTTAM VISHNU** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PATWARDHAN RAMKRISHNA DHUNDIRAJ	PF NO.: 2404
ADDRESS: F NO 6,KALYAN APTS, 32 RAMBAUG COLONY PAUD RD. PUNE 411038	PHONE: 9822434940
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PATWARDHAN RAMKRISHNA DHUNDIRAJ** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: ATHALYE VINAYAK UDDHAV	PF NO.: 2411
ADDRESS: 60 NAVBHAGYASHREE MAHATMA PHULE ROAD MULUND EAST MUMBAI 400081	PHONE: 9594748008
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **ATHALYE VINAYAK UDDHAV** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: VAIDYA VIBHAKAR DINKAR	PF NO.: 2414
ADDRESS: FLAT NO 12 1ST FLR SADHANA SOC TELY GALLY CROSS LANE ANDHERI E MUMBAI 400069	PHONE: 8452960810
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **VAIDYA VIBHAKAR DINKAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JOSHI ANGAR GANPAT	PF NO.: 2420
ADDRESS: FL NO 17 BLDG G 1 RAJYOG TOWN SHIP VADGAON KHURD PUNE 411041	PHONE: 9623561614
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **JOSHI ANGAR GANPAT** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MULAY DATTATRAYA MARUTIRAO	PF NO.: 2430
ADDRESS: 48,ANANT VASAHAT KOTHARI BLOCKS BIBWEWADI PUNE 411037	PHONE: 9271458458
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **MULAY DATTATRAYA MARUTIRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: ATHAVALE PRABHAKAR KRISHNAJI	PF NO.: 2447
ADDRESS: 11 CHHAYA,LAXMAN NAGAR VAZIRA VILLAGE BORIVLI WEST MUMBAI 400091	PHONE: 9860410265
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **ATHAVALE PRABHAKAR KRISHNAJI** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JOSHI CHANDRAKANT SHANKARRAO	PF NO.: 2467
ADDRESS: 2 A SHRAM SAFALYA ELLORA PARK RACE COURSE BARODA 390001	PHONE: 9904055119
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **JOSHI CHANDRAKANT SHANKARRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: VALIMBE SUDHAKAR TRYAMBAK	PF NO.: 2473
ADDRESS: RAGHAV FLAT NO 2 BLDG NO 7 SHRI RAGHAVRAJ CO OP SOC 118 A PARVATI SINHGAD RD PUNE 411030	PHONE: 9422306924
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **VALIMBE SUDHAKAR TRYAMBAK** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: YASHASHREE YASHWANT VAZE	PF NO.: 2480
ADDRESS: 6 RUNANUBANDH GUJRATH MANDAL ROAD VILE PARLE EAST BOMBAY 400 057 MUMBAI 400057	PHONE: 9833952078
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **YASHASHREE YASHWANT VAZE** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PATIL BHASKAR DAULATRAO	PF NO.: 2491
ADDRESS: 6 PRIYADARSHINI MOTWANE ROAD GANDHARVA NAGARI NASIK ROAD NASIK ROAD 422101	PHONE: 9503675278
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PATIL BHASKAR DAULATRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DIGAWALEKAR S.D.	PF NO.: 2507
ADDRESS: A/10,RAJLAXMI CHS. EKSAR ROAD,BORIVALI-WEST, MUMBAI-400099. MUMBAI 400099	PHONE: 9833565663
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **DIGAWALEKAR S.D.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: FADNAVIS SHRIKRISHNA KASHIRAO	PF NO.: 2511
ADDRESS: 31/34 TULSHIBAGWALE PLOTS,RAJANIGANDHA HSG SOC PARVATI PUNE 411009	PHONE: 9375602909
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **FADNAVIS SHRIKRISHNA KASHIRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DESHPANDE JAYANT DATTATRAYA	PF NO.: 2529
ADDRESS: 642/3B/2/1 TEJASHRI APT PHASE 4 FLAT B 5 BIBWEWADI PUNE 411037 411037	PHONE: 8793595965
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **DESHPANDE JAYANT DATTATRAYA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: RANADE VINAYAK KESHAV	PF NO.: 2542
ADDRESS: JALADA TULSHIBGWALE COLONY SAHAKARNAGAR PUNE 411009	PHONE: 9405539813
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **RANADE VINAYAK KESHAV** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PHATAK VIJAY SHANKAR	PF NO.: 2544
ADDRESS: SR NO 59 2 61 2 FLAT NO 201 BLDG NO A1 KUMARPARISAR KOTHRUD PUNE 411004	PHONE: 9822537616
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PHATAK VIJAY SHANKAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GHODEKAR SUDHAKAR DINKAR	PF NO.: 2547
ADDRESS: 526 NARAYAN PETH PUNE PUNE 411030	PHONE: 9423566872
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **GHODEKAR SUDHAKAR DINKAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BAPAT ARVIND LAXMAN	PF NO.: 2553
ADDRESS: BHAU KRUPA 625 CHOTI DHANTOLI NAGPUR 440012	PHONE: 8007645318
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **BAPAT ARVIND LAXMAN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KULKARNI MADHAV BABURAO	PF NO.: 2555
ADDRESS: SHRIPRASAD HANUMAN WADI CHALISGAON 424101 CHALISGAON 424101	PHONE: 9422779710
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KULKARNI MADHAV BABURAO** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KULKARNI AVINASH VASUDEO	PF NO.: 2573
ADDRESS: A 202 ABHISHEK APART MENT SHRDHANAND RD VILE PARLE E MUMBAI 400057	PHONE: 9821781160
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KULKARNI AVINASH VASUDEO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: LIMAYE SHARAD RAMKRISHNA	PF NO.: 2596
ADDRESS: BLOCK NO7 SHREENATH III L T EXTN RD MULUND EAST MUMBAI 400081	PHONE: 9867653341
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **LIMAYE SHARAD RAMKRISHNA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BHOPATKAR VIDYAPATI PRABHAKAR	PF NO.: 2603
ADDRESS: FLAT NO 101 SAFALYA APPT OPP METRO ZONE WADALA PATHARDI ROAD INDIRA NAGAR NASIK 422009	PHONE: 9822011258
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **BHOPATKAR VIDYAPATI PRABHAKAR** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SAHASRABUDHE JAYANT BALKRISHNA	PF NO.: 2605
ADDRESS: FLAT 101 KAISER CHSL K WING KETKIPADA WESTERN EXPRESS HIGHWAY NEAR TOLL NAKA DAHISAR EAST MUMBAI 400068	PHONE: 9819220046
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SAHASRABUDHE JAYANT BALKRISHNA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JOG DINKAR DATTATRAY	PF NO.: 2606
ADDRESS: A-201 BHAGIRATHI SADAN CHS OPP ROYAL COLLEGE BEHIND MUNICIPAL HOSPITAL DOMBIVALI EAST 421201	PHONE: 7021206377
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **JOG DINKAR DATTATRAY** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: ULLAL RAMMOHANRAO VITTALRAO	PF NO.: 2609
ADDRESS: NO 145 1 FLAT NO B302 ABI SAI SANTRAPTHI SIR M VISHWESHWARAYYA LAYOUT BANGALORE 560091	PHONE: 9845661658
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **ULLAL RAMMOHANRAO VITTALRAO** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: ANJALI AVINASH DESHPANDE	PF NO.: 2630
ADDRESS: FLAT NO A/401 9 GREEN PARK SAHKARNAGAR NO 2 PUNE 411009	PHONE: 9764074740
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **ANJALI AVINASH DESHPANDE** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BOKARE MOHAN SHANKAR	PF NO.: 2635
ADDRESS: PLOT NO 4 5 GUDADHE LAYOUT SHIVDARSHAN APARTMENT 3 RD FLOOR NAGPUR 440022	PHONE: 9423105384
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **BOKARE MOHAN SHANKAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GONDHALEKAR SURESH CHINTAMAN	PF NO.: 2646
ADDRESS: B 1 30 Shatataraka CHS NEAR R T O FOUR BUNG ANDHERI W MUMBAI 400053	PHONE: 9870414865
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **GONDHALEKAR SURESH CHINTAMAN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BHALERAO MUKUND BHALCHANDRA	PF NO.: 2659
ADDRESS: Flat no.12, Plot no.54, Shri Vishwkarma Coop hsg. Socy, Rambag Colony, Paud Road Paud Road Pune 38 PUNE 411038	PHONE: 9850908430
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **BHALERAO MUKUND BHALCHANDRA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: NANDANWAR SUDHAKAR NATHU	PF NO.: 2661
ADDRESS: DEOKI 564 GANESHNAGAR AZAMSHAH LAYOUT NAGPUR 440009	PHONE: 9604599770
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **NANDANWAR SUDHAKAR NATHU** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MULAY SHRIDHAR BANSIDHAR	PF NO.: 2668
ADDRESS: FLAT NO A1 AASHAY REGENCY PLOT NO 26 27 ROSHAN HSG SOC NEAR VISHALNAGAR GARKHEDA AURANGABAD 431009	PHONE: 9422241683
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **MULAY SHRIDHAR BANSIDHAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JAIN ANIL KUMAR	PF NO.: 2677
ADDRESS: 112,H.M.M.EMPLOYES C.G.H.S. PLOT NO-6,SECTOR-10,DWARKA NEW DELHI 110075	PHONE: 9810787562
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **JAIN ANIL KUMAR** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MULYE MAKARAND VINAYAK	PF NO.: 2685
ADDRESS: SARVESH HOUSE NO.71 BEHIND SAHAYOG HSG, SOC. AT&POST NERALDIST.RAYGAD MUMBAI 421503	PHONE: 9730116900
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **MULYE MAKARAND VINAYAK** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SMITA R SINNARKAR	PF NO.: 2696
ADDRESS: 324 SHANIWAR PETH XXXXX PUNE 411030	PHONE: 9403189064
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SMITA R SINNARKAR** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MOHITE GAJANAN PANDURANG	PF NO.: 2700
ADDRESS: 992/93 RAJENDRA NAGAR PLOT NO 7 NEAR RATAN DHAM MANGAL KARYALAYA PUNE 411030 411030	PHONE: 9850084555
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **MOHITE GAJANAN PANDURANG** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BUDHNER MOHAN GANPAT	PF NO.: 2702
ADDRESS: C-14, NIWARA GHARKUL SOCIETY VITTHALWADI NR PARVATI JAL KENDRA PUNE 411030 411030	PHONE: 9422942620
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **BUDHNER MOHAN GANPAT** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SHENOY K MOHANDAS	PF NO.: 2708
ADDRESS: FLAT NO 101 BLOCK A RENAISSANCE TEMPLE BELLS 25/1INDUSTRIAL SUBURB YESHWANTHPUR BANGALORE 560022	PHONE: 9483967968
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SHENOY K MOHANDAS** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JOSHI KISHOR NARAYAN	PF NO.: 2721
ADDRESS: 501,RBI SAHAYOG EKSAR ROAD, BORIVLI WEST MUMBAI 400091	PHONE: 9757095530
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **JOSHI KISHOR NARAYAN** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: RATHI NANDKISHORE MADANLAL	PF NO.: 2735
ADDRESS: AT POST MAHAVIR WARD ARVI TQ-ARVI DIST-WARDHA ARVI 442201	PHONE: 8600020256
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **RATHI NANDKISHORE MADANLAL** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SRI.TAPIKAR MADHUKAR NARAYAN	PF NO.: 2739
ADDRESS: B-12 SAINANDAN APTS. TULSHIBAGWALE COLONY SAHAKARNAGAR PUNE 411009	PHONE: 9850552100
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SRI.TAPIKAR MADHUKAR NARAYAN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: VARTAK AJIT RAGHUNATH	PF NO.: 2740
ADDRESS: 798 SADASHIV PETH PUNE 411 030 PUNE 411030	PHONE: 9422324596
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **VARTAK AJIT RAGHUNATH** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: VIDHATE DATTATRAY KASHINATH	PF NO.: 2742
ADDRESS: 6 19 SHREE SUVARNA RATNA GARDEN A 1 701 KARVE NAGAR PUNE 411052	PHONE: 9922866089
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **VIDHATE DATTATRAY KASHINATH** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DATAR KISHOR NARAYAN	PF NO.: 2745
ADDRESS: 1613,SADASHIV PETH, TILAK ROAD,PUNE 411030 PUNE 411030	PHONE: 9049781729
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **DATAR KISHOR NARAYAN** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KULKARNI EKNATH MALHAR	PF NO.: 2751
ADDRESS: BULD NO.14,FLAT 201 LOKMANYANAGAR NAVI PETH PUNE 411030	PHONE: 9767429120
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KULKARNI EKNATH MALHAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GIJARE GAJANAN RAMCHANDRA	PF NO.: 2763
ADDRESS: 3\6 10/A PATWARDHAN BAG ERANDWANE POONA PUNE 411004	PHONE: 9922359816
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **GIJARE GAJANAN RAMCHANDRA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: NAIK RAVINDRA DATTATRAM	PF NO.: 2764
ADDRESS: RAHUL APTS PRABHAT RD LANE NO 9 PUNE 411004	PHONE: 8698913311
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **NAIK RAVINDRA DATTATRAM** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BHAGALI KESHAO DATTATRAYA	PF NO.: 2776
ADDRESS: 5 SUKRIT HSG. SOC. ARANYESHWAR, PUNE. . 411009	PHONE: 9423091723
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **BHAGALI KESHAO DATTATRAYA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MADHAVAMURTHY K	PF NO.: 2781
ADDRESS: NO 57 4TH CROSS LIC COLONY 3R BLK EAST JAYANAGAR BENGALURU 560011	PHONE: 9535218125
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **MADHAVAMURTHY K** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BENDRE PRAMOD YESHWANT	PF NO.: 2800
ADDRESS: FLAT NO 9 SHRIMAHALAXMI COMPLEX S NO 29/2/1 HINGNE KHURD ANANDNAGAR PUNE 411051	PHONE: 9730000500
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **BENDRE PRAMOD YESHWANT** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KHARDENAVIS SHRIDHAR VASANT	PF NO.: 2812
ADDRESS: PLOT NO Q 9 FLAT NO 102 RPTS RD SILVER PALM LAXMI NAGAR NAGPUR 440022	PHONE: 9225201994
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KHARDENAVIS SHRIDHAR VASANT** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JOSHI VIJAY SADASHIV	PF NO.: 2819
ADDRESS: PLOT NO. 112 PUSHPANJALI,, KACHIPURA,RAMDASPETH, NAGPUR 440010	PHONE: 9766947900
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **JOSHI VIJAY SADASHIV** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MALIK KISHANLAL	PF NO.: 2824
ADDRESS: 22 VISHWAJYOTI CO OP SOCIETY NEW COLONY NAGPUR 440001	PHONE: 9763255094
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **MALIK KISHANLAL** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PATIL PRAKASH VASANTRAO	PF NO.: 2855
ADDRESS: 19,RAILWAY HSG SOLAPUR SOLAPUR 413004	PHONE: 9168287501
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PATIL PRAKASH VASANTRAO** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PANDHARE VIJAY NILKANTH	PF NO.: 2863
ADDRESS: 46 HEMPRABHA APARTMENTS PANDE LAYOUT KHAMLA NAGPUR NAGPUR 440025	PHONE: 9423681834
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PANDHARE VIJAY NILKANTH** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KHATKHEDKAR SURESH KRISHNARAO	PF NO.: 2872
ADDRESS: PLOT NO 15/N RESHIMBAGH NANDAVAN NAGPUR 440009	PHONE: 9823857925
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KHATKHEDKAR SURESH KRISHNARAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KOKATE VITTHAL GANPAT	PF NO.: 2884
ADDRESS: F,NO,7.BLDG NO,B-1/2,CHINTAMANI NAGAR PHASE-2.NR BIBWEWADI POLICE STATION PUNE 411037	PHONE: 7719986292
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KOKATE VITTHAL GANPAT** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: WANIKAR PRAKASH NARAYANRAO	PF NO.: 2895
ADDRESS: 129, "GURUKRUPA" CHHATRAPATI NAGAR WARDHA RD NAGPUR NAGPUR 440015	PHONE: 9403541043
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **WANIKAR PRAKASH NARAYANRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GADRE MADHAV NARHAR	PF NO.: 2901
ADDRESS: DATTAPRASAD SOCIETY PARVATI PAYTHA POONA PUNE 411030	PHONE: 9921252323
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **GADRE MADHAV NARHAR** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

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IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MUTHA RAJENDRA MISHRILAL	PF NO.: 2902
ADDRESS: ASAWARI COOP HSG SOCIETY 127/3 C - BUNGLOW NO 2 KOTHRUD PUNE 411029	PHONE: 9923637040
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **MUTHA RAJENDRA MISHRILAL** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

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IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: CHINCHLIKAR ARVIND DATTATRAYA	PF NO.: 2910
ADDRESS: B/15 VASANT VIHAR NEAR SANGAM PRESS KOTHRUD PUNE 411038	PHONE: 9923420352
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **CHINCHLIKAR ARVIND DATTATRAYA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

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IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MANJREKAR K.N.	PF NO.: 2917
ADDRESS: 16,HENDRE MANSION, 157/159,J.S.S.ROAD, GIRGAUM,THAKURDWAR, MUMBAI 400004	PHONE: 9869537750
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **MANJREKAR K.N.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MODAK SHREEDHAR TRIMBAK	PF NO.: 2920
ADDRESS: A-8,ATAL CO-OP.HOUSING SOCIETY BIBWEWADI, PUNE-411037 PUNE 411037	PHONE: 9423003479
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **MODAK SHREEDHAR TRIMBAK** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JOGLEKAR JAYANT WAMAN	PF NO.: 2921
ADDRESS: A201 OJAS 132/2 PASHAN BANER LINK ROAD PASHAN PUNE PUNE 411021	PHONE: 7798470685
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **JOGLEKAR JAYANT WAMAN** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GOKHALE DILIP MADHAV	PF NO.: 2922
ADDRESS: MANDAR KAMALESH COOP HSG SOC KOTHRUD PUNE 29 PUNE 411029	PHONE: 9730000640
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **GOKHALE DILIP MADHAV** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KSHIRE SHASHIKANT KRISHNAJI	PF NO.: 2928
ADDRESS: 618 NARAYAN PETH AMRENDRA SOC. NEAR:LOKHANDE-TALIM.PUNE.30. PUNE 411030. PUNE. 411030	PHONE: 9423065987
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KSHIRE SHASHIKANT KRISHNAJI** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: APTE SUNEER DATTATRAYA	PF NO.: 2937
ADDRESS: FLAT NO 11 / D ARVIND COMPLEX S N 25/6/1/1 NR NITYANAND BHAVAN HINGANE KH PUNE 411051	PHONE: 9890112303
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **APTE SUNEER DATTATRAYA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

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IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PUNEKAR SWATI SURESH	PF NO.: 2940
ADDRESS: D-8 ORCHID APARTMENTS IDEAL COLONY. KOTHRUD PUNE 411029	PHONE: 9921582424
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PUNEKAR SWATI SURESH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KULKARNI VILAS NARAYAN	PF NO.: 2942
ADDRESS: S NO.132/A 4, PARVATI,PADMANABH SOCY., PUNE PUNE 411030	PHONE: 9822538344
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KULKARNI VILAS NARAYAN** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: TIKEKAR SUDHIR RAGHUNATH	PF NO.: 2947
ADDRESS: M/602,YUTHIKA VEER BHADRA NAGAR NR GANRAJ MANGAL KARYALAY BANER PUNE 411045	PHONE: 9552563265
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **TIKEKAR SUDHIR RAGHUNATH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PATKAR RAMESH VINAYAK	PF NO.: 2955
ADDRESS: B/8 ANILESH,1ST FLR 90FEET CROSS RD MULUND E MUMBAI 400081	PHONE: 9833016505
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PATKAR RAMESH VINAYAK** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BHIDE SURESH VASUDEO	PF NO.: 2966
ADDRESS: 8 PRACHI SOCIETY G V SCHEME RD2 MULUND EAST MUMBAI 400081	PHONE: 9819197410
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **BHIDE SURESH VASUDEO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PADMA PRAFULCHANDRA SARPOTDAR	PF NO.: 2969
ADDRESS: PLOT NO 460 SAI SECTION AMBARNATH E AMBARNATH 421501	PHONE: 8983640064
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PADMA PRAFULCHANDRA SARPOTDAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DASNURKAR V. B.	PF NO.: 2973
ADDRESS: A 2 MADHUSHILPA SOCIETY MANPADA RD NEAR GAONDEVI TEMPLE DOMBIVLI DIST MAHARASHTRA 421201	PHONE: 9322597903
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **DASNURKAR V. B.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BONDRE SADASHIV TRIMBAK	PF NO.: 2976
ADDRESS: E/46,SHRI GANADHIRAJ MITHAGAR ROAD MULUND EAST MUMBAI-400081 400081	PHONE: 9322139120
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **BONDRE SADASHIV TRIMBAK** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MANE KRISHNA AMRITRAO	PF NO.: 2981
ADDRESS: 485 486 MANGALWAR PETH PLOT NO 21 GOLDEN PEARL SO PUNE 411011	PHONE: 9028236213
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **MANE KRISHNA AMRITRAO** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: ARCHANA ARUN KADAM	PF NO.: 2984
ADDRESS: LAXMAN NAGAR CHS 24 SHEETAL VAZIRA NAKA L T RD BORIVALI WEST MUMBAI 400091	PHONE: 8691985228
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **ARCHANA ARUN KADAM** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KULKARNI ANANDKUMAR MARUTI	PF NO.: 3011
ADDRESS: AMEN HSG SOC 92 100 ERANDWANA NEAR MATRE BRIDGE OFF KARVE ROAD PUNE 411004	PHONE: 9881525099
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KULKARNI ANANDKUMAR MARUTI** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: AMBEKAR VILAS KRISHNAJI	PF NO.: 3022
ADDRESS: A 2 ATAL CO OP HSG SOCY 689 /8 /1A 1B BIBWEWADI PUNE 411037 411037	PHONE: 9730000585
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **AMBEKAR VILAS KRISHNAJI** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PUNDALE VIRAG GAJANAN	PF NO.: 3033
ADDRESS: MEDIA CONST MEDIA CORNER S NO 64 FLAT NO 4 WADGAON BUDRUK PUNE 411041	PHONE: 9822000387
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PUNDALE VIRAG GAJANAN** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KARULKAR MAYA VIJAY	PF NO.: 3038
ADDRESS: MADHUBAN BLDG C BLOCK NO 2 KARVENAGAR PUNE 411052	PHONE: 9922953039
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KARULKAR MAYA VIJAY** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BAPAT SHRIKANT ANANT	PF NO.: 3039
ADDRESS: E-3/20 SURYA PRABHA GARDENS KENJALE NAGAR BIBWEWADI, PUNE 411037	PHONE: 9765526300
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **BAPAT SHRIKANT ANANT** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GOREY AJIT CHINTAMAN	PF NO.: 3040
ADDRESS: ARJIT SUMARG SOCIETY S NO 128 2 PLOT 2 KOTHRUD PUNE 411038	PHONE: 8698691249
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **GOREY AJIT CHINTAMAN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: APARNA ANIL AMBIKE	PF NO.: 3041
ADDRESS: FLAT NO 2 BLD NO 2 CHANDRALOKNAGARI SOCIETY DAHANUKAR COLONY KOTHRUD PUNE 411038	PHONE: 9822667683
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **APARNA ANIL AMBIKE** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: INAMDAR RAMESH VASUDEO	PF NO.: 3047
ADDRESS: S N 6 22B KULSHRI SOCIETY NO2 KARVENAGAR PUNE 411052 PUNE 411052 PUNE 411052	PHONE: 9822521964
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **INAMDAR RAMESH VASUDEO** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PARANJPE SHRIKANT P	PF NO.: 3050
ADDRESS: SHANKAR 917/6 GANESH WADI DG PUNE 411004	PHONE: 9822319111
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PARANJPE SHRIKANT P** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DAMLE JAYANT MADHUKAR	PF NO.: 3084
ADDRESS: MANGAL NAGAR GANGAPUR ROAD NASIK 422005	PHONE: 9422746886
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **DAMLE JAYANT MADHUKAR** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PESHAVE DILIP VASANT	PF NO.: 3104
ADDRESS: A3/3,SAI NAGAR SOC SINHAGAD RD PUNE PUNE 411030	PHONE: 9766049055
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PESHAVE DILIP VASANT** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MANKAR PRAKASH DATTATRAYA	PF NO.: 3105
ADDRESS: 10, PARIMAL APTS, OPP.NBT LAW COLLEGE, NASHIK. 422005	PHONE: 9423222106
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **MANKAR PRAKASH DATTATRAYA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: AGNIHOTRI SHAMKALYAN MADHAV	PF NO.: 3111
ADDRESS: DR. ANTROLIKAR NAGAR NO-1, PLOT N0-391/A, BHARDWAJ BANGLOW SOLAPUR 413003	PHONE: 9881317517
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **AGNIHOTRI SHAMKALYAN MADHAV** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KULKARNI SHANKAR NARHAR	PF NO.: 3114
ADDRESS: A-1/403 ANKUR RESIDENC NEAR MOTIRAM NAGAR WARJE PUNE 411058	PHONE: 9850780917
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KULKARNI SHANKAR NARHAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PATANKAR VILAS DATTATRAY	PF NO.: 3116
ADDRESS: 304, GURUDEEP SOC. SAHAKARNAGAR PUNE 411009	PHONE: 9421813846
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PATANKAR VILAS DATTATRAY** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SARAF SHASHIKANT JAGNNATH	PF NO.: 3120
ADDRESS: DNYANDEEP SWANAND GALLI NO 1 SAHAKARNAGAR NO 2 PUNE PUNE 411009	PHONE: 8554049708
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SARAF SHASHIKANT JAGNNATH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BHOOMKAR VILAS RANGNATHRAO	PF NO.: 3123
ADDRESS: BANK OF MAHARASHTRA MAIN BRANCH, LATUR LATUR 413512	PHONE: 7588114763
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **BHOOMKAR VILAS RANGNATHRAO** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SARVATE PRAKASH MANOHARRAO	PF NO.: 3136
ADDRESS: 39,SNEHA SANWARDHAK CO-OP SOCIETY KHAMLA MALVIYA NAGAR NEAR INDRAPRASTHA HALL NAGPUR 440025	PHONE: 9623781916
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SARVATE PRAKASH MANOHARRAO** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GOVILKAR ARUN SHRIPAD	PF NO.: 3153
ADDRESS: 15 PARESH CO OP HSG SOCIETY GEN.A.VAIDYA MARG PACHPAKHADI THANE THANE 400602	PHONE: 9757104220
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **GOVILKAR ARUN SHRIPAD** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GAWADE BHALCHANDRA TUKARAM	PF NO.: 3156
ADDRESS: 10 VAISHALI RD NO 10 DAULAT NAGAR BORIVALI EAST MUMBAI 400066	PHONE: 9890630421
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **GAWADE BHALCHANDRA TUKARAM** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SHINDE PRALHAD LAXMAN	PF NO.: 3166
ADDRESS: FLAT NO 27 ANMOL HEIGHTS 7TH FLOOR 37 1 3 NEAR VITTHAL MANDIR KARVE NAGAR PUNE 411052	PHONE: 9921942340
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SHINDE PRALHAD LAXMAN** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PALWANKAR YESHWANT RAMCHANDRA	PF NO.: 3178
ADDRESS: SHRI DATTAKRUPA HSG SO 49/1 GANDHIBHAVAN KOTHRUD 411038	PHONE: 9422020469
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PALWANKAR YESHWANT RAMCHANDRA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JOGALEKAR KUMUDINI SHRIPAD	PF NO.: 3219
ADDRESS: PUNE XXXXX PUNE 400011	PHONE: 9423859341
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **JOGALEKAR KUMUDINI SHRIPAD** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DHEKANE ANIL GANESH	PF NO.: 3235
ADDRESS: DHANSAMPADA SOC PAUD PHATA NEAR WAMAN NIWAS KARVE RD. PUNE 411038	PHONE: 8806398664
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **DHEKANE ANIL GANESH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KORDE SURESH MADHAVRAO	PF NO.: 3243
ADDRESS: NEELESHWARI SUBHASH COLONY SHRIRAMPUR SHRIRAMP 413709	PHONE: 9921996489
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KORDE SURESH MADHAVRAO** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GUND ASAWARI SUDHAKAR	PF NO.: 3279
ADDRESS: A8 ZELAM CO OPR SOCIETY BIHIND THE HOTEL KIMAYA NEAR PAUD PHATA PUNE 411038	PHONE: 9325313523
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **GUND ASAWARI SUDHAKAR** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MOKASHI ARVIND SHANKAR	PF NO.: 3288
ADDRESS: SHRI KRUPA,128/2/40 NAVKETAN SOC JP NAIK ROAD,KOTHRUD PUNE 411029	PHONE: 9850264538
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **MOKASHI ARVIND SHANKAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KARAMBALKAR ARVIND BHALCHANDRA	PF NO.: 3304
ADDRESS: DAVBINDU SAH.GRIH.SANSTHA 17 /1+12 OFF KARVE ROAD NEAR SHARADA CEN ERANDAWANA, PUNE 4 PUNE 411004	PHONE: 9860330832
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KARAMBALKAR ARVIND BHALCHANDRA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: AMBEKAR SURESH RAGHUNATH	PF NO.: 3310
ADDRESS: SMEET APARTMENTS 457 GOKHALE ROAD PUNE 411 016 PUNE 411016	PHONE: 8805922616
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **AMBEKAR SURESH RAGHUNATH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DIWADKAR DEEPAK SHAMRAO	PF NO.: 3327
ADDRESS: 32/2 SHANTASHRI ABHINAV NAGAR BORIVALI east MUMBAI 400066	PHONE: 9969003289
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **DIWADKAR DEEPAK SHAMRAO** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GAIKWAD SUDHAKAR BABURAO	PF NO.: 3340
ADDRESS: PLOT NO 10 SANMITRA SOCIETY SAHAKARNAGAR NO 2 PUNE 411009	PHONE: 9604265910
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **GAIKWAD SUDHAKAR BABURAO** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: AMBEKAR ARUN PANDURANG	PF NO.: 3346
ADDRESS: H.NO.3556 KHALCHI ALI BEHIND KELKAR DAIRY RATNAGIRI 415612	PHONE: 9673059592
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **AMBEKAR ARUN PANDURANG** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JAHAGIRDAR SRIPAD VENKATESHRAO	PF NO.: 3353
ADDRESS: DREAM AVENUE BLDG C, FLAT NO 203 SHIKHARE WADI- NASIK ROAD NASIK 422101	PHONE: 9823996985
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **JAHAGIRDAR SRIPAD VENKATESHRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: ACHWAL ASHOK RAMCHANDRA	PF NO.: 3365
ADDRESS: 205 GANESH SIDDHI I CO OP HSG SOCIETY RAM MANDIR ROAD BABHAI BORIVALI WEST MUMBAI 400091	PHONE: 9820237990
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **ACHWAL ASHOK RAMCHANDRA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BHIDE AVADHUT SHANKAR	PF NO.: 3366
ADDRESS: PLOT 13 S NO 676 PADMAKUNJ SOC BIBWEWADI PUNE 37 PUNE 411037	PHONE: 9823506589
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **BHIDE AVADHUT SHANKAR** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SAWANT ASHOK BHIKAJI	PF NO.: 3369
ADDRESS: AMBA NIWAS 406 B A P MARG FOUR BUNGLOW ANDHERI WEST MUMBAI 400053	PHONE: 9869020354
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SAWANT ASHOK BHIKAJI** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: VADHAVKAR VINAYAK VASANT	PF NO.: 3389
ADDRESS: 302 VIGHNARAJENDRA C O OP HSG SOC LTD JAI BHAVANI MATA MARG AMBOLI ANDHERI WEST MUMBAI 400058	PHONE: 9820957093
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **VADHAVKAR VINAYAK VASANT** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: LAKHPATI ONKAR BHIKANRAO	PF NO.: 3453
ADDRESS: P NO 87 JANKI NAGAR JULE SOLAPUR SOLAPUR 413008	PHONE: 9049952176
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **LAKHPATI ONKAR BHIKANRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: POHNERKAR MANOHAR BHAGWANRAO	PF NO.: 3455
ADDRESS: 2,ANAND VIHAR APRTS. 10, SAMADHAN COLONY BEHIND DIST. COURT AURANGABAD 431005	PHONE: 9423150658
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **POHNERKAR MANOHAR BHAGWANRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BORDE SHARAD SADASHIVRAO	PF NO.: 3457
ADDRESS: KAILASH NAGAR LATUR LATUR 413531	PHONE: 9960257237
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **BORDE SHARAD SADASHIVRAO** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: HALASGIKAR A.T.	PF NO.: 3460
ADDRESS: 2 SADICHHA PLOT 22 MANISHA SOCIETY KARVENAGAR PUNE 411052	PHONE: 9922893893
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **HALASGIKAR A.T.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: WADEKAR ASHOK GAJANAN	PF NO.: 3491
ADDRESS: PLOT 13 TULSIBAGWALE COLONY SAHAKARNAGAR PUNE 411009	PHONE: 9421692892
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **WADEKAR ASHOK GAJANAN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DESHPANDE SUBHASH VAMAN	PF NO.: 3495
ADDRESS: AASAMANT SOCIETY, 1/4 ERANDWANA BEHIND RESCON COMPANY OFF KARVE ROAD, PUNE 411004	PHONE: 9766707890
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **DESHPANDE SUBHASH VAMAN** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SRI.MOHOL SUBHASH NIVRUTTI	PF NO.: 3503
ADDRESS: YASHWANTNAGAR SAHA S SOCIETY,719/1A, NAVI PETH PUNE 411030	PHONE: 9850884423
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SRI.MOHOL SUBHASH NIVRUTTI** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KULKARNI MOHAN SHANKAR	PF NO.: 3535
ADDRESS: FLAT 7 CHINTAMANI VERTEX VISHRANTI NAGAR SINHGAD ROAD NEAR HDFC BANK PUNE 411051	PHONE: 9960131112
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KULKARNI MOHAN SHANKAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BHIDE MORESHWAR MAHADEO	PF NO.: 3549
ADDRESS: GAYATRI SOCIETY, PARVATI, PUNE ST 106291 411009	PHONE: 9850829748
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **BHIDE MORESHWAR MAHADEO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DESHMUKH A.M.	PF NO.: 3550
ADDRESS:	PHONE: 9822244111
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **DESHMUKH A.M.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4785/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DEO DILIP VASANT	PF NO.: 3564
ADDRESS: 11,SWAPNEEL SOCY, KOHINOOR COL, SAHAKARNAGAR NO 2, PUNE, 411009	PHONE: 9422986377
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **DEO DILIP VASANT** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: UJJWALA S GOKHALE	PF NO.: 3573
ADDRESS: 32/2/B SHRAMSAPHALYA HSG SOC ERANDWANE PUNE 411004	PHONE: 9371015149
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **UJJWALA S GOKHALE** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PATWARDHAN SHRIRANG KRISHNAJI	PF NO.: 3577
ADDRESS: 235,B-1/1,YUGANDHAR SOCIETY, BEHIND BANK OF MAHARASHTRA- PARVATI,PUNE-9 PUNE. 411009	PHONE: 9765384654
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PATWARDHAN SHRIRANG KRISHNAJI** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DEO SHRIKRISHNA VAMAN	PF NO.: 3579
ADDRESS: FLAT NO 1, AMEYA APTT CHINTAMANI NAGAR S.NO.88/3, PARVATI SAHAKARNAGAR SAHAKARNAGAR,-2 PUNE 411009	PHONE: 9604290356
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **DEO SHRIKRISHNA VAMAN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KAMTIKAR SURENDRA VAMANRAO	PF NO.: 3582
ADDRESS: BANK OF MAHARASHTRA PARBHANI. PARBHANI 431401	PHONE: 9960607222
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KAMTIKAR SURENDRA VAMANRAO** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DESHPANDE SURESH MADHAVRAO	PF NO.: 3583
ADDRESS: T 5 SHUBH YOG BEED BY PASS ROAD DISHANAGARI AURANGABAD 431002	PHONE: 9850719659
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **DESHPANDE SURESH MADHAVRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PAREIRA MOTES PAULJOSEP MERIAN	PF NO.: 3590
ADDRESS: 982 SURESH SMRUTI POST OFFICE BUILDING PERNEM GOA SURBANWADA PERNEM GOA 403512	PHONE: 9423304535
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PAREIRA MOTES PAULJOSEP MERIAN** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: LONKAR UTKARSH G.	PF NO.: 3592
ADDRESS: FLAT 108 1ST FLOOR BUILDING E ASAWARI NANDED CITY PUNE 411043	PHONE: 8830280688
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **LONKAR UTKARSH G.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

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IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: HARKARE MANIK GOPALRAO	PF NO.: 3599
ADDRESS: H.NO.1-4-880/2/5 GANDHINAGAR SBH COLONY NEW BAKARAM HYDERABAD 500027	PHONE: 9441491792
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **HARKARE MANIK GOPALRAO** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PURANIK SHRIKRISHNA BHASKAR	PF NO.: 3600
ADDRESS: FLAT NO 8 SAI ASHISH APTT PIPELINE ROAD BH RELIANCE PETROL PUMP GULMOHAR COLONY SATPUR NASIK 422007	PHONE: 9922999668
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PURANIK SHRIKRISHNA BHASKAR** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JOSHI DIGAMBAR KALIDAS	PF NO.: 3602
ADDRESS: A3/14, ISHANAGARI S.NO.131, WARJE PUNE 411052	PHONE: 9422331141
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **JOSHI DIGAMBAR KALIDAS** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: NAGARKAR ASHA MADHAV	PF NO.: 3615
ADDRESS: TEJONIDHI 45 ALANKAR SOCIETY KARVENAGAR PUNE 411052	PHONE: 9423032558
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **NAGARKAR ASHA MADHAV** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PHAVDE KAMALAKAR ANANT	PF NO.: 3622
ADDRESS: 365 37 LAXMI EKBOTE COLONEY GHORPADE PUNE 411042	PHONE: 9404233423
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PHAVDE KAMALAKAR ANANT** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PATHAK GOPAL DATTATREYA	PF NO.: 3623
ADDRESS: H.NO.1-94 EIGHT BUNGLOW STATION ROAD GULBARGA 585101	PHONE: 9538597212
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PATHAK GOPAL DATTATREYA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: RAO RAMKRISHNA SAKHARAM	PF NO.: 3658
ADDRESS: 11 JANMOTRI HSG SO BHABHANAGAR NASIK NASHIK 422011	PHONE: 9372441179
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **RAO RAMKRISHNA SAKHARAM** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GANPULE SHARAD DATTATRAYA	PF NO.: 3659
ADDRESS: 14/409, YOGI ARVIND SOC LANE 6 SAHKARNAGAR PUNE 411009	PHONE: 9823579800
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **GANPULE SHARAD DATTATRAYA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SRI.KARMALKAR PRAKASH NARAYAN	PF NO.: 3666
ADDRESS: 31 MANGESH KIRAN MANIK NAGAR GANGAPUR ROAD NASHIK 422013	PHONE: 9890222870
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SRI.KARMALKAR PRAKASH NARAYAN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PATHARE RAMESH JANARDAN	PF NO.: 3673
ADDRESS: A 8 ANUJA CHS LTD KASTUR PARK SHIMPOLI BORIVALI WEST MUMBAI 400092	PHONE: 9987279937
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PATHARE RAMESH JANARDAN** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GOKHALE SHRINIVAS DATTATRAYA	PF NO.: 3679
ADDRESS: 103 RUNANUBANDHA CHS LTD NAVIN THAKKAR CROSS RD VILE PARLE EAST MUMBAI 400057	PHONE: 9869411695
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **GOKHALE SHRINIVAS DATTATRAYA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DHARAP ARUN MAHADEO	PF NO.: 3683
ADDRESS: DHARAP WADA, POST NERAL,TAL KARJAT DIST RAIGAD 410101	PHONE: 9860718208
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **DHARAP ARUN MAHADEO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SRI.ATHALYE ARVIND DHUNDIRAJ	PF NO.: 3686
ADDRESS: PHALSHRUTI PLOT NO RE25 DOMBIVALI GYMKHANA MIDC PHASE I DOMBIVALI EAST 421203	PHONE: 9833257596
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SRI.ATHALYE ARVIND DHUNDIRAJ** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BHALERAO SUHAS TRIMBAK	PF NO.: 3707
ADDRESS: 121/1 SOHAM-B OPP LAW COLLEGE ERANDWANA PUNE 411004	PHONE: 9422644456
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **BHALERAO SUHAS TRIMBAK** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DESHPANDE VINAYA VIJAY	PF NO.: 3712
ADDRESS: SAKET BUNGLOW 996 3 NAVI PETH ABHINAV APPTS PUNE 411030	PHONE: 9766606333
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **DESHPANDE VINAYA VIJAY** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: TAMHANKAR ROHINI RAMESH	PF NO.: 3740
ADDRESS: 32 33 JANKI APTS SAHAKARNAGAR PUNE 411009	PHONE: 9764730665
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **TAMHANKAR ROHINI RAMESH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: LELE VINITA MORESHWAR	PF NO.: 3741
ADDRESS: 912 SHIVAJINAGAR PRASANNA APTS BHANDARKAR ROAD PUNE 411004	PHONE: 9822391911
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **LELE VINITA MORESHWAR** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GADRE ANURADHA SHREEKANT	PF NO.: 3744
ADDRESS: 41/8 KARVENAGAR HSG SOC KARVENAGAR PUNE 411052	PHONE: 9422757994
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **GADRE ANURADHA SHREEKANT** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JOSHI ARVIND SHIVRAM	PF NO.: 3750
ADDRESS: B 4 1401 ROSA GARDENIA OPP PMC GARDEN BEHIND HYPER CITY MALL KASARVADAVALI G B ROAD THANE WEST 400615	PHONE: 9833557102
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **JOSHI ARVIND SHIVRAM** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BHATT MUKUL HRISHIKISH	PF NO.: 3772
ADDRESS: 35-A,MATRUSMRUTI SOCIETY NEAR UTKARSH VIDYALAYA, BARODA BARODA 390015	PHONE: 9408579437
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **BHATT MUKUL HRISHIKISH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: VAIDYA ASHOK KRISHNAJI	PF NO.: 3798
ADDRESS: 11 CHITRALEKHA COOP SOC RAMBAUG COLONY, KOTHRUD PUNE PUNE 411038	PHONE: 9765981575
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **VAIDYA ASHOK KRISHNAJI** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: RANE SURYAKANT BABAJI	PF NO.: 3816
ADDRESS: 303 SHASHANK C H S SHIVAJI NAGAR ROAD VADAVLI SECTION AMBERMATH 421501	PHONE: 9623641465
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **RANE SURYAKANT BABAJI** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: TIKHE MADHUKAR DNYANESHWAR	PF NO.: 3823
ADDRESS: 323 NAVI PETH SOPAN NAGARI BLOCK 31 PUNE 411030	PHONE: 9822970418
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **TIKHE MADHUKAR DNYANESHWAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SRI.JOSHI ARUN PURUSHOTTAM	PF NO.: 3824
ADDRESS: PALLAVI SUKRIT SOCI ARANYESHWAR PUNE 411009	PHONE: 9422530690
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SRI.JOSHI ARUN PURUSHOTTAM** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GOKHALE VILAS SURYAKANT	PF NO.: 3826
ADDRESS: FLAT NO 9,PARVATI TOWERRS, 82 PARVATI GAON PUNE 411009	PHONE: 9822025640
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **GOKHALE VILAS SURYAKANT** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KHASGIWALE ANURADHA SHRIKRISHNA	PF NO.: 3838
ADDRESS: 36,AMRAPALI SOC, TULSIBAHWALE COL, SAHAKARNAGAR PUNE 411009	PHONE: 9552098434
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KHASGIWALE ANURADHA SHRIKRISHNA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: WALIMBE RAVINDRA NARAYAN	PF NO.: 3846
ADDRESS: b/204 kadambari aptt S NO 120 PARVATI PUNE PUNE 411030	PHONE: 9922763291
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **WALIMBE RAVINDRA NARAYAN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DHAMDHERE SHARAD YESHWANT	PF NO.: 3847
ADDRESS: C-11,GANDHARVA NAGARI,DAHANUKAR COLONY, KOTHRU PUNE.29. PUNE 411029	PHONE: 9850899939
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **DHAMDHERE SHARAD YESHWANT** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SMT JAYASHREE SHANKAR KHER	PF NO.: 3865
ADDRESS: FLAT NO A-10 l LOTUS COURT 120 MODERN COLONY PLOT NO-15 PAUD ROAD KOTHRUD PUNE PUNE-38 411038	PHONE: 7720851966
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SMT JAYASHREE SHANKAR KHER** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SHETE RAVINDRA DINKAR	PF NO.: 3868
ADDRESS: H 1204 THE METROPOLITAN ELPRO COUMPOUND SHRIDHAR NAGAR CHINCHWAD PUNE 411033	PHONE: 9730000555
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SHETE RAVINDRA DINKAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SRI.ANASPURE PRAFULLA DIGAMBAR	PF NO.: 3877
ADDRESS: FLAT NO 3 SHREYAS APT NEAR SYNDICATE BANK HOTAGI ROAD SOLAPUR 413003	PHONE: 8888802613
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SRI.ANASPURE PRAFULLA DIGAMBAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DEORE SHASHANK GAJANAN	PF NO.: 3888
ADDRESS: S NO2 1 7 FLORINA APT FLAT NO 4 SECOND FLOOR ERANDWANA OFF KARVE RD PUNE 41100 411030	PHONE: 8698081167
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **DEORE SHASHANK GAJANAN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KULKARNI RAMESH B	PF NO.: 3893
ADDRESS: 128/129. SAHAKARNAGAR.B/2 NIKHIL CO OP SO. PUNE 411009	PHONE: 9766630917
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KULKARNI RAMESH B** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KALE SHRIKRISHNA HARI	PF NO.: 3895
ADDRESS: B 101 CROSSWNID NEAR D MART SR NO 108 BANER MHALUNGE ROAD BANER PUNE 411045	PHONE: 7588287823
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KALE SHRIKRISHNA HARI** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: NAIK SATISH NARAYAN	PF NO.: 3900
ADDRESS: LAXMI NARAYAN PLOTNO 6 NEAR PATIL NEST ANANDWALLI NAVSHYA GANPATI NAGAR GANGAPUR ROAD NASIK 422013	PHONE: 9823925743
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **NAIK SATISH NARAYAN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JOSHI RAMESH GAJANAN	PF NO.: 3906
ADDRESS: FLAT NO 6 MAYURA APARTMENT JAKHADINAGAR INDIRANAGAR NASIK 422009	PHONE: 8149625524
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **JOSHI RAMESH GAJANAN** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: TALAJIA RAMESH MAGANBHAI	PF NO.: 3907
ADDRESS: 1843, OLD TAMBAT LANE NASIK CITY NASHIK 422001	PHONE: 9822206467
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **TALAJIA RAMESH MAGANBHAI** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KULKARNI SURESH AMBADAS	PF NO.: 3911
ADDRESS: AMRUTVEL,C803, S NO 41,N D A ROAD WARJE MALWADI PUNE 411058	PHONE: 9890033161
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KULKARNI SURESH AMBADAS** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PANGARKAR SUBHASH BABURAO	PF NO.: 3914
ADDRESS: FLAT No 8 CHOPADA EMPIOR OPP CHOPDA LAWNS OLD GANGAPUR NAKA GANGAPUR ROAD NASHIK 422005	PHONE: 8237004548
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PANGARKAR SUBHASH BABURAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GOLWALKAR ASHOK RAMCHANDRA	PF NO.: 3920
ADDRESS: 51 PARASHAR NAGAR RAJENDRA NAGAR INDORE 452012	PHONE: 9755115781
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **GOLWALKAR ASHOK RAMCHANDRA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: RAUT ASHOK RAMACHANDRA	PF NO.: 3928
ADDRESS: BLDG NO:17/184, APTE COLONY, HINGANE KHURD, PUNE 411051	PHONE: 8788852613
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **RAUT ASHOK RAMACHANDRA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PANSE DILIP PANDIT	PF NO.: 3932
ADDRESS: 37 2 DHANSAMPADA HOUSING SOCIETY PAUD PHATA KARVE RD PUNE 411004	PHONE: 9371002686
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PANSE DILIP PANDIT** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DESHPANDE VIJAY DIGAMBAR	PF NO.: 3936
ADDRESS: KRISHNA CO-OP HSG SOCIETY BLDG NO B BLOCK NO 6 SURVEY NO 14 HISSA NO 5/2/1 SINHGAD ROAD ANAND NAGAR PUNE 411051	PHONE: 9604555405
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **DESHPANDE VIJAY DIGAMBAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GIRAMKAR ASHOK VITHAL	PF NO.: 3938
ADDRESS: FL.NO.6 ONKAR APPARTMENT NEAR FATHER HIGH SCHOOL DAUND DIST PUNE 413801 MAHARASHTRA 413801	PHONE: 9822646576
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **GIRAMKAR ASHOK VITHAL** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JOSHI RAGHUNATH P	PF NO.: 3947
ADDRESS: A/8,PANCHARATNA COOP HSG SOCIETY 2/7/2, BANER PUNE45 PUNE 411045	PHONE: 8087985652
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **JOSHI RAGHUNATH P** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: UNDIRWADKAR SUBHAS PANDIT	PF NO.: 3967
ADDRESS: FLAT NO. 6, NAVHIMGAURI SOCETY, NEAR RAJSARATHI, FRESHAB BEKARI INDIRANAGAR NASIK 422009	PHONE: 9970505812
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **UNDIRWADKAR SUBHAS PANDIT** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: CHUDIWAL RAJENDRA MOHANLAL	PF NO.: 3970
ADDRESS: PLOT NO 11, SR NO 44/4A+4B KHOLE MALA, HARIOM NAGAR OPP NIRMAL R/H, ARTILLARY CENTER RD NASIK ROAD 422101	PHONE: 9960703261
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **CHUDIWAL RAJENDRA MOHANLAL** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DUSHI GOPAL BHASKARRAO	PF NO.: 3971
ADDRESS: FLAT NO101 HARITEJ OLD HARE KRISHNA APARTMENT 1092 HAREKRISHNA MANDIR ROAD MODEL COLONY PUNE 411016	PHONE: 9822517925
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **DUSHI GOPAL BHASKARRAO** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KULKARNI VASANT SHANTARAM	PF NO.: 3978
ADDRESS: 11/4 SAKAL NAGAR BAENR ROAD BANER PUNE 411007	PHONE: 9730000407
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KULKARNI VASANT SHANTARAM** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BHARGAVE PURUSHOTTAM GANGADHAR	PF NO.: 3996
ADDRESS: 5/14 GIRIRAJ NARSHIMA NAGAR GANGAPUR ROAD NASIK NASIK 422013	PHONE: 9422246782
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **BHARGAVE PURUSHOTTAM GANGADHAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: ACHAREKAR CHANDRAKANT DIGAMBAR	PF NO.: 4005
ADDRESS: 20,SHEETAL LAXMAN NAGAR, VAZIRA NAKA, BORIVLI(WEST),BOMBAY-92. Mumbai 400092	PHONE: 9867620851
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **ACHAREKAR CHANDRAKANT DIGAMBAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JOSHI RAVINDRA GAJANAN	PF NO.: 4006
ADDRESS: BLDG.NO.118, VARTAK GRUHA, ROAD NO.5. HINDU COLONY, DADAR (EAST), MUMBAI 400014	PHONE: 9619828014
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **JOSHI RAVINDRA GAJANAN** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: ADHIKARIDESAI M.R.	PF NO.: 4011
ADDRESS: 516, EVEREST CHS. VISHNUNAGAR DOMBIVILI EAST DOMBIVLI E 421202	PHONE: 9833502070
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **ADHIKARIDESAI M.R.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GOKHALE SUBHASH ANANT	PF NO.: 4012
ADDRESS: 28, CORNER VIEW GOKHALE ROAD DADAR MUMBAI 400028	PHONE: 9820941500
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **GOKHALE SUBHASH ANANT** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PEDNEKAR SATISH ANANT	PF NO.: 4021
ADDRESS: 19 4 yashodhan jivan g YASHODHAN JIVAN RAJAJI PATH NEAR ADARSH VIDYALAY DOMBIVLI EAST 421201	PHONE: 9322860007
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PEDNEKAR SATISH ANANT** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BORSE CHANDRASHEKHAR KESHAV	PF NO.: 4024
ADDRESS: 8 B 286 YOGANAND VAZIRA NAKA BORIVALI WEST MUMB 400091	PHONE: 9869179538
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **BORSE CHANDRASHEKHAR KESHAV** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GANDHI VILAS PANDURANG	PF NO.: 4030
ADDRESS: 702 VIGHNARAJENDRA CHS LTD RAMESH NAGAR AMBOLI ANDHERI WEST MUMBAI 400058	PHONE: 9819866773
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **GANDHI VILAS PANDURANG** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: VAIDYA DILIP PARSHURAM	PF NO.: 4033
ADDRESS: 502 REEMA RESIDENCY A PLOT NO.607 608 OPP SHIMPOLI MUNICIPAL SCHOOL BORIVALI WEST MUMBAI 400092	PHONE: 9820147143
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **VAIDYA DILIP PARSHURAM** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: TASKAR SATISH PRABHAKAR	PF NO.: 4043
ADDRESS: 404 B PINAKIN CHS MITHAGAR ROAD MULUND EAST MUMBAI 400081	PHONE: 9821438749
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **TASKAR SATISH PRABHAKAR** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KULKARNI SUBHASH LAXMAN	PF NO.: 4066
ADDRESS: FLAT NO.4/34 A WING SOBA ANGAN SR. NO 52 MANGALDHAM SOCIETY KOTHRUD PUNE 411038	PHONE: 9422067767
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KULKARNI SUBHASH LAXMAN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KULKARNI SADANAND VINAYAK	PF NO.: 4071
ADDRESS: FLAT NO 7,HERAMB APTS 501,SHANIWAR PETH PUNE PUNE 411030	PHONE: 9822448750
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KULKARNI SADANAND VINAYAK** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KORGAONKAR C B	PF NO.: 4082
ADDRESS: A/60 SIDDHI HSG.SOCIETY MEENATAI THAKARE NAGAR KARVENAGAR PUNE 411052	PHONE: 9823425313
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KORGAONKAR C B** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BHANAGE SHRINIWAS JAGANNATH	PF NO.: 4085
ADDRESS: 7 MADHAVENDU APAT 14 TAPOBHUMI SOC DATTAWADI PUNE 411030	PHONE: 9657139958
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **BHANAGE SHRINIWAS JAGANNATH** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PATANKAR ARUN SADASHIV	PF NO.: 4088
ADDRESS: 802 CHINTAMANI RESIDENCY VIDISHA HOUSING SOCIETY KARVENAGAR PUNE 411052	PHONE: 8983073620
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PATANKAR ARUN SADASHIV** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: TOPLE KIRAN DATTATRAYA	PF NO.: 4098
ADDRESS: FLAT NO308 MAHADKAR RESIDENCY 101/2 BLDG A/4 RIGHT BHUSARI COLONY PAUD ROAD KOTHRUD PUNE 411038	PHONE: 9657998448
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **TOPLE KIRAN DATTATRAYA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SANE SURENDRA KESHAV	PF NO.: 4104
ADDRESS: B-1/201 SHWETA APARTMENTS S.NO.115/2/1 A SINHAGAD RD. NEAR SHARADA MATH.PARVATI-PUNE PUNE 411030	PHONE: 9823635613
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SANE SURENDRA KESHAV** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PATHAK DATTATRAYA RANGANATHRAO	PF NO.: 4121
ADDRESS: FLAT NO 41 BLDG NO95 VRINDAWAN SOCIETY THANE WEST THANE 400601	PHONE: 9665559071
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PATHAK DATTATRAYA RANGANATHRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SRI.JOSHI DEELIP MADHAVRAO	PF NO.: 4140
ADDRESS: ROW HOUSE NO 19 MHADA COLONY BEHIND RELIANCE MALL GARKHEDA PARISAR AURANGABAD 431005	PHONE: 9423395302
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SRI.JOSHI DEELIP MADHAVRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PUJARI GOVIND VINAYAK	PF NO.: 4141
ADDRESS: E1 KASALIWAL VISHWA ULKANAGARI AURANGABA AURANGABAD 431001	PHONE: 9422201867
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PUJARI GOVIND VINAYAK** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GADGIL CHINTAMAN ANANT	PF NO.: 4150
ADDRESS: 478 B SHANIWAR PETH PUNE 411030 Pune 411030	PHONE: 8390444738
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **GADGIL CHINTAMAN ANANT** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: CHORGE SHANKAR GENBA	PF NO.: 4152
ADDRESS: VISHWAKARMA HSG SOC PLOT 54 RAMBAUG COLONY POUD ROAD KOTHRUD PUNE 411038	PHONE: 9860185459
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **CHORGE SHANKAR GENBA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BHIDE SADANAND PURUSHOTTAM	PF NO.: 4156
ADDRESS: S P BHIDE 101 ROYAL VATIKA SOPANBAG S NO 2 1 18 BALEWADI PUNE 411045	PHONE: 9403357398
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **BHIDE SADANAND PURUSHOTTAM** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BURANGE PRAKASH NILKANTHRAO	PF NO.: 4159
ADDRESS: PLOT NO.32 RING ROAD KOTWAL NAGAR,NAGPUR NAGPUR 440022	PHONE: 9404089638
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **BURANGE PRAKASH NILKANTHRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SARAF KISHOR NEELKANTH	PF NO.: 4162
ADDRESS: P-7 CHAITANYANAGARI PHASE 2 WARJE PUNE 411052 PUNE 411052	PHONE: 9422110721
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SARAF KISHOR NEELKANTH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SRI.KHAPARDE SHARAD DEVIDAS	PF NO.: 4174
ADDRESS: FLAT NO 2 SHIVKRUPA APT PLOT NO R 16 LAXMINAGAR NAGPUR 440022	PHONE: 8600543630
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SRI.KHAPARDE SHARAD DEVIDAS** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GAVANDE PRAMOD GANESH	PF NO.: 4178
ADDRESS: 442 ERANDWANA AMAR SOCIETY PRASHANT APPT PUNE 411004 PUNE 411004	PHONE: 8530163259
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **GAVANDE PRAMOD GANESH** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KARVE SUDHIR DATTATRAYA	PF NO.: 4180
ADDRESS: KAUSTUBH SHRI SWAMI SAMARTH KRUPA COOP HOUSING SOCIETY SHRIDHARNAGAR PUNE SATARA ROAD PUNE PUNE 411043	PHONE: 9881256757
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KARVE SUDHIR DATTATRAYA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DATE JAYANT DATTATRAYA	PF NO.: 4182
ADDRESS: 5,DATTAPADA SOCY. 587/6, SINHGAD ROAD, PARVATI,PUNE 411009	PHONE: 9767588910
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **DATE JAYANT DATTATRAYA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GODSE DHUNDIRAJ PANDURANG	PF NO.: 4184
ADDRESS: A404 KANCHANBAN SENAPATI BAPAT MARG PUNE 411016	PHONE: 9922252846
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **GODSE DHUNDIRAJ PANDURANG** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PANDIT ANIL SHRIRAM	PF NO.: 4214
ADDRESS: A 601 AASHIRWAD RESIDENCY L T ROAD VAZIRA NAKA BORIVALI WEST MUMBAI 400091	PHONE: 9920534802
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PANDIT ANIL SHRIRAM** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DEODHAR BHALCHANDRA VINAYAKRAO	PF NO.: 4218
ADDRESS: A/4,SHRAMA SAFALYA SOCIETY, B/L TANA APRT,RACE COURSE ROAD VADODARA. VADODARA 390023	PHONE: 9409233159
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **DEODHAR BHALCHANDRA VINAYAKRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BIDAYE CHANDRAKANT GOPAL	PF NO.: 4219
ADDRESS: 13 CHHAYA OPP DON BOSCO SCHOOL VAZIRA NAKA L T ROAD BORIVALI WEST MUMBAI 400091	PHONE: 9819566511
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **BIDAYE CHANDRAKANT GOPAL** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MINAL DILIP WAIKAR	PF NO.: 4229
ADDRESS: PLOT NO 13 HRUNANUBANDHA S NO 2 4C 5 6A KARVENAGAR NR RAJARAM BRIDGE PUNE 411052	PHONE: 9405026444
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **MINAL DILIP WAIKAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: TARGAONKAR ASHOK RAMCHANDRA	PF NO.: 4259
ADDRESS: 31/34 RAJANIGANDHA HSG. SOC. TULSHIBAUGWALE COL. PUNE 411009	PHONE: 9422310427
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **TARGAONKAR ASHOK RAMCHANDRA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BAHULEKAR VISHWASRAO KRISHNARAO	PF NO.: 4270
ADDRESS: B 3 SHIVAI SCTY VITHALWADI ROAD PUNE 30 PUNE 411030	PHONE: 9552971944
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **BAHULEKAR VISHWASRAO KRISHNARAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: TELANG NARENDRA VASUDEVRAO	PF NO.: 4277
ADDRESS: TULJAI PLOT NO/31 SAMAJBHUSHAN SOCOETY NEAR GAJANAN NAGAR AJNI WARDHA ROAD NAGPUR 440015	PHONE: 9822695884
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **TELANG NARENDRA VASUDEVRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GOKHALE UDAY SADASHIV	PF NO.: 4280
ADDRESS: A R AVENUE CO OP HSG C 302 VEERA DESAI RD OPP COUNTEY CLUB ANDHERI WEST 400053	PHONE: 9702911279
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **GOKHALE UDAY SADASHIV** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PATIL ABHIMANYU BALIRAM	PF NO.: 4282
ADDRESS: SAIJAL APPT BLOCK NO 4 SHIKHREWADI NASIK ROAD NASIK 422101	PHONE: 9890985088
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PATIL ABHIMANYU BALIRAM** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SRI.JOGLEKAR WAMAN NILKANTH	PF NO.: 4285
ADDRESS: FLAT NO.B-3, ZELAM SOCIETY, 59-60, SHILAVIHAR COLONY, NERA KIMAYA REST.,ERANDAWANA, PUNE.38 PUNE 411038	PHONE: 9890620466
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SRI.JOGLEKAR WAMAN NILKANTH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PAGE GAJANAN ANANT	PF NO.: 4315
ADDRESS: 4, HARSHANEEL PLOT NO 81 RAMBAUG COLY. PAUD RD. PUNE PUNE 411038	PHONE: 9623878926
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PAGE GAJANAN ANANT** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BENDRE MAKARAND YESHWANT	PF NO.: 4343
ADDRESS: E4/4,SURYAPRABHA GARDENS KENJALE NAGAR BIBWEWADI PUNE 411037	PHONE: 9011097537
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **BENDRE MAKARAND YESHWANT** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JOSHI DILIP VASUDEO	PF NO.: 4346
ADDRESS: E-10 INDRAVADAN CHS. BEH.KOHINUR MILL NO 3 P T ROAD SHIVAJI PARK MUMBAI 400016	PHONE: 9833218002
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **JOSHI DILIP VASUDEO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: WADKAR ASHOK KRISHNA	PF NO.: 4350
ADDRESS: A 45 101 GURUKRUPA C H S LTD GENERAL ARUN KUMAR VAIDYA MARG GOKULDHAM GOREGAON EAST MUMBAI 400063	PHONE: 9322268212
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **WADKAR ASHOK KRISHNA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BEHERE MADHAV KRISHNAJI	PF NO.: 4362
ADDRESS: 1 2 A ASHOKA GARDEN DESHMUKH LANE PANVEL RAIGAD 410206	PHONE: 9423320442
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **BEHERE MADHAV KRISHNAJI** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KULKARNI SULBHA DIWAKAR	PF NO.: 4378
ADDRESS: PRACHI, NAGALA PARK, NEAR VIVEKANAND COLLEGE, KOLHAPUR 416003	PHONE: 9922496608
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KULKARNI SULBHA DIWAKAR** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KULKARNI ASHOK D.	PF NO.: 4405
ADDRESS: AT PUNTAMBA TAL RAHATA DIST AHMEDNAGAR 413707	PHONE: 9421559969
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KULKARNI ASHOK D.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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

PREMIUM CERTIFICATE

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

This is to certify that, **Janahavi Madhav Joshi** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: RUIKAR BHALACHANDRA MADHAV	PF NO.: 4422
ADDRESS: AP ANAND BUNGLOW ANAND NAGAR JALGAON TAL DAPOLI DIST RATNAGIRI DAPOLI 415712	PHONE: 9822171621
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **RUIKAR BHALACHANDRA MADHAV** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MAHADIK BALASAHEB NARHAR	PF NO.: 4424
ADDRESS: 264 SOMWAR PETH SATARA 2 PLOT NO 28 MAHALAXMI COLONY SHAHUPURI SATARA 415001	PHONE: 9850815034
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **MAHADIK BALASAHEB NARHAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: NIMBKAR MADHUKAR NARAYAN	PF NO.: 4440
ADDRESS: 139 DHRUVA LIC COLONY GENDAMAL SATARA 415002	PHONE: 9921495811
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **NIMBKAR MADHUKAR NARAYAN** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DIXIT CHINTAMANI GANESH	PF NO.: 4442
ADDRESS: 2 MANAKARNIKA SOC CHINTAMANI NAGAR PUNE 411009	PHONE: 9881390083
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **DIXIT CHINTAMANI GANESH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GURAV SURYAKANT SHIVRAM	PF NO.: 4455
ADDRESS: FLAT NO 6 LAXMI KESHAV APARTMENT BOARDING ROAD SHIVAJINAGAR RATNAGIRI 415612	PHONE: 9423875277
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **GURAV SURYAKANT SHIVRAM** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MANAKESHWAR BHASKAR GOPAL	PF NO.: 4458
ADDRESS: #N/A	PHONE: 9823440062
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **MANAKESHWAR BHASKAR GOPAL** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: RAJE RAJENDRA DATTATRAY	PF NO.: 4461
ADDRESS: 17 SWAMI KRUPA , D L VAIDYA ROAD DADAR (W) MUMBAI 400028	PHONE: 9833286721
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **RAJE RAJENDRA DATTATRAY** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GOGATE RAMCHANDRA SADASHIV	PF NO.: 4473
ADDRESS: GOGATE BUNGLOW NEAR JOSHI HIGH SCHOOL DOMBIVLI EAST THANE 421201	PHONE: 9967976808
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **GOGATE RAMCHANDRA SADASHIV** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MAHADALKAR AVINASH VASANT	PF NO.: 4475
ADDRESS: B 5/12,SUN CITY ANAND NAGAR PUNE SINHAGAD ROAD PUNE 52 PUNE 411052	PHONE: 9403136930
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **MAHADALKAR AVINASH VASANT** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KANE BALWANT GANGADHAR	PF NO.: 4480
ADDRESS: SHRISIDDHI PLOT NO R 50 MIDC RESIDENTIAL ZONE SUDARSHAN NAGAR DOMBIVLI EAST 421203	PHONE: 9920161140
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KANE BALWANT GANGADHAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MALIK ASHOK YESHWANT	PF NO.: 4481
ADDRESS: 3 SHEETAL CHS LTD SHEETAL VAZIRA NAKA L.T ROAD BORIVALI WEST MUMBAI 400091	PHONE: 9969573676
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **MALIK ASHOK YESHWANT** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: NANAL SHRIRAM MAHADEO	PF NO.: 4485
ADDRESS: SNEHA 55/410 KANGA COLONY SADARBAZAR SATARA SATARA 415001	PHONE: 9423034050
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **NANAL SHRIRAM MAHADEO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DAVE ARVINDKUMAR MANILAL	PF NO.: 4486
ADDRESS: 603 EKTA VILLA MAHATMA GANDHI MARG BORIVLI-EAST MUMBAI 400066	PHONE: 8879352666
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **DAVE ARVINDKUMAR MANILAL** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KHARE PRAKASH MAHADEO	PF NO.: 4495
ADDRESS: A303 VILE PARLE SANJEEVANI CHS KOLDONGRI SHAHAJI RAJE MARG ANDHERI E MUMBAI 400069	PHONE: 9221091795
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KHARE PRAKASH MAHADEO** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: APTE SWATI BHALCHANDRA	PF NO.: 4515
ADDRESS: 381/A SHANIWAR PETH XXXXX PUNE 411030	PHONE: 9423859341
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **APTE SWATI BHALCHANDRA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JADHAV DILIP TRIMBAK	PF NO.: 4517
ADDRESS: GHAR PLOT NO 47, KULSHRI COLONY NO.2 KARVENAGAR PUNE 411052	PHONE: 8605965956
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **JADHAV DILIP TRIMBAK** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GONDHALEKAR A V	PF NO.: 4522
ADDRESS: 13 F SPAN RESIDENCY, VISHWAKARMA NAGAR, SUS ROAD, PASHAN, PUNE PUNE 411021	PHONE: 9422318407
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **GONDHALEKAR A V** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KULKARNI VIJAY RAMCHANDRA	PF NO.: 4530
ADDRESS: 619 SALOKHA APARTMEN T GAON BHAG SANGLI SANGLI 416416	PHONE: 9405285672
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KULKARNI VIJAY RAMCHANDRA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MRS ASHA S KALE	PF NO.: 4533
ADDRESS: 14 SHEETAL LAXMAN NAGAR CHS VAZIRA NAKA BORIVALI WEST MUMBAI 400091	PHONE: 9930965031
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **MRS ASHA S KALE** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: POHORE HARIHAR PANDHARINATH	PF NO.: 4539
ADDRESS: D 14 MAHAVIR NAGAR ANANDI DINING HALL SINHGAD ROAD NAVSAHYADIR PUNE 411052	PHONE: 24352224
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **POHORE HARIHAR PANDHARINATH** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: ANANTHAKRISHNAN P S	PF NO.: 4547
ADDRESS: 652 K.G. LAYOUT BSK III STAGE 3RD PHASE 3RD CR BANGALORE 560085	PHONE: 9972962997
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **ANANTHAKRISHNAN P S** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KALYANKAR VISHWAS AMBADAS	PF NO.: 4556
ADDRESS: ROHINI,N-202,DSK VISHWA DHAIRY SINGHGARHA ROAD,PUNE-4110041 PUNE PUNE 411041	PHONE: 9422942536
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KALYANKAR VISHWAS AMBADAS** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: Anagha Ashok Mulkar	PF NO.: 4562
ADDRESS: B114 ED JANKINAGAR CHUNABHATTI BHOPAL 462016	PHONE: 9130097025
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **Anagha Ashok Mulkar** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MR.B.V.DHARVADKAR	PF NO.: 4570
ADDRESS: FLAT NO 213 ADHITHYA PARK KASHI NAGAR AMRUTHHALLI BYATRAYANPURA BANGALORE 560092	PHONE: 9900522343
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **MR.B.V.DHARVADKAR** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: RAWAL SUBHASH YESHWANT	PF NO.: 4580
ADDRESS: 235,B1/1,YUGANDHAR HSG.SOC., PARVATI PUNE 411009	PHONE: 9850566843
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **RAWAL SUBHASH YESHWANT** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BAHADARPURKAR C.B.	PF NO.: 4597
ADDRESS: MADHUMALTI BUNGLOW BEHIND ALCO MARKET RAJIVNAGAR NASIK 422009	PHONE: 7709302233
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **BAHADARPURKAR C.B.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KULKARNI RAGHAVENDRA KRISHNARAO	PF NO.: 4604
ADDRESS: GANGOTRI APTT 37/2 ERANDWANE PUNE 411052	PHONE: 9823066208
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KULKARNI RAGHAVENDRA KRISHNARAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JATEGAONKAR SWATI PADMAKAR	PF NO.: 4613
ADDRESS: VARAD 250/A/8 SHANIWAR PETH PUNE 411030	PHONE: 9404202122
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **JATEGAONKAR SWATI PADMAKAR** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SIKNIS SUCHETA ARUN	PF NO.: 4617
ADDRESS: DATTAPRASAD HSG SO NEAR SANE GURUJI SMARAK PUNE 411030	PHONE: 9822747836
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SIKNIS SUCHETA ARUN** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BHALERAO KISHOR D	PF NO.: 4624
ADDRESS: 8 NANDADEEP PENDSENAGER DOMBIVALI EAST DIST THANE 421201	PHONE: 8779213025
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **BHALERAO KISHOR D** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GAYAKE ARVIND VITTALRAO	PF NO.: 4642
ADDRESS: 3, VASTUSHILPA APARTMENT, BHARATKUNJ COLONY NO-2, PLOT NO 70, NEAR NEW KARNAT AKA HIGH SCHOOL,ERANDAWANA PUNE 411038	PHONE: 9850219469
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **GAYAKE ARVIND VITTALRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SRI.SONAR ASHOK PITAMBAR	PF NO.: 4643
ADDRESS: LEELAMBAR, 26A/B MAN MANDIR HSG SOC SAI CHOWK JAGTAP DAIRY RAHATANI PUNE 411017	PHONE: 9822251252
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SRI.SONAR ASHOK PITAMBAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GIRI RAMESH SADASHIV	PF NO.: 4644
ADDRESS: 18,BALAJI VIHAR APT. BEHIND DIST.ANIMAL HUSBANDRY,ASHOK STAMBH NASIK. 422002	PHONE: 9822312876
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **GIRI RAMESH SADASHIV** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: VAKIL JAGANNATH BHASKAR	PF NO.: 4659
ADDRESS: J B VAKIL 129 RAMNAGAR NAGPUR NEAR CORPORATION SCHOOL NAGPUR 440010	PHONE: 8888868203
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **VAKIL JAGANNATH BHASKAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: VAIDYA MADHAV NARAYAN	PF NO.: 4679
ADDRESS: A 301 ASPEN BLDG RAHEJA GARDEN L B S ROAD OPP TIP TOP PLAZA WAGLE ESTATE THANE WEST THANE 400604	PHONE: 9870218264
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **VAIDYA MADHAV NARAYAN** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KALE ANAND GANESH	PF NO.: 4695
ADDRESS: AGAM 16, UJWAL SAH GRUH NIR. STY T.P.IV, PLOT NO-42, MURARJI PETH, SOLAPUR 413001	PHONE: 9422067543
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KALE ANAND GANESH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PHADKE GANESH W	PF NO.: 4697
ADDRESS: 1740,SADASHIV PETH FLAT NO 4 NEAR NARAD MANDIR PUNE PUNE 411030	PHONE: 9850970053
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PHADKE GANESH W** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KULKARNI DATTATRAY HARI	PF NO.: 4700
ADDRESS: A 3 SHRINIWAS NAGAR MAHATMA SOCIETY KOTHRUD PUNE 411038	PHONE: 9423576430
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KULKARNI DATTATRAY HARI** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BAPAT MANOHAR KRISHNA	PF NO.: 4704
ADDRESS: OLD POST LANE OPP ICICI BANK AJARA AT PO AJARA TAL AJARA KOLHAPUR 416505	PHONE: 9403602838
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **BAPAT MANOHAR KRISHNA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: WALIMBE REKHA ARUN	PF NO.: 4714
ADDRESS: RAMTANAY, SHANTISHILA SOC. CHIPLUNKAR ROAD, ERANDAWANA, PUNE 4. PUNE 411004	PHONE: 9226228362
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **WALIMBE REKHA ARUN** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: ATHAVALE CHHAYA MADHAV	PF NO.: 4715
ADDRESS: 9 SHRIRAM SOC MAHANT CROSS ROAD NO 2 VILE PARLE EAST MUMBAI 400057	PHONE: 9820646627
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **ATHAVALE CHHAYA MADHAV** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PAWASKAR PRASAD BALKRISHNA	PF NO.: 4726
ADDRESS: A 3 SAI PARTMENT THOMBARE PANDAN NEAR BANK OF INDIA SAVANTWADI 416510	PHONE: 9422633255
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PAWASKAR PRASAD BALKRISHNA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BHAT HARI MOTIRAM	PF NO.: 4727
ADDRESS: SALAIWADA 165 B OPP MARUTI MANDIR DIST SINDHUDURG SAVANTWADI 416510	PHONE: 9270894380
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **BHAT HARI MOTIRAM** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GHOLBA VIJAY VASUDEO	PF NO.: 4741
ADDRESS: EKDANT APARTMENT BLOCK NO 201 345 NEHARU ROAD TILKWADI TILAKAWADI-BELGAUM 590006	PHONE: 9900395173
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **GHOLBA VIJAY VASUDEO** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JOSHI RAVINDRA RAGHUNATH	PF NO.: 4756
ADDRESS: 1424/1451 SADASHIV PETH B KASHINATH SMRUTI APPTS KHAJINA VIHIR LANE PUNE 411030	PHONE: 9422609524
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **JOSHI RAVINDRA RAGHUNATH** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: CHAWAN YOGIRAJ GUNAJIRAO	PF NO.: 4757
ADDRESS: FL NO 301,GULMOHAR RESIDENCY LULLANAGAR,CTS NO3354 PLOT NO 168 PUNE 411040	PHONE: 9869629556
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **CHAWAN YOGIRAJ GUNAJIRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PATAKE SUDHIR S	PF NO.: 4766
ADDRESS: FLAT NO 5 3 rd FLOOR ASHWINIKUNJ CO-OP HSG SOC LTD NEAR MAFATLAL BUNGLOW PUNE 411 016 411016	PHONE: 9552191759
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PATAKE SUDHIR S** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JEURKAR ABHAY BALWANT	PF NO.: 4792
ADDRESS: B-203 VISHION INDRADHANU PHASE 1 MOSHI CHIKHALI LINK ROAD OPP.G.K PALACIO CHIKHALI PUNE 412114	PHONE: 9850590782
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **JEURKAR ABHAY BALWANT** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: TAMHANE SARVOTTAM HARIHARRAO	PF NO.: 4793
ADDRESS: UNICUS S NO 54 H NO A 2 H NO 1 B 9 FLAT NO C 103 BEHIND MARATHA MANDIR BAVDHAN PUNE 411021	PHONE: 9960355722
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **TAMHANE SARVOTTAM HARIHARRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DANGORE NARHARI DAMAJI	PF NO.: 4801
ADDRESS: 68 HIGH COURT HOUSING SOCIETY KOTWAL NAGAR NAGPUR NAGPUR 440022	PHONE: 9420064501
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **DANGORE NARHARI DAMAJI** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SOMAN SHRINIWAS BHASKAR	PF NO.: 4813
ADDRESS: YOGIARVIND SOCIETY TULSHIBAGWALE COLONY SAHAKAR NAGAR PUNE 411009	PHONE: 9822923224
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SOMAN SHRINIWAS BHASKAR** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KARANDIKAR JAYANT BHALCHANDRA	PF NO.: 4820
ADDRESS: FLAT NO 3 FIRST FLOOR NISHIGANDH APARTMENT NAVASHA GANAPATI SEC B ANANDWALLI GANGAPUR ROAD NASIK 422013	PHONE: 9881841872
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KARANDIKAR JAYANT BHALCHANDRA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GAIKWAD SURESH NARAYAN	PF NO.: 4823
ADDRESS: MAHAVIR KRIPA B WING ROOM NO.55, 5TH FLOOR T.J.ROAD SEWREE MUMBAI-15 MUMBAI 400015	PHONE: 9833311686
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **GAIKWAD SURESH NARAYAN** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GOKHALE SMITA SADASHIV	PF NO.: 4824
ADDRESS: SARASWATICHANDRA APARTMENTS OPP RAMBAUG LANE 5,VAIDYA WAD SUBHASH CHOWK KALYAN W KALYAN 421304	PHONE: 9819423722
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **GOKHALE SMITA SADASHIV** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PRADHAN PORNIMA PRAKASH	PF NO.: 4827
ADDRESS: 13, BHARATI APTS CEASER RD AMBOLI ANDHERI WEST MUMBAI 400058	PHONE: 9969522774
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PRADHAN PORNIMA PRAKASH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: LIMAYE VINAYAK PANDURANG	PF NO.: 4828
ADDRESS: ROOM NO. 30, DAMALE NIWAS, D.L.VAIDYA ROAD, DADAR MUMBAI-400028. MUMBAI 400028	PHONE: 8879128039
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **LIMAYE VINAYAK PANDURANG** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: NIVARGI SEEMA MOHAN	PF NO.: 4829
ADDRESS: 7 LAXMI KESHAV CHS PHADKE ROAD DOMBIVALI EAST MUMBAI 421201	PHONE: 9869170169
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **NIVARGI SEEMA MOHAN** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DESHPANDE GOPALKRISHNA RANGNATH	PF NO.: 4845
ADDRESS: FLAT NO A 13 ISHAN SANSKRITi BELWALKAR HOUSING SCHEME BEHIND CHAITANYA NAGARI WARJE PUNE 411058 411058	PHONE: 9767766699
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **DESHPANDE GOPALKRISHNA RANGNATH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DESHPANDE MUKUND DEVIDAS	PF NO.: 4849
ADDRESS: 31/34, RAJANIGANDHA COOP.SOC., TULSHIBAGWALE COL SAHAKARNAGAR, PUNE 411009	PHONE: 9423006863
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **DESHPANDE MUKUND DEVIDAS** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MALSHE S.P.	PF NO.: 4858
ADDRESS: 12, TRIMBAKESHWAR, 114,CHITTARANJAN ROAD VILE PARLE EAST MUMBAI-400057 400057	PHONE: 9869340118
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **MALSHE S.P.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: CHHATRE MRINALINI MADHAV	PF NO.: 4860
ADDRESS: 301 KEDARNATH , VILE PARLE NEETA CHS B WING ,TEJPAL SCHEEM RD NO 4 , OPP SAHIL CHS , VILE PARLE EAST, MUMBAI 400057	PHONE: 9819661088
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **CHHATRE MRINALINI MADHAV** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DESHPANDE MADHUKAR BHIMRAO	PF NO.: 4863
ADDRESS: 464/B/8 FLAT NO 7 ASHWINIKUNJ HOUSING SOCIETY NEAR JAIN BOARDING PUNE 411016	PHONE: 9370547077
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **DESHPANDE MADHUKAR BHIMRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KALE MUKUND LAXMAN	PF NO.: 4864
ADDRESS: 15,SHEETAL HSG.SOC.,OPP.DON BOSCO, PT.MALHARRAO KULKARNI MARG, BORIVLI (WEST), MUMBAI. 400091	PHONE: 9969032409
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KALE MUKUND LAXMAN** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KULKARNI SUDHIR CHINTAMAN	PF NO.: 4884
ADDRESS: D 11 DINKAR APPTT RAJARAMPURI 8TH LANE KOLHAPUR KOLHAPUR 416008	PHONE: 9921434964
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KULKARNI SUDHIR CHINTAMAN** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SHEGUNSHI SHRIKANT RAMRAO	PF NO.: 4886
ADDRESS: F/1/4 SBINAGAR HSG SOCIETY VANAZ COMPLEX PAUD RD KOTHRUD PUNE PUNE 411038	PHONE: 9823895438
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SHEGUNSHI SHRIKANT RAMRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: RAUT NARAYAN MAHADEO	PF NO.: 4889
ADDRESS: SUKHAPURA PETH RAHIMATPUR TAL KOREGAON DIST SATARA 415511	PHONE: 9970948706
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **RAUT NARAYAN MAHADEO** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KHADKE SHRIRAM DATTATRAY	PF NO.: 4897
ADDRESS: 238 BUDHWAR WARD, WAVIKAR GALLI, MALEGAON 423203	PHONE: 9325001727
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KHADKE SHRIRAM DATTATRAY** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: CHAWRE SURYABHAN KESHAO	PF NO.: 4900
ADDRESS: PLOT NO 38 GAJANAN NAGAR OPPO SAI MANDIR WARDHA ROAD PO VIVEKANAND NAGAR NAGPUR 440015	PHONE: 9420059054
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **CHAWRE SURYABHAN KESHAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SRI.TELANG AVINASH WASUDEORAO	PF NO.: 4902
ADDRESS: 101,SAIMUKTAI APARTMENT NEAR PRIYA BAR RESHIMBAG CHOWK NAGPUR 440009	PHONE: 9420074125
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SRI.TELANG AVINASH WASUDEORAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SRI.KHANDEKAR CHANDRASHEKHAR SHARAD	PF NO.: 4904
ADDRESS: FLAT NO.6, SHAILA APARTMENTS MAHALAXMI NAGAR BIBWE WADI PUNE 411037	PHONE: 9881404864
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SRI.KHANDEKAR CHANDRASHEKHAR SHARAD** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JOSHI UMA SUBHASH	PF NO.: 4913
ADDRESS: A- 2, FLAT NO 201 ADITYA ASAGUN CHS PHASE I NDA PASHAN ROAD PUNE 411027	PHONE: 9823225873
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **JOSHI UMA SUBHASH** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: WATARKAR DATTATRAYA ANANT	PF NO.: 4915
ADDRESS: FLAT-2, BLDG.3, KULDEEP SOCIETY NR.DASHBHUJA GANAPATI MANDIR KARVE ROAD, PAUD PHATA PUNE 411038	PHONE: 9011658043
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **WATARKAR DATTATRAYA ANANT** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SHINDE VIJAY NARAYAN	PF NO.: 4917
ADDRESS: FLAT NO 8 MADHUSANCHAY SOC GANESHNAGAR PUNE 411052 PUNE 411052	PHONE: 9823603184
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SHINDE VIJAY NARAYAN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KUBAIR VAISHALI SURENDRA	PF NO.: 4946
ADDRESS: FLAT NO 803 BLDG NO 8 DAISY REGENCY ESTATE DNYANESHWAR NAGAR KALYAN SHIL RD DOMBIVLI EAST 421201	PHONE: 9769065960
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KUBAIR VAISHALI SURENDRA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SATHE MADHUKAR JAGANNATH	PF NO.: 4970
ADDRESS: A 402 PARLE UDDYAN PARK ROAD VILE PARLE EAST MUMBAI 400057	PHONE: 9819089487
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SATHE MADHUKAR JAGANNATH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PEDNEKAR A.A.	PF NO.: 4971
ADDRESS: B-403,NALINI APARTMENT KR.V B PHADKE MARG MULUND EAST MUMBAI 400081	PHONE: 9870794624
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PEDNEKAR A.A.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JOSHI JYOTI R	PF NO.: 4976
ADDRESS: PLOT NO 58 JAYGAD APPARTMENT FLAT NO 101 UNITED WESTERN SOC. NEAR VITTAL MANDIR KARVE NAGAR 411052	PHONE: 9850031609
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **JOSHI JYOTI R** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: RAODEO VIJAY BHANUDASRAO	PF NO.: 4987
ADDRESS: PLOT NO.410, N-3, CIDCO, AURANGABAD 431001	PHONE: 9561368969
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **RAODEO VIJAY BHANUDASRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BAKE PRAMOD NEELKANTH	PF NO.: 4994
ADDRESS: 41/5 A-B KULDIP SOCIETY B/4 NEAR HOTEL YATRI KARVE ROAD PUNE 411038	PHONE: 9423122370
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **BAKE PRAMOD NEELKANTH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: TAMBOLI GOVIND SHRIRAM	PF NO.: 5011
ADDRESS: 104, NIRMAL SHRISHTI, S NO. 694,KARVENAGAR, NEAR VITTHAL MANDIR PUNE 411052	PHONE: 9763422388
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **TAMBOLI GOVIND SHRIRAM** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SRI.MAHAJAN SURESH DATTATRAY	PF NO.: 5012
ADDRESS: W. NO. 03 HOUSE NO.82 TAL BARAMATI DIST PUNE 413102	PHONE: 9923512421
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SRI.MAHAJAN SURESH DATTATRAY** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KULKARNI SUDHIR GANESH	PF NO.: 5044
ADDRESS: YVADHUT BANGALA SHIVAJINAGAR,OJHAR, TAL-NIPHAD,DIST-NASIK. OZAR (TAMBAT) 422206	PHONE: 9423262154
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KULKARNI SUDHIR GANESH** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: VAIDYA M M	PF NO.: 5057
ADDRESS: LAXMI NIWAS 484/71 MITRAMANDLCOLONY PARVATI PUNE PUNE 411009	PHONE: 9823977104
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **VAIDYA M M** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DEVAYANI A KHADILKAR	PF NO.: 5058
ADDRESS: 23A/5,"SHIVRANJANI", PATWARDHAN BAUG NEAR C D S S PUNE 411004	PHONE: 9890659373
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **DEVAYANI A KHADILKAR** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: ANTURKAR SHRIKANT BALWANT	PF NO.: 5059
ADDRESS: FLAT NO 2,TANMAY COOP SOCY 573/11,OPP BIBWEWADI P. O. BIBWEWADI PUNE 411037	PHONE: 9689095519
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **ANTURKAR SHRIKANT BALWANT** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SATHE ANURADHA MUKUND	PF NO.: 5105
ADDRESS: FLAT NO A/2 SHALIMAR CO OP HOUS SOC PARVATI DARSHAN SHAHU COLLEGE RD Pune 411009	PHONE: 9420438050
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SATHE ANURADHA MUKUND** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PASALKAR MEENAXI NAVANATH	PF NO.: 5106
ADDRESS: 128/129 NIKHIL HSG S SAHAKARNAGAR PUNE 9 PUNE 411009	PHONE: 9869972551
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PASALKAR MEENAXI NAVANATH** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BHAVE RAVIKUMAR SADASHIV	PF NO.: 5110
ADDRESS: 14,BALLAL SOCIETY PADMAVATI, PUNE 411009	PHONE: 9518360156
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **BHAVE RAVIKUMAR SADASHIV** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JOSHI MEERA GANESH	PF NO.: 5119
ADDRESS: FLAT NO 4 C BUILDING DHANRAJ COOP HOUSING SOCIETY 1224 APTE ROAD PUNE 411004	PHONE: 9423076870
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **JOSHI MEERA GANESH** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: TUBACHI BHIMGAUDA MALLAPPA	PF NO.: 5121
ADDRESS: A 16 ROHAN PRARTHANA S NO 36/2 GANDHIBHAV AN KOTHRUD PUNE 411029	PHONE: 9767744380
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **TUBACHI BHIMGAUDA MALLAPPA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GODBOLE DHANANJAYA HANMANT	PF NO.: 5129
ADDRESS: HNO 76 4TH PHASE AKSHAY COLONY BEHIND CHETAN COLLEGE HUBLI 580021	PHONE: 9448966981
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **GODBOLE DHANANJAYA HANMANT** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PARANJPE SURENDRA BHALCHANDRA	PF NO.: 5133
ADDRESS: F NO 204 S NO 635/2+642/1+643 SADGURU ANGAN MAHESH SOCIETY BIBWEWADI PUNE 411037	PHONE: 7774004363
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PARANJPE SURENDRA BHALCHANDRA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SHINKHEDE MANOHAR GOPALRAO	PF NO.: 5158
ADDRESS: OPPO ARUN AUTO 22 SHIVNERI APPARTMENT SAWARKAR CHOUH RING RD NAGPUR NAGPUR 440015	PHONE: 9823791797
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SHINKHEDE MANOHAR GOPALRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: AHUJA A.H.	PF NO.: 5163
ADDRESS: B 204 RAJRUDRAM GOKULDHAM GOREGAON EAST MUMBAI 400063	PHONE: 9892329225
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **AHUJA A.H.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: CHITRE DEEPAK CHANDRAKANT	PF NO.: 5164
ADDRESS: FLAT NO 302 OM SAI ANAND CHS LTD D L VAIDYA ROAD DADAR, MUMBAI 400028	PHONE: 9920139136
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **CHITRE DEEPAK CHANDRAKANT** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: HATKAR SATISH PARSHURAM	PF NO.: 5170
ADDRESS: 32 17 L I G COLONY PIPE ROAD KURLA W MUMBAI 400070	PHONE: 9869239066
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **HATKAR SATISH PARSHURAM** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: LALIT PRALHAD GOVIND	PF NO.: 5185
ADDRESS: GAYATRI PLOT NO 602 3 NEAR YSHOCHANDRA APARTMENT TILAK ROAD PANVEL RAIGAD 410206	PHONE: 9819147625
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **LALIT PRALHAD GOVIND** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KAVISHWAR DINAR DATTATRAY	PF NO.: 5188
ADDRESS: ADARSH COLONY PRIYANJAI KOPRI THANE (E) 400603	PHONE: 9987505225
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KAVISHWAR DINAR DATTATRAY** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: TAMHANE JANARDAN BABAJI	PF NO.: 5189
ADDRESS: 2/216,ASHIRWAD N M JOSHI MARG MUMBAI 400011	PHONE: 9820838487
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **TAMHANE JANARDAN BABAJI** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: RAJURKAR PRAKASH B	PF NO.: 5197
ADDRESS: 8 TEJAS HSG SOC NEAR SHIVAJI UDAY MANDAL CHINCHWAD PUNE 411033	PHONE: 9881195762
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **RAJURKAR PRAKASH B** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MADALPURE BABARUVAN KESHAVRAO	PF NO.: 5209
ADDRESS: WARUDA ROAD OSMANABAD OSMANABAD 413501	PHONE: 9404283535
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **MADALPURE BABARUVAN KESHAVRAO** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DABIR SHARAD TRIMBAK	PF NO.: 5212
ADDRESS: BOM YASHOMANGAL PUNE CITY REGIONAL OFFICE CAMPUS FERGUSSON COLLEGE ROAD PUNE 411005	PHONE: 9423124420
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **DABIR SHARAD TRIMBAK** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SANNANSE BANDOPANT G.	PF NO.: 5213
ADDRESS: AASARA SARASWATI COLONY KANNAD POST TALUKA KANNAD DIST AURANGABAD KANNAD 431103	PHONE: 9860105728
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SANNANSE BANDOPANT G.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KAMTIKAR DEEPAK VAMANRAO	PF NO.: 5218
ADDRESS: B 501 SUN UNIVERSE S NO 15 OPP NAVALEBRIDGE NEAR NAVALE IT ZONE NARHE PUN 411041	PHONE: 9371203894
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KAMTIKAR DEEPAK VAMANRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SULE SHIRISH SITARAM	PF NO.: 5231
ADDRESS: B BLDG BLOCK 23A 24 THIRD FLOOR SINDHTIRTHA SOC MAKHAMALI TALAV THANE W MUMBAI 400601	PHONE: 9730000535
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SULE SHIRISH SITARAM** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: APHALE PRAKASH MUKUND	PF NO.: 5234
ADDRESS: C 4 PUSHPALATA CHS NANDIVLI RD DOMBIVLI E DOMBIVLI 421201	PHONE: 9833748559
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **APHALE PRAKASH MUKUND** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SANE PRADNYA SUDHAKAR	PF NO.: 5263
ADDRESS: FLAT NO.12 RAGHUSITA SAHA GRUHARACHANA SANTHA 1884 SADASHIV PETH PUNE 411030	PHONE: 9423533213
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SANE PRADNYA SUDHAKAR** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DAHALE BHALCHANDRA DEORAM	PF NO.: 5265
ADDRESS: RAJAN CO OP HSG SCTY 92 SHUKRAWAR PETH PUNE 411002 PUNE 411002	PHONE: 9970912244
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **DAHALE BHALCHANDRA DEORAM** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JOGLEKAR A A	PF NO.: 5269
ADDRESS: PLOT NO 29 AMBA-PRASAD ANAND BAUG SOCIETY PUNE 411030 411030	PHONE: 9822910134
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **JOGLEKAR A A** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SRI.KULKARNI SUDHAKAR MUKUNDRAO	PF NO.: 5278
ADDRESS: MOBILE 9423274332 126 RAMKRISHNA NAGAR WASMAT ROAD PARBHANI 431401	PHONE: 9423274332
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SRI.KULKARNI SUDHAKAR MUKUNDRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KELKAR GOPAL NARAYAN	PF NO.: 5301
ADDRESS: FLAT NO 8 2ND FLOOR CHAVAN GANDALE PALACE S NO 64/1A/2/2 VADGAON BK PUNE 411041	PHONE: 9657519678
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KELKAR GOPAL NARAYAN** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SABNIS MOHAN DATTATRAYA	PF NO.: 5303
ADDRESS: 138, GOPUR COLONY, ANNAPURNA ROAD INDORE INDORE 452009	PHONE: 9977111050
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SABNIS MOHAN DATTATRAYA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: NIVARGI MOHAN KRISHNAJI	PF NO.: 5306
ADDRESS: BLOCK NO 7 SHRI LAXMI KESHAV CHS PHADKE ROAD DOMBIVLI EAST 421201	PHONE: 9920850225
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **NIVARGI MOHAN KRISHNAJI** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GURAV UMAKANT A	PF NO.: 5308
ADDRESS: 19 PRACHI SOCIETY, ASHTAVINAYAK MARG, THANE[E] THANE 400603	PHONE: 9819990821
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **GURAV UMAKANT A** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KHEDEKAR MANOHAR PARSHURAM	PF NO.: 5322
ADDRESS: AT-UMELE, VASAI GAON VASAI WEST THANE 401207	PHONE: 9270277299
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KHEDEKAR MANOHAR PARSHURAM** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GORE VIJAYA GIRISH	PF NO.: 5325
ADDRESS: 21 A 402 GREEN VIEW CHS BIMBISAR NAGAR GOREGAON E MUMBAI 400065	PHONE: 9820201477
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **GORE VIJAYA GIRISH** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BARVEKAR VIJAY SUNDER	PF NO.: 5342
ADDRESS: B-105,KALYANI KRUPA CHS LTD. POKHARAN RD NO 1 NR SHIVSENA OFFICE KHOPAT,THANE 400601	PHONE: 9324822885
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **BARVEKAR VIJAY SUNDER** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PAINAIK APARNA SHARASHCHANDRA	PF NO.: 5353
ADDRESS: D/35 PALMACRES MAHATMA PHULE ROAD MULUND[EAST] MUMBAI 400081	PHONE: 9930433308
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PAINAIK APARNA SHARASHCHANDRA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JOSHI SUBHASH P.	PF NO.: 5372
ADDRESS: FLAT NO 8 BALWANT APTM PLOT NO 21 GANESHMALA PUNE 411030	PHONE: 9423047304
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **JOSHI SUBHASH P.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: RAO SADHANA JANARDHAN	PF NO.: 5376
ADDRESS: 8 PREAM SADAN PENDSE NAGAR DOMBIVLI EAST DOM EAST 421201	PHONE: 9004087706
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **RAO SADHANA JANARDHAN** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DEODHAR SHYAM SHRIRAM	PF NO.: 5392
ADDRESS: 113 PARVATI SHRI RAMPRASAD APT PUNE 411009	PHONE: 9823112118
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **DEODHAR SHYAM SHRIRAM** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PAYGUDE CHANDRAKANT KALURAM	PF NO.: 5393
ADDRESS: S NO 672/1 LIKESH SAHAKARI GRAHA RACHANA SANSTHA MARYA PLOT NO 8 B BIBWEWADI PUNE PUNE 411037	PHONE: 9763430252
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PAYGUDE CHANDRAKANT KALURAM** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

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IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SWADIMATH CHANDRAKANT MAHANTAYYA	PF NO.: 5409
ADDRESS: 540 4 RAJWADA COMPOUND ANGOL BELGAUM 590007	PHONE: 9448980031
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SWADIMATH CHANDRAKANT MAHANTAYYA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BHALEKAR MUKUND ACHYUTRAO	PF NO.: 5426
ADDRESS: FLAT NO 606 SURAJMAHAL COOP HSG SOCIETY NEAR SHIVAJI STATUE KOTHRUD PUNE 411038	PHONE: 9834049492
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **BHALEKAR MUKUND ACHYUTRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PATANKAR SUHAS NARHARI	PF NO.: 5437
ADDRESS: C/13 B RENUKA SOC CHINMANINAGAR 1 BIBWEWADI PUNE 411037	PHONE: 9421057612
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PATANKAR SUHAS NARHARI** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: ANASPURE RAMESH SHRIDHAR	PF NO.: 5440
ADDRESS: S NO 77 H NO 1 E 2 FLAT NO 703 OVAL NEST WARJE PUNE 411058	PHONE: 9890722961
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **ANASPURE RAMESH SHRIDHAR** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: TIWARI DINESH RATANLAL	PF NO.: 5462
ADDRESS: 129 STATION ROAD CHOPDA VATIKA MHOW MHOW 453441	PHONE: 9425350355
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **TIWARI DINESH RATANLAL** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: AMRITPHALE S.S.	PF NO.: 5466
ADDRESS: C-55 ,RISHINAGAR UJJAIN UJJAIN 456010	PHONE: 8989451818
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **AMRITPHALE S.S.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: VAIDYA RAMESH NILKANTH	PF NO.: 5473
ADDRESS: PLOT NO 56 SHREE SADGURUKRUPA MALVIYA NAGAR KHAMLA NAGPUR NAGPU 440025	PHONE: 9960034672
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **VAIDYA RAMESH NILKANTH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KULKARNI VINOD VISHNU	PF NO.: 5508
ADDRESS: 23 RUDRARAJ COMPLEX BH AAYAPPA TEMPLE MOTHER SCHOOL ROAD GOTRI VADODARA 390021	PHONE: 9879021216
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KULKARNI VINOD VISHNU** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: CHAWAN VIJAY PARSHURAM	PF NO.: 5540
ADDRESS: P/6 12/3 S SECTOR 15 NEW PANVEL RAIGAD 410406	PHONE: 9223293748
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **CHAWAN VIJAY PARSHURAM** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DAMLE SANJAY RAGHUNATH	PF NO.: 5542
ADDRESS: 2 A 102 VED VIHAR APA TMENT NEAR VED BHAV CHANDANI CHOWK POUD ROAD PUNE 411021	PHONE: 9850070464
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **DAMLE SANJAY RAGHUNATH** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KANE PRAKASH GANGADHAR	PF NO.: 5545
ADDRESS: SUDHAKUNJ TILAK NAGAR OPP. BRAHMAN SABHA DOMBIVALI 421201	PHONE: 9819529011
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KANE PRAKASH GANGADHAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: AGRAWAL MAHAENDRA PRAKASH	PF NO.: 5546
ADDRESS: HARIKELAS 182-3 MEHRAULI NEW DELHI 110030	PHONE: 9871762696
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **AGRAWAL MAHAENDRA PRAKASH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GHANGREKAR SHASHIKANT MADHAV	PF NO.: 5592
ADDRESS: SNEH SADAN HSG SOC TILAK ROAD OPP KAMAL NAGARI SAH PATPEDH PANVEL DIST RAIGAD 410206	PHONE: 9323385160
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **GHANGREKAR SHASHIKANT MADHAV** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: TAMHANE ARATI NARENDRA	PF NO.: 5596
ADDRESS: A 404 SILVERNEST C HSG SOCIE OPP VIJAYA BANK MANPADA ROAD DOMBIVLI MUMBAI 421201	PHONE: 9920536713
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **TAMHANE ARATI NARENDRA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: RAORANE PRABHAKAR SHIVAJI	PF NO.: 5603
ADDRESS: 17-CHHAYA,LAXMAN NAGAR CHS, VAZIRA NAKA, L T RD, BORIVLI WEST, MUMBAI 400091	PHONE: 9969013819
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **RAORANE PRABHAKAR SHIVAJI** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: HARCHEKAR SUBHASH ANANT	PF NO.: 5607
ADDRESS: B/8 SHREE DATTATRAYA NIWAS RB SK BOLE RD DADAR MUMBAI 400028	PHONE: 9820833710
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **HARCHEKAR SUBHASH ANANT** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GADKARI SUNETRA BALWANT	PF NO.: 5611
ADDRESS: VINAYK GANANJAY SOC UNIT NO.1 KOTHRUD PUNE 411029	PHONE: 9881303666
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **GADKARI SUNETRA BALWANT** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PALAV HEMANGI HIRAKANT	PF NO.: 5625
ADDRESS: 11,TRILOK CHS, SHRIKHANDE WADI, 3RD FLOOR, DOMBIVLI [E]. MUMBAI 421201	PHONE: 9819062454
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PALAV HEMANGI HIRAKANT** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KULKARNI RAMESH DATTATRAYA	PF NO.: 5633
ADDRESS: 584 A SOUTH KASABA TOLLACHA BOLE SOLAPUR SOLAPUR 413007	PHONE: 9604896492
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KULKARNI RAMESH DATTATRAYA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SATHE BIRAJ MADHUSUDAN	PF NO.: 5636
ADDRESS: FLAT NO A 3 SAKET APARTMENTS 45 1 2 A PATWARDHAN BAUG KARVENAGAR PUNE 411052	PHONE: 9850131586
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SATHE BIRAJ MADHUSUDAN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SANDHYA ULHAS ABHYANKAR	PF NO.: 5639
ADDRESS: 13 JAYWANT SADAN SHIVAJI PARK RD.NO 3 DADAR WEST MUMBAI 400028	PHONE: 8097682696
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SANDHYA ULHAS ABHYANKAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BHIDE SHRIHARI SADASHIV	PF NO.: 5652
ADDRESS: 401,PRATHAMESH APARTMENT CHS LTD., PLOT NO.55,MAHANT ROAD, VILE PARLE [EAST], MUMBAI 400057	PHONE: 9730000411
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **BHIDE SHRIHARI SADASHIV** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: RAUT BHARAT KRISHNARAO	PF NO.: 5654
ADDRESS: SAIGANGA BEHIND MARATHI SCHOOL KOCHIWADE VASAI WEST 401201	PHONE: 9763388733
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **RAUT BHARAT KRISHNARAO** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SRI.KULKARNI SHARAD PANDHARINATH	PF NO.: 5655
ADDRESS: SAPTASHRUNG, SAHAJEEVAN COLONY SHELHAL ROAD UDGIR BANK OF MAHARASHTRA UDGIR BRANCH UDGIR 413517	PHONE: 9890965629
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SRI.KULKARNI SHARAD PANDHARINATH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BHAT SHRIRAM MAHADEO	PF NO.: 5660
ADDRESS: C/19,SHREERAM HEIGHT RAMBAUGH COLONY MIT COLLEGE ROAD KOTHRUD PUNE 411038 411038	PHONE: 9822373928
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **BHAT SHRIRAM MAHADEO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JOSHI SADASHIV G	PF NO.: 5665
ADDRESS: C2 13 DSK CHINTAMANI APPA BALWANT CHOWK PUNE 30 PUNE 411030	PHONE: 9881794622
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **JOSHI SADASHIV G** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KARYEKAR ULHAS VINAYAK	PF NO.: 5670
ADDRESS: 751 A SADASHIV PETH KESHAV GOVIND NIWAS PUNE 411030 PUNE 411030	PHONE: 9423567343
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KARYEKAR ULHAS VINAYAK** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PAWAR UTTAM YASHWANT	PF NO.: 5672
ADDRESS: 573/5, KAMAL APARTMENTS BIBVEWADI, PUNE. PUNE-411037 411037	PHONE: 9730000650
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PAWAR UTTAM YASHWANT** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: NATU AVINASH MADHUKAR	PF NO.: 5678
ADDRESS: FLAT NO 511 5TH FLOOR B BUILDING MADHUKOSH WADGAON KHURD PUNE 411041	PHONE: 9987835748
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **NATU AVINASH MADHUKAR** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PAIGHAN PRAKASH LAXMANRAO	PF NO.: 5688
ADDRESS: 68.OLD SUBHEDAR LAYOUT H N 5369 A DHANURDHARI SHARDA CHOUK NAGPUR NAGPUR 440024	PHONE: 9225214080
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PAIGHAN PRAKASH LAXMANRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KULKARNI DINESH PUNDLIK	PF NO.: 5693
ADDRESS: 403 KISMAT APARTMENT 111 RAMBAUG COLONY MIT ROAD NER CHAITANYA HEALTH CLUB PUNE 411038	PHONE: 9823166880
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KULKARNI DINESH PUNDLIK** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: VAIDYA RAVINDRA SADASHIV	PF NO.: 5694
ADDRESS: SHIV MANDAR BUNGLOW NEAR DR TUPE HOSPITAL AT POST TAL SHRIRAMPUR DIST AHMEDNAGAR 413709	PHONE: 9011069136
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **VAIDYA RAVINDRA SADASHIV** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SHINDE SANJAY NAMDEO	PF NO.: 5698
ADDRESS: 65 PARVATI GAON FLAT NO 1 HERAMB PARK PARVATI GAON PUNE 411009	PHONE: 9420864562
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SHINDE SANJAY NAMDEO** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GIJARE SURESH TRIMBAK	PF NO.: 5699
ADDRESS: PLOT NO 372 SECTOR NO 27 A MGHALASAKANT CHOWK NIGDI PRADHIKARAN PUNE 411044	PHONE: 9403347889
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **GIJARE SURESH TRIMBAK** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JOGLEKAR JAYANT NARAYAN	PF NO.: 5704
ADDRESS: 1148 SADASHIV PETH GORE WADA PUNE PUNE 411030	PHONE: 9552451522
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **JOGLEKAR JAYANT NARAYAN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: VAIDYA ARUN MAHADEO	PF NO.: 5748
ADDRESS: 14 MANASI SOCIETY S NO27/21 DAHANUKAR CO LONY KOTHRUD POONA 411029	PHONE: 9823202608
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **VAIDYA ARUN MAHADEO** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PAWAR DILIP DATTATRAYA	PF NO.: 5753
ADDRESS: GEETAI PADMACHHAYA HSG SOC CHAVANNAGAR DHANKAWADI PUNE PUNE 411043	PHONE: 9075082666
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PAWAR DILIP DATTATRAYA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MANE SUHAS TUKARAM	PF NO.: 5763
ADDRESS: 569/1+3B SAKEN APARTMENT SNEHNAHGAR HSG SOC BIBWEWADI KONDHAWA RD PUNE 411037	PHONE: 9822447223
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **MANE SUHAS TUKARAM** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PANDE RAVINDRA MADHUKAR	PF NO.: 5765
ADDRESS: 37/2 AMRUTA SOCIETY ERANDAWANA PUNE 411038	PHONE: 9850604299
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PANDE RAVINDRA MADHUKAR** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: TENDOLKAR ANIL GUNDOPANT	PF NO.: 5771
ADDRESS: GURUKRIPA COLONY PLOT NO19 SHAHUNAGAR SATARA SATARA 415002	PHONE: 9404654463
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **TENDOLKAR ANIL GUNDOPANT** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KULKARNI YASHAWANT RAMCHANDRA	PF NO.: 5776
ADDRESS: DESHMUKH COLONEY SADAR BAZAR SATARA SATARA 415001	PHONE: 9881458335
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KULKARNI YASHAWANT RAMCHANDRA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SHINDE SHARAD DHONDIBA	PF NO.: 5789
ADDRESS: YOGINI APARTMENT 263 B WING FLAT NO 08 SHIROLE LANE NEAR ROKDOBA MANDIR PUNE 411005	PHONE: 9096396668
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SHINDE SHARAD DHONDIBA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KACHOLE ANAND PRABHAKAR	PF NO.: 5800
ADDRESS: A 5 GOVINDA APPARTMENT RAMESWARNAGAR GANGAPUR ROAD NASIK 422013	PHONE: 9860515479
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KACHOLE ANAND PRABHAKAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KOTI DILIP SHANKAR	PF NO.: 5809
ADDRESS: SWAMIKRIPA 35A HANUMANNAGAR SENAPATI BAPAT ROAD PUNE 411016	PHONE: 9881492134
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KOTI DILIP SHANKAR** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GHANSHYAM NARASIMHA KAMATH	PF NO.: 5813
ADDRESS: FLAT NO 403 A WING GANGA GANESH RIVERSIDE GUTNO4 HISSA NO1 1 PALI DEVAD NR AYYAPPATEMPLE SUKHAPUR NEW PANVEL 410206	PHONE: 9730011708
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **GHANSHYAM NARASIMHA KAMATH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PARANJAPE AVINASH SITARAM	PF NO.: 5818
ADDRESS: VISAVA DIXIT ROAD VILEPARLE EAST MUMBAI 400057	PHONE: 9969978467
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PARANJAPE AVINASH SITARAM** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: VANITA DEWOO NAR	PF NO.: 5819
ADDRESS: 14/1076,OLD MHB COLONY 4TH FL GORAI ROAD BORIVLI WEST MUMBAI 400091	PHONE: 9821546699
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **VANITA DEWOO NAR** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DERE RAJENDRA SRIKRISHAANA	PF NO.: 5823
ADDRESS: 102,RAMKRISHNA,PATHARLI RD GOGRASWADI DOMBIVLI E THNE 421201	PHONE: 9869531860
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **DERE RAJENDRA SRIKRISHAANA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SHIRGAONKAR J.B.	PF NO.: 5825
ADDRESS: BLOCK NO 101 GARDENIA EVEREST WOELD OPP BAYER CO KOLSHET THANE 400607	PHONE: 9920996505
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SHIRGAONKAR J.B.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KAUSHIK RAGINEE VIJAY	PF NO.: 5841
ADDRESS: 8 RING ROAD MARUTHI NAGAR NAGASHETTY HALLY RMV II ST BANGALORE 560094	PHONE: 7678088207
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KAUSHIK RAGINEE VIJAY** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SRI.AURANGABADKAR SATISH VASANTRAO	PF NO.: 5848
ADDRESS: 3-4-835 BARKATPURACHAMAN HYDERABAD HYDERABAD 500027	PHONE: 9912250990
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SRI.AURANGABADKAR SATISH VASANTRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: NIMKAR MADHUSUDAN DATTATRAY	PF NO.: 5849
ADDRESS: A/12,SHANTIVARDHAN SOCIETY, 2/15,ERANDVAN,OPP S.N.D.T. COLLEGE, MAHARSHI KARVE ROAD, PUNE 411004	PHONE: 9326844952
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **NIMKAR MADHUSUDAN DATTATRAY** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KHARE SATISH DIGAMBAR	PF NO.: 5851
ADDRESS: A 602, KAPIL UPWAN HSG. SOC., NEAR S.B.I.NAGAR, BIBWEWADI, PUNE 411037	PHONE: 9767964238
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KHARE SATISH DIGAMBAR** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: S MEENAKSHI	PF NO.: 5859
ADDRESS: 20L HIG FLATS SOUTH AVENUE KAMARAJ NAGAR THIRUVANMIYUR CHENNAI 600041	PHONE: 9940436665
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **S MEENAKSHI** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: ANURADHA KRISHNA BHIDE	PF NO.: 5862
ADDRESS: H NO 312 SHRIPAD A PARTMENT ROY ROAD TILAKWADI BELGAUM 590006	PHONE: 8123104313
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **ANURADHA KRISHNA BHIDE** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: RAJADNYA ARUN DATTATRAY	PF NO.: 5864
ADDRESS: 902 A WARD RACHANAKAR HOUSING SOCIETY PLOT NO 7 DEVKAR PANAND KOLHAPUR 416007	PHONE: 9423040780
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **RAJADNYA ARUN DATTATRAY** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PHADKE ANURADHA DATTATRAY	PF NO.: 5877
ADDRESS: BUNGLOW NO 1 B VIJAYSHREE HSG SOC S NO 50 NEAR ASHISH GARDEN D P RD KOTHRUD PUNE 411038	PHONE: 9689930541
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PHADKE ANURADHA DATTATRAY** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: ANAND KESHAVDAS BALKRISHANDAS	PF NO.: 5921
ADDRESS: C 17 NANGAL DEWAT VASANT KUNJ NEW DELHI NEW DELHI 110070	PHONE: 7840001270
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **ANAND KESHAVDAS BALKRISHANDAS** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BHATIA ATUL PREMPAL	PF NO.: 5923
ADDRESS: E 1003 PRIDE PLATINUM NEAR PAN CARD CLUB BANER PUNE 411045	PHONE: 9730038127
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **BHATIA ATUL PREMPAL** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BHARDWAJ DINESHKUMAR NASIBCHAND	PF NO.: 5925
ADDRESS: 85 POCKET 24 SECTOR 24 ROHINI DELHI 110085	PHONE: 9810033052
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **BHARDWAJ DINESHKUMAR NASIBCHAND** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DESHPANDE N.V.	PF NO.: 5936
ADDRESS: FLAT NO. 1, SULASHREE HSG SOCIETY 73 RAMBAG COLONY PAUD ROAD PUNE 411038 411038	PHONE: 9689993598
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **DESHPANDE N.V.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DESHPANDE SAINATH BHASKAR	PF NO.: 5941
ADDRESS: 220 NARAYAN PETH MURLIDHAR APTS PUNE 411004	PHONE: 9881044490
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **DESHPANDE SAINATH BHASKAR** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KORDE MADHVENDRA DATTATRAYA	PF NO.: 5944
ADDRESS: 7/PARIMAL APPTS OPPO HPT COLLEGE COLLEGE RD NASHIK 422005	PHONE: 9850571405
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KORDE MADHVENDRA DATTATRAYA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PARKAR SHRIKRISHNA MORESHWAR	PF NO.: 5949
ADDRESS: 1ST FLOOR KRUSHNA PARKARS WADA DANDIA BAZAR BARODA 390001	PHONE: 9409181964
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PARKAR SHRIKRISHNA MORESHWAR** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DALVI JAYASHRI UTTAM	PF NO.: 5954
ADDRESS: 205 SHANWIAR PETH PARAJ APTS, BLOCK NO 1 PUNE 411030	PHONE: 9922065607
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **DALVI JAYASHRI UTTAM** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DHARWADKAR S.R.	PF NO.: 5988
ADDRESS: FLAT NO 1 VAKRATUND APARTMENT NEAR CANARA BANK BIBVEWADI PUNE 411037 411037	PHONE: 9860141970
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **DHARWADKAR S.R.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: LELE HEMANT RAMKRISHNA	PF NO.: 5998
ADDRESS: 179, AKHIL SOCIETY BLDG.NO3 BLOCK NO 12 KARVE ROAD PUNE 411038	PHONE: 9527187940
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **LELE HEMANT RAMKRISHNA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SADEKAR SURESH MADHAV	PF NO.: 6001
ADDRESS: A/14 SAINANDAN APT SAHAKARNAGAR PUNE 411009	PHONE: 9423335845
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SADEKAR SURESH MADHAV** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BHIDE ARUN SHANKAR	PF NO.: 6003
ADDRESS: B 304 ABHAY APARTMENT OPP DON BASCO BORIVALI WEST VAZIRA NAKA BORIVALI WEST MUMBAI 400091	PHONE: 9702308210
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **BHIDE ARUN SHANKAR** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PANDIT SARITA SUNIL	PF NO.: 6006
ADDRESS: A 205 SANJIVANI CHSL KOLDONGRI ANDHERI EAST MUMBAI 400069	PHONE: 9870452313
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PANDIT SARITA SUNIL** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: VARAVDEKAR VISHNU BHALCHANDRA	PF NO.: 6007
ADDRESS: 22 SHEETAL CHS VAZIRA NAKA L T RD BORIVALI(W) MUMBAI 400091	PHONE: 9869392575
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **VARAVDEKAR VISHNU BHALCHANDRA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: OKE MEDHA ANAND	PF NO.: 6010
ADDRESS: FLAT NO 9 BLDG NO 3 TARA RESIDENCY KOTHRUD PUNE 411038	PHONE: 7709415130
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **OKE MEDHA ANAND** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KHALADKAR PRATIBHA PANDURANG	PF NO.: 6011
ADDRESS: B 6 FLAT NO 7 8 DAMODAR NAGAR HINGNE KHURD PUNE 411041	PHONE: 9881452575
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KHALADKAR PRATIBHA PANDURANG** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BIDAYE ARJUN BHIKAJI	PF NO.: 6017
ADDRESS: KHASKILWADA, GOTHAN H. NO. 590 DIST SINDHUDURG SAVANTWADI 416510	PHONE: 9421236577
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **BIDAYE ARJUN BHIKAJI** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: NIMBKAR VISHWAS DAMODAR	PF NO.: 6026
ADDRESS: 12 SHEETAL CHS VAZIRA NAKA BORIVLI WEST MUMBAI 400091	PHONE: 9869063425
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **NIMBKAR VISHWAS DAMODAR** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: RONGE ABHIRAM DIGAMBARRAO	PF NO.: 6050
ADDRESS: FLAT NO E903 LALIT NANDED CITY SINHGAD ROAD PUNE 411041	PHONE: 9423576951
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **RONGE ABHIRAM DIGAMBARRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DESHPANDE MANOHAR NARHAR	PF NO.: 6076
ADDRESS:	PHONE: 9881679367
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **DESHPANDE MANOHAR NARHAR** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4785/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JOSHI BHASKAR CHINTAMAN	PF NO.: 6082
ADDRESS: 37/2 ERANDWANE DHANSAMPADA SOCY POUD PHATA PUNE 411038	PHONE: 9096022331
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **JOSHI BHASKAR CHINTAMAN** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: NAYAK MOHAN CHANDU	PF NO.: 6083
ADDRESS: 95, RAMBAUG COLONY, BALWANT JANKI APPTS KOTHRUD, PUNE. 411038	PHONE: 9422301971
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **NAYAK MOHAN CHANDU** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: VAIDYA PRADEEP DATTATRAYA	PF NO.: 6088
ADDRESS: PLOT NO 16 JYOTIKIRAN HSG SOCIETY PUMPING STATION NEAR MAMA MUNGI KARYALAY NASIK NASHIK 422013	PHONE: 9422944404
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **VAIDYA PRADEEP DATTATRAYA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GARDE ARVIND BALKRISHNA	PF NO.: 6104
ADDRESS: 1207 B APTE RD 3 FLOOR ASMITA SOC,SHIVAJINAGAR PUNE 411004	PHONE: 9373340748
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **GARDE ARVIND BALKRISHNA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KODMALWAR VILAS PENTAYYAJI	PF NO.: 6116
ADDRESS: D 502,PRIM PLUS 106/1/2 PRIME PLUS PIMPLESAUDAGAR. PUNE 411027	PHONE: 8657092171
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KODMALWAR VILAS PENTAYYAJI** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KETKAR RAMCHANDRA VISHWANATH	PF NO.: 6129
ADDRESS: 11 SHEETAL LAXMAN NAGAR VAZIRA VILLAGE BORIVLI WEST MUMBAI 400091	PHONE: 9869055083
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KETKAR RAMCHANDRA VISHWANATH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SANZGIRI SUPRIYA GURUDAS	PF NO.: 6131
ADDRESS: C-404,SWAYAMSRUSHTI COMPLEX ,SIDDHESHWAR MANDIR RD CHANDANWADI, PANCHPAKHADI THANE THANE 400601	PHONE: 9860501066
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SANZGIRI SUPRIYA GURUDAS** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JOSHI ANAGHA ARUN	PF NO.: 6137
ADDRESS: 484/99 SHANTAYAN MITRA MANDAL PUNE 9 PUNE 411009	PHONE: 9766648652
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **JOSHI ANAGHA ARUN** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KSHIRSAGAR MADHURI DILIP	PF NO.: 6152
ADDRESS: E, 1102, KAPIL ABHIJAT DAHANUKAR COLONY KOTHRUD ,NEAR CUMMINS CO. PUNE 411029	PHONE: 9850063483
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KSHIRSAGAR MADHURI DILIP** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: NEVE VIKAS DEVIDAS	PF NO.: 6166
ADDRESS: A-8 33/22 CHANDRA SOCIETY MANIKBAUG SINHGAD ROAD ANANDNAGAR PUNE 411051	PHONE: 7385059319
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **NEVE VIKAS DEVIDAS** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BORKAR ARUN VASANT	PF NO.: 6169
ADDRESS: FLAT NO 501 BLDG NO 1 RUTURANG PHASE II PUNE SATARA RD ARANYESHWAR PUNE 411009	PHONE: 9226873148
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **BORKAR ARUN VASANT** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: AGAVEKAR ASHOK RAJARAM	PF NO.: 6170
ADDRESS: 20 YOJANGANDH SOCI PAUD RD PUNE 411038	PHONE: 8087685331
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **AGAVEKAR ASHOK RAJARAM** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MEHENDALE VILAS NARHAR	PF NO.: 6189
ADDRESS: 1306 SADASHIV PETH KHARE WADA,PUNE 411030 PUNE 411030	PHONE: 9822302560
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **MEHENDALE VILAS NARHAR** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GOSAVI ANAND VASANT	PF NO.: 6199
ADDRESS: 102 SWAMINI JYOT GUPTE ROAD DOMBIVALI WEST DIST THANE 421202	PHONE: 8879321730
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **GOSAVI ANAND VASANT** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DHEKLE SHAMPRAKASH SURENDRA	PF NO.: 6206
ADDRESS: FLAT NO B6 803 ATULNAGAR SNO 79B PHASE 2 WARJE PUNE 411058	PHONE: 9403204493
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **DHEKLE SHAMPRAKASH SURENDRA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GHOTAVADEKAR SHRIHARI DATTATRAYA	PF NO.: 6212
ADDRESS: #N/A	PHONE: 9403246412
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **GHOTAVADEKAR SHRIHARI DATTATRAYA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JOGLEKAR PADMINI ANIL	PF NO.: 6236
ADDRESS: 37/2ERANDAVANA DHANASAMPADA SOC PAUD PAHATA PUNE 411052	PHONE: 8007143070
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **JOGLEKAR PADMINI ANIL** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GATE ASHOK DATTATRAYA	PF NO.: 6240
ADDRESS: 92 100 AMEN SOC NEAR MAHTRE BRIDGE ERANDAWANA PUNE 411004	PHONE: 7719897447
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **GATE ASHOK DATTATRAYA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: NAKADE WASUDEO RAMBHAU	PF NO.: 6252
ADDRESS: SAFALYA HERITAGE NO 1 BELTARODI ROAD RAJESHWAR PARK NEAR MANISHNAGAR T POINT NAGPUR 440034	PHONE: 9922172125
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **NAKADE WASUDEO RAMBHAU** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BARGAJE RANGNATH BHIMRAO	PF NO.: 6262
ADDRESS: 88 SWAPNA SOCIETY WALWEKAR NAGAR PUNE 411009	PHONE: 9604603354
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **BARGAJE RANGNATH BHIMRAO** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SALUNKE PANDURANG RAGHU	PF NO.: 6273
ADDRESS: 6/4 PLEASENT PARK BHAIROBA NALA PUNE PUNE 411013	PHONE: 9922444186
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SALUNKE PANDURANG RAGHU** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SRI.NAIK SHYAM BHAGAWANT	PF NO.: 6276
ADDRESS: FLAT NO 4 SHRIPAD BLDG SNO20 2 3 CTS 293 SHIVASAHI COL NR CUMMINS COLL HINGANE KARVE NAGAR PUNE PUNE 411052	PHONE: 9881632216
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SRI.NAIK SHYAM BHAGAWANT** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GOHAD SUDHIR ANANT	PF NO.: 6284
ADDRESS: FLAT NO B 503 NAVKAR MANTRA VISHAL NAGAR S NO 17 2 2 35 PIMPLE NILAKH PUNE 411016	PHONE: 9423008515
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **GOHAD SUDHIR ANANT** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SRI.BHALERAO RAMESH VASANTRAO	PF NO.: 6289
ADDRESS: B5 RAJENDRA CHS ABM AMBOLI ANDHERI WEST MUMBAI 400058	PHONE: 9833609190
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SRI.BHALERAO RAMESH VASANTRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: UTTURKAR UDAY VINAYAK	PF NO.: 6292
ADDRESS: MODEL COLONY FLAT NO 101 CTS 1087A B2A MANOHAR RESIDENCY PUNE 411016	PHONE: 9881673023
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **UTTURKAR UDAY VINAYAK** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PHATAK ASHA ASHOK	PF NO.: 6293
ADDRESS: PLOT 351 A FLAT 1A FLOOR GR WING B LA SALETTE B MAHIM W LA ROSE CHSL SITLADEVI TEMPLE RD MUMBAI 400016	PHONE: 9869647727
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PHATAK ASHA ASHOK** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: CHOWDHARY KESHAVLAL SAJJANLAL	PF NO.: 6301
ADDRESS: NIRMAL APARTMENTS FLAT NO 2 RIGHT BHUSARI COLONY PAUD ROAD KOTHRUD PUNE 411038	PHONE: 9373970001
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **CHOWDHARY KESHAVLAL SAJJANLAL** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MAHURKAR DILIP DATTATRAYA	PF NO.: 6315
ADDRESS: PLOT NO 55 AMEYA SURENDRA NAGAR NAGPUR NAGPUR 440015	PHONE: 9730000470
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **MAHURKAR DILIP DATTATRAYA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BAPAT CHANDRASHEKHAR DATTARAM	PF NO.: 6322
ADDRESS: A 3 SARITA CHINAR SARITA NAGARI 1 GANESH MALA SINHGAD ROAD PUNE 411030	PHONE: 9423011829
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **BAPAT CHANDRASHEKHAR DATTARAM** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: W T SURESH	PF NO.: 6329
ADDRESS: PLOT 13 4/2 B P K FLATS NEHRU NAGAR RAMAPURAM CHENNAI 600089	PHONE: 9445024787
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **W T SURESH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: VAZE SHRIKANT RAJARAM	PF NO.: 6336
ADDRESS: FLAT NO 3 DHRUV SAHNIWAS VIDHATA COLONY SPHURTI CHOWK NEAR SWAPN NAGARI VISHRAMBAG SANGLI 416415	PHONE: 9822801242
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **VAZE SHRIKANT RAJARAM** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KULKARNI MOHAN MADHAVRAO	PF NO.: 6350
ADDRESS: 01 CHHAYA COOP HSG SOCIETY OPP DON BOSCO HIGH SCHOOL PANDIT MALHARRAO KULKARNI MARG BORIVALI WEST MUMBAI 400091	PHONE: 9224361155
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KULKARNI MOHAN MADHAVRAO** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SRI.PAGARE VINAYAK VITHALRAO	PF NO.: 6366
ADDRESS: H NO 70 SHRADDHA COLONY N-2 MHADA OPP DHOOT HOSPITAL AURANGABAD 431001	PHONE: 9423018577
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SRI.PAGARE VINAYAK VITHALRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: LAGHATE VIJAY RAGHUNATH	PF NO.: 6371
ADDRESS: 43 VIJAY DURGA DATTA NAGAR SOC RAVI IND COMP NAUPADA THANE 400602	PHONE: 9773312139
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **LAGHATE VIJAY RAGHUNATH** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BHENDE GOVIND DATTATRAY	PF NO.: 6372
ADDRESS: 502 VIGHNA RAJENDRA CHS JAI BHAVANI RD AMBOLI ANDHERI WEST MUMBAI 400053	PHONE: 9833843360
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **BHENDE GOVIND DATTATRAY** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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

PREMIUM CERTIFICATE

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

This is to certify that, **ANJALI ARUN MANGALVEDHEKAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: RAJALE YASHWANT KONDIBA	PF NO.: 6404
ADDRESS: SHRAMSAFALYA 30 PANMALA OPP RAMKRISHNA MATH PUNE 411030	PHONE: 9011686276
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **RAJALE YASHWANT KONDIBA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JOSHI SHRIKANT PURUSHOTTAM	PF NO.: 6406
ADDRESS: 11 AMBARAI APART SHARANPUR EXTN ROAD BEHIND ADWAIT COLONY CANADA CORNER NASHIK 422005	PHONE: 9766166076
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **JOSHI SHRIKANT PURUSHOTTAM** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KHAMBETE SANJAY DIGAMBAR	PF NO.: 6408
ADDRESS: 303 A WING SAGAR HEIGHTS CHS SAKI NAKA JUNCTION ANDHERI EAST,MUMBAI 400072	PHONE: 9867364083
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KHAMBETE SANJAY DIGAMBAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: ABHYANKAR JAYANT PRABHAKAR	PF NO.: 6409
ADDRESS: 181/A SAUMITRA SOC OPP KARNATAKA HIGH SCHOOL ERANDAVANA PUNE 411030	PHONE: 9822046643
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **ABHYANKAR JAYANT PRABHAKAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DALVI JAYVANT RANGNATH	PF NO.: 6415
ADDRESS: FLAT NO 202 SERENA A BLDG CASABELLA KALYAN SHILL RD DOMBIVLI EAST 421204	PHONE: 9920907150
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **DALVI JAYVANT RANGNATH** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PARANJPE SURESH PURUSHOTTAM	PF NO.: 6419
ADDRESS: 360/B,SHANIWAR PETH OPP.RASOI DYNING HALL SHREE JI HOUSING SOCIETY PUNE 411030	PHONE: 9850717916
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PARANJPE SURESH PURUSHOTTAM** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MULYE R.M.	PF NO.: 6420
ADDRESS: 71 SARVESH BEHIND SAHAYOG SOC BRAHMIN ALI NERAL NERAL 410101	PHONE: 9028639652
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **MULYE R.M.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: HALDAVNEKAR MEERA SHRIKRISHNA	PF NO.: 6433
ADDRESS: A 706 CASA ULTIMA CHS LTD POKHRAN ROAD 2 BEHIND VIVIANA MALL PACHPAKHADI THANE WEST 400601	PHONE: 9819872757
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **HALDAVNEKAR MEERA SHRIKRISHNA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BENDRE DILIP SHRIKRISHNA	PF NO.: 6446
ADDRESS: A1 1101 VIJAYNAGAR C H S S N MARG ANDHERI E MUMBAI 400069	PHONE: 9825416060
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **BENDRE DILIP SHRIKRISHNA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KULKARNI BALCHANDRA RANGNATH	PF NO.: 6450
ADDRESS: E3/1,GIRIJASHANKAR VIHAR KARVENAGAR PUNE 411052	PHONE: 9561004987
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KULKARNI BALCHANDRA RANGNATH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JEURKAR SHRIKANT VISHWANATH	PF NO.: 6451
ADDRESS: 9 HARSH NEEL SOC 81 RAM BAUG COLONY PAUD ROAD PUNE 411038	PHONE: 9881900276
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **JEURKAR SHRIKANT VISHWANATH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SRI.JADHAV VISHWANATH UDHAVRAO	PF NO.: 6456
ADDRESS: AMBIKA DRIVER COLONY DATTA NAGAR LATUR 413531	PHONE: 9860936883
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SRI.JADHAV VISHWANATH UDHAVRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: CHIMOTE AJIT LAXMANRAO	PF NO.: 6468
ADDRESS: FLAT NO 502 ANKUR SAHANIWAS JAIPRAKASH NAGAR BESIDES DATTOPANT THENGDI SABHAGRUH NAGPUR 440025	PHONE: 9404082736
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **CHIMOTE AJIT LAXMANRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PANDE MOHAN TRIMBAK	PF NO.: 6470
ADDRESS: 36 RAMKRUPA FRIENDS SOCIETY PRATAP NAGAR CEMENT ROAD NEAR MATE SQUAR XXX NAGPUR 440022	PHONE: 9422808010
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PANDE MOHAN TRIMBAK** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DATE ARUN MADHAV	PF NO.: 6473
ADDRESS: AT AND POST THAL SAVLI TAL ALIBAG DIST RAIGAD 402207	PHONE: 9325069529
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **DATE ARUN MADHAV** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MAHADKAR NITIN GOPINATH	PF NO.: 6476
ADDRESS: A/12,ANUPAMA CHS, HAJURI ROAD, NEAR LIC,LOUISWADI, THANE WEST 400604	PHONE: 9833864041
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **MAHADKAR NITIN GOPINATH** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: R. SUNDARA SEKHAR	PF NO.: 6499
ADDRESS: FLAT NO C 110 O M MEGHA SPARPH BIBVEWADI.NEAR MAHVIR ELETRONI PUNE PUNE 411037	PHONE: 9422530199
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **R. SUNDARA SEKHAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BHAT MINRAJ NARAYAN	PF NO.: 6513
ADDRESS: FIAT NO -10 SUBHASHREE CO OP HOUSING SOCIETY GHOLE ROAD 1194/9 SHIVAJINAGAR PUNE 411005	PHONE: 9422314477
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **BHAT MINRAJ NARAYAN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PATKAR NANDKUMAR DATTATRAM	PF NO.: 6516
ADDRESS: NARAYAN NIWAS SAI HILL TEMBHI PADA ROAD BHANDUP (W) MUMBAI MUMBAI 400078	PHONE: 9869192244
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PATKAR NANDKUMAR DATTATRAM** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KARADKAR RAMESH CINTAMAN	PF NO.: 6522
ADDRESS: 8 PLOT 128/129 NIKHIL CO OP HSG SOC SAHAKAR NAGAR NO 2 PUNE 411009	PHONE: 9881312298
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KARADKAR RAMESH CINTAMAN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: RAVANDE VILAS R.	PF NO.: 6533
ADDRESS: FLAT NO 5 NAKSHATRA PLOT NO 22 SHRIRAM SOCIETY WARJE PUNE 411052	PHONE: 9960159418
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **RAVANDE VILAS R.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KULKARNI PRALHAD RAGHAVENDRARAO	PF NO.: 6540
ADDRESS: 14 ANAND MILAN ANAND NAGAR, DIN DAYAL RD VISHNU NAGAR,OPP CMS SCHOOL DOMBIVLI WEST 421202	PHONE: 9969258240
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KULKARNI PRALHAD RAGHAVENDRARAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DESAI URVASHI HARISH	PF NO.: 6565
ADDRESS: 2, GOKUL WATIKA, OPP. AIRPORT, HARNI ROAD VADODARA 390006	PHONE: 9687225042
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **DESAI URVASHI HARISH** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PULLIWAR SHEELA PRAMOD	PF NO.: 6573
ADDRESS: 190 MAYURESH APARTMENT PANDEY LAYOUT KHAMLA ROAD NAGPUR NAGPUR 440025	PHONE: 7262838874
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PULLIWAR SHEELA PRAMOD** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: WAGH PANDHARINATH KARBHARI	PF NO.: 6576
ADDRESS: B-104 SAI VISION S NO60 AND 78 NR.PLANET MILLENIUM PIMPLE SAUDAGAR PUNE 411027	PHONE: 9423001448
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **WAGH PANDHARINATH KARBHARI** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KULKARNI RAGHUNATH PURUSHOTTAM	PF NO.: 6600
ADDRESS: 114/10,MURARJI PETH, DR GOGATE CHAWL, SOLAPUR. 413001	PHONE: 9423535785
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KULKARNI RAGHUNATH PURUSHOTTAM** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GOVITRIKAR SUHAS DAMODAR	PF NO.: 6601
ADDRESS: FLAT NO 11 BLDG NO D22 POPULAR NAGAR WARJE PUNE 411058	PHONE: 9922901589
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **GOVITRIKAR SUHAS DAMODAR** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: C S NARAYANAN . .	PF NO.: 6618
ADDRESS: 126 BY 47 S B M COLONY B S K 1ST STAGE,2ND MAIN ROAD OPP MANJUNATHA TEMP BANGALORE 560050	PHONE: 9900390832
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **C S NARAYANAN . .** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SRI.R RAVINDRAN	PF NO.: 6619
ADDRESS: PLOT NO 205,JEEVANANDAM ST MAJESTIC COLONY, VALASARAVAKKAM, CHENNAI 600087	PHONE: 9865419494
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SRI.R RAVINDRAN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: M KARUNANIDHI	PF NO.: 6630
ADDRESS: 7 LADAKUPPU ST ARISIPALAYAM SALEM 636009	PHONE: 9443247991
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **M KARUNANIDHI** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DANDE GIRISH SHARANGDHAR	PF NO.: 6677
ADDRESS: 587/6 SHIVAI SOCIETY PARVATI PUNE PUNE 411030	PHONE: 9890503393
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **DANDE GIRISH SHARANGDHAR** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: INAMDAR HARI KESHAV	PF NO.: 6702
ADDRESS: MANALI VILLA, PLOT NO.83, TULSHIBAGWALE COLONY,S`NAGAR NO 2 PUNE 411009	PHONE: 9922279482
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **INAMDAR HARI KESHAV** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DESHMUKH NEELIMA ANIL	PF NO.: 6720
ADDRESS: 190 8 PRATIBHA SADASHIV PETH PUNE 411030	PHONE: 9689901251
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **DESHMUKH NEELIMA ANIL** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MR. P,M PANKULE	PF NO.: 6727
ADDRESS: 21 ATRE LAY OUT NAGPUR MAHARASHTRA 440022	PHONE: 9890990411
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **MR. P,M PANKULE** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PHADKAR SUHAS JAGANNATH	PF NO.: 6729
ADDRESS: GANESHAY NAMHA 55 BAJI PRABHUNAGAR NAGPUR 440033	PHONE: 9823265652
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PHADKAR SUHAS JAGANNATH** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SATHE VIJAY YESHAWANT	PF NO.: 6733
ADDRESS: S NO 642 2 3A SIDHINAGAR H BLDG CO-OP HGS SOC FLATE NO 15 3rd FLOOR BIBVEWADI 411037	PHONE: 9657986076
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SATHE VIJAY YESHAWANT** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: HULSURKAR PRAMOD RAMESHRAO	PF NO.: 6766
ADDRESS: B 24 B K AVENUE OPP PARANJAPE SCHOOL D P ROAD KOTHRUD PUNE 411038	PHONE: 9890924751
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **HULSURKAR PRAMOD RAMESHRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: ARINDAM CHAKRABORTY	PF NO.: 6767
ADDRESS: 21,A.J.C.BOSE ROAD SODEPUR KOLKATA 700110	PHONE: 9748620050
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **ARINDAM CHAKRABORTY** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SUGANDHI PRAKASH DHARAMADAS	PF NO.: 6774
ADDRESS: B30 PARIMAL SO0C. SECTION III BEHIND SONAL VATIKA SOC NEAR SAYAJIPARK BUS STOP AJWA RD VADODARA 390019	PHONE: 9879338559
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SUGANDHI PRAKASH DHARAMADAS** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PHANSALKAR V.V.	PF NO.: 6782
ADDRESS: 142 CHIMANPURA PETH SATARA SATARA 415002	PHONE: 7875710331
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PHANSALKAR V.V.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SRI.CHITNAVIS VINAYKUMAR CHANDRASHEKHAR	PF NO.: 6791
ADDRESS: 2 GAYATRI APT TULSHIBAUGWALE COLONY LANE NO 8 SAHAKAR NAGAR NO 2 PUNE 411009	PHONE: 9623684450
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SRI.CHITNAVIS VINAYKUMAR CHANDRASHEKHAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KALE PRAKASH SHANTARAM	PF NO.: 6793
ADDRESS: RED ROSE, FLAT NO 2 GARDEN ESTATE NEAR K J MEHTA HIGHSCHOOL NASIK ROAD 422106	PHONE: 9767206709
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KALE PRAKASH SHANTARAM** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BHAMRE VIJAYKUMAR KISAN	PF NO.: 6794
ADDRESS: PLOT NO FORTY SEVEN JANKI NAGAR WADIBHOKAR ROAD DEOPUR DHULE 424002	PHONE: 9423476670
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **BHAMRE VIJAYKUMAR KISAN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: C M D NARHARI	PF NO.: 6799
ADDRESS: SON OF C S MANJAIAH 51 8TH A CROSS BANGALORE NORTH MAHESHWARI TEMPLE ROAD MALLESHWARAM BANGALORE 560003	PHONE: 8095941532
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **C M D NARHARI** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: NAIR BALCHANDRAN C S	PF NO.: 6802
ADDRESS: 8104 OMARA PRESTIGE MONTE CARLO DODDABALLAPUR ROAD YELAHANKA BANGALORE KARNATAKA 560064	PHONE: 9986888825
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **NAIR BALCHANDRAN C S** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MR. K.T.BALACHANDRAN	PF NO.: 6812
ADDRESS: 5/2240-B BEENA VIHAR S V COLONY ROAD CALICUT CALICUT 673001	PHONE: 9447229805
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **MR. K.T.BALACHANDRAN** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PANDIT SRIKANT VASANT	PF NO.: 6825
ADDRESS: 702 UMA MAHESH 48 RAMBAUG COLONY CHAITANYA HEALTHCLUB PAUD ROAD PUNE 411038	PHONE: 9869243166
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PANDIT SRIKANT VASANT** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: ROY DIPTENDRA	PF NO.: 6827
ADDRESS: P/3 GREEN VIEW BAISHNABGHATA NEAR 45 NO BUS STAND KOLKATA 700084	PHONE: 9331241507
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **ROY DIPTENDRA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: CHOPRA MUKESH . .	PF NO.: 6829
ADDRESS: 29 JYOTI BAGH APPARTMENT PARWANA ROAD PITAM PURA DE DELHI 110034 110034	PHONE: 9891695929
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **CHOPRA MUKESH . .** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GOTE SEEMA RAMESH	PF NO.: 6836
ADDRESS: 47/7 BHASKAR SOC ARANYESHWAR PUNE PUNE 411009	PHONE: 9765054555
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **GOTE SEEMA RAMESH** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: ABHYANKAR SAVITA ANIL	PF NO.: 6839
ADDRESS: SHUBHAM SOCIETY 1264 SADASHIV PETH PUNE PUNE 411030	PHONE: 9503155566
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **ABHYANKAR SAVITA ANIL** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SHENOY VINAYAK MADHAV	PF NO.: 6848
ADDRESS: NO 1078 9TH MAIN 2ND PHASE 7TH BLOCK RAGHAVENDRASWAMY TEMPLE ROAD HOSAKEREHALLI BSK 3RD STAGE BANGALORE 560050	PHONE: 9449868673
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SHENOY VINAYAK MADHAV** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MR. P.SUDHAKAR SHENOY	PF NO.: 6855
ADDRESS: 58/5341 SREEPADMANABHAM K G VADYAR ROAD T D WEST ROAD ERNAKULAM 682035	PHONE: 9946664543
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **MR. P.SUDHAKAR SHENOY** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: NAYAK CHANDULAL DAHYALAL	PF NO.: 6866
ADDRESS: B-202 DEVSHRUSTI-1 BODAKDEV SANDESH PREES ROAD AHMEDABAD 380054	PHONE: 9825191990
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **NAYAK CHANDULAL DAHYALAL** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SHARMA KRISHAN DATTA	PF NO.: 6870
ADDRESS: FLAT NO.704, DIAMOND TOWER PARAS APARTMENT, SECTOR 30 FARIDABAD. 121003	PHONE: 8130145146
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SHARMA KRISHAN DATTA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: CHADHA KAPILDEV DEWANCHAND	PF NO.: 6871
ADDRESS: HOUSE NO 866 SECTOR 10 PANCHKULA PANCHKULA 134113	PHONE: 9463887937
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **CHADHA KAPILDEV DEWANCHAND** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: A K KULSHRESTHA	PF NO.: 6877
ADDRESS: 10 OBLIC 969 MALVIYA NAGAR JAIPUR 302017	PHONE: 9460127953
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **A K KULSHRESTHA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: HARJAI NARESH KUMAR	PF NO.: 6881
ADDRESS: HOUSE NO.1854 SECTOR-9 URBAN ESTATE KARNAL 132001	PHONE: 9996261947
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **HARJAI NARESH KUMAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SANE VINAYAK CHINTAMAN	PF NO.: 6886
ADDRESS: 400/2 SHANWAR PETH XXXXX PUNE 411030	PHONE: 9767390976
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SANE VINAYAK CHINTAMAN** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KAWADE YASHWANT GANESH	PF NO.: 6887
ADDRESS: 75 BHAGYASHREE ERONDAWNE PRABHAT RD PUNE 411004	PHONE: 9422513478
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KAWADE YASHWANT GANESH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: R PARTHASARTHY . .	PF NO.: 6892
ADDRESS: NO 288 A 4th LINK STREET SADASIVAM NAGAR MADIPAKKAM CHENNAI 600091	PHONE: 9176225070
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **R PARTHASARTHY . .** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: TANK JAGDISH LAVJIBHAI	PF NO.: 6919
ADDRESS: B 29 MAHAVIR SOCIETY RAJNIGANDHA MARG JAMNAGAR JAMNAGAR 361008	PHONE: 9879151192
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **TANK JAGDISH LAVJIBHAI** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: VEGADA MANUBHAI MOTIBHAI	PF NO.: 6932
ADDRESS: A/18 PRADHYUMAN SOCIETY NEAR SINDHWAI MATA TEMPLE CTM RAMOL ROAD AMRAIWADI AHMEDABAD-380026 380026	PHONE: 9825077187
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **VEGADA MANUBHAI MOTIBHAI** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MHETRE RAMSWAMI AJAPPA	PF NO.: 6950
ADDRESS: L SQUARE APARTMENT FLAT NO A 307 PORWAL ROAD ADJACENT TO ORCHID HOSPITAL LOHEGAON PUNE PUNE 411047	PHONE: 8055361943
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **MHETRE RAMSWAMI AJAPPA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: NANDVIKAR DHONDIRAM SUDAKOJI	PF NO.: 6962
ADDRESS: YASHOMANGAL CHG.SOC. B-21,2ND FLOOR TILAK ROAD PANVEL-RAIGAD 410206	PHONE: 9869265847
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **NANDVIKAR DHONDIRAM SUDAKOJI** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BHINGARDEVE C.J.	PF NO.: 6971
ADDRESS: MILIND HSG SOCIETY JARANDESHWAR NAKA SADAR BAZAR SATARA 415001	PHONE: 9272339912
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **BHINGARDEVE C.J.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SHIKHARE S.B.	PF NO.: 6981
ADDRESS: 4/A/ROOM 5,BHUDARGAD CO-OP.HSG.SOC., R.T.O.LANE,4 BUNGLOWS, ANDHERI WEST MUMBAI 400053	PHONE: 7045366764
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SHIKHARE S.B.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: WAGH SUBHASH HARCHAND	PF NO.: 6987
ADDRESS: SNEH PLOT NO 5 GAT NO 103 DHANASHRI NAGAR NIMKHEDI SHIVAR JALGAON 425001	PHONE: 9004181974
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **WAGH SUBHASH HARCHAND** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: LALE NANAJI DAMODHAR	PF NO.: 6989
ADDRESS: PLOT NO 1740 ANUSMIT ARVIND NAGAR WANJARI LAYOUT UPPALWADI NAGPUR 440026	PHONE: 9960815968
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **LALE NANAJI DAMODHAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GULSHANKUMAR .M.	PF NO.: 6993
ADDRESS: A-9 , SADBHAVANA APPTS FEROZ PARK CO-OP GR HSG SOCIETY PARWANA ROAD, PITAM PURA DELHI 110034	PHONE: 9811483288
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **GULSHANKUMAR .M.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: RISBUD SHRIKRISHNA VASUDEO	PF NO.: 7020
ADDRESS: B601 MANGALYA G V SCHEME RD NO 1 MULUND EAST MUMBAI 400081	PHONE: 9820485701
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **RISBUD SHRIKRISHNA VASUDEO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SONAWANE ARJUN TUKARAM	PF NO.: 7029
ADDRESS: A 703 MULUND SIDHI CHS NEAR EASTERN EXP HIGHWAY MULUND E MUMBAI MUMBAI 400081	PHONE: 9819401422
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SONAWANE ARJUN TUKARAM** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BHASME DEVIDAS SOPANRAO	PF NO.: 7033
ADDRESS: 16 ARIHANT PAWAN NAGAR NEW TOWN BADNERA AMRAVATI 444701	PHONE: 9194031713
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **BHASME DEVIDAS SOPANRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: WAZE KISHOR HARIPANT	PF NO.: 7035
ADDRESS: PALAVI,FLAT NO.202,BLDG.NO.10, DSK-RANWARA PROJECT BAVDHAN PUNE 411021	PHONE: 9730000410
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **WAZE KISHOR HARIPANT** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: LOKHANDE NISHIKANT MANOHAR	PF NO.: 7051
ADDRESS: CD/49E DDA FLATS, HARI NAGAR, DELHI 110064	PHONE: 9811667864
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **LOKHANDE NISHIKANT MANOHAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JADHAV YASHAWANT SHAMRAO	PF NO.: 7057
ADDRESS: SWAPNIL 1636/96 OPP J K CLASSES MAHADEONAGAR A/P ISLAMPUR TAL WALWA DIST SANGLI 415409	PHONE: 9423270456
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **JADHAV YASHAWANT SHAMRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SHAH MUGATRAY CHANDULAL	PF NO.: 7059
ADDRESS: NAVKAR,MAHILA COLLEGE ROAD, OPP.VIKASH GRUH, JAMNAGAR JAMNAGAR 361008	PHONE: 9998077443
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SHAH MUGATRAY CHANDULAL** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JANI ANURADHA P	PF NO.: 7063
ADDRESS: 7,LAJWANTI KARVE ROAD PUNE 411004 PUNE 411004	PHONE: 9552050605
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **JANI ANURADHA P** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: POPHALE HARSHWARDHAN MADHUKAR	PF NO.: 7065
ADDRESS: C/ O BANK OF MAHARASHTRA ZONAL OFFICE MAHABANK BUILDING TARABAI CHOWK KOLHAPUR 411039	PHONE: 9404268867
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **POPHALE HARSHWARDHAN MADHUKAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SRI.NIMESH TULA RAM	PF NO.: 7068
ADDRESS: 2/378 VIVEK KHAND GOMTI NAGAR LUCKNOW 226010	PHONE: 9335738770
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SRI.NIMESH TULA RAM** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: AMBAVKAR SURESH MUGAJI	PF NO.: 7070
ADDRESS: 206,BALI VISHNU PRASAD TOWER, SUBHASH ROAD, NAVAPADA, DOMBIVLI WEST 421202	PHONE: 9930627949
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **AMBAVKAR SURESH MUGAJI** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: ROY ARABINDAKUMAR	PF NO.: 7097
ADDRESS: KORAK CE/1/A/154 PREMISES NO 13-0187 STREET NO 187 NEW TOWN KOLKATA 700156	PHONE: 9830649898
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **ROY ARABINDAKUMAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: LONDHE RAJAN PRABHAKAR	PF NO.: 7101
ADDRESS: 7 UTKARSHA SBI COLONY BHABHA NAGAR DWARKA 422011	PHONE: 9730000416
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **LONDHE RAJAN PRABHAKAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: P.VIJAYKUMAR N. . .	PF NO.: 7107
ADDRESS: PAVAN APTS FLAT NO. 301 A2 4TH FLOOR SUSROAD PASHAN PUNE 411021	PHONE: 8097333161
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **P.VIJAYKUMAR N. . .** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BABULAL SAGAR . .	PF NO.: 7112
ADDRESS: H NO FC 31 LAJPAT NAGAR BLOCK F SAHIBABAD GHAZIABAD 201005	PHONE: 9007455267
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **BABULAL SAGAR . .** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KHIRE SUPRIYA MADAN	PF NO.: 7119
ADDRESS: FLAT NO. 12, SUYOG HEIGHTS P BLDG, SNEH PARADISE NEAR MIT COLLEGE S.NO.123/A/1/1 PAUD RD, KOTHRUD, PUNE KOTHRUD PUNE 411038 411038	PHONE: 9922066916
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KHIRE SUPRIYA MADAN** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: VISHWANATHAN JAYASHREE	PF NO.: 7126
ADDRESS: C 36 KAILAS KUTIR 12 AUNDH ROAD PUNE 411020	PHONE: 9881145432
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **VISHWANATHAN JAYASHREE** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: ERANDE MUKUND SHRIDHAR	PF NO.: 7130
ADDRESS: FLAT NO 12 IV FLOOR RUNWAL SAVERA APTS PLOT NO 45B RAMMNAGAR COLONY BAVDHAN PUNE 411021	PHONE: 9423043168
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **ERANDE MUKUND SHRIDHAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SUKHENDU BIKASH DAS	PF NO.: 7133
ADDRESS: 12 ANANDAPALLY MAHAMATALLA OPPOSITE OF 228 NO BUS STAND PO GARIA PS GARIA KOLKATA 700084	PHONE: 9433219297
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SUKHENDU BIKASH DAS** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: RAJAT CHAKRABORTY	PF NO.: 7135
ADDRESS: 60/17B HARI PADA DUTTA LANE, 60/17B HARI PADA DUTTA LANE, KOLKATA 700033	PHONE: 9433936067
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **RAJAT CHAKRABORTY** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SHARMA VINODKUMAR	PF NO.: 7136
ADDRESS: POCKET-4FLATE NO 196 KONNARK APPARTMENT KALKAJI EXT NEW DELHI 110019	PHONE: 8527462666
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SHARMA VINODKUMAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: CHITRE ANIL MANOHAR	PF NO.: 7146
ADDRESS: 302/303 A WING, SHIVAM, 3RD FL, JNC OF CARTER RD 9 & M G RD, BORIVLI E BOMBAY 400066	PHONE: 9820320394
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **CHITRE ANIL MANOHAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JOSHI S.S.	PF NO.: 7148
ADDRESS: 1003/AMRUT CHS.,90-FEET ROAD,NEAR KELKAR COLLEGE,MULUND EAST MULUND EAST MUMBAI 400081	PHONE: 9869061867
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **JOSHI S.S.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BATRA R.D.	PF NO.: 7150
ADDRESS: A2/27 3rd FLOOR JANAK PURI N DELHI 110058	PHONE: 9871109964
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **BATRA R.D.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: ANIKHINDI VIJAYKUMAR RAGHAVENDRARAO	PF NO.: 7155
ADDRESS: FACULTY- STAFF COLLEGE BOM OFFICER QUARTERS PADMAREKHA SOC FLAT NO.6, BILD NO. 29, PUNE411052 PUNE 411004	PHONE: 9538478160
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **ANIKHINDI VIJAYKUMAR RAGHAVENDRARAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: L.VENKATALAKSHMI	PF NO.: 7157
ADDRESS: NO 2596 18TH MAIN 2ND CR0SS HAL 2ND STAGE BANGALORE 560038	PHONE: 9972708654
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **L.VENKATALAKSHMI** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: NERURKAR SURESH ANANT	PF NO.: 7169
ADDRESS: A 1206 SANSKAR CHS LTD NEELAM NAGAR PHASE 2 GAVANPADA MULUND MUMBAI E 400081	PHONE: 9969616296
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **NERURKAR SURESH ANANT** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JOGDEO HEMANT ANANT	PF NO.: 7179
ADDRESS: F 28 SOBA SAVERA HSG SOCTY CTSN 1016S NO 681 1B 2 3 1 BIBVEWADI PUNE 411037	PHONE: 9767077077
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **JOGDEO HEMANT ANANT** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SOHAL KULDIPSINGH	PF NO.: 7184
ADDRESS: DA218 SHALIMAR BAGH DELHI New Delhi 110088	PHONE: 9891993501
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SOHAL KULDIPSINGH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DONGRE ASHOK NATTHUJI	PF NO.: 7189
ADDRESS: 202,HONEY-ARCHANA APPT B-1 WING,UNTKHANA CHOUK MEDICAL COLLEGE ROAD NAGPUR 440009	PHONE: 9423106361
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **DONGRE ASHOK NATTHUJI** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PATKI ANIL VASANT	PF NO.: 7199
ADDRESS: FLAT NO 301,4 GURUDEEP SOC SAHAKARNAGAR PUNE 411009	PHONE: 9422009797
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PATKI ANIL VASANT** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DHEKNEY MANJIREE MADHAV	PF NO.: 7201
ADDRESS: 59/16,MANDAR,BHARATI NIWAS SOC PRABHAT ROAD,14TH LANE PUNE 411004	PHONE: 9823434273
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **DHEKNEY MANJIREE MADHAV** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JOSHI MEERA P.	PF NO.: 7202
ADDRESS: 288 11 BAKUL NEW MIG COLONY BANDRA EAST MUMBAI 400051	PHONE: 9320504090
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **JOSHI MEERA P.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KULKARNI D.D.	PF NO.: 7209
ADDRESS: 203 VIHAUG VIHAR PANCHPAKHADI THANE THANE 400602	PHONE: 9503019187
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KULKARNI D.D.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: LOVALEKAR VIJAY ANANT	PF NO.: 7213
ADDRESS: MATOSHREE BUNGLOW CHURCH ROAD RATNAGIRI RATNAGIRI 415612	PHONE: 9960218323
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **LOVALEKAR VIJAY ANANT** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KUTAPHALE DHANANJAY NARAYANRAO	PF NO.: 7229
ADDRESS: D 1 54 LAKE TOWN NEAR STATE BANK NAGAR CHAITRABAN UPPER INDIRA NAGAR PUNE 411037	PHONE: 9823635133
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KUTAPHALE DHANANJAY NARAYANRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: C D VIJAYAN . .	PF NO.: 7232
ADDRESS: 1 570 CHOOPRATH VELLOOR P O PAMPADY KOTTAYAM 686501	PHONE: 9423817076
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **C D VIJAYAN . .** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KARDAM RAMBIR JAIRAM	PF NO.: 7233
ADDRESS: C 65 X4 DILSHAD GARDEN DELHI 110095	PHONE: 9868157545
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KARDAM RAMBIR JAIRAM** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: VAITY HARSHA VINAYAK	PF NO.: 7234
ADDRESS: CHANDRA MAULI, TRIMURTI SOCITY GANESH NAGAR DOMBIVLI 421202	PHONE: 9820210639
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **VAITY HARSHA VINAYAK** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JOSHI N.A.	PF NO.: 7238
ADDRESS: A-1 NARAYAN NAGAR CHS HANUMAN CROSS RD NO.1 VILE PARLE (EAST) MUMBAI 400057	PHONE: 9930580969
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **JOSHI N.A.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: LIKHITE ANJALI SHRINIVAS	PF NO.: 7242
ADDRESS: 13 KRISHNANAYAN COOP SOC IDEAL COLONY PAUD RD PUNE 411038	PHONE: 9158412655
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **LIKHITE ANJALI SHRINIVAS** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: CHITNIS UMA PRADEEP	PF NO.: 7244
ADDRESS: 403 S KEER COMPLEX, BHANDAR GULLY OFF L J ROAD MAHIM MUMBAI 400016	PHONE: 9821452668
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **CHITNIS UMA PRADEEP** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DHUPKAR VIDYA RAJARAM	PF NO.: 7246
ADDRESS: 1835/1/1 SADASHIV PETH DESHMUKH WADI PUNE PUNE 411030	PHONE: 9422520969
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **DHUPKAR VIDYA RAJARAM** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BARTAKKE J S	PF NO.: 7271
ADDRESS: C/604 ANJOR BANER MHALUNGE RD NEAR GANRAJ MANGAL KARYALAYA BANER PUNE PUNE 411045	PHONE: 9850564941
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **BARTAKKE J S** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SHINDE RAGHUNATH PANDURANG	PF NO.: 7286
ADDRESS: 6 / 257 SHUKRAWAR PETH PUNE PUNE 411002	PHONE: 9850567536
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SHINDE RAGHUNATH PANDURANG** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: CHANDANKHEDE P.S.	PF NO.: 7289
ADDRESS: F NO 201 KRISHNASHANTI RESIDENCY BHELKE NAGAR KOTHRUD PUNE 411038	PHONE: 9011090034
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **CHANDANKHEDE P.S.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

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IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MOTIKHAYE SURESH GOPALRAO	PF NO.: 7296
ADDRESS: 19,B INDRANEEL COOP HSG SOC OPP KATARIYA COLLECTION NEAR VASANT MARKET CANADA CORNER NASIK 422001	PHONE: 9158886545
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **MOTIKHAYE SURESH GOPALRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MR. NARASIMHAIAH	PF NO.: 7327
ADDRESS: NO 505 BY 14 ASHIRWAD 1 ST MAIN ROAD SAMRAT LAYOUT AREKERE B G RD BANGALORE 560076	PHONE: 9880762398
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **MR. NARASIMHAIAH** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: H M SURYAPRAKASH	PF NO.: 7329
ADDRESS: G1 FIRST FLOOR KRISHNAVENI GARDENS YELLAPPA GARDEN BANAGIRINAGAR BANASHAN KARI 3RD STAGE BANGALORE 560085 BANGALORE 560085	PHONE: 9448990814
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **H M SURYAPRAKASH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: P GOPALKRISHNA SHARMA . .	PF NO.: 7335
ADDRESS: FLAT NO B/10 KUMAR ASHIYANA SOCIETY PANMALA SINHGAD ROAD PUNE 411030	PHONE: 9921429589
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **P GOPALKRISHNA SHARMA . .** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: K C R THYAGARAJAN . .	PF NO.: 7341
ADDRESS: H NO 54 VISHNUPURI EXTENSION VIMALA DEVI NAGAR MALKAJGIRI HYDERABAD 500047	PHONE: 9032902286
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **K C R THYAGARAJAN . .** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: D MURALIDHARAN . .	PF NO.: 7349
ADDRESS: SRI KRISHNA SURVEY NO 23/2 SITE NO 2 2ND MAIN MANJUSHREE LAYOUT VARANASI TC PALYA RD BANGALORE 560036	PHONE: 9972743331
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **D MURALIDHARAN . .** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: Mr.KALIVE BHARGAVARAM	PF NO.: 7354
ADDRESS: 604 ROHINI D S K AKASHGANGA NEW D P ROAD AUNDH PUNE 411007	PHONE: 9573235790
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **Mr.KALIVE BHARGAVARAM** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: NATRAJAN P.V.	PF NO.: 7357
ADDRESS: FLAT NO.1-B, DHARANIJA APARTMENT NO.10, FIRST SEA WARD ROAD, VALMINAGAR, THIRUVANMIYUR CHENNAI 600041	PHONE: 9445021712
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **NATRAJAN P.V.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SRI.GOPAL LAKSHMIPATHY IYER	PF NO.: 7361
ADDRESS: NEW NO15 RATNAM KAMALALAYAM POSTAL COLONY 2 nd street WEST MAMBALAM CHENNAI 600033	PHONE: 9884072487
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SRI.GOPAL LAKSHMIPATHY IYER** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SAHA INDRAJIT RAMESHCHADRA	PF NO.: 7380
ADDRESS: 193 BYE 1 B M SAHA ROAD PO HINDMOTOR HOOGHLY 712333	PHONE: 8759761727
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SAHA INDRAJIT RAMESHCHADRA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: K SUBRAMANIAN . .	PF NO.: 7389
ADDRESS: PLOT 6/22 B/1 GOMATI NNP COLONY FILM CITY ROAD DINDOSHI GOREGAON EAST MUMBAI 400065	PHONE: 9730000515
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **K SUBRAMANIAN . .** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SHAILAJA RAJENDRA KULKARNI	PF NO.: 7393
ADDRESS: FLAT NO 7 BHARAT VIHAR OPP NEW KARNATAK SCHOOL ERANDWANE PUNE PUNE 411004	PHONE: 9890117601
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SHAILAJA RAJENDRA KULKARNI** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: C H VISHWANATHAN . .	PF NO.: 7394
ADDRESS: D BLOCK FLAT S 13 NAVIN S TARA GARDENS 4 318 OLD MAHABHAL IPURAM ROAD KOTTIVAKKAM CHENNAI 600041	PHONE: 9444774949
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **C H VISHWANATHAN . .** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PIPARAIYA BALKRISHNA	PF NO.: 7406
ADDRESS: C 802 SILVER SQUARE CO OPERATIVE HOUSING SOCIETY LTD SUNDER NAGAR KALINA SANTACRUZ EAST MUMBAI 400098	PHONE: 9730000700
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PIPARAIYA BALKRISHNA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: K C DEVRAJAN . .	PF NO.: 7412
ADDRESS: 503/C-WING,SURESH SMRUTI, PRATMESH COMPLEX, VEERA DESAI RD,ANDHERI (W) MUMBAI 400053	PHONE: 9619539308
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **K C DEVRAJAN . .** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SUKHDEVE HARISHCHANDRA NAMAJI	PF NO.: 7416
ADDRESS: C 4 MULIK COMPLEX SOMALWADA WARDHA ROAD NAGPUR 440025	PHONE: 9422811511
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SUKHDEVE HARISHCHANDRA NAMAJI** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: TRIVEDI MITHILESHKUMAR SHRIKRISHNA	PF NO.: 7419
ADDRESS: FLAT NO1077 U F APPTS SEC 6 PLOT NO 9 DWARKA N DELHI 110075	PHONE: 9818574764
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **TRIVEDI MITHILESHKUMAR SHRIKRISHNA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: ALAVADI PRAMOD KUMAR	PF NO.: 7429
ADDRESS: E-103,BRAMHA EXUBERANCE, N I B M ROAD, KONDHWA PUNE-411048 PUNE 411048	PHONE: 8600146619
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **ALAVADI PRAMOD KUMAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GHOLVE MOHAN GOKULRAO	PF NO.: 7433
ADDRESS: FLAT NO D 902 VIVA HALLAMARK CHS OPP SURYADATTA INSTITUTE BAVDHAN PUNE 411021	PHONE: 9890504000
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **GHOLVE MOHAN GOKULRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PATHANIA CHANDAR PRAKASH	PF NO.: 7435
ADDRESS: A 114 FIRST FLOOR SHANKAR GARDEN VIKASPURI NEW DELHI 110018	PHONE: 9650533550
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PATHANIA CHANDAR PRAKASH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KARWAL WALMIK NIMBA	PF NO.: 7442
ADDRESS: AT WAKE PO MUNGASE TAL MALEGAON DIST NASIK 9860443423 423201	PHONE: 9860443423
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KARWAL WALMIK NIMBA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: N SHRINIWASVARADAN .V.	PF NO.: 7444
ADDRESS: B-504 PRIME HEIGHTS, OPP ABHINAVA KALA VIDALAYA PASHAN SUS ROAD PASHAN PUNE 411021	PHONE: 9970054577
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **N SHRINIWASVARADAN .V.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: ANSARI M THAMEEN	PF NO.: 7456
ADDRESS: 1-5-4 A BLOCK FIFTH FLOOR GREAT A PEARL API 174 CHOOLAIMEDU HOGH ROAD CHENNAI 600094	PHONE: 9444841344
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **ANSARI M THAMEEN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SADAFULE ASHOK GANGARAM	PF NO.: 7457
ADDRESS: 6 TEJASWINI APPARTMENT PLOT NO 47 SHREERAM HSG SOCIETY PASCHIMRANG COMPLEX WARJE PUNE PUNE 411052	PHONE: 9423003182
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SADAFULE ASHOK GANGARAM** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MEHRA DALIP ROOPKISHOR	PF NO.: 7473
ADDRESS: C/1,304,TEJOVALAY, WARJE PUNE PUNE 411052	PHONE: 9145001500
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **MEHRA DALIP ROOPKISHOR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MR P A V PRASAD	PF NO.: 7482
ADDRESS: PLOTNO 92,PRASANTHI NILAYAM SAPTAGIRI COLONY,SAINIKPURI POST SECUNDERABAD (PH NO. 27113558) 500094	PHONE: 9441079510
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **MR P A V PRASAD** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KAVALE POPAT SHIVARAM	PF NO.: 7498
ADDRESS: 12 SHRINAGAR COLONY SANGAMNAGAR SATARA SATARA 415003	PHONE: 9921462764
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KAVALE POPAT SHIVARAM** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: Mr G. G. UPAKARI	PF NO.: 7502
ADDRESS: 23/54 SHANGUSHRI SHAKTHI COLONY NEAR NRUPATUNGA HILLS HUBLI 580032	PHONE: 9538702518
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **Mr G. G. UPAKARI** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MORE PRAKASH TUKARAM	PF NO.: 7503
ADDRESS: PLOT NO 1 DADU CHOUGULE NAGAR UJALAIWADI TAL KARVEER DIST KOLHAPUR 416004	PHONE: 9822797676
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **MORE PRAKASH TUKARAM** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: CHAUDHARI DNYANESHWAR SADASHIV	PF NO.: 7513
ADDRESS: FLAT NO 30 BANSAL CORNER BALAJI NAGAR PUNE SATARA ROAD DHANKAWADI PUNE 411043	PHONE: 9730000520
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **CHAUDHARI DNYANESHWAR SADASHIV** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DALVI VINOD EKNATH	PF NO.: 7521
ADDRESS: 3 YASHREE SOCIETY NEAR M I T COLLEGE PAUD ROAD PUNE 411029	PHONE: 9561270007
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **DALVI VINOD EKNATH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: V SIVAKUMAR	PF NO.: 7553
ADDRESS: 403 404 SHIVAM APARTMENT PLOT NO 73 B SECT 11 KHARGHAR NAVI MUMBAI 410210	PHONE: 9969015750
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **V SIVAKUMAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SAVARATKAR K.B.	PF NO.: 7561
ADDRESS: 61 12 KRISHNALAYA C H S VRINDAVAN COMPLEX THANE WEST THANE 400601	PHONE: 8450970269
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SAVARATKAR K.B.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: B.LOKESH	PF NO.: 7563
ADDRESS: 212 NANASU 6TH CROSS 6TH MAIN IDEAL HOMES RAJARAJESHWARINAGAR BANGALORE 560098	PHONE: 9483512337
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **B.LOKESH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: VANMALI GANESH NARAYAN	PF NO.: 7564
ADDRESS: FLAT NO 17 THE VERSOVA SANDEEP CHS JUHU VERSOVA LINK RD P O AZAR NAGAR ANDHERI WEST MUMBAI 400053	PHONE: 9739117542
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **VANMALI GANESH NARAYAN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SAHIJWANI A.H.	PF NO.: 7575
ADDRESS: PUSHP PAWAN FLAT NO 102 BLOCK A 146 KURLA CAMP BEHIND KALIMATA MANDIR ULHASNAGAR 421004	PHONE: 9323137393
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SAHIJWANI A.H.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JADHAV BHALCHANDRA PANDURANG	PF NO.: 7576
ADDRESS: B 607 DOSTI SAPHIRE C H S LTD B H STELA PETROL PUMP, BARHANPUR ROAD, VASAI WEST 402201	PHONE: 9552043200
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **JADHAV BHALCHANDRA PANDURANG** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KALSI PRITAM LAL	PF NO.: 7584
ADDRESS: 181,HERITAGE TOWER PLOT NO.-1,SECTOR-3 DWARKA NEW DELHI 110075	PHONE: 8851520532
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KALSI PRITAM LAL** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: R.K.TRIVEDI	PF NO.: 7585
ADDRESS: BLDG 9 FLAT 401 CHINAR CHS AGARWAL GREENWAYS COM MIRA GAOTHAN NR THAKUR MALL MIRA ROAD EAST THANE 401104	PHONE: 9769198165
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **R.K.TRIVEDI** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KANOJIA UDAY CHAND	PF NO.: 7587
ADDRESS: AI 68 A CHANKYA PLACE PANKHA ROAD NEW DELHI NEW DELHI 110059	PHONE: 9289507957
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KANOJIA UDAY CHAND** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MAHENDER SINGH . .	PF NO.: 7588
ADDRESS: F 302 MUNIRKA APPTS PLOT NO 11 SECTOR 9 DWARKA NEW DELHI 110075	PHONE: 9599078733
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **MAHENDER SINGH . .** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SH.P.K.AGGARWAL	PF NO.: 7590
ADDRESS: FLAT NO 604 TOWER NO 4 A ROYAL ESTATE ZIRAKPUR ZIRAKPUR 140603	PHONE: 9915938874
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SH.P.K.AGGARWAL** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: NATH SAI PRITHVI	PF NO.: 7596
ADDRESS: B 118 SIRI SAMPADA RESIDENCY O U ROAD VIDYA NAGAR HYDERABAD 500044	PHONE: 7036078679
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **NATH SAI PRITHVI** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: ADANKI SHANTARAM	PF NO.: 7599
ADDRESS: FLAT NO 302 NIKHITA TOWERS BANDARI LAYOUT NIZAMPET HYD HYDERABAD 500072	PHONE: 9032023524
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **ADANKI SHANTARAM** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MEERA MURALIDHAR . .	PF NO.: 7606
ADDRESS: 53 AGS LAYOUT 4TH MAIN NEW B E L ROAD BANGALORE 560054	PHONE: 9448833352
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **MEERA MURALIDHAR . .** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: HULYALKAR SUDHINDRA GOPALRAO	PF NO.: 7612
ADDRESS: SRINIVAS GOULI GALLI ROAD NO 3 MALMADDI DHARWAD 580007	PHONE: 9448831268
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **HULYALKAR SUDHINDRA GOPALRAO** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PAKHARE SURESH SHRIDHAR	PF NO.: 7615
ADDRESS: B 801 RASSAZ CASTLE MALPA DONGRI NO 1 WESTERN EXPRESS HIGHWAY NEXT TO TCS ANDHERI EAST MUMBAI 400093	PHONE: 9820600980
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PAKHARE SURESH SHRIDHAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: CHATTERJEE S. .	PF NO.: 7622
ADDRESS: B1/11,ATHARV RESIDENCY, NEAR FOOD BAZAR BANER PUNE45 PUNE 411045	PHONE: 9284052542
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **CHATTERJEE S. .** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BHAVE VISHWAS P	PF NO.: 7625
ADDRESS: FLAT NO 204 VISHWAKARMA HOUSING SOCIETY S NO 121/122 PAUD ROAD PLOT NO 54 RAMBAG COLONEY KOTHRUD PUNE 411038	PHONE: 9096113401
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **BHAVE VISHWAS P** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: S KRISHNAMURTHY	PF NO.: 7629
ADDRESS: B 104 CHANDRAMA DSK VISHWA DHAYARI DIST PUNE PUNE 411041	PHONE: 9011832162
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **S KRISHNAMURTHY** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KULKARNI AVINASH PRABHAKAR	PF NO.: 7632
ADDRESS: RAJGAD 16,DHANLAXMI SOC SINHGAD ROAD HINGNE KHURD PUNE 411051	PHONE: 9850977454
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KULKARNI AVINASH PRABHAKAR** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SAHASTRABUDHE MEERA AVINASH	PF NO.: 7643
ADDRESS: RS 522/1 PLOT NO 18 E WARD FLAT101 J BLDG OM DATTA CHILE PARK PRATIBHANAGAR KOLHAPUR 416008	PHONE: 9665095976
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SAHASTRABUDHE MEERA AVINASH** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KANADE ANIL NAMDEO	PF NO.: 7656
ADDRESS: 2 PRATIM CHS SHRIRANG NAGAR OPP MAI LELEL SCHOOL GANGAPUR ROAD NASIK 422013	PHONE: 9822256405
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **KANADE ANIL NAMDEO** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GUPTA VINODKUMAR RAMPRAKASH	PF NO.: 7658
ADDRESS: 202, WHITE HOUSE APARTMENT ESIC FRIEND CO-OP GROUP HSG SOC. PLOT NO-34, SECTOR-13, ROHINI DELHI 110085	PHONE: 9971663672
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **GUPTA VINODKUMAR RAMPRAKASH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SRI.MOTE HANUMANT LAXMANRAO	PF NO.: 7666
ADDRESS: MOTE NIWAS SHIVAJI NAGAR,THODGA ROAD AHEMADPUR,DIST-LATUR AHMEDPUR 413515	PHONE: 9423067882
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SRI.MOTE HANUMANT LAXMANRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PAGGARE PRAKAASH VAMAN	PF NO.: 7677
ADDRESS: D1 11 SHREE NAVYUVAK HUMUI SOC SAINAGAR RD NEAR CGS COLONY BHANDUP EAST MUMBAI 400042	PHONE: 9987950279
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PAGGARE PRAKAASH VAMAN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SMT.NATRAJAN USHA	PF NO.: 7689
ADDRESS: 2 B, KARPAGA VIJAYAM APARTMENTS NO 1 SUBRAMANIAM STREET ABHIRAMAPURAM CHENNAI 600018	PHONE: 7358040540
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SMT.NATRAJAN USHA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DONGRE DINDAYAL JOGOJI	PF NO.: 7694
ADDRESS: FLAT NO 508 BULD D AURA COUNTY SOC BEHIND MAPLE HOTEL UBALE NAGAR NAGAR ROAD PUNE 411014	PHONE: 9890339475
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **DONGRE DINDAYAL JOGOJI** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DAHATKAR VIJAYKUMAR NARAYAN	PF NO.: 7696
ADDRESS: 7 MAHAVEER COLONY OPP LILHA RE'S HOUSE TIRORA ROA NEAR KUDWA LOHIA WARD GONDIA 441614	PHONE: 7773938810
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **DAHATKAR VIJAYKUMAR NARAYAN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: LAXMINARAIN . .	PF NO.: 7698
ADDRESS: 1200309 KRISHAN NAGAR KAROL BAGH New Delhi 110005	PHONE: 9899171011
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **LAXMINARAIN . .** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: HANSRAJ CHIRANJILAL	PF NO.: 7700
ADDRESS: H NO 54/1 GALI NO 8 BHIM VIHAR NEAR RAILWAY STATION GURGAON 122001	PHONE: 9891926000
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **HANSRAJ CHIRANJILAL** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SATYAPRAKASH . .	PF NO.: 7702
ADDRESS: MR SATYA PRAKASH 3 53 VASTU KHAND GOMTI NAGAR LUCKNOW UTTAR PRADESH UP UTTAR PRADESH 226010	PHONE: 9911556415
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SATYAPRAKASH . .** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SOLANKI KHUSHALBHAI MITHABHAI	PF NO.: 7705
ADDRESS: A 7 KESHAVKUNJ SOCIETY IOC ROAD CHANDKHEDA AHMEDABAD 382424	PHONE: 9979768940
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **SOLANKI KHUSHALBHAI MITHABHAI** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PARMAR KHANABHAI PASABHAI	PF NO.: 7709
ADDRESS: A/2, KASHIVISHWANATH SOCIETY VIBHAG-II, NR. JAGESHWAR SOCIETY ISANPUR AHMEDABAD 382443	PHONE: 9409083389
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

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

This is to certify that, **PARMAR KHANABHAI PASABHAI** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: OMPRAKASH	PF NO.: 7710
ADDRESS: HOUSE NO 680 SECTOR 3 PART 3 HUDA REWARI 123001	PHONE: 9711099851
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **OMPRAKASH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: WAGH AMOD VINAYAK	PF NO.: 7730
ADDRESS: GIRIJASHANKAR VIHAR BLDG NO A3 FLAT NO27 KARVENAGAR PUNE 411052	PHONE: 9423044598
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **WAGH AMOD VINAYAK** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GAJBHIYE SHANKARPRASAD DHARMDAS	PF NO.: 7738
ADDRESS: BOM SITABULDI NAGPUR 26 LAXMISAGAR APARTMENT PANDE LAYOUT NAGPUR 440025	PHONE: 9423074073
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **GAJBHIYE SHANKARPRASAD DHARMDAS** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PAIKRAO LXMAN VITHAL	PF NO.: 7748
ADDRESS: HARSH NAGAR NANDED NANDED NANDED 431602	PHONE: 7709681672
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PAIKRAO LXMAN VITHAL** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: R.MURLIDHARAN . .	PF NO.: 7795
ADDRESS: FLAT NO. G-2, NEW NO.6,OLD NO.29 45TH STREET, 9TH AVENUE, ASHOKNAGAR, CHENNAI CHENNAI 600083	PHONE: 9566077326
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **R.MURLIDHARAN . .** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: RANADE MANOHAR DATTATRAYA	PF NO.: 7801
ADDRESS: PLOT NO 5 GREEN PARK COLONY B H BYTCO COLLEGE GAIKHE MALA NASIK ROAD 422101	PHONE: 9822297408
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **RANADE MANOHAR DATTATRAYA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KELKAR SURENDRA BALWANT	PF NO.: 7804
ADDRESS: A4 YASHASHREE APTS TAWARE COLONY PARVATI PUNE PUNE 411009	PHONE: 9922593800
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KELKAR SURENDRA BALWANT** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MR T MASTAN RAO	PF NO.: 7807
ADDRESS: PLOT NO 44 AND 45 SHRIPAL TOWERS FLAT NO 203 KIRLAMPUDI LAY OUT VISAKHAPATNAM 530017	PHONE: 9032998867
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MR T MASTAN RAO** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DATE SHAMALA SHRINIWAS	PF NO.: 7828
ADDRESS: FLAT NO 2 SHRIGANESH PARK APARTMENT NEAR MAHILA BANK GAJANAN MAHARAJ MADIR MARG INDIRANAGAR NASHIK 422009	PHONE: 9405615616
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DATE SHAMALA SHRINIWAS** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SHINDE N.V.	PF NO.: 7835
ADDRESS: C/O MRS VIBHA PRASHANT MUKANE PATANKAR RESIDENCY A & B CO OP HSG STY B 202, B WING 2ND FLOOR SAI NGR STN RD NALLASOPARA WEST THANE 401203	PHONE: 9860687753
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SHINDE N.V.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BHISE P.Y.	PF NO.: 7836
ADDRESS: PRATHMESH BHOSALE MALA KARANJE TARF RADHIKA ROAD SATARA 415001	PHONE: 9011202553
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BHISE P.Y.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SHRI SUNIL HEDAOO	PF NO.: 7849
ADDRESS: FL.NO.203 PARIJAT APTT WARDHA RD VIKAS NAGAR NAGPUR 440015	PHONE: 9823166077
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SHRI SUNIL HEDAOO** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: V MAHALINGAM	PF NO.: 7893
ADDRESS: 28 VAKHIL SOUNDIAH STREET ARUPPUKOTTAI VIRUDHUNAGAR DT 626101	PHONE: 9944941179
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **V MAHALINGAM** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: A. PANDURAO	PF NO.: 7894
ADDRESS: 11-20-27/12 KRANTHI HARIKA APRTS, HYDA COMPLEX NEAR LOTUS LAP PUBILC SCHOOL SAROORNAGAR HYDERABAD 500035	PHONE: 9000288530
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **A. PANDURAO** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SHEWALE DINANATH TOTARAM	PF NO.: 7909
ADDRESS: PLOT NO 20 SONABAI NAGAR NEAR WAGHESHWARI CHAUFULI NANDURBAR NANDURBAR 425412	PHONE: 9823382488
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SHEWALE DINANATH TOTARAM** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PRADEEP CHAKRABORTY	PF NO.: 7914
ADDRESS: 4 RAM CHANDRA BAGCHI LANE PO ALAMBAZAR NEAR ALAMBAZAR BATA KOLKATA 700035	PHONE: 9433652946
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PRADEEP CHAKRABORTY** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: D K SUBBARAO . .	PF NO.: 7923
ADDRESS: FLAT NO 311 CROSS WINDS APARTMENTS ANDHRA BANK COLONY AVILALA TIRUPATI 517501	PHONE: 9959447270
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **D K SUBBARAO . .** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GAJBHIYE PRALHAD CHAMBHARYAJI	PF NO.: 7926
ADDRESS: BANK OF MAHARASHTRA REGIONAL OFFICE ARTHA MANGAL SATAO CHOWK AKOLA 444001	PHONE: 7722081301
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **GAJBHIYE PRALHAD CHAMBHARYAJI** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: CHOUGULE DINKAR SHANKAR	PF NO.: 7933
ADDRESS: FLAT NO 403 MARUTI HEIGHTS SURVEY NO 94 5 6 7 RIGHT BHUSARI COLONY KOTHRUD PUNE 411038	PHONE: 9619331954
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **CHOUGULE DINKAR SHANKAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: RANDIVE HARISH DAJIRAM	PF NO.: 7934
ADDRESS: A/5,RIVER VIEW, KANDARPADA. DAHISAR (W) MUMBAI 400068	PHONE: 9869404991
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **RANDIVE HARISH DAJIRAM** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: P.GEORGE	PF NO.: 7936
ADDRESS: PAARANKIMALIL HOUSE KUTHUKUZHI P O KOTHAMANGALAM KOTHAMANGALAM 686691	PHONE: 9446515444
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **P.GEORGE** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PATHAK SHUBHANGI CHANDRASHEKHAR	PF NO.: 7956
ADDRESS: ROW HOUSE NO B-2/5 SHRI PRASANNA CO OP HSG SOCIETY BIBWEWADI PUNE 411037	PHONE: 9422512759
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PATHAK SHUBHANGI CHANDRASHEKHAR** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MULAY ANJALI NIRANJAN	PF NO.: 7959
ADDRESS: OMKAR APT FLAT NO4 MADHAVBAUG HSG SOC PLOT 20 SHIVAJINAGAR PUNE 411038	PHONE: 9923414956
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MULAY ANJALI NIRANJAN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KALURKAR SHIRISH SHRIDHAR	PF NO.: 7963
ADDRESS: F 2 DWARKAKUNJ S NO 91 2 PLOT NO 8 KRISHNA COLONY LANE NO 10 R P NAGAR PAUD RD PUNE 411038	PHONE: 8806669237
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KALURKAR SHIRISH SHRIDHAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BHIDE ASHWINI ASHOK	PF NO.: 7966
ADDRESS: E/102, RAMYANAGARI, BIBWEWADI PUNE 411037	PHONE: 8888767930
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BHIDE ASHWINI ASHOK** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KARE BALASAHEB JAGANNATH	PF NO.: 7968
ADDRESS: 42 AKSHAYKRUPA HOU SOCIETY KRISHNANAGAR SATARA SATARA 415503	PHONE: 9420463787
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KARE BALASAHEB JAGANNATH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SHINGATE SURESH RAGHUNATH	PF NO.: 7970
ADDRESS: MAHALAXMI PLOT NO 13 CHAITANYA COLONY SHAHUPURI SATARA SATARA 415002	PHONE: 9158989095
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SHINGATE SURESH RAGHUNATH** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: RANAWARE SURYAKANT SADASHIV	PF NO.: 7974
ADDRESS: SAMARTH NAGAR CO OP HSG SOC BLDG NO E1 FL NO 21 5TH FLOOR WADGAON SHERI PUNE 411014	PHONE: 9860786605
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **RANAWARE SURYAKANT SADASHIV** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: VYAVAHARE SAROJKUMAR GOPAL	PF NO.: 7988
ADDRESS: FLAT NO 1 VISHWAJEET APARTMENTS NEAR VED BHAVAN PUNE 411038	PHONE: 9881249015
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **VYAVAHARE SAROJKUMAR GOPAL** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KAMBLE BHIMRAO SADASHIV	PF NO.: 8000
ADDRESS: 10 BORURUNDIYA NAGAR WAGHAPUR ROAD NEAR SHRIKRUSHNA MANDIR YAVAMAL 445001	PHONE: 9503280859
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KAMBLE BHIMRAO SADASHIV** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SANE VINAY VASUDEO	PF NO.: 8027
ADDRESS: FLAT NO 3 OMKARSWAROOP SOCIETY SHIVAJINAR RATNAGIRI 415639	PHONE: 9422966106
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SANE VINAY VASUDEO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: THAPLIYAL PITAMBAR DATTA	PF NO.: 8043
ADDRESS: 156 SHALIMAR GARDEN EXT I SAHIBABAD GHAZIABAD 201001	PHONE: 9582004357
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **THAPLIYAL PITAMBAR DATTA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BHIVAPURKAR N.D.	PF NO.: 8045
ADDRESS: 193, GURUDEO NAGAR NEW NANDANVAN NAGPUR 440009	PHONE: 8275225974
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BHIVAPURKAR N.D.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MRS. J.R. KHARABE	PF NO.: 8046
ADDRESS: 104,DWARKA SAHANIWAS NAGPUR FLAT/5,SHIVAJI NAGAR NAGPUR 440010	PHONE: 9423102319
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MRS. J.R. KHARABE** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KAMBLE ASHOK NAMDEO	PF NO.: 8048
ADDRESS: E 304 GRAND VIEW 7 NEAR POTDAR INTERNATIONAL SCHOOL AMBEGAON BK PUNE 411046	PHONE: 9822069679
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KAMBLE ASHOK NAMDEO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PHADKE UDAY VISWANATH	PF NO.: 8050
ADDRESS: 644,GAON BHAG XXXXX SANGLI 416416	PHONE: 9881091096
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PHADKE UDAY VISWANATH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: ASHOK KUMAR	PF NO.: 8063
ADDRESS: A7/91 SECTOR 17 ROHINI NEWDELHI 110085	PHONE: 8587838219
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **ASHOK KUMAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KRISHANLAL	PF NO.: 8067
ADDRESS: FLAT NO C-1268 SF ANSAL API ESENCIA GLOF COUSRE EXTN ROAD SECTOR 67 GURGAON 122001	PHONE: 9868129102
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KRISHANLAL** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JOSHI RAJAN GOVINDRAO	PF NO.: 8073
ADDRESS: FLAT 301 SUDEEP CHS LTD SANT DYANESHWAR ROAD NEAR HANUMAN CHOWK MULUND EAST MUMBAI 400081	PHONE: 9421119348
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **JOSHI RAJAN GOVINDRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: TIWARI PRAMOD LALTAPRASAD	PF NO.: 8079
ADDRESS: H 703 SHANKHESHWAR PRESIDENCY II TAWRIPADA KALYAN WEST DIST THANE 421301	PHONE: 9664309198
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **TIWARI PRAMOD LALTAPRASAD** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GHANEKAR MANJUSHA DINESH	PF NO.: 8080
ADDRESS: A 202 SNEHBANDHAN SOCIETY MHADA COLONY NEAR EASTERN EXPRESS HIGHWA MULUND EAST MUMBAI 400081 400081	PHONE: 9322950294
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **GHANEKAR MANJUSHA DINESH** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KAMBLE A.B.	PF NO.: 8082
ADDRESS: 403 NEW PANORAMA PARK C H S SHIV VALLABH ROAD DAHISAR EAST MUMBAI 400068	PHONE: 9619717690
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KAMBLE A.B.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KIRTIKAR A.R.	PF NO.: 8086
ADDRESS: 501, NITISHA APPT, TUREL PAKHADI ROAD, MALAD (W), MUMBAI 400064 MUMBAI 400064	PHONE: 9833117958
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KIRTIKAR A.R.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KOLGAONKAR A.R.	PF NO.: 8088
ADDRESS: A 6 SIDDHESH APARTMENT OPP SWIMMING TANK MUMBAI PUNE ROAD KALWA THANE 400605	PHONE: 9869413165
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KOLGAONKAR A.R.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PEVEKAR MEENA MAHADEV	PF NO.: 8096
ADDRESS: B 1502 THE DINANATH CHS LTD R T O LANE SAHAYOG NAGAR OPP KOKILABEN HOSPITAL 4 BUNGLOWS ANDHERI WEST MUMBAI 400053	PHONE: 9821763221
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PEVEKAR MEENA MAHADEV** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: AGNIHOTRI HEMANT RAMKRISHNA	PF NO.: 8102
ADDRESS: FLAT NO C 36 BHARGAV PALACE NEAR DYANDEEP ENGLISH MED SCHOOL S NO 53 1 1 WADGAON BK PUNE 411052	PHONE: 9970741828
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **AGNIHOTRI HEMANT RAMKRISHNA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PRABHU GIRISH T	PF NO.: 8107
ADDRESS: C 7,SHREE SUVARNA APTT,NEAR UTSAV SABHAGRIHA,LOKMANYA COL,PAUD RD KOTHRUD PUNE 411038	PHONE: 9850939785
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PRABHU GIRISH T** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MS.MENEZES EDNA CYNTHIA	PF NO.: 8108
ADDRESS: 106 ADONAI PALMS 217 BDS GARDEN ROAD GEDDALAHALLI KOTHANUR P O BANGALORE 560077	PHONE: 9980010750
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MS.MENEZES EDNA CYNTHIA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: LOGANATHAN S . .	PF NO.: 8109
ADDRESS: PLOT NO 3 AND 4 FLAT S 2 SWETHA PARADISE SRI RAJA RAJESWARI NAGAR MADANANDAPURAM PORUR CHENNAI 600116	PHONE: 9486161527
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **LOGANATHAN S . .** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BHEED SADANAND R.	PF NO.: 8111
ADDRESS: 5 AKSHAY APPARTMENT 95/2 RAILWAY LINES SOLAPUR SOLAPUR 413001	PHONE: 9420089541
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BHEED SADANAND R.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MS.MEENAKSHI GNANAPRAKASH	PF NO.: 8112
ADDRESS: 52,NANJAPPA ROAD SHANTHINAGARA BANGALORE BANGALORE 560027	PHONE: 9886184050
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MS.MEENAKSHI GNANAPRAKASH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BHISE ASHOK FAKIRAPPA	PF NO.: 8113
ADDRESS: GONDHALI GALLI HAVERIPETH DHARWAD HUBLI 580020	PHONE: 9880652982
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BHISE ASHOK FAKIRAPPA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MUTHUKUMAR V. .	PF NO.: 8116
ADDRESS: 69 1ST CROSS 2ND MAIN SHREYAS COLONY GAURAVA NAGAR J P NAGAR 7TH PHASE BANGALORE 560078	PHONE: 9916126907
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MUTHUKUMAR V. .** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BRID REKHA RAMESH	PF NO.: 8143
ADDRESS: D 4 VANASHRI LOKMANYA TILAK MARG BORIVLI WEST MUMBAI 400092	PHONE: 8879322499
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BRID REKHA RAMESH** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: VENGURLEKAR S.S.	PF NO.: 8144
ADDRESS: 503 SATLEJ GREEN VIEW COMPLEX BLDG NO 7 NEAR NANCY BUS DEPO BORIVLI EAST MUMBAI 400066	PHONE: 9869401917
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **VENGURLEKAR S.S.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: AMBULGEKAR SHIRISH SHANKARRAO	PF NO.: 8145
ADDRESS: FLAT NO. 307, 308 BUILDING C/ KANHA, VRANDAWAN SRUSTI BEHIND SHREE HOSPITAL, NARHEGAON PUNE 411041	PHONE: 9423017924
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **AMBULGEKAR SHIRISH SHANKARRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MEHTA M.S.	PF NO.: 8154
ADDRESS: AP GIMHAVANE OPP AGRONOMY FARM TAL DAPOLI DIST RATNAGIRI 415712	PHONE: 9422429843
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MEHTA M.S.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GOKHALE DATTATRAY MADHAV	PF NO.: 8155
ADDRESS: MANDAR KAMALESH CHS ZALA APT KOTHRUD PUNE 411029	PHONE: 9763023280
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **GOKHALE DATTATRAY MADHAV** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BANGAD RAMESHWAR PANNALAL	PF NO.: 8157
ADDRESS: 639 GHORPADE PETH KHADAKMAL PUNE PUNE 411042	PHONE: 9422085924
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BANGAD RAMESHWAR PANNALAL** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SHINDE RAMAKANT SAHADEO	PF NO.: 8165
ADDRESS: BOM MALVAN TAL MALVAN DIST SINDHUDURG 416606	PHONE: 9404921247
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SHINDE RAMAKANT SAHADEO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: ABHYANKAR M.R.	PF NO.: 8169
ADDRESS: INDRAPRASTH APTS, BLOCK NO.13 J-14, H K M RD, MODEL COLONY PUNE 411016	PHONE: 9822523731
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **ABHYANKAR M.R.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GUPTE VIJAY BALKRISHNA	PF NO.: 8170
ADDRESS: 63-A KANDIVALI KRISHNA COOP HS GANESH NAGAR CHARKOP KANDIVALI WEST MUMBAI 400067	PHONE: 9833934959
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **GUPTE VIJAY BALKRISHNA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JOSHI GOPAL BHAGWANRAO	PF NO.: 8199
ADDRESS: GAURAV NIWAS APARTMENT FLAT NO.2, KALE NAGAR NO. 3 KAMGARNAGAR ROAD, NR GAURI SWEETS SATPUR NASHIK 422007	PHONE: 9881948938
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **JOSHI GOPAL BHAGWANRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DHANAK SHIRISH DATTATRAY	PF NO.: 8209
ADDRESS: FLAT NO C-501, AMRAPALI TOWERS BEHIND INOX THEATRE ASHOKA MARG NASIK NASIK 422011	PHONE: 9822872124
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DHANAK SHIRISH DATTATRAY** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PATIL YUVARAJ SITARAM	PF NO.: 8215
ADDRESS: #N/A	PHONE: 9979458809
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PATIL YUVARAJ SITARAM** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: ADATE HANMANT GANPATI	PF NO.: 8226
ADDRESS: FLAT 04 NANDAN APARTMENT NEMINATHNAGAR VISHRAMBAG SANGLI 416415	PHONE: 9423916185
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **ADATE HANMANT GANPATI** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MOGHE VIKAS VINAYAK	PF NO.: 8227
ADDRESS: FLAT NO 134 6TH FLOOR BLDG NO 5 E HILLTOP SOBAPURAM WARJE PUNE 411058	PHONE: 9422392105
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MOGHE VIKAS VINAYAK** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BHIDE SHOBHA SHRIPAD	PF NO.: 8237
ADDRESS: 2163/21 VATSALYA SHREEAP SADASHIV PETH PUNE PUNE 411030	PHONE: 9970835484
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BHIDE SHOBHA SHRIPAD** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: INAMDAR ROHINI SUBHASH	PF NO.: 8239
ADDRESS: 486/21 YAMUNA NAGAR NIGDI, PUNE PUNE 411044	PHONE: 9423562178
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **INAMDAR ROHINI SUBHASH** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KULKARNI ARVIND DIGAMBER	PF NO.: 8242
ADDRESS: FLAT NO 401 BULD NO A 3 SHREE SUVARN RATNA GARDEN 6 19 KARVENAGAR PUNE 411052	PHONE: 9970294894
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KULKARNI ARVIND DIGAMBER** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KEKAN ASHOK MAHADEV	PF NO.: 8247
ADDRESS: A/P-AMBIKANAGAR INDAPUR TAL-INDAPUR DIST-PUNE INDAPUR 413106	PHONE: 9960379254
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KEKAN ASHOK MAHADEV** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BHIDE GAJANAN RAJARAM	PF NO.: 8249
ADDRESS: FLAT NO 7 II ND FLOOR GANESH APARMENT 1526 SADASHIV PETH PUNE 411030	PHONE: 9552554405
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BHIDE GAJANAN RAJARAM** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MANDOWARA DINESH KRISHNAGOPAL	PF NO.: 8253
ADDRESS: 503 TIRUMALA HEIGHTS A2 XI SCHEME NO 71 C BEHIND DASTOOR GARDEN PO SUDAMA NAGAR INDORE 452009	PHONE: 9826389808
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MANDOWARA DINESH KRISHNAGOPAL** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KAPOOR T.V.	PF NO.: 8265
ADDRESS: B 31 THIRD FLOOR SHEKHAR APARTMENTS MAYUR VIHAR PHASE 1 EXTENSION DELHI 110091	PHONE: 9810906281
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KAPOOR T.V.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: RANADE SMITA VIKRAM	PF NO.: 8273
ADDRESS: SNEHAGANDH S NO 44 8 1 2 IN 43 PRIVET DRIVE NEAR MITCON BALEWADI PUNE 411045	PHONE: 9960639975
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **RANADE SMITA VIKRAM** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SRI.BHALERAO ANAND RAGHUNATH	PF NO.: 8280
ADDRESS: FLAT 4 FRIENDS NOOK BANER RESIDENCY BANER RD PUNE 411007	PHONE: 9665045060
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SRI.BHALERAO ANAND RAGHUNATH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SHRI.H.G.HOMBAL	PF NO.: 8281
ADDRESS: COS G HOMBAL RAGHUTTAM KRUPA KARIYAMMAKAL BADAVANE MASARI HATALGERI ROAD NEAR RAGHAVENDRASWAMY MAT GADAG 582101	PHONE: 9448532031
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SHRI.H.G.HOMBAL** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DESHPANDE VIVEK P.	PF NO.: 8288
ADDRESS: FLAT NO 501,KAMALESHWARI PARK NEAR MAHALAXMI SABHAGRUHA PARVATI PUNE 411009	PHONE: 9422513488
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DESHPANDE VIVEK P.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KHOPKAR SANIKA ANIL	PF NO.: 8291
ADDRESS: P/8 SANKUL NEAR DINANATH MAN MANGESHKAR HOSPITAL ERANDAVANE PUNE 411004	PHONE: 9673089998
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KHOPKAR SANIKA ANIL** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SHRIGONDEKAR A.B.	PF NO.: 8293
ADDRESS: B 502 AVANISH APARTMENTS NEAR PINNAC MEMORIES C S NO 671 672 KOTHRUD PUNE 411038	PHONE: 9421011606
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SHRIGONDEKAR A.B.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DHUMAL SANJAY RAJARAM	PF NO.: 8296
ADDRESS: FLAT NO 5 SUKHSHANTI APTS 2 18 MRUTUNJAY COLONY BH ANANDNAGAR KOTHRUD HAVELI MRUTUNJAY SOCY KARVE ROAD PUNE 411029	PHONE: 9881399303
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DHUMAL SANJAY RAJARAM** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: NESARGI UMESH VINAYANAND	PF NO.: 8312
ADDRESS: 238 C B NAGAR HALIYAL ROAD DHARWAD DHARWAD 580007	PHONE: 9886910103
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **NESARGI UMESH VINAYANAND** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)

Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: P.PACKIYANATHAN . .	PF NO.: 8313
ADDRESS: 42 SURENDRAN NAGAR 6TH STREET PONMENI MADURAI 625010	PHONE: 9442626188
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **P.PACKIYANATHAN . .** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BHEDA MAHENDRA KHETSHI	PF NO.: 8323
ADDRESS: FLAT NO 7 LAJJA CHS RAMMANDIR ROAD NEAR STATE BANK OF INDIA VAZIRA NAKA BORIVAI WEST MUMBAI 400091	PHONE: 9867069397
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BHEDA MAHENDRA KHETSHI** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BANGAY ASHOK KUMAR	PF NO.: 8343
ADDRESS: DG-II/283-D VIKAS PURI NEW DELHI NEW DELHI 110018	PHONE: 8800590950
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BANGAY ASHOK KUMAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: NIRMAILSINGH . .	PF NO.: 8345
ADDRESS: HIG 738 B Phase 9 SECTOR 63 MOHALI PANJAB 160062	PHONE: 9915089164
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **NIRMAILSINGH . .** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BAKSHI RAJENDRA KRISHNA	PF NO.: 8347
ADDRESS: FLAT NO 001 BLOCK D 5 PARAS CITY ARERA COLONY BHOPAL 462016	PHONE: 9975846476
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BAKSHI RAJENDRA KRISHNA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: ADE SADASHIV WAMANRAO	PF NO.: 8351
ADDRESS: FLAT NO G 703 SAMRAJYA BALWANT PURAM COOP HSG SOCIETY CTS 1148 S NO 110 1 A SHIVTIRTHNAGAR KOTHRUD PUNE 411038	PHONE: 9881364765
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **ADE SADASHIV WAMANRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GOWARDHAN SHAILENDRA BALKRISHNA	PF NO.: 8354
ADDRESS: VITHAL MANDIR TILAK NAGAR TEH BILASPUR DIST BILASPUR 495001	PHONE: 9425536317
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **GOWARDHAN SHAILENDRA BALKRISHNA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KHANDEKAR MILIND MANMOHAN	PF NO.: 8368
ADDRESS: MANMOHAN BHUVAN CIVIL LINES NANDURA ROAD KHAMGAON DISST BULDANA KHAMGAON 444303	PHONE: 9922408990
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KHANDEKAR MILIND MANMOHAN** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GODBOLE SANJEEVANI MILIND	PF NO.: 8381
ADDRESS: DHRUV APT,PLOT NO 62A MAYUR COLONY NR P.JOG SCHOOL KOTHRUD, PUNE 38 411038	PHONE: 9767962768
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **GODBOLE SANJEEVANI MILIND** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KULKARNI S N	PF NO.: 8382
ADDRESS: C 8 YASHASHREE APARTMENT TAWARE COLONY SATARA ROAD PARVATI PUNE 411009	PHONE: 9922066260
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KULKARNI S N** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KULKARNI SUHAS KRISHNA	PF NO.: 8392
ADDRESS: 13 SANJAY APARTMENT 743 A NEAR TIMBER MARKET ARCH KOLHAPUR KOLHAPUR 416002	PHONE: 9423663702
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KULKARNI SUHAS KRISHNA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BHATNAGAR RAMESH CHANDER	PF NO.: 8400
ADDRESS: I 394 GOVINDPURAM GHAZIABAD U P 201002	PHONE: 9717780213
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BHATNAGAR RAMESH CHANDER** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DIXIT DHANANJAY PRABHAKAR	PF NO.: 8404
ADDRESS: 5 SADAFULI CO OP HSG SOC NEAR PUMPING STATION BUS STOP GANGAPUR RD NASIK 422013	PHONE: 9665190203
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DIXIT DHANANJAY PRABHAKAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: AMBEKAR SUBHASH BALWANT	PF NO.: 8410
ADDRESS: BANK OF MAHARASHTRA S SHRIRAMPUR SHRIRAMPUR 413709	PHONE: 9372919599
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **AMBEKAR SUBHASH BALWANT** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DESHPANDE PRAKASH D.	PF NO.: 8419
ADDRESS: FLAT 704 SOLITAIRE APARTMENTS CTS 1194 SURVEY NO 35 6 KARVE NAGAR PUNE 411052	PHONE: 9765608009
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DESHPANDE PRAKASH D.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SHEDSHALE ASHOK YASHWANT	PF NO.: 8423
ADDRESS: 4 ASMITA RESIDENCY S NO 50 GANDHIBHAWAN ROAD PLANNING AND MIS PUNE 411029	PHONE: 7447454563
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SHEDSHALE ASHOK YASHWANT** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: CHITALE SHARADCHANDRA GOVIND	PF NO.: 8426
ADDRESS: 202 SAI NAVRATNA APARTMENTS RIGHT BHUSARI COLONY PAUD ROAD PUNE 411038	PHONE: 9850075232
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **CHITALE SHARADCHANDRA GOVIND** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: AGRAWAL ANIRUDDHA BHAWANIPRASAD	PF NO.: 8428
ADDRESS: C-204,ARJUN NIWAS BHAT LANE,POISAR KANDIWALI WEST MUMBAI 400067	PHONE: 9969194463
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **AGRAWAL ANIRUDDHA BHAWANIPRASAD** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: ABHAY JAIN	PF NO.: 8445
ADDRESS: 199 B SILVER OAKS COLONY ANNAPURNA ROAD INDORE 452009	PHONE: 9424044657
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **ABHAY JAIN** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: VIPAT ANIL MORESHWAR	PF NO.: 8446
ADDRESS: A-241 shahpura BHOPAL (MP) BHOPAL 462016	PHONE: 9425371785
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **VIPAT ANIL MORESHWAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KENKARE S.S.	PF NO.: 8447
ADDRESS: BLDG NO 1 C 204 NEIGHBOURHOOD CHS LTD LOKHANDWALA TOWNSHIP AKURLI RD KANDIVALI EAST MUMBAI 400101	PHONE: 9619180166
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KENKARE S.S.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PANBUDE ABHAYKUMAR RAMBHAU	PF NO.: 8450
ADDRESS: PLOT NO. 311 HB ESTATE SONEGAON NAGPUR NAGPUR 440025	PHONE: 9860156380
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PANBUDE ABHAYKUMAR RAMBHAU** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BHIDE LEENA GAJANAN	PF NO.: 8452
ADDRESS: 1526 SADASHIV PETH GANESH APARTMENT FLAT NO 7 II FLOOR PUNE 411030 PUNE 411030	PHONE: 9372483841
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BHIDE LEENA GAJANAN** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JOSHI SUDHIR DAMODAR	PF NO.: 8456
ADDRESS: PLOT HOUSE NO 9 LAXMI VIHAR COLONY VASANT ROAD KALLUPURA GHAZIABAD 201001	PHONE: 9891636037
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **JOSHI SUDHIR DAMODAR** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KULKARNI UDAYKUMAR DAMODAR	PF NO.: 8468
ADDRESS: F3 MOUNI VIHAR 1146 E WARD SYKES EXTENSION TAKALA CHOWK KOLHAPUR KOLHAPUR 416001	PHONE: 9423043215
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KULKARNI UDAYKUMAR DAMODAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: VAIDYA RAMCHANDRA BINDACHARYA	PF NO.: 8470
ADDRESS: 257 258 SRI VENKATESHWAR AKSHAYA COLONY NEAR RAVI NAGAR GOKUL ROAD HUBLI 580030	PHONE: 8123843134
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **VAIDYA RAMCHANDRA BINDACHARYA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: NARVILKAR N S	PF NO.: 8471
ADDRESS: 101/595,HUDCO, BEHIND CIVIL HOSPITA L, AHMEDNAGAR 414003	PHONE: 9850847698
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **NARVILKAR N S** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SABNE ANAGHA KASHINATH	PF NO.: 8506
ADDRESS: 63/2B,PUNE SATARA ROAD RAJYOG SOCIETY,FLAT NO 6 NEAR RAWAT BROS PUNE 411009	PHONE: 9960897601
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SABNE ANAGHA KASHINATH** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KARAJAGI MOHAMMED ISAHAK ABDUL RAHIMAN	PF NO.: 8512
ADDRESS: L-2,/605, HARI GANGA OPP PHULE NGR RTO ALANDI RD VISHRANTWADI PUNE 411006	PHONE: 9831343222
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KARAJAGI MOHAMMED ISAHAK ABDUL RAHIMAN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SANT RATNAKAR DATTATRAYA	PF NO.: 8514
ADDRESS: B 4SUNDER NAGAR NR PETROL PUMP KATRAJ KONDHWA RD PUNE 411046	PHONE: 8983414295
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SANT RATNAKAR DATTATRAYA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PURANDARE SANJAY NARAYAN	PF NO.: 8521
ADDRESS: HARIHAR APARTMENTS 728,B SADASHIV PETH KUMTHEKAR RD. PUNE 411030	PHONE: 9689092232
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PURANDARE SANJAY NARAYAN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: WARANASHIWAR VINAY H	PF NO.: 8544
ADDRESS: C 3 MANDAR HSG SOC S NO 88 3P LOT NO 29 SAHAKARNAGAR 2 PUNE 411009	PHONE: 9637299054
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **WARANASHIWAR VINAY H** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: THOMAS T	PF NO.: 8552
ADDRESS: PLOT NO 789 SAI NAGAR ZINGABAI TAKLI GODHANI ROAD NAGPUR 440030	PHONE: 9763726952
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **THOMAS T** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GALGALI ANAND NARSHINVH	PF NO.: 8562
ADDRESS: FLAT NO F-3 KORE PALACE JAIHIND COLONY VISHRAMBAG SANGLI SANGLI 416415	PHONE: 9049516661
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **GALGALI ANAND NARSHINVH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: RAO L.S.	PF NO.: 8576
ADDRESS: 16-GIRDHAR APARTMENT, KASTUR PARK,SHIMPOLI, BORIVLI WEST, MUMBAI 400092	PHONE: 9819222115
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **RAO L.S.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: THAKER VIRENDRA CHANDULAL	PF NO.: 8579
ADDRESS: 206 MANMANDIR APPARTMENT OPP. AHIR BOARDING PANDIT NEHRU MARG JAMNAGAR 361001	PHONE: 9099491232
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **THAKER VIRENDRA CHANDULAL** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KUDUPLEY SUDHIR DAMODHARRAO	PF NO.: 8583
ADDRESS: 13 MODERN NAGPUR HOUSING SOCIE CHHATRAPATINAGAR NAGPUR NAGPUR 440015	PHONE: 9822219373
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KUDUPLEY SUDHIR DAMODHARRAO** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: AMBEDE PRABHAKAR RAMJI	PF NO.: 8598
ADDRESS: FLAT 127 SHRI SHIVSHANKAR CO OP HSG SOCIETY SHIVTIRTHNAGAR PAUD ROAD KOTHRUD PUNE 411038	PHONE: 9890063497
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **AMBEDE PRABHAKAR RAMJI** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DESHPANDE SHOBHANA M	PF NO.: 8599
ADDRESS: FLAT NO 13 JANHAVI APTS 40/22 BHONDE COLONY ERANDAWANA KARVE ROAD PUNE 411004	PHONE: 9822532897
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DESHPANDE SHOBHANA M** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GARGE MOHAN DNYANESHWAR	PF NO.: 8601
ADDRESS: A 2/8 POTNIS PARISAR KARVE NAGAR PUNE PUNE 411052	PHONE: 9850994552
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **GARGE MOHAN DNYANESHWAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PRASHANT RAGHUNATH DIXIT	PF NO.: 8607
ADDRESS: 198 E RASHMI APARTMENT FLAT NO 3 RABADE COMPOUND KAWALA NAKA KOLHAPUR 416003	PHONE: 9822865514
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PRASHANT RAGHUNATH DIXIT** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: VANGIKAR A.U.	PF NO.: 8622
ADDRESS: 3 LIBERTY AVENUE SAVARKAR NAGAR OPP NANDANVAN LAWNS NASIK 422013	PHONE: 9890122023
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **VANGIKAR A.U.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KALE SMITA V	PF NO.: 8624
ADDRESS: 2 SHIVGIRI HSG SOCY 1412 SADASHIV PUNE PUNE PUNE 411030	PHONE: 9552589188
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KALE SMITA V** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KRK PRASAD	PF NO.: 8625
ADDRESS: H NO 11-3-123/2/104 FLAT NO 104 ANJANADRI APARTMENTS ROAD NO 15 SRI VENKARESWARA COLONY SAROOR NAGAR RR DIST HYDERABAD 500035	PHONE: 9966797312
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KRK PRASAD** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KULAPKAR SATISH PRABHAKAR	PF NO.: 8632
ADDRESS: 2/6 GANESH DAYA BHUVAN 2 GANESH DAYA BHUVAN CHS LTD L R ROAD NEAR DON BASCO SCHOOL BORIVALI WEST MUMBAI 400091	PHONE: 9930716349
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KULAPKAR SATISH PRABHAKAR** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: IYER MAHALINGAM SUBRMANIYAN	PF NO.: 8652
ADDRESS: A/7 NAV INDRAPRASTH CHS RAMBAUG -4 KALYAN W KALYAN 421301	PHONE: 9821301062
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **IYER MAHALINGAM SUBRMANIYAN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: ABHYANKAR ASHOK VISHNU	PF NO.: 8653
ADDRESS: 3/6,HIMREKHA RAMCHNDRA NAGAR MANPADA ROAD DOMBIVALI(E) 421201	PHONE: 9619691963
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **ABHYANKAR ASHOK VISHNU** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KONDVILKAR M.S.	PF NO.: 8658
ADDRESS: 53/402 PRIYADARSHANI CO OP HSG SOC.LTD. L.T.ROAD,GORAI II MUMBAI 400091	PHONE: 9869994335
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KONDVILKAR M.S.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: CHABUKSWAR N M	PF NO.: 8670
ADDRESS: G 603 SHUBHAM MADHURAJNAGAR PAUD ROAD PUNE PUNE 411038	PHONE: 9767949518
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **CHABUKSWAR N M** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: NANAJKAR M.R.	PF NO.: 8677
ADDRESS: 318 1 GIRIKUNJ SIR BHALCHANDRA ROAD MATUNGA MUMBAI 400019	PHONE: 9664029092
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **NANAJKAR M.R.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SAWANT VRISHALI V	PF NO.: 8681
ADDRESS: C 103 PANCHJANYA CHS RAMCHANDRA NAGAR MANPADA ROAD DOMBIVLI EAST THANE 421201	PHONE: 9867656458
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SAWANT VRISHALI V** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: IKHAR ARVIND SHRAWAN	PF NO.: 8692
ADDRESS: PLOT NO 7 FLAT NO 3A SHIVANSH HEIGHTS FULSUNGE LAYOUT INDRAPRASTHA NAGAR NAGPUR 440022	PHONE: 9422507818
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **IKHAR ARVIND SHRAWAN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MENON AMBALAPAT MOHANAN	PF NO.: 8693
ADDRESS: SOUPARNIKA KRISHNAPURI MULAGUNNATHUKAVU THRISSUR 680581	PHONE: 7356166175
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MENON AMBALAPAT MOHANAN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: UTANGALE SATISH RAMCHANDRA	PF NO.: 8694
ADDRESS: VISHWAKARMA COOP HSG SOC S NO 121/122 54 RAMBAUG COLONY FLAT NO 601 BEH CHITANYA HELATH CLUB PAUD PHATA PUNE 411038	PHONE: 9860409865
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **UTANGALE SATISH RAMCHANDRA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MHALGI S R	PF NO.: 8715
ADDRESS: SHRI RAJASHRI CO-OP HSG SOC 138/A NARAYAN PETH PUNE 411030	PHONE: 9422616801
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MHALGI S R** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: UKIDVE GEETA SHREEKRISHNA	PF NO.: 8719
ADDRESS: 91/1A GANESHKRIPA HSG SOC. R.P.NAGAR PUNE 411038	PHONE: 9850840958
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **UKIDVE GEETA SHREEKRISHNA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MULAY VAISHALI P	PF NO.: 8720
ADDRESS: 48,SWEDGANGA SOCIETY, WARJE, PUNE 411052	PHONE: 9420180237
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MULAY VAISHALI P** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: APTE M.M.	PF NO.: 8724
ADDRESS: SHUBHASHREE,110, MEGHNA HSG SOC, SAHAKARNAGAR NO 2, PUNE, 411009	PHONE: 9850562981
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **APTE M.M.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DAS BIKAS RANJAN	PF NO.: 8729
ADDRESS: FLAT NO. 206 C SHIV KRISHNA VANDAN APPT. BORNALA KATOL ROAD NAGPUR NAGPUR 440013	PHONE: 9422128665
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DAS BIKAS RANJAN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: VAIDYA SUHAS GANESH	PF NO.: 8730
ADDRESS: B-15,JAHANGIR APARTMENT, MURBAD ROAD SYNDICATE, KALYAN WEST 421301	PHONE: 9820799807
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **VAIDYA SUHAS GANESH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PHADKE S. S.	PF NO.: 8747
ADDRESS: 999 B 2 NAVI PETH MAYURESH SOCIETY PUNE PUNE 411030	PHONE: 9769072755
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PHADKE S. S.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BAGWAN MUSHTAK ABDULLA	PF NO.: 8751
ADDRESS: 814/38 RAZIYA GULSHAN NEAR SACRED HEART SCHOOL ASHOKA MARG NASIK 422202	PHONE: 9420366615
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BAGWAN MUSHTAK ABDULLA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KHANDEKAR V.U.	PF NO.: 8764
ADDRESS: 65 7 DATTASMRITI J B NAGAR ANDHERI EAST MUMBAI 400059	PHONE: 9619016496
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KHANDEKAR V.U.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: CHHAJERH PARAKRAM SINGH	PF NO.: 8783
ADDRESS: 55,SHESHADRI COLONY MAHESH GUARD LINES KILA MAIDAN INDORE 452006	PHONE: 9893600236
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **CHHAJERH PARAKRAM SINGH** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: NIRMALPALSINGH . .	PF NO.: 8792
ADDRESS: H.NO.347/62-A MODEL COLONY, SALEM TABRI LUDHIANA 141008	PHONE: 9872886168
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **NIRMALPALSINGH . .** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PRAKASH M R	PF NO.: 8802
ADDRESS: A 14 POOJA HEIGHT BEHIND STATE BANK HYDERBAD KOTHRUD PUNE 411029	PHONE: 9422526036
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PRAKASH M R** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DESHPANDE SHRADDHA S	PF NO.: 8805
ADDRESS: PLOT NO. 40,ATHARVA, MAHATMA HSG SOC., KOTHRUD,PUNE PUNE 411029	PHONE: 9822539591
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DESHPANDE SHRADDHA S** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GODBOLE SUPRIYA SHRIKANT	PF NO.: 8807
ADDRESS: B3/303,KUMARPARISAR KOTHRUD,PUNE PUNE 411038	PHONE: 9850985420
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **GODBOLE SUPRIYA SHRIKANT** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: REKHI KIRAN SUSHIL	PF NO.: 8815
ADDRESS: B1/3, BRAMHA MEMORIES, BHOSALE NAGAR, PUNE 411007	PHONE: 9823353360
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **REKHI KIRAN SUSHIL** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BODELE TULSIDAS NARAYAN	PF NO.: 8816
ADDRESS: TULSITARU 171 SAMARTH NAGARI BEHIND H B ESTATE SONEGAON NAGPUR 440025	PHONE: 9765546366
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BODELE TULSIDAS NARAYAN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BABRE S.S.	PF NO.: 8825
ADDRESS: 1203,JAY-JAYWANTI, ASIATIC ENCLAVE, VARTAK NAGAR, THANE. 400606	PHONE: 8879460490
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BABRE S.S.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PATWARDHAN N.V.	PF NO.: 8845
ADDRESS: 10 176 PARLESHWAR SOCIETY NEAR SHAN THEATRE SHAHAJI RAJE MARG VILE PARLE EAST MUMBAI 400057	PHONE: 9833484961
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PATWARDHAN N.V.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: REDDY MALLA HANUMANT . .	PF NO.: 8863
ADDRESS: R.S.NO.904 PLOT NO.12 A SARDAR PARK DEVKAR PANAND Salokhe Nagar 416012	PHONE: 9860793400
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **REDDY MALLA HANUMANT . .** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: LANDGEY HEMANT VISHNUPANT	PF NO.: 8895
ADDRESS: LANDGE NIWAS AMC 31 998 OPPO BUDDHA VIHAR KISHOR NAGAR RUKMINI NAGAR AMRAVATI 444606	PHONE: 9922899150
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **LANDGEY HEMANT VISHNUPANT** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JITIYA RAGHAV MAVJI	PF NO.: 8914
ADDRESS: 2 17 DR AMBEDKAR SADAN A SANE GURUJI MARG ARTHUR ROAD MUMBAI 400011	PHONE: 9821573275
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **JITIYA RAGHAV MAVJI** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SAHASTRABUDHE V V	PF NO.: 8925
ADDRESS: PLOT NO 19 SRIRANG HSG SOC HINGANE KHURD PUNE 411051	PHONE: 9923560810
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SAHASTRABUDHE V V** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DEY R.J.	PF NO.: 8930
ADDRESS: 23 RAMESHWAR PRASAD CHSL OPP BENGAL CHEMICALS VEER SAWARKAR MARG PRABHADEVI MUMBAI 400025	PHONE: 9820300162
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DEY R.J.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DUGADE SUNIL VITHAL	PF NO.: 8936
ADDRESS: 303 YASHODA VINAYAK SANKUL OPP PETROL SUCHAK PETROL PUMP AGRA ROAD KALYAN WEST KALYAN 421301	PHONE: 9819103796
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DUGADE SUNIL VITHAL** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KULKARNI A.A.	PF NO.: 8937
ADDRESS: 18 , 11 KANCHANJANGA OSWAL PARK POKHARAN RD 2 THANE WEST THANE 400601	PHONE: 9930241115
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KULKARNI A.A.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PATIL DILIP RAMCHANDRA	PF NO.: 8941
ADDRESS: B 302 RIDDHI SIDDHI APARTMENTS LOHIA JAIN REALITY BEHIND MARATHA MANDIR BAVDHAN PUNE 411021	PHONE: 9970046408
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PATIL DILIP RAMCHANDRA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SASTRY B.VENKATA RAMA	PF NO.: 8947
ADDRESS: FLAT NO 301 GREEN VIEW RESIDENCY RAGHAVENDRA COLONY KONDAPUR HYDERABAD 500084	PHONE: 9666062775
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SASTRY B.VENKATA RAMA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MR. N.CHANDRASHEKAR	PF NO.: 8970
ADDRESS: NO 254, 5TH CROSS GARDENVILLAS NAGARABAVI MAIN ROAD BANGALORE 560072	PHONE: 9448928051
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MR. N.CHANDRASHEKAR** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: AUTI ROHIDAS RAJARAM	PF NO.: 8977
ADDRESS: FLAT NO C 1 KUMAR PRIYADARSHAN CO SOC OFF PASHAN SUS ROAD BEHIND BALAJI MANDIR PASHAN PUNE 411021	PHONE: 9423580243
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **AUTI ROHIDAS RAJARAM** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SAVALE RAJAN RAGHUNATH	PF NO.: 8978
ADDRESS: JEEVAN VIHAR FLAT NO 203 PLOT NO 41 42 BHOSALE NAGAR PUNE 411007	PHONE: 9890881804
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SAVALE RAJAN RAGHUNATH** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: APHALE CHANDRASHEKHAR NARAYAN	PF NO.: 8981
ADDRESS: AMBUJ 247 RAJENDRA SOCIETY SAHAKARNAGAR NEAR AJAY MANGAL KAR PUNE 411009	PHONE: 9422520855
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **APHALE CHANDRASHEKHAR NARAYAN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: NAVGHANE PRAKASH BABAJI	PF NO.: 8982
ADDRESS: 3, SWAPNA SOCIETY WALVEKAR NAGAR ARANYESHWAR PUNE 411009	PHONE: 9403764290
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **NAVGHANE PRAKASH BABAJI** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SUKHTANKAR V.R.	PF NO.: 8987
ADDRESS: B 701 SUNCREAST ACCOLADE GALAXY GREEN ROAD LUIS WADI THANE W THANE 400604	PHONE: 9322893773
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SUKHTANKAR V.R.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KULKARNI NARAYAN RAMRAO	PF NO.: 8994
ADDRESS: SRIRAMA PANAJIKAR COMPOUND, SARASWATPUR NEAR POST OFFICE DHARWAD 580002	PHONE: 9448358475
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KULKARNI NARAYAN RAMRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: ADHIKARI RAJIV SHRINATH	PF NO.: 8996
ADDRESS: NARAYAN NIWAS TILAK NAGAR DOMBIVLI EAST DIST THANE 421201	PHONE: 9969842264
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **ADHIKARI RAJIV SHRINATH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DOKE DATTARAM BHIMAJI	PF NO.: 9001
ADDRESS: 308/704 TRIKAL CHS LTD 90 ROAD ABOVE BANK OF MAHARASHTRA PANTNAGAR GHATKOPAR E MUMBAI 400075	PHONE: 888876577
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DOKE DATTARAM BHIMAJI** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BONDALE SHASHANK DAMODAR	PF NO.: 9008
ADDRESS: SHIVALI COOP HSG SOCIETY AWING BLOCK NO15 PUNE SINHAGAD ROAD ANANDNAGAR PUNE 411051	PHONE: 9970181408
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BONDALE SHASHANK DAMODAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KULKARNI K.N.	PF NO.: 9010
ADDRESS: 6/B,ASHOK APARTMENT GOPAL NAGAR LANE NO.2 DOMBIVLI,EAST. DOMBIVALI. 421201	PHONE: 9930801128
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KULKARNI K.N.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: CHOUDHARY SUHAS ANANT	PF NO.: 9017
ADDRESS: C/207,JAY ARCHANA CHS LTD M.G.ROAD,AMBIKA NAGAR DOM WEST DOMBIVALI WEST 421202	PHONE: 9920574222
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **CHOUDHARY SUHAS ANANT** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KHANDEKAR PADMAJA R	PF NO.: 9025
ADDRESS: 501 CELEBRATION CITY OF JOY JSD ROAD MULUND WEST MULUND 400080	PHONE: 9869512500
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KHANDEKAR PADMAJA R** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DAVADA A.C.	PF NO.: 9027
ADDRESS: 5 304 TULSIVIHAR CHS S V RD THANE W THANE 400406	PHONE: 9892071994
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DAVADA A.C.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MITRAGOTRI REKHA VISHWAS	PF NO.: 9041
ADDRESS: C 41/2 HIRAPANNA SO. PREMLOK PARK CHINCHWAD PUNE 411033	PHONE: 9763714082
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MITRAGOTRI REKHA VISHWAS** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: IYER SUBRAMANIAN SIVARAMAN	PF NO.: 9047
ADDRESS: M-403, RAMYANAGARI SOC, BIBVEWADI PUNE 411037	PHONE: 9422530015
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **IYER SUBRAMANIAN SIVARAMAN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PATIL M.D.	PF NO.: 9066
ADDRESS: DESTINY RIGHT BHUSARI COLONY KOTHRUD PUNE 411038	PHONE: 9850963090
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PATIL M.D.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PARANJAPE PRASAD RAMCHANDRA	PF NO.: 9071
ADDRESS: B/306,SUNRISE GALAXY NEAR KDMC MARKET, RAMBAUG KALAYAN WEST KALYAN 421301	PHONE: 9820359935
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PARANJAPE PRASAD RAMCHANDRA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: NAIK SNEHA ANIL	PF NO.: 9083
ADDRESS: 902 DAFFODIL SAINATH GARDEN NAGAR ROAD MULUNDEAST MUMBAI 400081	PHONE: 9820236031
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **NAIK SNEHA ANIL** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GALGALI P.B.	PF NO.: 9126
ADDRESS: 10/5, VIDYANAGAR-1,NORTH SADAR BAZAR, PATHRUT CHOWK, SOLAPUR 413003	PHONE: 8956812373
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **GALGALI P.B.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KHOPKAR SHASHANK VINAYAK	PF NO.: 9138
ADDRESS: FLAT NO 104 GANDHAR CO OP HSG SOC S NO 129 PLOT NO 30 IDEAL COLONY NEAR IDEAL GROUND KOTHRUD PUNE 411038	PHONE: 9604847517
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KHOPKAR SHASHANK VINAYAK** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SAWANT BALASAHEB DINKARRAO	PF NO.: 9139
ADDRESS: B 3/2 SHANTIDIN TATYA TOPE HOUSING SOCIETY NO 1 OPP SHIVARKAR GARDEN WANOWADI PUNE 411040	PHONE: 9822433972
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SAWANT BALASAHEB DINKARRAO** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SHROTRIYA S S	PF NO.: 9142
ADDRESS: S.NO.89, PLOT NO 7A, HARI OM BUNGLOW SHIKSHAK NAGAR PUNE 411038 KOTHRUD, PUNE 411038	PHONE: 9850578190
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SHROTRIYA S S** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: ADKAR SUSHAMA RAMESH	PF NO.: 9149
ADDRESS: B1 102 BHAGYASHREE HSG SOC PARVATI SINGHGAD ROA D NEAR SANE GURUJI S 411030	PHONE: 9766270454
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **ADKAR SUSHAMA RAMESH** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PRABHUNE NIREN KESHAV	PF NO.: 9152
ADDRESS: 125 SHUKRUWAR PETH Y PUNE 411002	PHONE: 8605094351
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PRABHUNE NIREN KESHAV** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PETWE SAVITA DILIP	PF NO.: 9155
ADDRESS: B 10 HIMALAYA STATE BANK CO OP SOCIETY SHIVTEERTHNAGAR KOTHRUD PUNE 38 PUNE 411038	PHONE: 9822493823
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PETWE SAVITA DILIP** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SARANGNA RAMA	PF NO.: 9160
ADDRESS: B-23, SIDDHI TOWERS OPP VINYARD CHURCH DAPODI PUNE 411012	PHONE: 9890935271
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SARANGNA RAMA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: RANADE SHRIRANG VASANT	PF NO.: 9161
ADDRESS: 1/25,LAXMINARAYAN- NAGAR, ERANDAWNE, PUNE 411004	PHONE: 9923289750
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **RANADE SHRIRANG VASANT** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: LAHOTI SHIVPRASAD SHRINIVAS	PF NO.: 9162
ADDRESS: 201 RATNA BLDG SUJAY GARDEN MUKUNDNAGAR PUNE 411037	PHONE: 9422004426
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **LAHOTI SHIVPRASAD SHRINIVAS** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MANGRULKAR R R	PF NO.: 9163
ADDRESS: AWANEE169 ERANDAWANA SWAPNAMANDIR COOP SOC PATWARDHAN BAUG PUNE 411004 PUNE 411004	PHONE: 9823406425
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MANGRULKAR R R** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JADHAV ARUN RAMCHANDRA	PF NO.: 9164
ADDRESS: PLOTNO 24 HINGANE HOME COLONY KARVENAGAR PUNE 411052	PHONE: 9850707905
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **JADHAV ARUN RAMCHANDRA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MANDE DIGAMBER UMAKANT	PF NO.: 9179
ADDRESS: C 1 22 GURURAJ SOC PUNE SATARA ROAD PUNE 411037	PHONE: 9890217097
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MANDE DIGAMBER UMAKANT** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PUROHIT NIRANJAN SHRIPAD	PF NO.: 9183
ADDRESS: D 604 GLORIA APT OPP AMBROTIA HOTEL BHUGAON ROAD, BAVDHAN PUNE 411021	PHONE: 8800898518
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PUROHIT NIRANJAN SHRIPAD** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: VARPE VISHWAS BARKU	PF NO.: 9192
ADDRESS: VISHWAVIDYA SHIVAKRUPA COLONY JUNNAR PUNE 410502	PHONE: 9890239381
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **VARPE VISHWAS BARKU** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BAGADE PRADEEP S	PF NO.: 9194
ADDRESS: S NO 64/1 SUVANPUSHP APARTMENT MANDAR SOCIETY FLAT 303 BEHIND PADMAVATI TEMPLE PUNE 411009	PHONE: 9552944750
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BAGADE PRADEEP S** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KULKARNI DNYANESHWAR D	PF NO.: 9196
ADDRESS: SWAMI KRUPA PLOT NO 10 S NO 132 4 WALEKARWADI CHINCHWAD PUNE 411033	PHONE: 9423578314
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KULKARNI DNYANESHWAR D** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KATDARE BALKRISHNA PURUSHOTTAM	PF NO.: 9197
ADDRESS: FLATNO 1 2 MANDAR APARTMENT SHREERAM SOCIETY WARJE PUNE 411052	PHONE: 9421016166
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KATDARE BALKRISHNA PURUSHOTTAM** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: NANAVATI BHARATKUMAR KANTILAL	PF NO.: 9203
ADDRESS: KANTILILA BUILDIND BODAKE NAGAR NEAR ST STAND JUNNAR TAL JUNNAR PUNE 410504	PHONE: 9766395833
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **NANAVATI BHARATKUMAR KANTILAL** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: NAVGIRE DEEPAK LAXMAN	PF NO.: 9206
ADDRESS: KULDEEP 17 PREMNAGAR BIBVEWADI PUNE PUNE 411037	PHONE: 8087343616
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **NAVGIRE DEEPAK LAXMAN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PANDIT NARENDRA KASHINATH	PF NO.: 9210
ADDRESS: PL-9, SHRISIDHAI KALANAGAR ATHERVA APPARTMENT INDIRANAGAR CIDCO NASHIK 422009	PHONE: 9970308703
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PANDIT NARENDRA KASHINATH** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SAKURIKAR SHARADCHANDRA DATTATRAYA	PF NO.: 9220
ADDRESS: SR NO 80 1A B BEHIND ATUL NAGAR PLOT NO 48 WARANASHI FLAT NO 10 WARJE PUNE 411058	PHONE: 8806783103
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SAKURIKAR SHARADCHANDRA DATTATRAYA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: ANJALI SATISH TALEGAONKAR	PF NO.: 9224
ADDRESS: A-19 B K AVENUE AZADWADI NEW D P ROAD OPP PARANJAPE SCHOOL KOTHRUD PUNE 411038	PHONE: 9422656318
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **ANJALI SATISH TALEGAONKAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: AMBEKAR S M	PF NO.: 9227
ADDRESS: 24 10 POORVA APTS SHIVAJINAGAR PUNE PUNE 411005	PHONE: 9850065099
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **AMBEKAR S M** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: VAIDYA ANJALI SHRIKANT	PF NO.: 9228
ADDRESS: SUYOG COLONY CHAITANYA NAGAR PROFESSOR COLONY CHAUK AHMEDNAGAR 414003	PHONE: 9422080648
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **VAIDYA ANJALI SHRIKANT** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KULKARNI KESHAV SITARAM	PF NO.: 9239
ADDRESS: CO ANAND KULKARNI NO 8/2/2 SHREE GANESH GRACELAND FLATNOE 405 NR SHIWAR GARDEN HOTEL RAHATANI PUNE 411017	PHONE: 9890213388
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KULKARNI KESHAV SITARAM** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KULKARNI RAMESH PRABHAKAR	PF NO.: 9240
ADDRESS: PITRUCHHAYA PLOT NO 30 GAT NO 55 APPOSIT SHIVSHAKTI APARTMENT SHIV COLONY JALGAON 425002	PHONE: 9823848638
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KULKARNI RAMESH PRABHAKAR** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PINGALE VINAYAK DHONDU	PF NO.: 9242
ADDRESS: C 812 USHANAGAR VILLAGE ROAD BHANDUP WEST MUMBAI 400078	PHONE: 9920865831
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PINGALE VINAYAK DHONDU** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KULKARNI MAHESHCHANDRA RAMCHANDRA	PF NO.: 9243
ADDRESS: BLOCK 9 APARNA APT NEAR KHARE MANGAL KARYALAYA BEH DR ASHOK PATIL HOSPITAL VISHRAMBAG SANGLI VISHRAMBAG SANGLI 416415	PHONE: 9823188065
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KULKARNI MAHESHCHANDRA RAMCHANDRA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MADKE SUBHASH NARSAPPA	PF NO.: 9249
ADDRESS: DEVENDRA HIRA VIDHYA NAGAR 3 WARANALI ROAD VISHRAMBAG SANGLI 416415	PHONE: 9403572005
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MADKE SUBHASH NARSAPPA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SUTAR BHIMASHA REVANASIDHA	PF NO.: 9259
ADDRESS: 100/101 CHANAKYA NAGAR, BEHIND BILAL NAGAR JULE SOLAPUR STATE MAHARASHTRA 413004	PHONE: 9420663722
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SUTAR BHIMASHA REVANASIDHA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DANI P.M.	PF NO.: 9264
ADDRESS: 5 DATE NAGAR MATE NURSERY ROAD NASIK NASIK 422013	PHONE: 9766348298
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DANI P.M.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GHATE JYOTI UDAY	PF NO.: 9311
ADDRESS: B-4,BHOSALE PARK SAHAKARNAGAR NO 2 PUNE PUNE 411009	PHONE: 9881258419
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **GHATE JYOTI UDAY** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BHOURASKAR D.D.	PF NO.: 9314
ADDRESS: RUTU 135 VISHNUPURI MAI INDORE 452001	PHONE: 9926040706
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BHOURASKAR D.D.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BANSOD PRITHVIRAJ RAMHARAK	PF NO.: 9319
ADDRESS: 11 SIDDHIPURAM COLONY WEST RING RD BEHIND VAISHALI NAGAR INDORE 452009	PHONE: 9424584287
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BANSOD PRITHVIRAJ RAMHARAK** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BELGAONKAR G.R.	PF NO.: 9331
ADDRESS: A1 702 SAI CANARY BEHIND ASTONIA BALEWADI PUNE DIST PUNE 411045	PHONE: 9421613080
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BELGAONKAR G.R.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SARKAR DEBASHISH NIRMAL	PF NO.: 9343
ADDRESS: 2 69 SURYA NAGAR PO REGENT PARK KOLKATA 700040	PHONE: 9051871829
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SARKAR DEBASHISH NIRMAL** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: TAHILYANI TARACHAND ATMARAMJI	PF NO.: 9351
ADDRESS: 78 KRANTI KRAPLANI NAGAR JAI JAGAT COLONY NEAR ANNAPURNA MANDIR INDORE 452009	PHONE: 9425072095
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **TAHILYANI TARACHAND ATMARAMJI** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MULEY SHRIDHAR HARI	PF NO.: 9371
ADDRESS: A-2/ 503 PALM HEIGHTS AKRATI ECO CITY, E-8 EXTENSION BAWADIA KALA BHOPAL (M.P.) 462003	PHONE: 9407556005
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MULEY SHRIDHAR HARI** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KARKAREY PRAMOD RAVINDRA	PF NO.: 9376
ADDRESS: C101 SITA VIHAR CHS BEHIND HOTEL SHUBH LBS MARG NAUPADA THANE WEST 400602	PHONE: 9819524662
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KARKAREY PRAMOD RAVINDRA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KUMAR MITA KISHOR	PF NO.: 9383
ADDRESS: 201 ADITYA 2ND FLOOR GODDAVALI AZAD RAOD ANDHERI EAST NEAR MOGVIRA BANK 400059	PHONE: 9820378379
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KUMAR MITA KISHOR** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DATTANI HASMUKH TULSIDAS	PF NO.: 9390
ADDRESS: 702 SHANTIDARSHAN CHS NEAR SHANTI ASHRAM EKSAR ROAD BORIVALI WEST MUMBAI 400103	PHONE: 9969016470
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DATTANI HASMUKH TULSIDAS** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KHATAVKAR S.S.	PF NO.: 9391
ADDRESS: 2, OM SARTHAK PANDURANGWADI DOMBIVALI THANE 421601	PHONE: 9967780650
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KHATAVKAR S.S.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SANDHYA BELEKAR	PF NO.: 9408
ADDRESS: PLOT NO 172 LAGHUWETAN COLONY NEAR COLONY POST JARIPATKA NAGPUR 440014	PHONE: 7744018667
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SANDHYA BELEKAR** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BHARGAV VIVEKANAND BHALCHANDRA	PF NO.: 9412
ADDRESS: MANVENDRA SOC., GUPTE ROAD DOMBIVLI WEST 421202	PHONE: 9967241048
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BHARGAV VIVEKANAND BHALCHANDRA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PATIL SHARADCHANDRA RAJSHEKHAR	PF NO.: 9421
ADDRESS: PLOT NO 7 AAI 4/A CROSS KRISHI CLOLNY BHAGYANAGAR BELGAUM TILAKWADI BELGAUM 590006	PHONE: 9986543662
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PATIL SHARADCHANDRA RAJSHEKHAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: NADKARNI MANGESH DATTARAM	PF NO.: 9424
ADDRESS: FLAT D 2601 DAHLIA PHASE III RUNWAL GARDEN CITY DHOKALI HIGHLAND UNIVERSITY ROAD BALKUM THANE 400608	PHONE: 7757902444
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **NADKARNI MANGESH DATTARAM** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

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IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KULKARNI SHRIKANT GOVINDRAO	PF NO.: 9427
ADDRESS: 7, NEHA APARRTMENT CIVIL LINES VIKAS NAGAR AREA SOLAPUR 413003 SOLAPUR 413003	PHONE: 9423068842
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KULKARNI SHRIKANT GOVINDRAO** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PATTAN MAJEEDKHAN RASOOLKHAN	PF NO.: 9429
ADDRESS: FLAT NO.504 SRINIVASA HEIGHTS, NEAR KAMAN MOULALI HYDERABAD 500040	PHONE: 7032475555
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PATTAN MAJEEDKHAN RASOOLKHAN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KALIAPPAN VAIRAMANI . .	PF NO.: 9430
ADDRESS: NO 3A RAJA GARDEN PAPER MILL ROAD CHENNAI 600082	PHONE: 8939696660
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KALIAPPAN VAIRAMANI . .** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SRINIVASAN UMASHANKAR	PF NO.: 9431
ADDRESS: PLOT NO 36 MODERN NAGPUR HOUSING SOCIETY RANA PRATAP NAGAR NAGPUR 440022	PHONE: 9822235391
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SRINIVASAN UMASHANKAR** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: WARANASHIWAR S.G.	PF NO.: 9435
ADDRESS: BLDG NO 8 FLAT NO 4 82 HIG COMPLEX NEAR NIT GARDEN RING ROAD TRIMURTINAGAR NAGPUR 440022	PHONE: 9766344432
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **WARANASHIWAR S.G.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MARATHE NARHARI MUKUNDRAO	PF NO.: 9440
ADDRESS: 49 DATTATRAYA NAGAR NEAR DATTA MANDIR NAGPUR NAGPUR 440024	PHONE: 9975065618
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MARATHE NARHARI MUKUNDRAO** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PAHARIYA VISHNUKUMAR GAYAPRASAD	PF NO.: 9447
ADDRESS: NEAR KOLHATKAR MANGAL KARYALAYA RAJESHWAR COLONY JATHARPETH NIBHANDHE PLOTS AKOLA 444005	PHONE: 8956134520
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PAHARIYA VISHNUKUMAR GAYAPRASAD** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KHEDKAR M.M.	PF NO.: 9456
ADDRESS: A 17 KAMALPUSHPA K C MARG BANDRA RECLAMATION NR LILAVATI HOSPITAL BANDRA WEST MUMBAI 400050	PHONE: 9987810889
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KHEDKAR M.M.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: ZADE DEEPAK RAMKRISHNA	PF NO.: 9465
ADDRESS: NAGOBA LANE NO 1 BADKAS CHOWK MAHAL NAGPUR 440008	PHONE: 9422523700
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **ZADE DEEPAK RAMKRISHNA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: TIWADI VINAYAK MANOHARRAO	PF NO.: 9469
ADDRESS: 162 CHITRAKUT APPTT DATTATRAYA NAGAR NEAR NIT GARDEN NAGPUR 440034	PHONE: 9921690737
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **TIWADI VINAYAK MANOHARRAO** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MARATHE ANURADHA DILIP	PF NO.: 9473
ADDRESS: S NO 80 3 2 FLAT NO 701 BLDG NO A 2 7TH FLOOR RAHUL PARK WARJE PUNE 411058	PHONE: 9822375666
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MARATHE ANURADHA DILIP** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DESHPANDE SHIRISH D.	PF NO.: 9481
ADDRESS: TIRUPATI TOWER FLAT1 SNO109 110 SAMBHAJI CHOWCK DHARANGAON RD KOPARGAON 423601	PHONE: 9922593369
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DESHPANDE SHIRISH D.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DIXIT HEMANT DAMODAR	PF NO.: 9482
ADDRESS: FLAT NO B-303 B WING 3RD FLOOR S NO 23 HIGHBLISS CO OP HSG SOE DHAYARI NARHE RD PUNE 411041	PHONE: 8806039766
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DIXIT HEMANT DAMODAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DATAR SHASHANK PRABHAKAR	PF NO.: 9502
ADDRESS: B/4 FLAT NO 2 GIRIJASHANKARVIHAR KARVENAGAR PUNE 411052	PHONE: 9689438708
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DATAR SHASHANK PRABHAKAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: CHAWARE ARVIND BHALCHANDRA	PF NO.: 9506
ADDRESS: 672 18 PLOT NO 10 BHAUBUNGLOW DEVDOOT SOC BIBWEWADI PUNE 411037	PHONE: 9881455164
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **CHAWARE ARVIND BHALCHANDRA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SALVE CHANDRAKANT PANDHARINATH	PF NO.: 9511
ADDRESS: D31 LALBAG COOP HOUSING SOC GULTEKADI MARKET YARD PUNE 411037	PHONE: 9975522574
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SALVE CHANDRAKANT PANDHARINATH** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PHADKE VEENA AVINASH	PF NO.: 9513
ADDRESS: 71 LAXMI VILAS FLAT NO 3 MITRA MANDAL COLONY PARVATI PUNE 9 411009	PHONE: 9011055712
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PHADKE VEENA AVINASH** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KUBER TANMAYEE VINEET	PF NO.: 9520
ADDRESS: SHRYEAS APTS FLAT NO 8 47/5, ERANDAWANA PUNE 411004	PHONE: 9922919072
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KUBER TANMAYEE VINEET** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DHADPHALE AVINASH NARAYAN	PF NO.: 9527
ADDRESS: 10 ANUPAM CO OP HSG SOC PANDURANG COLONY ERANDWANA PUNE 411038	PHONE: 9881833715
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DHADPHALE AVINASH NARAYAN** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: RAO VIJAY LOKNATH	PF NO.: 9528
ADDRESS: 602 BLOCK C METHA TOWERS 497 K J ROAD, KHADKI PUNE PUNE 411003	PHONE: 9370544338
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **RAO VIJAY LOKNATH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MANDKE PRADIP VASANT	PF NO.: 9543
ADDRESS: 34/3 SUDIP SANGITA SOCIETY NEAR NATRAJ HALL PUNE 411052	PHONE: 8482852022
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MANDKE PRADIP VASANT** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PHATAK NIRMALA SHEKHAR	PF NO.: 9546
ADDRESS: X 603 MUMBAI BANGLORE HIGHWAY KOTHRUD ANNEX WONDER FUTURA PUNE. 411038	PHONE: 9822877720
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PHATAK NIRMALA SHEKHAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PUNDLIK SUSHAMA DILIP	PF NO.: 9554
ADDRESS: C 1/604,TEJOVALAY NEAR CIPLA FOUNDATION WARJE PUNE 411052	PHONE: 8390105567
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PUNDLIK SUSHAMA DILIP** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MULYE M.A.	PF NO.: 9556
ADDRESS: A 6 SOHAM CO OP HSG SOC RAMNAGAR NR POLICE STATION RAJAJI PATH DOMBIVLI EAST 421201	PHONE: 9769742048
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MULYE M.A.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JOGALEKAR SMITA SANJAY	PF NO.: 9559
ADDRESS: F NO 4 MUKTA COMPLEX 5/24 ERANDAWANA ANIL PARK PUNE 411004	PHONE: 9422314260
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **JOGALEKAR SMITA SANJAY** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JAGUSHTE RADHA MOHAN	PF NO.: 9573
ADDRESS: 1001 10TH FLOOR CRYSTAL GARDEN GARDEN ESTATE GLADY ALWARIS ROAD THANE 400610	PHONE: 9930487267
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **JAGUSHTE RADHA MOHAN** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KULKARNI ANANT LAXMIKANT	PF NO.: 9575
ADDRESS: A/4 VIJAYLAXMI SOCIETY 126/2A/1A PAUD ROAD KOTHUD PUNE PUNE 411038	PHONE: 9975610369
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KULKARNI ANANT LAXMIKANT** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DHOKTE ARATI SHRIKANT	PF NO.: 9581
ADDRESS: FLAT 503,ASMITA BLDG AMRUTKALASH,NR CUMMINS COLLEGE SHAHU COL-LANE 9,KARVENAGAR PUNE 411052	PHONE: 9623121990
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DHOKTE ARATI SHRIKANT** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: LAGHATE CHANDRASHEKHAR YASHWANT	PF NO.: 9582
ADDRESS: 301 VISHVAKARMA SOC OPP SHIVCHAITNYA SABHAG PAUD ROAD PUNE 411038	PHONE: 9422511389
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **LAGHATE CHANDRASHEKHAR YASHWANT** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SUBHEDAR PRASHANT GOVINDRAO	PF NO.: 9606
ADDRESS: 235,PARESH APT FLAT NO12 PARVATI GAON PUNE PUNE 411009	PHONE: 9860773889
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SUBHEDAR PRASHANT GOVINDRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MRS. S. KELKAR	PF NO.: 9626
ADDRESS: 176,SHIVAM SAHKARNAGAR KHAMLA NAGPUR 440025	PHONE: 9881065755
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MRS. S. KELKAR** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GODBOLE SUBHASH WAMANRAO	PF NO.: 9630
ADDRESS: 39 SE RLY COLONY LAYOUT NO 1 RANAPRATAPNAGAR NAGPUR 440022	PHONE: 7350009767
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **GODBOLE SUBHASH WAMANRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KARMAKAR SUNIL SUKHLAL	PF NO.: 9631
ADDRESS: KIRAN APT 1ST FLOOR FLAT 3 1 BY 10A CHITTARANJAN COLONY EXTN KOLKATA 700032	PHONE: 9007722777
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KARMAKAR SUNIL SUKHLAL** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GOYAL MAHESH CHANDRA JAGANNATHPRASAD	PF NO.: 9636
ADDRESS: 148, POCKET B, 3RD FLOOR DDA FLATS SUKHDEV VIHAR NEW DELHI 110005	PHONE: 9910155166
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **GOYAL MAHESH CHANDRA JAGANNATHPRASAD** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PAHURKAR RAMESH PANDURANG	PF NO.: 9646
ADDRESS: B202 PANCHAVATI APPT S V ROAD NEAR DAHISAR POLICE STN DAHISAR EAST MUMBAI 400068	PHONE: 9730000504
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PAHURKAR RAMESH PANDURANG** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GADKARI YASHODHA SANTOSH	PF NO.: 9660
ADDRESS: 40/34(2) ASHWINI APT., FLAT NO.6, BHONDE COLONY ERANDAWANA, PUNE 4 PUNE 411004	PHONE: 9922432219
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **GADKARI YASHODHA SANTOSH** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BASTAVADE BHARATI D	PF NO.: 9668
ADDRESS: 7/116 MADHUMALINI DAHANUKAR COLONY,LANE NO.6 KOTHRUD,PUNE 411038 PUNE 411038	PHONE: 9422314291
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BASTAVADE BHARATI D** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PHADKE GEETA KAMLAKAR	PF NO.: 9669
ADDRESS: YOGI ARVIND SOCIETY TULSIBAUGWALE COLONY LANE NO 6 SAHAKARNAGAR PUNE PUNE 411009	PHONE: 9422875029
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PHADKE GEETA KAMLAKAR** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PAWAR PRAMOD SAKHARAM	PF NO.: 9677
ADDRESS: 11/B VIJAY HSG SOCIETY NEAR ITI BUS-STOP VIJAPUR ROAD SOLAPUR 413004	PHONE: 8888505272
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PAWAR PRAMOD SAKHARAM** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: RAIRIKAR VITHAL MANOHAR	PF NO.: 9681
ADDRESS: 4 B 7 MADHUVANTI CO-OP HOUSING SOCIETY NEAR KARVE STATUE. KOTHRUD PUNE 411038	PHONE: 9423576821
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **RAIRIKAR VITHAL MANOHAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JOSHI L.N.	PF NO.: 9682
ADDRESS: PLOT NO 19 B WARD VARSHANAGAR KOLHAPUR KOLHAPUR 416012	PHONE: 9702012275
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **JOSHI L.N.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: YADKIKAR SUMEETA SUDHEER	PF NO.: 9692
ADDRESS: D-3/2,SURYAPRABHA GARDEN BIBEWADI KONDHAROAD, PUNE 411037 PUNE 411037	PHONE: 9194230411
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **YADKIKAR SUMEETA SUDHEER** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GOKHALE RAVINDRA PURUSHOTTAM	PF NO.: 9693
ADDRESS: 47/5,RUPALIAPTS, FLAT NO 1,PAUD PHATA ERANDWANA, PUNE38 PUNE 411038	PHONE: 9881157118
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **GOKHALE RAVINDRA PURUSHOTTAM** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KHINVASARA VILAS DHANRAJ	PF NO.: 9699
ADDRESS: S NO 569,BLDG NO B-1/2 TODKAR GARDEN BIBWEWADI-PUNE PUNEPUNE 411037	PHONE: 9881730137
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KHINVASARA VILAS DHANRAJ** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: ERANDE MADHAVI VILAS	PF NO.: 9710
ADDRESS: 22 SOPAN NAGARI 323 NAVI PETH NEAR DR BIDAYE HOSPITAL PUNE 411030	PHONE: 9890014349
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **ERANDE MADHAVI VILAS** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DESHPANDE K.A.	PF NO.: 9713
ADDRESS: 12 GURUKRIPA HOU SOC RAJARAMPURI KOLHAPUR 416005	PHONE: 9923158161
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DESHPANDE K.A.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KHALADKAR JAYANT VASANT	PF NO.: 9715
ADDRESS: 281 SADASHIV PETH NAVI PETH A J COMPLEX 3RD FLOOR NEAR NAVI PETH TALIM PUNE 411030	PHONE: 9766375445
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KHALADKAR JAYANT VASANT** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: RAMNAVAMIWALE K.K.	PF NO.: 9717
ADDRESS: BHAKTI HEIM FLAT NO A 1 1 YASHWANT NAGAR TALEGAON DABHADE TQ MAWAL PUNE PUNE 410507	PHONE: 9960787918
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **RAMNAVAMIWALE K.K.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: WAGH HARICHAND ONKAR	PF NO.: 9718
ADDRESS: VADGAON L AMBE CHALISGAON JALGAON CHALISGAON 424101	PHONE: 9503316655
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **WAGH HARICHAND ONKAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: CHINCHANIKAR G.V.	PF NO.: 9731
ADDRESS: AKSHAY , NEAR SADHANA HIGHSCHOOL A/P:GADHINGLAJ DISTKOLHAPUR 416502	PHONE: 9921483251
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **CHINCHANIKAR G.V.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GIRE KERAPPA PRALHAD	PF NO.: 9735
ADDRESS: `KAMAL-KUNJ` LAXMI NAGAR BALE SOLAPUR 413255	PHONE: 9765725981
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **GIRE KERAPPA PRALHAD** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DAPTARDAR KAUMUDI KESHAV	PF NO.: 9740
ADDRESS: SR NO 82 CRYSTAL ROW HOUSES B 201 BEHIND KAPIL COMPLEX BANER MAHALUNGE ROAD BANER PUNE 411045	PHONE: 9604856837
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DAPTARDAR KAUMUDI KESHAV** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: YADAO KAMLAKAR DNYANDEO	PF NO.: 9741
ADDRESS: #N/A	PHONE: 9689904602
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **YADAO KAMLAKAR DNYANDEO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DHAINJE ASHOK BABURAO	PF NO.: 9748
ADDRESS: NIRANKA HSG SOC S NO 129,PLOT 26 IDEAL COL,KOTHRUD PUNE 411029	PHONE: 9420426167
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DHAINJE ASHOK BABURAO** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: NEWASE RAJARAM KISANRAO	PF NO.: 9750
ADDRESS: A1/202 MANJARI GREEN WOODS HSG SOC PUNE SOLAPUR ROAD, NR HP PETROL PUMP MANJARI FARM, TAL - HAVELI PUNE 412307	PHONE: 9850623750
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **NEWASE RAJARAM KISANRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BELHE SUDHIR PANDURANG	PF NO.: 9751
ADDRESS: FLAT NO 12 SHRI MAHALAXMI COMPLEX SANTOSH HALL LANE ANANDNAGAR SINHAGAD ROAD PUNE 411051	PHONE: 9422526614
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BELHE SUDHIR PANDURANG** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KARODE M.S.	PF NO.: 9753
ADDRESS: 4 ADESHWAR DUPLEX NR PARIWAR CHAR RASTA WAGHODIA DABHOI RD VADODARA 390019	PHONE: 9428304111
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KARODE M.S.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KULKARNI SUNITA JAYANT	PF NO.: 9760
ADDRESS: A-123 VANRAJI PLOT NO 104 MIT COLLEGE ROAD PAUD ROAD PUNE PUNE 411038	PHONE: 9561383961
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KULKARNI SUNITA JAYANT** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: YEMUL GOVIND SHRIHARI	PF NO.: 9770
ADDRESS: FLAT NO 16 VIJEET APARTMENTS ALKAPURI SOCIETY PAUD ROAD NEAR VANAZ ENG CO KOTHRUD PUNE 411038	PHONE: 9850030064
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **YEMUL GOVIND SHRIHARI** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KARADKAR R R	PF NO.: 9774
ADDRESS: FL NO 8 NIKHIL CO OP HOU SOC SAHAKARNAGAR NR RELAINCE MART PUNE 411009	PHONE: 9881312298
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KARADKAR R R** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SHASTRI SHEETAL LAXMIKANT	PF NO.: 9783
ADDRESS: PLOT NO 8 TAPOBHUMI HSG SOE DATTAWADI PUNE 411030	PHONE: 9923338469
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SHASTRI SHEETAL LAXMIKANT** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: LALITHA MOHAN	PF NO.: 9784
ADDRESS: 12 SADGURU PARK MALI MAHARAJ ROAD 410 SOMWAR PETH PUNE 411001	PHONE: 9960692729
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **LALITHA MOHAN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: VAIDYA ARUNA SATISH	PF NO.: 9790
ADDRESS: FLAT NO 4, RAHUL VIHAR-B HSG SOC. LANE NO 8,DAHANUKAR COLONY, KOTHRUD, PUNE 411038	PHONE: 9561096274
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **VAIDYA ARUNA SATISH** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MR R KUMARAGURUPARAN	PF NO.: 9794
ADDRESS: MARUDHAM APARTMENTS SECOND FLOOR SARVAMANGALA NAGAR THIRD MAIN ROAD CHITLAPAKKAM CHENNAI 600064	PHONE: 9445420895
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MR R KUMARAGURUPARAN** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BHOSALE J.S.	PF NO.: 9815
ADDRESS: SURASHREE , PLOT NO.53 SAIKRUPA SOCIETY SHREEDHARNAGAR DHANKAWADI PUNE 411043	PHONE: 9822083665
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BHOSALE J.S.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KALEL BHOJLING YASHWANT	PF NO.: 9822
ADDRESS: FLAT NO D 34 GANRAJ ESTATE VAIDUWADI HADAPSAR PUNE 411028	PHONE: 9423014209
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KALEL BHOJLING YASHWANT** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SHIRGUPPE RAJENDRA DEVENDRA	PF NO.: 9827
ADDRESS: PARAS VIKASNAGAR PANCHSHIL NAGAR MADHAVNAGAR ROAD SANGLI 416416	PHONE: 9763519579
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SHIRGUPPE RAJENDRA DEVENDRA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GOWAIKAR MUKUND DHUNDIRAJ	PF NO.: 9828
ADDRESS: ABHILASHA CO.OP HOUSING SOCTY FLAT NO. 11 PLOT NO.1A2A2 MAIN POUD RD PUNE 38 PUNE 411038	PHONE: 9049056051
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **GOWAIKAR MUKUND DHUNDIRAJ** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PHADKE MANOHAR VINAYAK	PF NO.: 9835
ADDRESS: 9/355GULMARG TARANG CHS S V RD,DAHISAR (E) MUMBAI 400068 MUMBAI 400068	PHONE: 9987872594
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PHADKE MANOHAR VINAYAK** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GOLE J V	PF NO.: 9836
ADDRESS: S NO 128 2 SWAROOPNAGARI A 2 KARVE ROAD OPP MARUTI MANDIR KOTHRUD PUNE 411038	PHONE: 9850630451
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **GOLE J V** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: ADIVAREKAR ANURADHA KIRAN	PF NO.: 9840
ADDRESS: FLAT NO 701 702 ATHENA PLOT NO 8 CTS 1214 PATWARDHANBAUG ERANDWANA PUNE 411004	PHONE: 9764544699
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **ADIVAREKAR ANURADHA KIRAN** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KARKHANIS S.S.	PF NO.: 9845
ADDRESS: C 8 SHRINAGARI PHASE 2 OPP KHANDGE PETROL PUMP LAXMI VASAHAT TALEGAON PUNE 410506	PHONE: 9820307751
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KARKHANIS S.S.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: RASKAR DATTATRAYA NARAYAN	PF NO.: 9847
ADDRESS: A4/4 UTKARSH NAGAR GADI TAL HADAPSAR PUNE FURSUNGI 412308	PHONE: 9881802180
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **RASKAR DATTATRAYA NARAYAN** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KALE NISHIGANDHA N	PF NO.: 9849
ADDRESS: 1193 SHUKRAWAR PETH SUBHASHNAGAR LANE NO 3 PUNE 2 411002	PHONE: 9763655876
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KALE NISHIGANDHA N** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KALE SWATI HEMANT	PF NO.: 9850
ADDRESS: 1460 SADAHIV PETH HARI PRASAD APTS KHAJINA VIHIR RD PUNE 411030	PHONE: 9960163822
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KALE SWATI HEMANT** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DINGORKAR NANDKUMAR BHIKU	PF NO.: 9851
ADDRESS: TARANGAN SHIVKRUPA COLONY JUNNAR DIST PUNE JUNNAR 410502	PHONE: 9096225525
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DINGORKAR NANDKUMAR BHIKU** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SALAGARE SHIVASHANKAR SHIVALINGAPPA	PF NO.: 9853
ADDRESS: 48 TH SAMARTH NAGAR JULE SOLAPUR SOLAPUR SOLAPUR 413004	PHONE: 9423306287
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SALAGARE SHIVASHANKAR SHIVALINGAPPA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KULKARNI TRIMBAK RAMCHANDRA	PF NO.: 9868
ADDRESS: Flat No 102 B 2 1st Floor Lake Vista Apartments Paranjape Scheme A Ward Rankala West side KOLHAPUR 416012	PHONE: 8378987599
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KULKARNI TRIMBAK RAMCHANDRA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: AGA J.K.	PF NO.: 9880
ADDRESS: FLAT 5303, CRESECENT BAY, TOWER 5, JERBAI WADIA ROAD, NAIGAON, PAREL, MUMBAI 400012	PHONE: 9819141801
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **AGA J.K.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PANDIT SUHAS RAGHUNATH	PF NO.: 9890
ADDRESS: PRANAV 57 GOVT COLONY VISHRAMBAG SANGLI 416415	PHONE: 9421225491
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PANDIT SUHAS RAGHUNATH** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BHOIR BHALCHANDRA SUNDAR	PF NO.: 9892
ADDRESS: 16 PRASHANTI SOCIETY AGARKAR PATH DOMBIVALI EAST DOMBUIVALI 421202	PHONE: 9820839505
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BHOIR BHALCHANDRA SUNDAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MARATHE M M	PF NO.: 9901
ADDRESS: 1451 SADASHIV PETH KASHINATH SMRUTI APT NEAR RENUKA SWAROOP HIGH SCHOOL PUNE PUNE 411030	PHONE: 9881832084
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MARATHE M M** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: WAKODE ANILKUMAR SITARAM	PF NO.: 9912
ADDRESS: D 503 SAMRAJYA PETHKAR PROJECT BALWANTPURAM HSG SOCI SHIVTRITHNAGER POUND ROAD KOTHRUD PUNE 411038	PHONE: 9922367540
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **WAKODE ANILKUMAR SITARAM** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MUDGAL SURESH KUMAR	PF NO.: 9927
ADDRESS: HOUSE NO 243 BLOCK A POCKET 2 SECTOR 8 ROHINI DELHI 110085	PHONE: 9582094710
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MUDGAL SURESH KUMAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JAGDISH CHANDER . .	PF NO.: 9928
ADDRESS: 43 C LIG FLATS MADHUBAN ENCLAVE MADI PUR DELHI 110063	PHONE: 9968246399
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **JAGDISH CHANDER . .** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SHARMA RAKESHKUMAR S. .	PF NO.: 9933
ADDRESS: 390 SRI NAGAR SRI NAGAR RAILWAY ROAD HAPUR 245101	PHONE: 9837432244
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SHARMA RAKESHKUMAR S. .** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: P N RAJARAM RAO	PF NO.: 9946
ADDRESS: LAVANYA NEAR ADARSHA HOSPITAL UDUPI UDUPI 576101	PHONE: 9900179550
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **P N RAJARAM RAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: NAIK SUDHAKAR DHUNDIRAJ	PF NO.: 9961
ADDRESS: 'CHAITANYA' 41,TIRUPATI LAYOUT SOMALWADA WARDHA ROAD NAGPUR 440025	PHONE: 9850363813
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **NAIK SUDHAKAR DHUNDIRAJ** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: ANAND MISS A G	PF NO.: 9962
ADDRESS: GUD OLI KAMTEE DIST. NAGPUR. NAGPUR 441001	PHONE: 8600971160
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **ANAND MISS A G** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KSHIRSAGAR RADHIKA MOHAN	PF NO.: 9980
ADDRESS: 3C/A2/16 NEW AJANTA AVENUE PAUD ROAD PUNE 411038	PHONE: 9422505261
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KSHIRSAGAR RADHIKA MOHAN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PANDIT VINOD SHIVRAM	PF NO.: 9984
ADDRESS: STAFF BOM BIDRI--PLOT NO.7 SHYAM SOCIETY NEAR DEOKAR PETROL,PUMP KOLHAPUR KOLHAPUR 416216	PHONE: 9850043499
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PANDIT VINOD SHIVRAM** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MEDHEKAR SUNITA VILAS	PF NO.: 9991
ADDRESS: 14 B AMOL SHIKSHAK NAGAR SOCIETY NEAR VANAZ PAUD ROAD KOTHRUD PUNE 411038	PHONE: 9850108871
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MEDHEKAR SUNITA VILAS** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JAIN NARENDRAKUMAR NEMICHAND	PF NO.: 9998
ADDRESS: YATHARTH 60 A BARKAT NAGAR EXTN BLOCK C TONK ROAD JAIPUR 302015	PHONE: 7566903007
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **JAIN NARENDRAKUMAR NEMICHAND** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GUPTA SATYAPRAKASH JAGANNATH	PF NO.: 9999
ADDRESS: C 38 NANGLOI EXTN 2B NEAR GOLDSMITHS DHARAMSHALA NAGLOI NEW DELHI 110041	PHONE: 9811454332
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **GUPTA SATYAPRAKASH JAGANNATH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KALE SEEMA S	PF NO.: 10012
ADDRESS: 60/113, RAJEEV SOC., ARANYESHWAR, PUNE 411009	PHONE: 9422645595
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KALE SEEMA S** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: HUNDEKARI ARUNDHATI ARUN	PF NO.: 10046
ADDRESS: 502 VAITARNA WORLI SAGAR COOP HSG. SOC. POCHKHANAWALA RD. WORLI 400018	PHONE: 9320107830
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **HUNDEKARI ARUNDHATI ARUN** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PANDIT VIDYADHAR	PF NO.: 10051
ADDRESS: JAI APTS. BLOCK NO 1, NEAR LAXMI MATA TEMPLE SHIVDARSHAN PARVATI PUNE 411009	PHONE: 9423574375
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PANDIT VIDYADHAR** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KANSAL SUBHASH CHANDRA	PF NO.: 10064
ADDRESS: A-267, 2nd FLOOR SUYRA NAGAR GHAZIABAD GHAZIABAD 201011	PHONE: 9868256651
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KANSAL SUBHASH CHANDRA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MALEGAONKAR M.K.	PF NO.: 10071
ADDRESS: A401 YOGESHWAR CHS BEHIND ROYAL INN HOTEL OLD AGRA ROAD THANE 400601	PHONE: 9869448495
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MALEGAONKAR M.K.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PATIL RAJARAM CHANDRA	PF NO.: 10075
ADDRESS: C-01, OM SHANTI HOMES SOC 36,/5/5A-OPP VETAL NAGAR BEAR BHAIRVANTH MARUTI TEMPAL PUNE 411046	PHONE: 9168762634
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PATIL RAJARAM CHANDRA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DESHPANDE S.N.	PF NO.: 10085
ADDRESS: PLOT 44B SHUBHADA USHA KIRAN SCH TRIMBAK ROAD NASHIK 422001	PHONE: 9322004990
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DESHPANDE S.N.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BHAGWAT CHITTARANJAN MADHUKAR	PF NO.: 10094
ADDRESS: F 103 TEJOVALAY NEAR CIPLA LAB WARJE PUNE 411052	PHONE: 9226283161
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BHAGWAT CHITTARANJAN MADHUKAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GOVANDE BHALCHANDRA LAXMAN	PF NO.: 10104
ADDRESS: VIVA B 203 CASA RIO PALAVA CITY DOMBIVLI EAST 421204	PHONE: 9403945112
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **GOVANDE BHALCHANDRA LAXMAN** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SRI.MAGDUM ASHOK ANNASO	PF NO.: 10108
ADDRESS: FLAT NO 901 BULDG NO B GREEN VALLEY S NO 17 2 AND 18 1 BAVDHAN TALUKA MULSHI DIST PUNE PUNE 411021	PHONE: 9730000622
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SRI.MAGDUM ASHOK ANNASO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: ROKADE SHAMRAO SHANKAR	PF NO.: 10111
ADDRESS: PLOT NO.37, SANE GURUJI VASAHAT, RADHANAGARI ROAD KOLHAPUR 416012	PHONE: 9423040921
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **ROKADE SHAMRAO SHANKAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PATIL MOHAN SHANKARRAO	PF NO.: 10124
ADDRESS: PLOT NO 107 GIINDE COLONY MANDOLI ROAD SHRI SAI KIRAN TILAKWADI BELGAUM 590006	PHONE: 9448758623
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PATIL MOHAN SHANKARRAO** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: AJAREKAR VAISHALI SHIRISH	PF NO.: 10127
ADDRESS: 201MITTAL PARK TOWER 1, RAGHUNATH NAGAR THANE THANE 400604	PHONE: 9769194546
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **AJAREKAR VAISHALI SHIRISH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DEEPAK RAMACHANDRA KINI	PF NO.: 10140
ADDRESS: FLAT NO S 1 GURUPRIYA 7TH HILL APARTMENTS ITI LAYOUT 4TH CROSS BSK 3RD STAGE BANGALORE 560085	PHONE: 9740061697
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DEEPAK RAMACHANDRA KINI** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: CHOCHE PRAKASH VITHOBA	PF NO.: 10142
ADDRESS: 84/623 JAI BHAVANI HSG SOCIETY DINDOSHI NAGAR MALAD [E[MUMBAI 400097	PHONE: 9702675211
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **CHOCHE PRAKASH VITHOBA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: THAKKAR SUBHASH BHAGAWANI	PF NO.: 10143
ADDRESS: C 1 1002 LOK EVEREST J S D MARG MULUND WEST MUMBAI 400080	PHONE: 9930560677
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **THAKKAR SUBHASH BHAGAWANI** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: NARIANI M.S.	PF NO.: 10170
ADDRESS: 20 AASHAM GREEN PARK COLONY ASHIRWAD NASIK ROAD NASHIK 422005	PHONE: 9833023699
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **NARIANI M.S.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JOSHI DILIP BALKRISHNA	PF NO.: 10173
ADDRESS: 589GAON BHAG JOSHI GALLI SANGLI 416416	PHONE: 9422040903
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **JOSHI DILIP BALKRISHNA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SOHANI ANIL VENKATESH	PF NO.: 10175
ADDRESS: KEDAR , HOUSE NO-21, GANGADHAR COLONY, SHANTINAGAR HUBLI- 580023	PHONE: 9742811601
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SOHANI ANIL VENKATESH** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PEDNEKAR KANCHANKUMAR V	PF NO.: 10178
ADDRESS: A 8 ROOPALI PAUD ROAD OPP JOG HOSPITAL PUNE 411038	PHONE: 9422009320
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PEDNEKAR KANCHANKUMAR V** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DEO S.S.	PF NO.: 10179
ADDRESS: 15A KUMAR PARK BIBWEWADI KONDHWA ROAD BEHIND MARKETYARD BIBWEWADI PUNE 411037	PHONE: 9822310311
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DEO S.S.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SHINDE NANDKISHOR TUKARAM	PF NO.: 10189
ADDRESS: S O TUKARAM SHINDE HERAMB APARTMENT NEAR BADAMI HAUD CHOWK 1407 SHUKRAWAR PUNE PUNE 411002	PHONE: 7350430430
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SHINDE NANDKISHOR TUKARAM** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: CHAVAN RAJARAM JOTI	PF NO.: 10191
ADDRESS: C 101,HARIOMPURAM COOP HSG SOC NEW D P ROAD AUNDH PUNE 411007	PHONE: 9850508722
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **CHAVAN RAJARAM JOTI** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GIRME JAYASHREE GAJANAN	PF NO.: 10197
ADDRESS: 7 APOORVA,TAPODHAM ASHRAM RD WARJE PUNE PUNE 411058	PHONE: 9421078790
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **GIRME JAYASHREE GAJANAN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: CHANDAN BHAU SHRIPATI	PF NO.: 10208
ADDRESS: NARODI TAL AMBEGAON DIST PUNE PUNE 410503	PHONE: 9665796683
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **CHANDAN BHAU SHRIPATI** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PETKAR ARUN SHANKAR	PF NO.: 10215
ADDRESS: A 2 15 SANDHYA NAGARI, VISHAL NAGAR PIMPLE NILAKH NEAR JAGTAP DAIRY PUNE 411027	PHONE: 9422310647
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PETKAR ARUN SHANKAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: RAJMANE VILAS SHAMRAO	PF NO.: 10228
ADDRESS: B-3 LAYOUT NO 4 LAST BUS STOP BABA JARAG NAGAR KOLHAPUR 416007	PHONE: 9890189067
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **RAJMANE VILAS SHAMRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SONAWANE V R	PF NO.: 10238
ADDRESS: C B 4 CLARION PARK S NO 138 NEAR AUNDH TELEPHONE EXCHANGE AUNDH PUNE 411007	PHONE: 9373258164
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SONAWANE V R** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GUPTA JAI BHAGWAN	PF NO.: 10241
ADDRESS: 10/352 LALITA PARK LAXMI NAGAR DELHI 110092	PHONE: 8826436819
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **GUPTA JAI BHAGWAN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BATHLA SHYAMSUNDER RAMCHAND	PF NO.: 10244
ADDRESS: H.NO 2151 GROUND FLOOR SECTOR 45 C CHANDIGARH CHANDIGARH 160047	PHONE: 9530529775
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BATHLA SHYAMSUNDER RAMCHAND** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GODBOLE ULHAS RAMCHANDRA	PF NO.: 10245
ADDRESS: PUSHP COURT APARTMENT C 603 MUIR ROAD ASHOK NAGAR ALLAHABAD U P 211002	PHONE: 7607188270
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **GODBOLE ULHAS RAMCHANDRA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: NARENDRA KUMAR . .	PF NO.: 10251
ADDRESS: A-37 RING ROAD AVAS VIKAS RUDRAPUR 263153	PHONE: 8936903848
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **NARENDRA KUMAR . .** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SHOUKATALI M MOKASHI	PF NO.: 10254
ADDRESS: 2322,SONGIRWADI WAI SATARA WAI 412803	PHONE: 9850830154
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SHOUKATALI M MOKASHI** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: UKEY FULCHAND NATHUJI	PF NO.: 10256
ADDRESS: 217 BEHIND MT FULE H SCH KAMAL TALKIES VAISHALI NAGAR ROAD BALABHAU PETH NAGPUR 440017	PHONE: 9049884722
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **UKEY FULCHAND NATHUJI** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MAHAJAN RUPCHAND GANGARAM	PF NO.: 10257
ADDRESS: PLOT NO 69 KAMGAR NAGAR NARI ROAD POST UPPALWADI NAGPUR 440026	PHONE: 9975940764
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MAHAJAN RUPCHAND GANGARAM** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JOSHI VITTHAL DAMODAR	PF NO.: 10269
ADDRESS: 1264 B WARD RADHAGOVIND PLAZA NEAR DAIVADNYA BOARDING MANGALWAR PETH KOLHAPUR 416012	PHONE: 9423044721
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **JOSHI VITTHAL DAMODAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: UTTURKAR V.M.	PF NO.: 10295
ADDRESS: 34 YASHLAXMI OPP BRAHMIN SABHA TILAK ROAD DOMBIVALI EAST THANE 421201	PHONE: 9930500470
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **UTTURKAR V.M.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JOSHI B.G.	PF NO.: 10301
ADDRESS: B 6 BLDGNO 1 ANANDADEEP CHS NO 1 PENDSE NAGAR RD NO 2 DOMBIVILI EAST 421201	PHONE: 9833856835
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **JOSHI B.G.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DESHPANDE NANDKISHOR CHINTAMAN	PF NO.: 10306
ADDRESS: 801 YASH PLATIUM NARHE ROAD DHAYRI PUNE PUNBE 411041	PHONE: 8788673908
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DESHPANDE NANDKISHOR CHINTAMAN** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: TAWAR MOHANLAL ZULAL	PF NO.: 10307
ADDRESS: 3 PARMESHVAR DUPLEX SUSEN TARSALI RING RD TARSALI BARODA VADODARA 390009	PHONE: 9898324069
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **TAWAR MOHANLAL ZULAL** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DESHPANDE AJIT GOVIND	PF NO.: 10314
ADDRESS: SARTHK, WARDNO.7 PURNAVADNAGAR,NR. MULA PRAV ELE SOC. SHRIRAMPUR 413709	PHONE: 9823472950
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DESHPANDE AJIT GOVIND** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KULKARNI SUHAS SHRIKRISHNA	PF NO.: 10318
ADDRESS: S R NO 26 PLOT NO 155 PRASAD FLOT NO 203 DAHANUKAR PUNE 411007	PHONE: 9890090777
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KULKARNI SUHAS SHRIKRISHNA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PRABHUDESAI S. A.	PF NO.: 10326
ADDRESS: 62 OM ADITYA GANESHWADI PANCHPAKHADI THANE 400601	PHONE: 9223377432
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PRABHUDESAI S. A.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JOG RAVINDRA BALWANT	PF NO.: 10333
ADDRESS: F 15 SAISHRADHA APARTMENT TULAJAINAGAR NEAR POTDAR HIGH SCHOOL SANGLI KUPWAD ROAD 416416	PHONE: 9970175431
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **JOG RAVINDRA BALWANT** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KOLHE VISHWANATH MUNJAJI	PF NO.: 10341
ADDRESS: PLOT NO -73 PATBANDHARE NAGAR NORTH SIDE OF HANUMAN TEMPLE TARODA BK NANDED 431605	PHONE: 8421381506
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KOLHE VISHWANATH MUNJAJI** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BANSODE MANIK DEOBA	PF NO.: 10343
ADDRESS: 1405/1406,GARDEN VIEW, ROYAL PALM, AREY COLONY, GOREGAON EAST MUMBAI 400065	PHONE: 9167487071
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BANSODE MANIK DEOBA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BHIVGADE MANOHAR VITHOBA	PF NO.: 10355
ADDRESS: PLAT 40 SHIWASAKTI NAGAR NEW RING ROAD NAGPUR 441610	PHONE: 9765274756
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BHIVGADE MANOHAR VITHOBA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: RAUT ASHOK SHAMRAO	PF NO.: 10375
ADDRESS: PLOT NO 830 N5 SOUTH CIDCO AURANGABAD AURANGABAD 431003	PHONE: 9371999989
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **RAUT ASHOK SHAMRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Authorised signatory

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PACHPINDE BHAGWAN ARJUNRAO	PF NO.: 10378
ADDRESS: SANGEETA COLONY BHAVSINGPURA RD AURANGABAD 431001	PHONE: 9850999809
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PACHPINDE BHAGWAN ARJUNRAO** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KOLHE PURUSHOTTAM BHAGWANTRAO	PF NO.: 10385
ADDRESS: SHRIGURUKRIPA KRISHNARPAN COLONY, NEAR DASARA GROUND AMRAVATI 444605	PHONE: 9823181413
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KOLHE PURUSHOTTAM BHAGWANTRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: HARKARE SATISH DAMODAR	PF NO.: 10390
ADDRESS: PLOT NO 2 KRISHNA COLONY JAIL ROAD NASIK ROAD NASHIK 422101	PHONE: 8657757650
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **HARKARE SATISH DAMODAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JADHAV UMESH VASANT	PF NO.: 10397
ADDRESS: 7,S/N-30/37,SANKALP, VIHANG VIHAR COLONY PIPELINE RD,ANAND VALLI, GANGAPUR RD NASHIK 422013	PHONE: 9420901584
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **JADHAV UMESH VASANT** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MANE KRISHNA DHONDIRAM	PF NO.: 10408
ADDRESS: PLOT NO 120 A C S NO 465/3/3 SUYOG COOPER COLONY SADARBAZAR SATARA 415001	PHONE: 9763975916
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MANE KRISHNA DHONDIRAM** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DHAMANE HIMMAT NARAYAN	PF NO.: 10409
ADDRESS: FLAT NO 603 K BLDG GANGA ASHIYANA ROAD OPP ADITYA BIRLA HOSPITAL NEAR RAGH VENDRA SWAMI MATH THERGAON CHINCHWAD PUNE 411019	PHONE: 9923012433
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DHAMANE HIMMAT NARAYAN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: TARTE AVINASH RAMCHANDRA	PF NO.: 10414
ADDRESS: 6 RUGVED B CO OP HSG SOC.BHABHA NAGAR BOMBAY NAKA NASIK NASIK 422001	PHONE: 9850129630
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **TARTE AVINASH RAMCHANDRA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: HAGAWANE PANDRINATH EKNATH	PF NO.: 10418
ADDRESS: 179,DATTAWADI PUNE PUNE/411030 PUNE 411030	PHONE: 9850717915
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **HAGAWANE PANDRINATH EKNATH** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KULKARNI A.A.	PF NO.: 10424
ADDRESS: JANAKI VIDYAVIHAR COLONY NEAR RLY GATE VISHRAMBAG DIST SANGLI 416415	PHONE: 9860919788
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KULKARNI A.A.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SMT USHA PRABHU	PF NO.: 10432
ADDRESS: 8 1 84 B 1 SHREE VIDHYA OKUDE BADAVANE NEAR SHARADA KALYAN MANTAP KUNJIBETTU UDUPI 576102	PHONE: 9742503164
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SMT USHA PRABHU** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KULKARNI RATNAKAR MADHUKAR	PF NO.: 10482
ADDRESS: F NO 303 CHINTAMANI APRT S NO 120 P NO 8 9 PASHAN SUS RD PASHAN PUNE 411021	PHONE: 9405026742
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KULKARNI RATNAKAR MADHUKAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KARANDE SURYAKANT S.	PF NO.: 10491
ADDRESS: SNO 676 LOKESH SOC FL NO 72 BIBWEWADI PUNE NR BHARAT JYOTI BUS STOP PUNE 411037	PHONE: 9503474533
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KARANDE SURYAKANT S.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SATARKAR MUGDHA SATISH	PF NO.: 10492
ADDRESS: 4 8C NISARGA TWINS VISAKHA SOCIETY KARVENAGAR PUNE 411052	PHONE: 9822342209
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SATARKAR MUGDHA SATISH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GAIKWAD DATTU SUDAM	PF NO.: 10494
ADDRESS: 4 MANOBHUSHAN APPTT.SINHAGAD RD. VADGAON BK. PUNE 411041	PHONE: 9850621515
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **GAIKWAD DATTU SUDAM** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PUJARI NANDKUMAR VISHNU	PF NO.: 10513
ADDRESS: MR NANDKUMAR PUJARI FLAT NO A 9 PRADNYA VIBHUSHAN PRADNYA PARK MAHATMA SOC KOTHRUD 411038	PHONE: 9890818698
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PUJARI NANDKUMAR VISHNU** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SHAH S.P.	PF NO.: 10535
ADDRESS: D 5 KESHAV APARTMENT MEMNAGAR OPP GRAM PANCHAYAT AHMEDABAD 380052	PHONE: 9727173636
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SHAH S.P.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SALUNKE ARUN SAKHARAM	PF NO.: 10550
ADDRESS: B 402 BHAGIRATHI SADAN SHIVAJI PATH DOMBIVLI EAST DOMBIVLI 421201	PHONE: 9819003559
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SALUNKE ARUN SAKHARAM** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PHADKE A U	PF NO.: 10585
ADDRESS: 40 VASANTBAUG COOP HSG SOCIETY SWAMI VIVEKANAND RD BIBWEWADI PUNE 411037	PHONE: 9890964924
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PHADKE A U** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: RADHEYSHYAM	PF NO.: 10589
ADDRESS: GALI NO-3 GANDHI NAGAR NEAR ATTA CHHAKI REWARI 123401	PHONE: 7838242049
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **RADHEYSHYAM** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GEETA DEVI . .	PF NO.: 10590
ADDRESS: DDA MULTY STOREY BLDG FLAT NO 326 PKT 8 SECTOR 12 DWARKA 110075 NEW DELHI 110075	PHONE: 9654395557
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **GEETA DEVI . .** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BHIMSINGH	PF NO.: 10592
ADDRESS: RZ B 53 ROSHAN VIHAR PART 1 GURGAON ROAD NAJAFGARH NEW DELHI 110043	PHONE: 9313194197
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BHIMSINGH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GANVIR SUDHAKAR VITHUJI	PF NO.: 10600
ADDRESS: PLOT NO.88 AMAR SANJAY SOCIETY, VISTARIT NARENDRA NAGAR, RLY GATE NO.120,SOMALWADA, NAGPUR. 440015	PHONE: 9975095255
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **GANVIR SUDHAKAR VITHUJI** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KULKARNI R.R.	PF NO.: 10618
ADDRESS: A4 4 GANESHNAGAR NEAR KOTHRUD EXCHANGE KOTHRUD PUNE 411029	PHONE: 9604896492
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KULKARNI R.R.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SHERKI BHAGWAN GANPAT	PF NO.: 10624
ADDRESS: AMARNATH ENCLAVE FLAT NO 104 KDK COLLEGE ROAD NANDANWAN NAGPUR 440009	PHONE: 9422868515
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SHERKI BHAGWAN GANPAT** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: K RAMCHANDRA MURTHY . .	PF NO.: 10659
ADDRESS: SHREE VENKATESHA NILAYA 171/1A 10TH CROSS 3RD BLOCK THYAGARAJA NAGAR BENGALURU 560028	PHONE: 9482602198
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **K RAMCHANDRA MURTHY . .** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SANTE MACHINDRA NATHOO	PF NO.: 10663
ADDRESS: FLAT NO 5 SAIPRASAD BLDG 15/3+4+5 VISHAL NAGAR PIMPLE NILAKH PUNE 411027	PHONE: 9881895980
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SANTE MACHINDRA NATHOO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KULKARNI KISHOR ANANT	PF NO.: 10664
ADDRESS: 1833 A WARD PRABHATIRTH APART. PLOT 102 TARABAI ROAD KOLHAPUR KOLHAPUR. 416012	PHONE: 9730011014
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KULKARNI KISHOR ANANT** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KULKARNI M.R.	PF NO.: 10674
ADDRESS: 401 SHANWAR PETH BLOCK NO 2 SATHE APARTMENT NEAR AHILYADEVI HIGHSCHOOL PUNE 411030 411030	PHONE: 9922753080
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KULKARNI M.R.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BORSE BHARAT RAMKRISHNA	PF NO.: 10678
ADDRESS: NEW VASUDEO JOSHI COLONY BLOCK NO 33 K HEMU KALANI GARDEN JALGAON 425001	PHONE: 9421000538
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BORSE BHARAT RAMKRISHNA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MORE ASHOK DAULATRAO	PF NO.: 10696
ADDRESS: 202/3,A GANESHNAGAR PURA GRASTHA VASAHAT OPP KARVE ROAD ERANDVANA PUNE 411004	PHONE: 9922404159
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MORE ASHOK DAULATRAO** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: RANADE PRADEEP PRABHAT	PF NO.: 10706
ADDRESS: Q-31, INDRANAGARI, DAHANUKAR COLONY, KOTHRUD, PUNE 411029	PHONE: 9860532308
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **RANADE PRADEEP PRABHAT** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SINGLA VASDEV	PF NO.: 10714
ADDRESS: FLAT NO D 403 RISHI APPARTMENT SECTOR 70 MOHALI 140062	PHONE: 9876207972
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SINGLA VASDEV** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Authorised signatory

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: J JAGANNATHRAO	PF NO.: 10782
ADDRESS: A2/201 PAVAN APRTMENTS, SAI CHOWK SUS ROAD , PASHAN PUNE 411021	PHONE: 9623413269
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **J JAGANNATHRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: TRIVEDI BHARAT HARILAL	PF NO.: 10788
ADDRESS: BEHIND NEW SCHOOL GOPAL BHUVAN OUTSIDE KHAMBHALIA GATE JAMNAGAR 361005	PHONE: 8866405431
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **TRIVEDI BHARAT HARILAL** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: THAKER MAHESH ICCHASHANKAR	PF NO.: 10792
ADDRESS: E 50 GANDHINAGAR GANDHINAGAR POST BEDESH WAR JAMNAGAR 361002	PHONE: 6352495266
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **THAKER MAHESH ICCHASHANKAR** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SHANKAR LAL SINGH	PF NO.: 10794
ADDRESS: B 27 PAILAN PARK PHASE II PAILAN KOLKATA 700104	PHONE: 7838721201
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SHANKAR LAL SINGH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PATIL ANILKUMAR BHAURAO	PF NO.: 10799
ADDRESS: FLAT NO 8 JAIRAJ HOUSING SOCIETY PLOT NO 72 RAMBAUG COLONY KOTHRUD PUNE 411038	PHONE: 9730000451
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PATIL ANILKUMAR BHAURAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SUDAME VIVEK BALKRISHNA	PF NO.: 10808
ADDRESS: FLAT NO H 1207 GANGA GLITZ SR NO 16 3 PUNE 411060	PHONE: 9930309306
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SUDAME VIVEK BALKRISHNA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KAMBALE VIKAS SATAPA	PF NO.: 10838
ADDRESS: SANSKRUTI 680 E WARD DR AMBEDKAR NAGAR KASABA BAWADA TAL KARVEER DIST KOLHAPUR KOLHAPUR 416006	PHONE: 9923194256
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KAMBALE VIKAS SATAPA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MANDALIA B.N.	PF NO.: 10857
ADDRESS: 14 REVAPARK SOC NR SITABAUG GROUND MANJALPUR VADODARA 390011	PHONE: 9824334611
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MANDALIA B.N.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: VAIDYA SANJAY H	PF NO.: 10860
ADDRESS: AT POST KHANDALA TQ SHRIRAMPUR AHMEDNAGAR 413719	PHONE: 9922850954
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **VAIDYA SANJAY H** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: USHA VENKATESHWARAN	PF NO.: 10938
ADDRESS: I/72 0:4 NEW HEAVEN CHS SECTOR 4 NERUL (W) 400706	PHONE: 9819014048
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **USHA VENKATESHWARAN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BHAGAT MILINDKUMAR KRISHNARAO	PF NO.: 10948
ADDRESS: PLOT NO PRABHAT COLONY NARI ROAD NAGPUR 440026	PHONE: 9423681945
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BHAGAT MILINDKUMAR KRISHNARAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BRAMHE PRAMOD TRIMBAK	PF NO.: 10951
ADDRESS: NEAR RAM MANDIR JATAR GALI LAXMI GANJ LASHKAR GIRD GWALIOR 474001	PHONE: 9424405565
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BRAMHE PRAMOD TRIMBAK** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JANAKI BALAKRISHNAN . .	PF NO.: 10970
ADDRESS: 394/4 GUPTA BLDG A BHAU DAJI ROAD MATUNGA EAST MUMBAI 400019	PHONE: 7710030040
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **JANAKI BALAKRISHNAN . .** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PILANKAR SANJAY SHRINIWAS	PF NO.: 10972
ADDRESS: 2 C BHASKAR CHS LTD NAIKWADI GOREGAON EAST MUMBAI 400063	PHONE: 9730000452
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PILANKAR SANJAY SHRINIWAS** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JAGTAP S.V.	PF NO.: 10974
ADDRESS: 11 DATTA NIWAS TH KATARIA MARG MATUNGA ROAD MUMBAI 400016	PHONE: 9819428598
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **JAGTAP S.V.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PATIL SUNIL SADANAND	PF NO.: 10976
ADDRESS: Amit Mansion Room No 45 R K Bldg Manorama Nagarkar Marg Taikal Wadi MAHIM MUMBAI 400016	PHONE: 9869413182
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PATIL SUNIL SADANAND** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DHAWAL R.K.	PF NO.: 10978
ADDRESS: A 4, KRISHANA SADAN OPP. APLAB WAGLE ESTATE THANE 400604	PHONE: 9892959929
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DHAWAL R.K.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: REGE MANGESH CHANDRAKANT	PF NO.: 10983
ADDRESS: 2 SHELLPRABHAC CHS LTD DR R P ROAD DATTANAGAR DOMBIVALI E DIST THANE THANE 421201	PHONE: 9869420255
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **REGE MANGESH CHANDRAKANT** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SHETTY JAGDISH MUDDU	PF NO.: 10989
ADDRESS: 203,KULIN CHS., DEENDAYAL ROAD DOMBIVLI WEST DOMBIVLI 421202	PHONE: 9820391715
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SHETTY JAGDISH MUDDU** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SIKORA NAFISA MANNAN	PF NO.: 10991
ADDRESS: AMRUTHA ENCLAVE BLOCK C 105 RD NO 14 BANJARA HILLS HYDERABAD 500034	PHONE: 9949906363
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SIKORA NAFISA MANNAN** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: V.K.BHUVANESWARI	PF NO.: 11006
ADDRESS: 25/1 F 2 VAIKUNTH APARTMENTS 3RD EAST STREET THIRUVANMIYUR CHENNAI 600041	PHONE: 9840712702
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **V.K.BHUVANESWARI** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PHADTARE J.D.	PF NO.: 11008
ADDRESS: FLAT NO303 SHRI PLAZA PHASE 1 SECOND FLOOR 131 RANGOLE COLONY GENDAMAL SATARA 415002	PHONE: 9423863694
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PHADTARE J.D.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KAMLAPURKAR UMA R	PF NO.: 11016
ADDRESS: 62 1 AVADHOOT LANE RASNE NAG AR SAVEDI AHMEDNAGAR 62 1 AVADHOOT LANE RASNE NAGAR SAVEDI AHMEDNAGAR 414003	PHONE: 9767320733
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KAMLAPURKAR UMA R** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BINDRA KANWALJEETSINGH	PF NO.: 11062
ADDRESS: C 4A / 11A GROUND FLOOR JANAKPURI NEW DELHI 110058	PHONE: 9868216534
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BINDRA KANWALJEETSINGH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: RAMINDER KAUR . .	PF NO.: 11063
ADDRESS: C-3/250,JANAK PURI NEW DELHI NEW DELHI 110022	PHONE: 9873719319
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **RAMINDER KAUR . .** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: CHANANA PUSHPA	PF NO.: 11065
ADDRESS: 141SEC FLOOR POCKET F-1/U PITAM PURA NEW DELHI 88 NEW DELHI 110088	PHONE: 9899556997
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **CHANANA PUSHPA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PHADNIS RAJU HANUMANT	PF NO.: 11078
ADDRESS: 2 TEJASWINI 47 SRIRAM SOCIETY WARJE PUNE 411058	PHONE: 7738381150
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PHADNIS RAJU HANUMANT** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KAMBLE SHAM HINDURAO	PF NO.: 11079
ADDRESS: FL -05, S N 41/3+41/5 OM TULSI BH -TATYA TOPE WANWADI PUNE 411040	PHONE: 9423014242
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KAMBLE SHAM HINDURAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MUJUMDAR MUKUND DATTATRAYA	PF NO.: 11085
ADDRESS: E 604, SUVARNAREKHA APTS. SINHGAD ROAD, DATAR FARM PUNE 411030	PHONE: 9970133590
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MUJUMDAR MUKUND DATTATRAYA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SHENDGE ANANT YEDBA	PF NO.: 11089
ADDRESS: RH NO A 1 STERLING NISARGA II S NO 23 BY 1 BY 1 DHAYARI NARHE ROAD NEAR KAILASH JEEVAN DHAYARI PUNE 411041	PHONE: 9403186012
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SHENDGE ANANT YEDBA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: LAGWANKAR S.S.	PF NO.: 11096
ADDRESS: FLAT NO 4 VASTUSHILP APPTS BHARAT KUNJ SOC NO.2 ERANDWANA PUNE 411004	PHONE: 9423168808
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **LAGWANKAR S.S.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: CHOKDA JAIPRAKASH JUGALKISHOR	PF NO.: 11124
ADDRESS: FLAT NO 2 BUILDING C 1 SURYA LOK NAGARI VAIDWADI HADAPSAR PUNE 411028	PHONE: 9423140546
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **CHOKDA JAIPRAKASH JUGALKISHOR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: AMBHORE PRALHAD BHAGWAN	PF NO.: 11126
ADDRESS: 57 LAXMINAGAR BEHIND HOTEL JANKI GARKHEDA AURANGABAD 431005	PHONE: 9730000656
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **AMBHORE PRALHAD BHAGWAN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: G HARISINGH	PF NO.: 11135
ADDRESS: H NO 14-11-719 KAMATIPURA, JINSI CHOWRAHA, POST-BEGUMBAZAR,HYDERABAD. 500012	PHONE: 9989826396
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **G HARISINGH** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SHINDE DAGDU MASAJI	PF NO.: 11157
ADDRESS: 102 JYOTI APT PLOT NO 88 SECTOR NO 3 KOPAR KHAIRNE NAVI MUMBAI 400709	PHONE: 9730000574
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SHINDE DAGDU MASAJI** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BAVASKAR DILIPKUMAR DAYARAM	PF NO.: 11158
ADDRESS: 201/A OMMEGHASPARSHA NEAR YASH LAWNS BIBWEWADI PUNE 411037	PHONE: 9422308848
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BAVASKAR DILIPKUMAR DAYARAM** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: WANKHEDE SANJAY KRISHNARAO	PF NO.: 11161
ADDRESS: F 16 TEJASHREE APT LAXMINAGAR NAGPUR NAGPUR 440022	PHONE: 9822091133
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **WANKHEDE SANJAY KRISHNARAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KALE VASANT MADHAO	PF NO.: 11171
ADDRESS: 303 RATNADEEP APARTMENTS B 50 TULSIBAUGWAL COLONY SAHAKAR NAGAR NO 2 PUNE 411009	PHONE: 9503043431
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KALE VASANT MADHAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: WEGINWAR SUBHASH GANPATRAO	PF NO.: 11178
ADDRESS: Q1 6 KRISHNA KAMAL SAI CHOWK PASHAN SUS ROAD PASHAN PUNE 411021	PHONE: 7350840300
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **WEGINWAR SUBHASH GANPATRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BHUSARI PRADIPKUMAR KAMALAKARRAO	PF NO.: 11184
ADDRESS: 9 H.B.ESTATE SONEGAON POST KHAMLA NAGPUR 440025	PHONE: 9766156904
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BHUSARI PRADIPKUMAR KAMALAKARRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: ARORA KULDEEP SINGH	PF NO.: 11194
ADDRESS: 25 girdhar nagar tilak nagar INDORE 452018	PHONE: 9730306610
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **ARORA KULDEEP SINGH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DUBEY MADHURMOHAN NIRANJANPRASAD	PF NO.: 11200
ADDRESS: PLOT NO 1111, H NO 1/2 A1 VEER SAWARKAR WARD SANJIVANI NAGAR GARHA JABALPUR 482002	PHONE: 9644655376
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DUBEY MADHURMOHAN NIRANJANPRASAD** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BANSODE N A	PF NO.: 11201
ADDRESS: 75/1 PCNTDA NIGDI PUNE 411044	PHONE: 9860934184
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BANSODE N A** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SUBHASHITAN A.T.	PF NO.: 11219
ADDRESS: PEMAJAM KARAPARAMBA CALICUT CALICUT 673010	PHONE: 8281633511
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SUBHASHITAN A.T.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DEVAL MAKARAND KRISHNA	PF NO.: 11222
ADDRESS: FLAT NO 4 SNEH SOCIETY OPP CHAITANYA HEALTH CLUB RAMBAG COLO PAUD ROAD PUNE 411038	PHONE: 8605006818
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DEVAL MAKARAND KRISHNA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KADHALE RAMCHANDRA BUDHAJI	PF NO.: 11229
ADDRESS: S NO 36 1 1 31 PLOT NO 20 VIDYANAGAR NEAR ASHIRWAD MANGAL KARYALAYA PUNE4110015 411015	PHONE: 9423581262
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KADHALE RAMCHANDRA BUDHAJI** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: USHA RANI SEN	PF NO.: 11234
ADDRESS: HA 221 SECTOR III SALT LAKE KOLKATA 700091	PHONE: 9007307921
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **USHA RANI SEN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SUBHRASHIS GUHA	PF NO.: 11235
ADDRESS: BK179 SECTOR I I SALT LAKE KOLKATA 700091	PHONE: 9433339613
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SUBHRASHIS GUHA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: THAKKAR KIRITKUMAR RATILAL	PF NO.: 11239
ADDRESS: 304 ANANDMANGAL APPT NR VVNAGAR POLICE STN MAHADEV AREA VALLABH VIDYANAGAR 388120	PHONE: 9106899527
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **THAKKAR KIRITKUMAR RATILAL** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KHISMATRAO K.K.	PF NO.: 11246
ADDRESS: KHISMATRAO BLDG VIJAY CHS. M.PHULE RD DOMBIVLI W DOMBIVLI 421202	PHONE: 9820786990
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KHISMATRAO K.K.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GOKHALE MANJIRI SUDHIR	PF NO.: 11264
ADDRESS: FLAT NO 1 SARTHAK APPT 1901 SADASHI V PETH NATU BAG OPP SARASWATI MANDIR SCHO0 PUNE 411030 PUNE 411030	PHONE: 9730006178
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **GOKHALE MANJIRI SUDHIR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DEVADHAR MEDHA PRAMOD	PF NO.: 11265
ADDRESS: 759/50 A DECCAN GYMKHANA DECCAN GYMKHANA PUNE 411004	PHONE: 9890001575
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DEVADHAR MEDHA PRAMOD** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DIWAN P.D.	PF NO.: 11276
ADDRESS: F 1 DURGA APARTMENT SUDHAKARNAGAR Y P POWAR ROAD KOLHAPUR 416012	PHONE: 9970298969
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DIWAN P.D.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: ATTAR HARUN GULAB	PF NO.: 11277
ADDRESS: AT PO AUNDH TAL KHATAV DIST SATARA AUNDH 415510	PHONE: 9850646891
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **ATTAR HARUN GULAB** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: WAGLE SUSHIL KAMALAKAR	PF NO.: 11278
ADDRESS: A 8 3RD FLOOR SHREE OMKAR CHS ABOVE KURLA NAG SAH BANK GAVANPADA MULUND EAST 400081	PHONE: 9869040245
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **WAGLE SUSHIL KAMALAKAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KOKIL SURESH DNYANOBA	PF NO.: 11280
ADDRESS: 77 A /AKSHAT RESIDENCY JADHAVWADI PHALTAN 415523	PHONE: 9665210301
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KOKIL SURESH DNYANOBA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: NARINDERSINGH . .	PF NO.: 11291
ADDRESS: D-52/B, SECOND FLOOR MOTI NAGAR NEW DELHI 110015	PHONE: 9999741971
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **NARINDERSINGH . .** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: AHUJA SOHANSINGH	PF NO.: 11294
ADDRESS: 69-I B R S NAGAR LUDHIANA 141010	PHONE: 9815337858
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **AHUJA SOHANSINGH** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MAHADEVAN RAMADURAI . .	PF NO.: 11298
ADDRESS: F 403 BHAGYAWAN APPTT. MAYUR VIHAR PHASE 1 NEW DELHI 110091	PHONE: 9868152675
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MAHADEVAN RAMADURAI . .** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SHENOY S.S.	PF NO.: 11322
ADDRESS: 202 2ND FLOOR B WING UMASHREE CHS LTD SANE GURUJI NAGAR NAVGHAR RD MULUND EAST 400081	PHONE: 9969023641
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SHENOY S.S.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PHADKE MEGHANA MANOHAR	PF NO.: 11325
ADDRESS: 9 355 GULMURG TARANG SHAILENDRA NAGAR DAHISAR EAST MUMBAI 400068	PHONE: 9987872594
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PHADKE MEGHANA MANOHAR** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SUSAN JOHNNY . .	PF NO.: 11326
ADDRESS: FLAT NO 202 II FLOOR MATHRUBHUMI SHREE NAGAR COLONY OFF M G RD GOREGAON WEST MUMBAI 400104	PHONE: 9987078752
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SUSAN JOHNNY . .** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: RAUT KIRAN DATTATREYA	PF NO.: 11335
ADDRESS: 5/102,RAMBAUG CHS, PARNAKA,NEAR SIDDHAK ALA NURSING HOME, VASAI(W) 401201	PHONE: 9890179405
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **RAUT KIRAN DATTATREYA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MOHITE VISHWAS DAMODAR	PF NO.: 11349
ADDRESS: A 52 OM PUSHPANJALI POISAR GYMKHANA RD POISAR KANDIVALI WEST MUMBAI 400067	PHONE: 9869196825
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MOHITE VISHWAS DAMODAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: HALDAR AMARESH KIRAN	PF NO.: 11366
ADDRESS: C O B O M CHAMORSHI TA CHAMORSHI DIST GADCHIROLI CHAMORSHI 442603	PHONE: 8407992610
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **HALDAR AMARESH KIRAN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PAI DAYANAND B	PF NO.: 11384
ADDRESS: FLAT NO.8, SAIKRUPA APPARTMENT, 58/73,LEFT BHUSARI COLONY, PAUD ROAD KOTHRUD, PUNE 411038	PHONE: 9561057637
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PAI DAYANAND B** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: CHAUHAN BHARAT RATILAL	PF NO.: 11385
ADDRESS: C 303 UMANG CHS MATHURADAS EXTN RD KANDIVLI W MUMBAI 400067	PHONE: 9869273235
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **CHAUHAN BHARAT RATILAL** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SMT.J B DIWAN	PF NO.: 11387
ADDRESS: N 3 CIDCO 549 NEAR KITLI GARDEN AURANGABAD AURANGABAD 431003	PHONE: 9923810448
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SMT.J B DIWAN** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: CHIKODI SHRIDHAR BALKRISHNA	PF NO.: 11388
ADDRESS: HARI KRIPA HSG SOC PANDURANGWADI MANPADA DOMBIVALI EAST DOMBIVALI E 421201	PHONE: 9819074280
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **CHIKODI SHRIDHAR BALKRISHNA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: M. ANANDARAO	PF NO.: 11390
ADDRESS: PLOT NO 452 H NO 29 1440 1 2 KAKATIYANAGAR EAST NEREDMET R K PURAM POST SECUNDERABAD 500056	PHONE: 7799719661
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **M. ANANDARAO** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GOVANDE ALKA U	PF NO.: 11396
ADDRESS: ANANDI PANINI HSG SOC ARANYESHW PUNE 411009	PHONE: 9970944739
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **GOVANDE ALKA U** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BHALERAO PRAKASH RAJESHWAR	PF NO.: 11404
ADDRESS: FLAT NO 702 MANTRI KINARA COOP HSG SO BEHIND PUNE I T PARK B BULDING BHAU PATIL ROAD BOPODI PUNE 411020	PHONE: 9881096144
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BHALERAO PRAKASH RAJESHWAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: NIRMAL KUMAR MUKHERJEE	PF NO.: 11405
ADDRESS: 43795 JHEEL ROAD XXXXX KOLKATA 700031	PHONE: 9830469641
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **NIRMAL KUMAR MUKHERJEE** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DEY SUSANTA KUMAR	PF NO.: 11406
ADDRESS: PRANTIK APARTMENT FLAT NO. S-1, K/115 PURBAPARA GARIA KOLKATA-84 700084	PHONE: 9007388216
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DEY SUSANTA KUMAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: CHANDAN SAHA CHOWDHURY	PF NO.: 11407
ADDRESS: 64 AND 65 JELIA PARA LANE SALKIA HOWRAH HOWRAH 711106	PHONE: 9836312830
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **CHANDAN SAHA CHOWDHURY** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KALYAN KUMAR DAS	PF NO.: 11411
ADDRESS: #N/A	PHONE: 8420399639
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KALYAN KUMAR DAS** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MANNA SUBRATA AMULYA	PF NO.: 11412
ADDRESS: AMBIKA KUNDU BYE LANE PO-SANTRAGACHI,LP-2/13 HOWRAH WEST BENGAL 711104	PHONE: 8902672890
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MANNA SUBRATA AMULYA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SARKAR INDUJYOTI SANTIRAM	PF NO.: 11414
ADDRESS: DURGANAGAR SOUTH PO RABINDRA NAGAR KOLKATA 700065	PHONE: 9433821906
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SARKAR INDUJYOTI SANTIRAM** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Authorised signatory

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KARANDIKAR KRISHNA MAHADEO	PF NO.: 11415
ADDRESS: 10,SHAKUNTAL APTT DNYANESHWAR NAGAR KARVE RD KOTHRUD,PUNE 411038	PHONE: 9850236640
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KARANDIKAR KRISHNA MAHADEO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SHUBHADA YASHAWANT PENDSE	PF NO.: 11451
ADDRESS: FLAT 101 PASAYDAN PLOT 133 7 MRITYUNJAY COLONY NEAR MAYUR COLNY KOTHRUD PUNE PUNE 411038	PHONE: 9420481340
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SHUBHADA YASHAWANT PENDSE** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MESHRAM NANDLAL NARAYAN	PF NO.: 11473
ADDRESS: FLAT NO 6 RAJ PALACE OPP PATIL GARDEN 100 FT D P ROAD INDIRANAGAR NASHIK NASIK 422009	PHONE: 9421003322
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MESHRAM NANDLAL NARAYAN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JOSHI VINOD BHANUSHANKAR	PF NO.: 11494
ADDRESS: B 24 KRISHANALAYA BUILDING SION DUNCON CAUSEWAY RD CHUNABHATTI MUMBA1 400022	PHONE: 9869226009
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **JOSHI VINOD BHANUSHANKAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PARDESHI MANOHARSING KISANSING	PF NO.: 11511
ADDRESS: 2ND FLOOR, 'B' WING, SHANIT-KUNJ SOCIETY, 29/2, SOMWAR PETH, PUNE 411011	PHONE: 9423534931
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PARDESHI MANOHARSING KISANSING** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GIANCHANDANI M.L.	PF NO.: 11514
ADDRESS: 7 UMA HEIGHTS 158A BMCC ROAD OPPOSITE AGHARKAR INSTITUTE PUNE 411004	PHONE: 9403600942
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **GIANCHANDANI M.L.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KAMBLE SIDDHARTH NARAYAN	PF NO.: 11525
ADDRESS: S 2 MINAKSHIKUNJ APT KRISHNANAGAR SATARA SATARA 415001	PHONE: 9673499334
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KAMBLE SIDDHARTH NARAYAN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: TAHILIANI INDUBALA	PF NO.: 11558
ADDRESS: 43548 1st FLOOR OLD RAJINDER NAGAR NEW DELHI 110060	PHONE: 9350908066
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **TAHILIANI INDUBALA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GUPTA SUSHILKUMAR . .	PF NO.: 11560
ADDRESS: 225A SEC 51A CHANDIGARH CHANDIGAR 160047	PHONE: 9780022586
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **GUPTA SUSHILKUMAR . .** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SHARMA MITALI . .	PF NO.: 11564
ADDRESS: POCKET 4/FLAT NO 196 KONARK APPARTMENT KALKAJI EXT N.DELHI 110019	PHONE: 9871307383
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SHARMA MITALI . .** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BHUSHAN MAHAJAN	PF NO.: 11566
ADDRESS: 208 SATYAM ENCLAVE OPPOSITE DEVI DAYAL APPARTMENTS NEAR I M E COLLEGE SAHIBABAD 201005	PHONE: 9891831922
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BHUSHAN MAHAJAN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: AMIT KUMAR BANERJEE	PF NO.: 11571
ADDRESS: 15 A HARISH NEOGI ROAD DESHBANDHU APARTMENT FLAT 2D 2ND FLOOR KOLKATA 700067	PHONE: 9831118309
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **AMIT KUMAR BANERJEE** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: ARABINDA CHAKRABORTY	PF NO.: 11572
ADDRESS: SUBASHPALLY NEAR BARA MASJID PO MADHYAMGRAM DIST NORTH 24 PGS KOLKATA 700129	PHONE: 9432440103
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **ARABINDA CHAKRABORTY** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SRI.BHARATKUMAR S	PF NO.: 11576
ADDRESS: C1 POONAM PRIDE BUNGLOW NR SHANTI ASITIC SCHOOL SHELA ROAD AHMEDABAD 380058	PHONE: 8600071113
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SRI.BHARATKUMAR S** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JOSHI SHUBHANGI D	PF NO.: 11585
ADDRESS: F NO 8 KRISHNAKALA APT. LANE NO 8 DAHANUKAR COLONY KOTHRUD PUNE 411038	PHONE: 9604628617
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **JOSHI SHUBHANGI D** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SATHE MADHURI SHRIRANG	PF NO.: 11586
ADDRESS: 7 11 KEDAR APT KRISHNA COLNY OPP VANAZ PAUD ROADPUNE PUNE 411038	PHONE: 9860991719
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SATHE MADHURI SHRIRANG** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SMT. JOTHI DEVAN	PF NO.: 11590
ADDRESS: SWATHY F-4 PEROOR NAGAR AMBALAMUKKU TRIVANDRUM KERALA 695003	PHONE: 9895340727
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SMT. JOTHI DEVAN** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SHENOY MINAL HARISH	PF NO.: 11592
ADDRESS: E/3,MULUND TARUNA CHS,LALA DEVIDAYAL RD.MULUND WEST MUMBAI 400080	PHONE: 9987579468
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SHENOY MINAL HARISH** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: RANE A.A.	PF NO.: 11595
ADDRESS: 203 KRISHNA VIHAR CHS DR S S RAO ROAD TAWARI PADA LALBAUGH MUMBAI 400012	PHONE: 9869057637
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **RANE A.A.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KULKARNI S.S.	PF NO.: 11597
ADDRESS: 1808 SHREEJI VILLA T H KATARIA MARG MAHIM MUMBAI 400016	PHONE: 9969103460
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KULKARNI S.S.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GAIKWAD MEERA MOHAN	PF NO.: 11602
ADDRESS: BLOCK NO 201 KASHIRATNA BHAWAN DATTA MANDIR RD CHENDANI KOLIWADA THANE W 400601	PHONE: 9867893683
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **GAIKWAD MEERA MOHAN** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: WALVEKAR MURALIDHAR BABURAO	PF NO.: 11614
ADDRESS: PLOT NO 425 SECTOR NO 3 SHIVA BASAVNAGAR BELGAUM BELGAUM 590010	PHONE: 9341115846
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **WALVEKAR MURALIDHAR BABURAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JOSHI V.M.	PF NO.: 11616
ADDRESS: PLOT NO 8 VIVEKANAND NAGAR BEHIND MADHUR FOOD PLAZA PIPE LINE ROAD ANANDWALLI NASIK 422013	PHONE: 7030709334
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **JOSHI V.M.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: ARGADE PRAMOD N	PF NO.: 11643
ADDRESS: S NO 50/1 KARVE NAGAR FLAT NO-1 SAYLEE SHELTERS NEAR VITTHAL MANDIR KARVENAGAR PUNE 411052	PHONE: 9850382918
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **ARGADE PRAMOD N** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: LAGVANKAR ANJALI VINAY	PF NO.: 11644
ADDRESS: S NO 666 1A 2 POONAM GARDEN BLDG A F NO 401 402 BIBWEWADI DI PUNE 411037	PHONE: 9850131134
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **LAGVANKAR ANJALI VINAY** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: TADE PRADEEP KESHAV	PF NO.: 11650
ADDRESS: SHRIKRIPA 23 MILAP COOPHSG SOC NEAR VAKIL NAGAR ERANDWANE PUNE 411004	PHONE: 9890470626
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **TADE PRADEEP KESHAV** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: RABINDRA NATH MONDAL	PF NO.: 11658
ADDRESS: VIVEKANANDA ROAD BYE LANE-1 POST - SONARPUR KOLKATA WEST BENGAL 700150	PHONE: 9433525998
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **RABINDRA NATH MONDAL** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GOUTAM DASGUPTA	PF NO.: 11659
ADDRESS: 8/1M NAKTALA ROAD KOLKATA 700047 KOLKATA 700047	PHONE: 9830187940
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **GOUTAM DASGUPTA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DANDGE ARVIND SHAMRAO	PF NO.: 11679
ADDRESS: FLAT NO B B 5 PASHCHIMRANG S NO 125 1A 1 1 NEAR SHRIRAM SOCIETY WARJE PUNE 411052 PUNE 411052	PHONE: 9890960645
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DANDGE ARVIND SHAMRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: HALDANKAR SANDEEP DAMODAR	PF NO.: 11688
ADDRESS: 3/46 ADARSH NAGAR WORLI PRABHADEVI MUMBAI 400025	PHONE: 9819436790
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **HALDANKAR SANDEEP DAMODAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PANDE AVINASH LAXMANRAO	PF NO.: 11699
ADDRESS: VISHWAMITRA BIHADE BABA MANDIR LANE KAKKAD LAYOUT (SAINAGAR) AMARAVATI 444607	PHONE: 9420078849
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PANDE AVINASH LAXMANRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: HADA ARUN SUBHAGYA	PF NO.: 11705
ADDRESS: B-36 PRABHU MARG TILAK NAGAR JAIPUR 302004	PHONE: 9413251637
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **HADA ARUN SUBHAGYA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GUPTA BIJENDAR MURARILAL	PF NO.: 11708
ADDRESS: H NO 1492 SECTOR 3 FARIDABAD FARIDABAD 121004	PHONE: 7838877081
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **GUPTA BIJENDAR MURARILAL** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MR.KEMBHAVI M.H.	PF NO.: 11711
ADDRESS: 4061/1B/4A SRIVATSA KHADI BHANDAR ROAD HEALTH CAMP GADAG BETGERI GADAG 582102	PHONE: 9880662660
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MR.KEMBHAVI M.H.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SHETTY KARUNAKAR BABU	PF NO.: 11714
ADDRESS: A 10 COM PRABHATKAR CO HSG SOCIETY BEHIND BYTCO COLLAGE JAGTAP MALA NASIK ROAD NASHIK 422001	PHONE: 9823512371
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SHETTY KARUNAKAR BABU** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BENDE AVINASH SUDHAKAR	PF NO.: 11716
ADDRESS: BLDG.NOB/4,FLAT NO.11/12 BHUSARI COLONY,PAUD RD KOTHRUD PUNE 411038	PHONE: 9011398391
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BENDE AVINASH SUDHAKAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: NARVEKAR S.S.	PF NO.: 11718
ADDRESS: 404 CLOVER DOSTI ACRES ANTOP HILL S M ROAD WADALA E MUMBAI 400001	PHONE: 9987833468
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **NARVEKAR S.S.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: CHITALE JYOTSNA M	PF NO.: 11743
ADDRESS: 10 12 ANAND PARK SOCIETY SHANKAR SHETH ROAD PUNE 411037	PHONE: 9922387233
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **CHITALE JYOTSNA M** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MAHADIK MANGALA PRAKASH	PF NO.: 11745
ADDRESS: 21 ARUNODAYA COOP HSG SOCIETY SASANENAGAR HADAPSAR OPP ASHIRWAD MANGAL KARYALAY PUNE 411028	PHONE: 8552851306
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MAHADIK MANGALA PRAKASH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KAKANI SMT.P.D.	PF NO.: 11748
ADDRESS: FLAT NO 101 1 ST FLOOR MANGALAM PARK SHIVAJI NAGAR NAGPUR NAGPUR 440010	PHONE: 9970154661
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KAKANI SMT.P.D.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: NAYAK ISHWAR H.	PF NO.: 11749
ADDRESS: A5 FLAT NO 09 SUNCITY PH 2 ANANDNAGAR WADGAON BK PUNE DIST PUNE 411051	PHONE: 9819722866
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **NAYAK ISHWAR H.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GANDHI SHAILESH HARSUKHRAI	PF NO.: 11751
ADDRESS: B 3 10 PANCHRATNA APPTTS OPP PRAKASH SCHOOL BODAKDEV AHMEDABAD 380054	PHONE: 9909289025
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **GANDHI SHAILESH HARSUKHRAI** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SRI.RAMESH DASARY	PF NO.: 11759
ADDRESS: FLAT NO 202B SAINCHER PALACE APTS EAST MAREDPALLY SECUNDERABAD HYDERABAD 500026	PHONE: 9440634306
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SRI.RAMESH DASARY** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PATIL SNEHAL S	PF NO.: 11762
ADDRESS: SHUBHMANGAL HSG SO FLAT NO 1 BLDG NO 1 OPP BHARTIYA VIDYA BHAVAN SCHOOL SENAPATI BAPAT RD PUNE PUNE 411016	PHONE: 9325148267
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PATIL SNEHAL S** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MANWAR AJBRAO UTTAMRAO	PF NO.: 11768
ADDRESS: 18A UJJVAL COLONY NEAR VIDYUT NAGAR AMRAVATI AMRAVATI 444604	PHONE: 9420722005
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MANWAR AJBRAO UTTAMRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: RAO AKELLA SRINIWAS	PF NO.: 11770
ADDRESS: FLAT NO T-3, SATYAM RESIDENCY SATYAM HEGIHTS RAJEEVGANDHINAGAR BACHUPALLY HYDER ABAD 500090	PHONE: 7680929790
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **RAO AKELLA SRINIWAS** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DALVI SUNIL SHANTARAM	PF NO.: 11772
ADDRESS: 9 MATRU PITRU APARTMENT MALEGAON CAMP MALEGAON DIST NASIK NASIK 423301	PHONE: 9921008240
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DALVI SUNIL SHANTARAM** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KALAYIL ANTONY THOMAS	PF NO.: 11775
ADDRESS: FLAT NO 5 1st FLOOR NIRMAL BLDG ST PIUS X CHS LTD ST PIUS STREET NEAR ST PIUS CHURCH MULUND W MUMBAI 400080	PHONE: 9167011996
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KALAYIL ANTONY THOMAS** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DESHPANDE AVINASH DATTATRAYA	PF NO.: 11777
ADDRESS: SNO-5/3 SWAMINARAYAN B WIN G NR MOON CITY WADGAON BK PUNE-51 PUNE 411051	PHONE: 9730000438
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DESHPANDE AVINASH DATTATRAYA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: NADKARNI S.S.	PF NO.: 11781
ADDRESS: FLAT NO 1104 AETHER CHSL B 1 VISHWESHWAR RD NEAR UMIYA MATA MANDIR GOREGAON EAST MUMBAI 400063	PHONE: 9869344209
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **NADKARNI S.S.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: VIJAYALAKSHMI NARENDRA	PF NO.: 11786
ADDRESS: D 3 RAMKUTIR CHS BANGUR NAGAR GOREGOAN WEST MUMBAI 400090	PHONE: 9821856442
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **VIJAYALAKSHMI NARENDRA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: VALSANGKAR S.S.	PF NO.: 11788
ADDRESS: 302 A I GOLDEN PARK OPP NAVNIT MOTORS NEAR WOOD PLAZA THANE WEST 400601	PHONE: 8104834388
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **VALSANGKAR S.S.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: NALKUR A.G.	PF NO.: 11792
ADDRESS: H 16 DWARKADHEESH RESIDENCY SHIVAR CHOWK PIMPLE SAUDAGAR PUNE 411027	PHONE: 8698026114
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **NALKUR A.G.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: RUMAO SIMON MICHAEL	PF NO.: 11793
ADDRESS: RUMAO ALI NANDAKHAL PO AGASHI TAL VASAI DIST THANE VIRAR WEST 401301	PHONE: 9969009649
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **RUMAO SIMON MICHAEL** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DAVE SUNDARESH K.	PF NO.: 11805
ADDRESS: A/202,PRAKASH KIRAN CHS LTD, THAKURWADI DOMBIVALI(W) 421202	PHONE: 9820388470
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DAVE SUNDARESH K.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: A. UNNIKRISHNAN . .	PF NO.: 11814
ADDRESS: 20/1 HARSH NIVAS 2nd CROSS CAUVERY NGR MURUGESHPALYA VIMANAPURA POST BANGALORE 560017	PHONE: 9900089025
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **A. UNNIKRISHNAN . .** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MOHOLKAR ARUNA VINAYAK	PF NO.: 11821
ADDRESS: BLDG NO A 4 FLAT NO 10,POTNIS PARISAR NEAR GIRIJA SHANKAR VIHAR KARVENAGAR PUNE 52 PUNE 411052	PHONE: 9960063485
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MOHOLKAR ARUNA VINAYAK** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: POKHARKAR RAJENDRA RAMCHANDRA	PF NO.: 11826
ADDRESS: 11/A, SHRI-KRUPA, KRISHI SOCIETY, PUNE 411016 PUNE 411016	PHONE: 9850227825
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **POKHARKAR RAJENDRA RAMCHANDRA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)

Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: YADAV JAGDISH	PF NO.: 11833
ADDRESS: A 17 JAMNA NAGAR AJMER ROAD JAIPUR RAJASTHAN 302006	PHONE: 9982453209
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **YADAV JAGDISH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: VERMA KRISHANLAL KHANCHAND	PF NO.: 11842
ADDRESS: HOUSE NO 955 PHASE 10 MOHALI PUNJAB 160062	PHONE: 9872628394
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **VERMA KRISHANLAL KHANCHAND** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MHATRE PRADIP BHALCHANDRA	PF NO.: 11846
ADDRESS: D 414 EKTH WOODS, RAHEJA ESTATE KULUPWADI ROAD BORIWALI EAST 400066	PHONE: 9322240558
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MHATRE PRADIP BHALCHANDRA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KHADAKLAT AHMEDAKBAR ABDULKARIM	PF NO.: 11848
ADDRESS: H NO 3847 1ST FLOOR KOTWAL GALLI BELGAUM BELGAUM 590001	PHONE: 9742366317
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KHADAKLAT AHMEDAKBAR ABDULKARIM** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SHINDE DEUBA BHAGWAN	PF NO.: 11864
ADDRESS: FLAT E 1 STATE BANK HSG SOCY NEAR GANESH COMPLEX BIBWEWADI PUNE 411037	PHONE: 9527201355
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SHINDE DEUBA BHAGWAN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SHISHUPAL	PF NO.: 11883
ADDRESS: 403 POPPY -D SAIBABA VIHAR COMPLEX NEAR MUCHHALLA COLLEGE GODHBUNDER ROAD THANE 400607	PHONE: 9619748729
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SHISHUPAL** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DHIR CHANDER BHUSHAN	PF NO.: 11920
ADDRESS: H-2/4,F.F. MALVIYA NAGAR NEW DELHI 110017	PHONE: 9891172430
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DHIR CHANDER BHUSHAN** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: RAWAT SHEKHAR NARAYANRAO	PF NO.: 11933
ADDRESS: 137,SILVER OAKS COLONY, ANNAPURNA RD. INDORE 452009	PHONE: 9826551431
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **RAWAT SHEKHAR NARAYANRAO** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SALUNKE P.V.	PF NO.: 11956
ADDRESS: FLAT NO 304 PRUDENTIAL PETUNIA HOUSING BOARD GOGAL MARGAO GOA 403602	PHONE: 9423821591
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SALUNKE P.V.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MR B RAGHAVAIAH	PF NO.: 11982
ADDRESS: H NO 29 1428 15 23C PLOT NO C 23 KAKATIYA NAGAR NEREDMET HYDERABAD 503002	PHONE: 9059591329
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MR B RAGHAVAIAH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SINGH S.M.	PF NO.: 11995
ADDRESS: FLAT NO 1 GROUND FLOOR BUILDING NO 4 RAJNIGANDHA CHSL OSWAL PARK POKHRAN ROAD NO 2 THANE W 400601	PHONE: 9322234089
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SINGH S.M.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SAVADI JYOTI DEEPAK	PF NO.: 12010
ADDRESS: ALOKSHREE FLAT NO. 8, LANE NO. 2,HAPPY COLONY KOTHRUD PUNE PUNE 411029	PHONE: 9970071218
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SAVADI JYOTI DEEPAK** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SHETH N.U.	PF NO.: 12013
ADDRESS: 4 BANGANGA SOCIETY NEAR BHAVSAR HOSTEL NAVA VADAJ AHMEDABAD 380013	PHONE: 9374243670
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SHETH N.U.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SHARMA SURESH PRASAD	PF NO.: 12026
ADDRESS: B 11 ASHRAY APPT ARA GARDEN ROAD PATNA 800014	PHONE: 8797350784
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SHARMA SURESH PRASAD** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DESHPANDE S S	PF NO.: 12029
ADDRESS: PLOT 16 SHUBHASHREE KAMLESH HOUSING SOCIETY KARVE ROAD KOTHRUD PUNE 411029	PHONE: 9423061030
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DESHPANDE S S** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: NIJAMPUKAR RAMAKANT MAHADEO	PF NO.: 12073
ADDRESS: FLAT NO 20 4TH FLOOR SIDDHANT RESIDENCY BHELKE NAGAR KOTHRUD PUNE 411038	PHONE: 9822435355
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **NIJAMPUKAR RAMAKANT MAHADEO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JUNANKAR SHRIMANDARDAS RUKHABDAS	PF NO.: 12084
ADDRESS: FLAT NO B 607 SARANG NANDED CITY SINHGAD ROAD PUNE 411068	PHONE: 9325557022
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **JUNANKAR SHRIMANDARDAS RUKHABDAS** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

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IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: NADKARNI S.S.	PF NO.: 12092
ADDRESS: 32 C SAHAYOG DADABHAI X RD NO 2 ANDHERI WEST MUMBAI 400058	PHONE: 9869220828
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **NADKARNI S.S.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KSHIRSAGAR V.R.	PF NO.: 12124
ADDRESS: B/4 SARITA NAGARI PHASE II SINHGAD ROAD PUNE 411030	PHONE: 9730001686
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KSHIRSAGAR V.R.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: WAGH SANJAY CHINTAMAN	PF NO.: 12126
ADDRESS: 467 A SHANIWAR PETH, 6,YASHODHAN APARTMENT, PUNE 411030 PUNE 411030	PHONE: 9422015620
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **WAGH SANJAY CHINTAMAN** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DESHPANDE J.D.	PF NO.: 12132
ADDRESS: FLAT NO 201 AKSHAY FLORA THITE NAGAR NEAR ZENSAR IT TOWER KHARADI PUNE PUNE 411014	PHONE: 9822330820
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DESHPANDE J.D.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GOVINDALWAR PEERAJI SAYAN	PF NO.: 12133
ADDRESS: A 11 29 CHINTAMANI NAGAR 3 BIBWEWADI BIBWEWADI PUNE 411037	PHONE: 9021784845
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **GOVINDALWAR PEERAJI SAYAN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DHOND DIWAKAR DATTOPANT	PF NO.: 12148
ADDRESS: PLOT NO-7 BANDUPREM HOUSING SOCIETY BANSILAL NAGAR. AMBAJOGAI. 431517	PHONE: 9422929877
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DHOND DIWAKAR DATTOPANT** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: RAJGUROO DILIP TRIMBAK	PF NO.: 12150
ADDRESS: A14 ATREYA HSG SOCIETY BHELKE NAGAR KOTHRUD PUNE 411029	PHONE: 9860744355
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **RAJGUROO DILIP TRIMBAK** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: TATHE ARUN SHRIRAM	PF NO.: 12153
ADDRESS: PRATIKSHA BUILDING PLOT NO 11 WARD NO 4 NEAR NAWGAJE MANGAL KARYALAYA NANDURA TAL NANDURA DIST BULDHANA 443404	PHONE: 9422181187
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **TATHE ARUN SHRIRAM** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DHAS VISHVANATH BAPURAO	PF NO.: 12162
ADDRESS: DEOKAR WASTI WARD NO 7 SHRIRAMPUR AHMEDNAGAR 413709	PHONE: 9890444385
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DHAS VISHVANATH BAPURAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SETHURAMAN SATYABHAMA	PF NO.: 12163
ADDRESS: C/303 SILVER BIRCH VASANT GARDEN SWAPNA NAGAR MULUND WEST MUMBAI 400080	PHONE: 9870047913
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SETHURAMAN SATYABHAMA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: CHANDORKAR S.J.	PF NO.: 12204
ADDRESS: 25-B,NEW SHANTI NGR GENDE WALI SADAK LASHKAR GWALIOR 474001	PHONE: 9425779280
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **CHANDORKAR S.J.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KAMBLE RAJENDRA PANDURANG	PF NO.: 12219
ADDRESS: 19/A KALPATARU HSG.SOCIET NEAR MAMTA GAS GULMOHAR R SAVEDI AHMEDNAGAR AHMEDNAGAR 414001	PHONE: 9503084009
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KAMBLE RAJENDRA PANDURANG** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: NEVE ANITA D	PF NO.: 12220
ADDRESS: PLOT 72 KRISHNAKALA COOP HSG SOCIETY LANE 8 DAHANUKAR COLONY KOTHRUD PUNE 411038	PHONE: 9860749800
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **NEVE ANITA D** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: NAIK UJWAL RAVINDRA	PF NO.: 12222
ADDRESS: PINNACLE KALPAARU FLAT 106 B WING CTS 1173 S NO 27 1B NEAR HOTEL ABHISHEK ERANDAVANA PUNE 411029	PHONE: 9970050972
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **NAIK UJWAL RAVINDRA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: VARYANI SHYAM PRATAP	PF NO.: 12225
ADDRESS: NARAYAN NAGAR NARAYAN NAGAR LATUR 413512	PHONE: 8879791505
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **VARYANI SHYAM PRATAP** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SHAMRAJ GOVIND DATTATRAYRAO	PF NO.: 12230
ADDRESS: 7 A PANCHRATNA APT 87 A RAMBAUG COLONY PAUD ROAD NEAR SHIVRAY SCHOOL KOTHRUD 411038	PHONE: 9975521511
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SHAMRAJ GOVIND DATTATRAYRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: K RAMKRISHNA . .	PF NO.: 12233
ADDRESS: D NO 13 6 438 A 125 SATYANARAYANA NAGAR, 4TH LINE GUDIMALKAPUR, MEHDIPATNAM HYDERABAD 500006	PHONE: 7702333460
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **K RAMKRISHNA . .** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SRI.SHINDE VINOD MANIKRAO	PF NO.: 12234
ADDRESS: C 906 AMRUTVEL SOCIETY WARJE MALWADI DNYANESH BUS STOP PUNE 411058	PHONE: 9421454717
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SRI.SHINDE VINOD MANIKRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KULKARNI SANJIVANI SHIVAJIRAO	PF NO.: 12235
ADDRESS: 34 ANAND NAGAR NEAR MALERIA OFF NANDED 431602	PHONE: 9422147603
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KULKARNI SANJIVANI SHIVAJIRAO** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KATDARE A.D.	PF NO.: 12243
ADDRESS: 5,HARSHANEEL COOP HSG SOC PAUD RD,RAMBAG COLONY PUNE38 PUNE 411038	PHONE: 9881408608
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KATDARE A.D.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BHOLE S.S.	PF NO.: 12246
ADDRESS: 12 HIRABAI BHUVAN D V DESHPANDE MARG DADAR MUMBAI MUMBAI 400028	PHONE: 9833029991
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BHOLE S.S.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SIHANI GOVERDHANDAS	PF NO.: 12265
ADDRESS: P 24 AWANTI VIHAR RAIPUR C G RAIPUR - 492001 492001	PHONE: 9406251306
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SIHANI GOVERDHANDAS** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SINGH RAJKUMAR SINGHMAHATAM	PF NO.: 12278
ADDRESS: 6 VIVEKANAND NAGAR BORSI ROAD DURG DURG C G 491001	PHONE: 9893595909
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SINGH RAJKUMAR SINGHMAHATAM** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: UMASHANKAR PRASAD	PF NO.: 12283
ADDRESS: 33SOUTH CANAL ROAD NORTH PURBACHAL MANDIRPARA KOLKATA 700078	PHONE: 9836446393
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **UMASHANKAR PRASAD** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: AHER DEORAM KISAN	PF NO.: 12295
ADDRESS: KUMBHAR GALLI AT POST OJHAR MIG TAL NIPHAD DIST NASIK 422206	PHONE: 9665572570
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **AHER DEORAM KISAN** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MADKAIKAR ANIL NARAYAN	PF NO.: 12300
ADDRESS: 14 TORAN COOP HSG SOCIETY GANPATI NIWAS NEAR TAI PINGLE CHOWK DOMBIVLI EAST THANE 421201	PHONE: 9702970111
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MADKAIKAR ANIL NARAYAN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: ALWAL RAMESH IRAYYA	PF NO.: 12312
ADDRESS: Flat No B 06 S No 57 2 1 Vilochana Residency Dnyandeep School NARHE PUNE 411041	PHONE: 9822741036
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **ALWAL RAMESH IRAYYA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GUPTA VIKRAM KUMAR VED PRAKASH	PF NO.: 12337
ADDRESS: BLOCK 2 HOUSE NO 11 OLD DOUBLE STOREY LAJPAT NAGAR 4 NEW DELHI 110024	PHONE: 9971967055
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **GUPTA VIKRAM KUMAR VED PRAKASH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KSHATRIYA KISHOR MANOHAR	PF NO.: 12391
ADDRESS: SAPTSHRUINGI HSG SOCIETY ZAPWADI ROAD NEAR SANDESH COLONY TAL SINNAR DIST NASIK SINNAR 422103	PHONE: 9604358125
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KSHATRIYA KISHOR MANOHAR** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KULKARNI SHAM KRISHNAJI	PF NO.: 12392
ADDRESS: PLOT NO-14 VENKTESH BUNGLOW GAYATRI NAGAR BEHIND POKOR COLONY,NASIK 422004	PHONE: 9421886023
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KULKARNI SHAM KRISHNAJI** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JADHAV SUDHAKAR A	PF NO.: 12397
ADDRESS: 401 SANDHYADEEP SOCIETY 573/9 MAHAVEER FURNITURE BIBWEWADI PUNE 411037	PHONE: 9850900635
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **JADHAV SUDHAKAR A** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: RAO S.S.	PF NO.: 12399
ADDRESS: R NO 28, LAAVANYA, 1ST FLOOR CHHEDA NAGAR CHEMBUR MUMBAI 400089	PHONE: 9819088831
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **RAO S.S.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PATWARDHAN R.R.	PF NO.: 12409
ADDRESS: SR NO 2/3 FLAT NO 302 3 RD FLOOR WING A 1 MAYURKILBIL APARTMENT DHANORI LOHGAON ROAD PUNE 411015	PHONE: 9420319447
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PATWARDHAN R.R.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BARBIND MUKUND VISHNUPANT	PF NO.: 12416
ADDRESS: FLAT NO 202 2ND FLOOR ROYAL PARK MOHAN NAGAR BANER PUNE CITY PUNE 411045	PHONE: 9423136967
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BARBIND MUKUND VISHNUPANT** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JOSHI VIJAY DATTOPANT	PF NO.: 12419
ADDRESS: B/4 AKSHAY RESIDENCY CHETNANAGAR NEAR ANANT VIDYA MANDIR AURANGABAD 431003	PHONE: 9822353402
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **JOSHI VIJAY DATTOPANT** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KULKARNI SUNIL KISANRAO	PF NO.: 12420
ADDRESS: FLAT NO 5 RUKMINI KHAMITKAR APPARTMENT 46 2 MURARJI PETH SOLAPUR. 413001	PHONE: 9975383498
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KULKARNI SUNIL KISANRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: AUTI SHRINIWAS RAJARAM	PF NO.: 12422
ADDRESS: ROW HOUSE NO E7/5 SUNEMPIRE COOP HSG SOC LTD NEAR SUN CITY SOC SINHGAD RD PUNE 411051	PHONE: 9881241987
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **AUTI SHRINIWAS RAJARAM** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DAS NILPADA	PF NO.: 12429
ADDRESS: D23.1 KARTUJ NAGAR JADAVAPUR UNIVERSITY P O JADAVPUR KOLKATA KOLKATA WEST BENGAL 700032	PHONE: 8420654484
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DAS NILPADA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BORSE S.C.	PF NO.: 12436
ADDRESS: 8/B/286,YOGANAND SOC. VAZIRA NAKA BORIVALI,MUMBAI MUMBAI 400092	PHONE: 9967935253
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BORSE S.C.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KULKARNI SUDHIR YASHWANT	PF NO.: 12453
ADDRESS: PLOT NO 49 SNEH SAMWARDHAK HOUSING SOCIETY KHAMLA NAGPUR NAGPUR 440025	PHONE: 9422101893
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KULKARNI SUDHIR YASHWANT** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MRS. H.D. AMIN	PF NO.: 12455
ADDRESS: 26 TELECOMNAGAR NAGPUR NAGPUR 440022	PHONE: 9923797343
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MRS. H.D. AMIN** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PARDESHI BHAGWANSING KHUSHALSING	PF NO.: 12457
ADDRESS: 29/2, SHANTI-KUNJ APARTMENTS, GULMARG PARK SOCIETY, NEAR VIJAY BAKERY, SOMWAR PETH, PUNE 411011	PHONE: 9422084361
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PARDESHI BHAGWANSING KHUSHALSING** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SAHASTRABUDHE A B	PF NO.: 12459
ADDRESS: PLOT NO 11D SHRI SWA MISAMARTH KRUPA COOP HSG SOC PUNE 411043	PHONE: 7709007727
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SAHASTRABUDHE A B** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SAHA SISUDEV	PF NO.: 12466
ADDRESS: 81/B,RAJ KRISHNA STREET, P.O. UTTARPARA DIST. HOOGHLY (NEAR GHARI BARI APARTMENT) 712258	PHONE: 9433042699
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SAHA SISUDEV** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GHOSH SUJANKANTI	PF NO.: 12468
ADDRESS: KAMAL APARTMENT 117/2 BIREN ROY ROAD EAST INDIA PHARMACEUTICALS KOLKATA INDIA KOLKATA 700061	PHONE: 9734203990
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **GHOSH SUJANKANTI** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DURGESH MUKHERJEE	PF NO.: 12469
ADDRESS: 3RD FLOOR, FLAT - I PARBON COMPLEX BLOCK G PANCHANANTALA 41 A/ 7, RAJA RAMMOHAN ROY ROAD KOLKATA 700008	PHONE: 9433097974
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DURGESH MUKHERJEE** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MHATRE A.A.	PF NO.: 12494
ADDRESS: 28/260D KRANTINAGAR J.S.S.ROAD GIRGAON MUMBAI 400004	PHONE: 9702552499
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MHATRE A.A.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: CHIDGOPKAR S.V.	PF NO.: 12523
ADDRESS: FLAT NO 7 PRASAD APTS LANE 1 DAHANUKAR COLONY OPP SHASHWAT HOSPITAL PUNE 411038	PHONE: 9552535209
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **CHIDGOPKAR S.V.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JOSHI R.S.	PF NO.: 12543
ADDRESS: RAJGURUNAGAR RAJGURUNAGAR PUNE 410501	PHONE: 7588233665
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **JOSHI R.S.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KRISHNAN P P	PF NO.: 12550
ADDRESS: BLDG NO 2 FLAT NO 3 CHANDRALOK NAGARI CO OP SOCIETY DAHANUKAR COLONY KOTHRUD PUNE 411038	PHONE: 9730000596
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KRISHNAN P P** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: TOPALE PRABHAKAR SHRIPADRAO	PF NO.: 12567
ADDRESS: PLOT NO 23 KORGAONKAR HSG STY RAJARAMPURI 14TH LANE KOLHAPUR KOLHAPUR 416216	PHONE: 7507578282
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **TOPALE PRABHAKAR SHRIPADRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: INAMDAR CHANDRAKANT BALWANTRAO	PF NO.: 12576
ADDRESS: 2531 B WARD LAXMI DATTA APARTMENT NEAR P T M MANGALWAR PETH TAL KARVEER KOLHAPUR CITY KOLHAPUR 416204	PHONE: 9665573989
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **INAMDAR CHANDRAKANT BALWANTRAO** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MORE SURESH GANPATRAO	PF NO.: 12578
ADDRESS: KAUSTUBH 57 4 A 2 JARAG NAGAR KOLHAPUR KOLHAPUR 416007	PHONE: 9423286018
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MORE SURESH GANPATRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SUMEDHA AMOD KARKHANIS	PF NO.: 12589
ADDRESS: 43 KRUTTIKA AKASHGANGA HSG COMPLEX THANE THANE 400601	PHONE: 9820101869
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SUMEDHA AMOD KARKHANIS** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: ANUPAMA MOHAN DESHPANDE	PF NO.: 12617
ADDRESS: 63-66 FLAT NO 202 SAI GANGOTRI 2 REVATI NAGAR BESA ROAD NAGPUR 440034	PHONE: 7558739768
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **ANUPAMA MOHAN DESHPANDE** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: TABHANE KASHINATH G.	PF NO.: 12632
ADDRESS: 98 NEW JAGRUTI COLONY NAGPUR NAGPUR 440013	PHONE: 8793103257
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **TABHANE KASHINATH G.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KOKATE SHRIRANG DHAKU	PF NO.: 12670
ADDRESS: 417 TAPOVAN B SENAPATI BAPAT MARG LOWER PAREL MUMBAI 400013	PHONE: 9969392165
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KOKATE SHRIRANG DHAKU** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: ANURADHA NAGESH	PF NO.: 12671
ADDRESS: NO 301 A BLOCK VISHAL KUTEEER APPARTMENT 143 BY 23 KATHARIGUPPE MAIN ROAD BANGALORE 560085	PHONE: 9538410757
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **ANURADHA NAGESH** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: RAMANA GORTHY VENKATA	PF NO.: 12682
ADDRESS: FLAT NO A 401 SAIGAYATRI THOTA RESIDENCY VAISHNAVI COLONY MOHAN NAGAR KOTHAPET DILSUKHNAGAR HYDERABAD 500035	PHONE: 7020618098
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **RAMANA GORTHY VENKATA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BURANGI PRADEEPKUMAR LAXMANRAO	PF NO.: 12701
ADDRESS: JAWAHAR COLONY UPPER PULGAON PULGAON TAL DEOLI WARDHA 442302	PHONE: 9890827858
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BURANGI PRADEEPKUMAR LAXMANRAO** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SHAH M.S.	PF NO.: 12723
ADDRESS: WEST VIEW B ROOM NO 10 10TH LANE KHETWADI MUMBAI 400004	PHONE: 9870024366
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SHAH M.S.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: CHAVAN PRAKASH NARASINHA	PF NO.: 12727
ADDRESS: C 10 GANESH GUARAV CO OP HSG SOC CHARKOP MARKET ROAD GANESH CHOWK KANDIVALI WEST MUMBAI 400067	PHONE: 9821569215
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **CHAVAN PRAKASH NARASINHA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MEHTA R.H.	PF NO.: 12749
ADDRESS: 55 SABANDH TWINCE BU NGLOW ,B/H GURUDWARA S/G ROAD THALTEJ AHMEDABAD 380059	PHONE: 7600079558
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MEHTA R.H.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: VIJAYVARGIYA P.R.	PF NO.: 12761
ADDRESS: 139, MAHESH VIHAR NANA KHEDA UJJAIN UJJAIN 456010	PHONE: 9406649954
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **VIJAYVARGIYA P.R.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DHUNDUR SUNIL PRABHAKAR	PF NO.: 12762
ADDRESS: 707 Z 28 CHATRAPATINAGAR NACHANE TAL RATNAGIRI 9423292359 DIST RATNAGIRI 415612	PHONE: 9423292359
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DHUNDUR SUNIL PRABHAKAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: LONDHE ANIL MADHUKAR	PF NO.: 12776
ADDRESS: FLT NO 14,A,WING, GANESH VIHAR, BIBWEWADI PUNE 411037	PHONE: 9423007531
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **LONDHE ANIL MADHUKAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SUHASINI.V.KATTIMANI	PF NO.: 12790
ADDRESS: SRI SIDDHESWARA NILAYA NO 118 B 24TH CROSS 2ND BLOCK RAJAJINAGAR BANGALOR BANGALORE 560010	PHONE: 9480296309
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SUHASINI.V.KATTIMANI** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MITHAPALLI U.R.	PF NO.: 12794
ADDRESS: BLOCK NO MIG 4 RAMSHEELA RANGRAJ NAGAR HYDERABAD ROAD SOLAPUR 413006	PHONE: 9850638931
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MITHAPALLI U.R.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BODDU NAGANATH VITHALRAO	PF NO.: 12796
ADDRESS: PLOT NO : 28 NARASIMHA NAGAR SOLAPUR SOLAPUR 413004	PHONE: 9423335324
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BODDU NAGANATH VITHALRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PUROHIT MOHANLAL MALIRAM	PF NO.: 12818
ADDRESS: 26A,CENTRAL BANK COLONY, NEAR DATTA MANDIR, PIMPRALA JALGAON 425002	PHONE: 9404365348
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PUROHIT MOHANLAL MALIRAM** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SONAWANE JANARDAN KISAN	PF NO.: 12820
ADDRESS: BHAGIRATHI APP,FAST FLOOR DAWKHARCHAL WORD NO 7 SHRIRAMPUR DIST AHMEDNAGAR 413715	PHONE: 8956981533
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SONAWANE JANARDAN KISAN** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

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IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BADVE R B	PF NO.: 12824
ADDRESS: S NO 8 PLOT NO 11 FLAT NO 14 BANER RESIDENCY BANER ROAD NR SAKAL NAGAR AUNDH PUNE 411007 411007	PHONE: 9422856820
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BADVE R B** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PATIL SADASHIV MADHUSUDAN	PF NO.: 12830
ADDRESS: OM NIWAS PLOT NO.23 GAT NO52/1 SHIV COLONY JALGAON 425001	PHONE: 9404046764
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PATIL SADASHIV MADHUSUDAN** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: TENDULKAR S.L.	PF NO.: 12848
ADDRESS: A7 AJINYAKATARA SWASTIK PARK CHEMBUR MUMBAI 400071	PHONE: 9819781158
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **TENDULKAR S.L.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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IBA CELL

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PRABHU MOHAN KASHINATH	PF NO.: 12852
ADDRESS: MATROSHI AT PO KUDAL HINDU COLONY KUDAL SINDHUDURG 416520	PHONE: 9422452380
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PRABHU MOHAN KASHINATH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DHURI RAGHOBA SADU	PF NO.: 12858
ADDRESS: 1476,CHANDRABHAGA AT POST PINGULI TAL KUDAL DIST SINDHUDURG 416528	PHONE: 9404439494
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DHURI RAGHOBA SADU** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MANDAVGANE M.N.	PF NO.: 12865
ADDRESS: 18,BALAJI NAGAR, NEAR SHANKARNAGAR, AMARAVATI 444606	PHONE: 9194217415
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MANDAVGANE M.N.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BOBDE VINOD PRABHAKAR	PF NO.: 12870
ADDRESS: bldg no 2 flat no 6 B J NAGAR PIMPRALA RD JALGAON 425001 425001	PHONE: 9422781119
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BOBDE VINOD PRABHAKAR** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MADHURI SURESH VAIDYA	PF NO.: 12874
ADDRESS: PLOT NO 3 SUMADHUR LOKMANGAL HSG SOCY NEAR AMBAR GAS GODOWN PADEGAON AURANGABAD DIST AURANGABAD 431106	PHONE: 9922129061
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MADHURI SURESH VAIDYA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KULKARNI V.U.	PF NO.: 12882
ADDRESS: SANKET JALGAON TAL DAPOLI BURONDI 415720	PHONE: 9422052183
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KULKARNI V.U.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MR PRADEEP S SONI	PF NO.: 12896
ADDRESS: H NO 6-3-628/4FLAT NO S1 SRI USHODAYA RESIDENCY RAVINDRANAGAR ANAND NAGAR KHAIRATABAD HYDERABAD 500004	PHONE: 8712891685
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MR PRADEEP S SONI** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: RAO DEEPAK SRINIVAS	PF NO.: 12904
ADDRESS: 2-1-450/6/C STREET NO 5 NALLKUNTA HYDERABAD 500044	PHONE: 9866583118
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **RAO DEEPAK SRINIVAS** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KULKARNI VILAS GOPALRAO	PF NO.: 12905
ADDRESS: ASHIRWAD 1 172 SHIVAJI NAGAR TAMBRI VIBHAG OSMANABAD 413501	PHONE: 7743948026
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KULKARNI VILAS GOPALRAO** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: WAGH CHANDRASHEKHAR MADHAVRAO	PF NO.: 12916
ADDRESS: 3 RUDRA ROW HOUSE NEAR SHIV MANDIR SHIVNAGAR TALATHI COLONY DINDORI ROAD PANCHAVATI NASIK 422004	PHONE: 9623420511
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **WAGH CHANDRASHEKHAR MADHAVRAO** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: NIKUMBHE NAROTTAM SHENU	PF NO.: 12918
ADDRESS: AT POST CHANDWAD TAL- CHANDWAD DIST-NASHIK NASIK 423101	PHONE: 8329128289
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **NIKUMBHE NAROTTAM SHENU** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DEODHAR D.L.	PF NO.: 12932
ADDRESS: A 2 MAITHILI SOCIETY BEHIND KALIKA MANDIR,OLD AGRA ROAD NASIK NASHIK 422001	PHONE: 8551043961
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DEODHAR D.L.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: HIRAMAN DHONDU SAMJISKAR	PF NO.: 12961
ADDRESS: AMRUTESHWAR NIWAS FLAT NO 34 3RD FLOOR MAHAGIRI THANE THANE WEST 400601	PHONE: 7710994194
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **HIRAMAN DHONDU SAMJISKAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PHOPE DATTATRAM TUKARAM	PF NO.: 12974
ADDRESS: 93 1 45 K SILVER OAKS ESTATE CHAWL BHULABHAI DESAI ROAD MAHALAXMI MUMBAI 400026	PHONE: 9699672326
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PHOPE DATTATRAM TUKARAM** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MANGLIK SUDHA M	PF NO.: 13006
ADDRESS: FLAT NO G 1103 ELITE HOMZ SECTOR 77 NOIDA 201301	PHONE: 9717677440
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MANGLIK SUDHA M** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: RAJESHWARI G. .	PF NO.: 13011
ADDRESS: 9-B/603,NEELAM NAGAR PHASE II,MULUND(EAST MUMBAI 400081	PHONE: 7738240545
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **RAJESHWARI G. .** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SUHASINI RAMESH	PF NO.: 13013
ADDRESS: B/701 LANGSTON DOWNTOWN OFF FOUNTAIN ROAD OPP WTC PUNE 411014	PHONE: 9822503271
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SUHASINI RAMESH** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DHULEKAR ANURADHA PRAMOD	PF NO.: 13030
ADDRESS: B16 GANGADEVI CO OP HSG SOCIETY SARASWAT COLONY V P ROAD DOMBIVLI E 421201	PHONE: 9869123179
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DHULEKAR ANURADHA PRAMOD** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: Parasnath Prasad Kushwah	PF NO.: 13110
ADDRESS: FLAT NO 1308 TOWER NO V AMARPALI ZODIAC SECTOR 120 NOIDA UTTAR PRADESH 201301	PHONE: 9958445493
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **Parasnath Prasad Kushwah** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DUBEY SATISHKUMAR	PF NO.: 13114
ADDRESS: B-211-MINAL RESIDENCY BHOPAL BHOPAL 462021	PHONE: 9406629172
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DUBEY SATISHKUMAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: CHARI MADHAWA GOPALACHARI	PF NO.: 13117
ADDRESS: FLAT NO A 205 BLDG NO 7 SANKESHWAR PALMS KUMBHAR KHAN PADA DOMBIVLI WEST 421202	PHONE: 9930037701
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **CHARI MADHAWA GOPALACHARI** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MARDIKAR PRAKASHKUMAR SHANKARRAO	PF NO.: 13119
ADDRESS: 78 KESHARBAUG COLONY NEAR CHAMELI DEVI SCHOOL SCHEME 103 INDORE 452012	PHONE: 8435359877
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MARDIKAR PRAKASHKUMAR SHANKARRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BELL NELSON BENJAMIN	PF NO.: 13134
ADDRESS: 692 KAMAL VILLA NEAR QUATER GATE PUNE 411002	PHONE: 9371011446
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BELL NELSON BENJAMIN** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: ROY AMIT	PF NO.: 13159
ADDRESS: 9/A/2/A SHIBTALA STREET UTTARPARA HOOGHLY 712232	PHONE: 9830514186
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **ROY AMIT** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: NABAR S.A.	PF NO.: 13169
ADDRESS: B 02 GOKUL CRESCENT SAMAYUCT CHS KOLDONGRI RD NO 2 ANDHERI EAST MUMBAI 69 MUMBAI 400069	PHONE: 9967097145
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **NABAR S.A.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PISE DASHRATH SATAWJIRAO	PF NO.: 13181
ADDRESS: 207/6 GANESHNAGAR KARVE ROAD ERANDAVANA PUNE 411004	PHONE: 9850161681
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PISE DASHRATH SATAWJIRAO** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PATEL JAYESH RAMESHBHAI	PF NO.: 13185
ADDRESS: 202 SHUKAN TOWER SHUBH BLOCK NR JUDGES BUNGLOW BODAKDEV AHMEDABAD 380054	PHONE: 9228423821
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PATEL JAYESH RAMESHBHAI** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SMT.V.SUJATHA	PF NO.: 13191
ADDRESS: NO.211,8TH E MAIN HRBR LAYOUT I ST BLOCK, KALYANNAGAR BANGALORE 560043	PHONE: 8971930605
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SMT.V.SUJATHA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MRS. M.N. GIROLKAR	PF NO.: 13215
ADDRESS: PLOT NO 5, TELECOM NAGAR INFRONT OF NIT GARDEN NAGPUR 440022	PHONE: 9405139750
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MRS. M.N. GIROLKAR** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KULKARANI DILIP A.	PF NO.: 13219
ADDRESS: FLAT NO 501 ASTHA VALMARK APTS BEHIND MEENAKSHI TEMPLE BANNERGHATTA ROAD KOTTANUR VILLAGE BANGALORE 560076	PHONE: 9986114720
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KULKARANI DILIP A.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: INAMDAR S.C.	PF NO.: 13221
ADDRESS: 18 MAHALAXMI HSG SO GENDA MAL SATARA SATARA 415001	PHONE: 7385019675
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **INAMDAR S.C.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DESHPANDE SATISH SRINIVASRAO	PF NO.: 13223
ADDRESS: S No.48/46 FLAT No.4 CHANDRAMA CHAYA NARHE-DHAYARI ROAD NARHE 411041	PHONE: 9850571901
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DESHPANDE SATISH SRINIVASRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BOROLE CHANDRASHEKHAR NARAYAN	PF NO.: 13230
ADDRESS: A 702 OM AWISHKAR SOC NEAR MIT COLLEGE PAUD ROAD PUNE 411029	PHONE: 9890871601
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BOROLE CHANDRASHEKHAR NARAYAN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GARUD DILIP PRABHAKAR	PF NO.: 13234
ADDRESS: P.NO. 3 VAINUTAI OMKAR HOU. SOC. SHAHUPURI GENDAMAL SATARA 415002	PHONE: 9881352161
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **GARUD DILIP PRABHAKAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BHATTACHARYA S.A.	PF NO.: 13258
ADDRESS: 14,SONET MATE NURSERY ROAD SAVARKAR NAGAR NASIK 422013	PHONE: 9028178488
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BHATTACHARYA S.A.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MHASKAR YASHWANT NARAYAN	PF NO.: 13284
ADDRESS: LAXMI-NARAYAN,TAKALKAR COLON POLT NO 34, WASHI NAKA ROAD, KOLHAPUR KOLHAPUR 416013	PHONE: 9850037173
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MHASKAR YASHWANT NARAYAN** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Authorised signatory

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PHADKE D.S.	PF NO.: 13298
ADDRESS: 2 7 GANESH APT CHITTARANJANDAS PATH RAMNAGAR DOMBIVLI EAST 421201	PHONE: 9819241690
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PHADKE D.S.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SONAR SANJAY JAGANNATH	PF NO.: 13322
ADDRESS: FLAT NO.501 MAHAGANESH COLONY PAUD ROAD PUNE 411038	PHONE: 9423576573
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SONAR SANJAY JAGANNATH** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MENKUDALE A.N.	PF NO.: 13330
ADDRESS: flat no 32 bwing kanchanjangaarcade opp bom hadpasar PUNE 411028	PHONE: 7741995484
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MENKUDALE A.N.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: VELHAL JEEVAN VASANT	PF NO.: 13332
ADDRESS: SMITGAURI - CHHATRAPATI NAGAR OPP SWAMI SAMARTH MATH NACHANE- SALVI STOP ROAD RATNAGIRI 415639	PHONE: 9422371987
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **VELHAL JEEVAN VASANT** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: ANANTWAR JAYANT PRABHAKAR	PF NO.: 13352
ADDRESS: PLOT NO 10 SAI SHREEYA NEAR CHHATRAPATI HALL DOCTORS COLONY CHHATRAPATI NAGAR NAGPUR 440015	PHONE: 9422410820
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **ANANTWAR JAYANT PRABHAKAR** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: K.H.ANNAPURNA	PF NO.: 13386
ADDRESS: NO.115 3RD MAIN RD. BANSHANKARI III STAG KATRIGUPPA EAST BANGALORE. 560085	PHONE: 9886839416
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **K.H.ANNAPURNA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: D SILVA PHILIP DAVID	PF NO.: 13388
ADDRESS: H NO 1780 SIR M VISVESHWARAIAH LAYOUT 1ST BLOCK 1ST MAIN ROAD 5TH CROSS OPP BBMP S YOGA BHAVAN BENGALURU 560060	PHONE: 9730000634
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **D SILVA PHILIP DAVID** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SAOKAR SUDHIR PURUSHOTTAM	PF NO.: 13391
ADDRESS: HOUSE NO114 AKSHAYA COLONY 4TH PHASE BEHIND CHETAN COLLEGE VIDYANAGAR HUBLI 580021	PHONE: 9742083715
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SAOKAR SUDHIR PURUSHOTTAM** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: HALDAR ALOKES	PF NO.: 13439
ADDRESS: HARINATH SEN ROAD DAKSHIN PARA BARASAT KOLKATA 700124	PHONE: 9681665744
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **HALDAR ALOKES** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SHAMBHU BHATTACHARJEE	PF NO.: 13442
ADDRESS: 276 NANDAN KANAN(SOUTH) PO-RAHARA KOLKATA 700118	PHONE: 8697873311
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SHAMBHU BHATTACHARJEE** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: UTTAM KUMAR DEY	PF NO.: 13444
ADDRESS: 2G/1,ANNAKALI DEVI LANE DAKSHINESHWAR KOLKATA 700076	PHONE: 9830590685
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **UTTAM KUMAR DEY** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SHYAMALI ROY	PF NO.: 13446
ADDRESS: 274 JYOTISH ROY ROAD FLAT NO 2B PO NEWALIPORE PS BEHALA KOLKATA 700053	PHONE: 9330031329
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SHYAMALI ROY** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SRI.PANDIT BHUSHANKUMAR GANGADHAR	PF NO.: 13458
ADDRESS: 287 GOYAL VIHAR NEAR KHAJRANA TEMPLE INDORE 452018	PHONE: 9893014651
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SRI.PANDIT BHUSHANKUMAR GANGADHAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BHARATBHUSAN . .	PF NO.: 13468
ADDRESS: H - 306 GOVINDPURAM GHAZIABAD 201002	PHONE: 9313612223
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BHARATBHUSAN . .** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GUPTA SHASHI . .	PF NO.: 13475
ADDRESS: 19 E POCKET K SHEIKH SARAI PHASE II NEW DELHI 110017	PHONE: 9811102076
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **GUPTA SHASHI . .** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KORDE PRAKASH DIGAMBAR	PF NO.: 13518
ADDRESS: 16, SAICHARAN SOC., BIBWEWADI, PUNE PUNE 411037	PHONE: 9604436922
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KORDE PRAKASH DIGAMBAR** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: APURBA KUMAR GHOSH	PF NO.: 13530
ADDRESS: 47 by1D BADRIDAS TEMPLE STREET NEAR PARASNATH TEMPLE KOLKATA 700004	PHONE: 8697369588
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **APURBA KUMAR GHOSH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: N ARUMUGAM	PF NO.: 13538
ADDRESS: OLD NO 21 NEW NO 201,SARGUNAVEETHI X ST EAST RAMANPUTHOOR,NAGERCOIL NAGARCOIL 629001	PHONE: 9443493155
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **N ARUMUGAM** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KHARDIKAR NAGNATH MARUTI	PF NO.: 13548
ADDRESS: NAKSHATRA APT FLAT NO 4 SHRIRAM HSG SOCIETY PLOT NO 22 WARJE NAKA PUNE 411058	PHONE: 9423067295
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KHARDIKAR NAGNATH MARUTI** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MR. K.N.NAGARAJ	PF NO.: 13558
ADDRESS: NO 10,SRI SAI SKANDA KAVERI ROAD,UTTARAHALLI, BASAVANAGUDI BANGALORE 560061	PHONE: 9480578779
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MR. K.N.NAGARAJ** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: P RAMAIAH	PF NO.: 13560
ADDRESS: UNIWORTH TRANQUIL VILLAMENT NO A 205 OPP KSRTC WORK SHOP DODDABELE ROAD KENGERI KENGERI BANGALORE 560060	PHONE: 9742068844
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **P RAMAIAH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MR. P.LEELADHAR RAO	PF NO.: 13561
ADDRESS: 1729 23A CROSS 3RD MAIN SAHAKAR NAGAR C BLOCK OPP MAHALAKSHMI APARTMENT BANGALORE 560092	PHONE: 6360553096
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MR. P.LEELADHAR RAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: D S RAMESH SRIKANTIAH	PF NO.: 13569
ADDRESS: 176 1ST A MAIN ISRO LAYOUT BANGALORE BANGALORE 560111	PHONE: 9449066774
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **D S RAMESH SRIKANTIAH** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: CHAVDA DAHYABHAI JETHABHAI	PF NO.: 13576
ADDRESS: D 7 GURJJAR RATNA APARTMENT RADHASWAMI ROAD, RANIP, AHMEDABAD 382480	PHONE: 9726161846
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **CHAVDA DAHYABHAI JETHABHAI** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: WALIMBE CHANDRAKANT DAMODAR	PF NO.: 13586
ADDRESS: FLAT NO. 3 RAJ VIMAL TARRACE PLOT NO. 28 S No. 7-8 RAMNAGAR COLONY, BAVDHAN PUNE 411021	PHONE: 9890507240
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **WALIMBE CHANDRAKANT DAMODAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JADHAV NANDKISHOR GENU	PF NO.: 13589
ADDRESS: SR NO 68 SANGAMWADI KIRKEE KHADKI NR RAM MANDIR PUNE 411003	PHONE: 8805241818
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **JADHAV NANDKISHOR GENU** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DHAKRAO RAMESH MURLIDHAR	PF NO.: 13633
ADDRESS: SAHYADRI NAGAR CHAWAL 12 A 4 NEAR BIRLA SCHOOL KALYAN WEST KALYAN 421301	PHONE: 9403808804
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DHAKRAO RAMESH MURLIDHAR** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PUROHIT SUPRIYA S	PF NO.: 13646
ADDRESS: 21/416 YAMUNANAGAR NIGDI PUNE PUNE 411044	PHONE: 9225637620
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PUROHIT SUPRIYA S** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KHATAVKAR VISHNU UDHAV	PF NO.: 13649
ADDRESS: 31 BORA RESIDENCY AUNDHGAON PUNE PUNE 411007	PHONE: 9403625715
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KHATAVKAR VISHNU UDHAV** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: V PREMA VENKATAKRISHNAN . .	PF NO.: 13657
ADDRESS: B 302 DEW DROP SPTMT VISHRANTWADI PUNE PUNE 411015	PHONE: 9923212380
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **V PREMA VENKATAKRISHNAN . .** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MANDE BEENA DEEPAK	PF NO.: 13658
ADDRESS: 7 AMBAR PARK OPP HDFC BANK EARANDAWANA POONA 411038	PHONE: 9850589044
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MANDE BEENA DEEPAK** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JOSHI VIDYA PRABHAKAR	PF NO.: 13660
ADDRESS: FLAT NO 103 JANAKI RAMCHANDRA APTS 1563 SADASHUV PETH PUNE 411030	PHONE: 7588320727
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **JOSHI VIDYA PRABHAKAR** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KATTE A.S.	PF NO.: 13662
ADDRESS: D 5 101 SUNDER SAHWAS SUNCITY OFF SINHAGAD RD ANANDNAGAR PUNE 411051	PHONE: 9226369839
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KATTE A.S.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GHATPANDE M A	PF NO.: 13670
ADDRESS: A 501 VASTUSHREE PEARL NEAR USTSAV KARYALAY KOTHRUD PUNE 411038	PHONE: 9922992908
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **GHATPANDE M A** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KANAVJE DINKAR SHANKAR	PF NO.: 13699
ADDRESS: 145A SAVITRI SADAN AT JADHAVWADI POST SAKHARPA TAL SANGAMESHWAR DIST RATNAGIRI 415801	PHONE: 7083736300
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KANAVJE DINKAR SHANKAR** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GOHAD BHALCHANDRA CHINTAMAN	PF NO.: 13709
ADDRESS: DHAVALGIRI HSG.SOC., GULTEKDI PUNE 411037	PHONE: 9850615002
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **GOHAD BHALCHANDRA CHINTAMAN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SETA SHANTILAL HARILAL	PF NO.: 13746
ADDRESS: BEHIND Z.P.HIGH SCHOOL RAMPURI CAMP GADCHIROLI TA & DIST GADCHIROL 442605	PHONE: 9850848048
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SETA SHANTILAL HARILAL** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MOHITKAR MRUTUNJAY RAGUNATHRAO	PF NO.: 13760
ADDRESS: F NO B3 1105 RUNWAL SEAGULL CO OP HOUSING SOC HANDEWADI Rd HADAPSAR PUNE 411028	PHONE: 9923611675
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MOHITKAR MRUTUNJAY RAGUNATHRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: ANANT K WEKHANDE	PF NO.: 13762
ADDRESS: B-202 SABHASAD SAHANIWAS PLOT NO 21 AYURVEDIC LAYOUT NAGPUR NAGPUR 440024	PHONE: 9370235313
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **ANANT K WEKHANDE** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MR. V.K.JAHAGIRDAR	PF NO.: 13782
ADDRESS: NO 22 GROUND FLOOR BALAJI DHAMA OPP SWAYAM PRABHA KAYAN MANTAP NHCS LAYOUT BASAWESHWARNAGAR SHARADA COLO 560079	PHONE: 9880058734
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MR. V.K.JAHAGIRDAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: WATHARKAR M.K.	PF NO.: 13788
ADDRESS: RAIL VIHAR, B/2/94, BIJLINAGAR, CHINCHWAD PUNE 411033	PHONE: 9405033438
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **WATHARKAR M.K.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SAHARKAR RAJU VINAYAKRAO	PF NO.: 13793
ADDRESS: PLOT NO 89 NEAR PADOLE FLOUR MILL BEHIND NASARE SABHAGRIHA HUDKESHWAR ROAD NAGPUR 440023	PHONE: 9028668641
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SAHARKAR RAJU VINAYAKRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JAUNJALE S.S.	PF NO.: 13815
ADDRESS: D 4 BHARGAV APPT NEAR AKAHWANI ANAD NAGAR GANGAPUR ROAD NASIK CITY 422005	PHONE: 9421511333
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **JAUNJALE S.S.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MR K VASUDEVA CHARYULU	PF NO.: 13827
ADDRESS: FLAT NO 204 PLOT NO 8 AND 9 2 ND GR RESIDENCY MAMATA NAGAR NAGOLE HYDERABAD 500068	PHONE: 9441023154
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MR K VASUDEVA CHARYULU** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SIKRI MADAN LAL	PF NO.: 13838
ADDRESS: 128 AAMARPALI APARTMENTS 56 I P EXTENSION PATPARGANJ DELHI 110092	PHONE: 8920298338
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SIKRI MADAN LAL** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MRS. S.A. GUJAR	PF NO.: 13862
ADDRESS: 35 PIONEER CO OP HSG SOC NEAR AGNEY LAYOUT KHAMLA NAGPUR 440025	PHONE: 9850709988
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MRS. S.A. GUJAR** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DESHMUKH NITIN PRADIP	PF NO.: 13870
ADDRESS: ADHAR DR AMBEDKAR ROAD VISHNUNAGAR DOMBIVALI W 421202	PHONE: 9594396817
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DESHMUKH NITIN PRADIP** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: Alok Bhargava	PF NO.: 13873
ADDRESS: C/312, NEW WHITE HOUSE CHS OLD MUMBAI PUNE ROAD KALWA THANE MUMBAI 400605	PHONE: 8764400440
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **Alok Bhargava** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MR J V MOHAN KUMAR	PF NO.: 13876
ADDRESS: PLOT NO 39 SR 357 SITARAMNAGAR SAFILGUDA SECUNDERABAD HYDERABAD 500056	PHONE: 9849359844
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MR J V MOHAN KUMAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: RANADIVE P.P.	PF NO.: 13890
ADDRESS: 23 TILAK NAGAR AJWA RD VADODARA VADODARA 390019	PHONE: 9913603105
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **RANADIVE P.P.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SRI.NARAIN RAJEEV	PF NO.: 13904
ADDRESS: 5C 7 NEW ROHTAK ROAD KAROL BAGH NEW DELHI DELHI 110005	PHONE: 9999943150
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SRI.NARAIN RAJEEV** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SUBODH RAJKUMAR DAS	PF NO.: 13921
ADDRESS: FLAT NO 38 GOYAL SHINDE PARK A CO OP HSG SOCIETY BHAU PATIL ROAD PUNE 411003	PHONE: 9850166691
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SUBODH RAJKUMAR DAS** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: LAKHKER SANJAY DIGAMBERRAO	PF NO.: 13931
ADDRESS: FLAT NO 203 SIDDHIVINAYAK AMBER NEAR MANAS SOCIETY DHAYARI PHATA SINHAGAD ROAD PUNE 411041	PHONE: 9890324187
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **LAKHKER SANJAY DIGAMBERRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GARWARE MEDHA S.	PF NO.: 13949
ADDRESS: 66 RAMBAUG COLONY 7 SHIVANAND NEAR CHAITANYA HEALTH CLUB PUNE 411038	PHONE: 9730832001
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **GARWARE MEDHA S.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: NIRANJAN PRASAD	PF NO.: 13970
ADDRESS: FLAT NO 9015 SEC 2 CROSSING REPUBLIC GH 7 DUNDAHERA GHAZIABAD 201016	PHONE: 9599805068
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **NIRANJAN PRASAD** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SAMIR DAS SHARMA	PF NO.: 13976
ADDRESS: 27 ASWINI DUTTA RD PO-NABAGRAM HOOGHLY KONNAGAR 712246	PHONE: 9051836147
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SAMIR DAS SHARMA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DAS AJITKUMAR	PF NO.: 13977
ADDRESS: 8/16 MAITRI SARANI DUMDUM CANTONMENT GARUI KOLKATA 700065	PHONE: 9432290229
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DAS AJITKUMAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PRADIP KUMAR ROY	PF NO.: 13978
ADDRESS: 274 JYOTISH ROY ROAD FLAT NO 2B KOLKATA WEST BENGAL 700053	PHONE: 9830649892
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PRADIP KUMAR ROY** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GOURANGA KR SIKDER	PF NO.: 13980
ADDRESS: 152 BY1 EAST KODALIA NATUNPARA NEW BARRACKPUR NORTH 24 PGS KOLKATA 700131	PHONE: 9433351761
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **GOURANGA KR SIKDER** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KADAM RAMAKANT ARJUN	PF NO.: 13986
ADDRESS: D-14,THIRD FLOOR,AKSHAR ESTATE,KATHE GALLI,DWARKA NASIK NASIK 422011	PHONE: 7719091758
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KADAM RAMAKANT ARJUN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BHANDARI AASAWARI A	PF NO.: 13996
ADDRESS: B55, VIJAYSHREE APARTMENT DATTAWADI NEAR DATTAWADI POLICE CHOWKY, PUNE 411030	PHONE: 8600614947
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BHANDARI AASAWARI A** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KHARE ASHA KIRAN	PF NO.: 13997
ADDRESS: B/43 SHANTIDOOT PARVATI PUNE PUNE 411009	PHONE: 9011066883
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KHARE ASHA KIRAN** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JOSHI S.M.	PF NO.: 14000
ADDRESS: 217,B12,PARVATI OPP NEETA HEIGHTS,PUNE SER BR STAFF PUNE 411009	PHONE: 9850073015
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **JOSHI S.M.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MAHAJAN ARUNKUMAR PREMNATH	PF NO.: 14008
ADDRESS: D401 SATELLITE TOWER KOREGAON PARK EXTENSION MUNDHWA ROAD PUNE 411036	PHONE: 9610400417
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MAHAJAN ARUNKUMAR PREMNATH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MARA AMBAJI MALLAYYA	PF NO.: 14029
ADDRESS: 20 5 GANDHI VINKAR NAGAR NEAR HERITAGE MANGAL KARYALAY SOLAPUR 413003	PHONE: 9096499142
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MARA AMBAJI MALLAYYA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: REGE NITIN VASANT	PF NO.: 14044
ADDRESS: 703,BLUE STAR CHS,AZAD NAGAR BEHIND APANA BAZAR,J.P.ROAD, ANDHERI (WEST), MUMBAI. 400053	PHONE: 9869031103
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **REGE NITIN VASANT** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JAGASIA INDER KUMAR THAWERDAS	PF NO.: 14048
ADDRESS: B 503 CYPRESS NR SWAPNA NAGARI VASANT GARDEN MULUND WEST MUMBAI 400080	PHONE: 9819169440
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **JAGASIA INDER KUMAR THAWERDAS** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PATANGE P.P.	PF NO.: 14053
ADDRESS: 502 RAJDEEP 5TH FLOOR SANT TUKARAM ROAD MULUND EAST MUMBAI 400081	PHONE: 9833711892
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PATANGE P.P.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SALVE PRAKASH RAMCHANDRA	PF NO.: 14055
ADDRESS: C 1 1 2 ASHTVINAYAK SOCIETY SECTOR 16 NERUL W NAVI MUMBAI 400706	PHONE: 9664766760
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SALVE PRAKASH RAMCHANDRA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: NERLEKAR A A	PF NO.: 14083
ADDRESS: C/O NERLEKAR ANUJA AJIT GOPINATHNAGAR,FLAT NO 39,41 KOTHRUD,BEHIND BLIND GIRLS SCHOOL PUNE 411038	PHONE: 9422060154
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **NERLEKAR A A** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

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IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PATEL PURSOTTAMBHAI RUPABHAI	PF NO.: 14087
ADDRESS: A/6, KALPAVRUKSH HOUSING SOCIETY NEW KOBA AT KOBA DIST GANDHINAGAR 382007	PHONE: 9428503053
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PATEL PURSOTTAMBHAI RUPABHAI** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: RAMPARSHAD LAKSHMANDAS . .	PF NO.: 14098
ADDRESS: BAHADURPUR HOSHIARPUR HOSHIARPUR 146001	PHONE: 9478545412
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **RAMPARSHAD LAKSHMANDAS . .** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PARAMJIT SINGH CHEEMA	PF NO.: 14111
ADDRESS: H NO 343 BLOCK A WAVE ESTATE SECTOR 85 CHANDIGARH MOHALI 160064	PHONE: 9888522415
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PARAMJIT SINGH CHEEMA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SUKHVINDERSINGH KALER B. .	PF NO.: 14115
ADDRESS: HOUSE NO 260 A KIRAN VIHAR NEAR HOTEL KEYS PAKHOWAL ROAD LUDHIANA LUDHIANA PUNJAB 141001	PHONE: 9872660460
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SUKHVINDERSINGH KALER B. .** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: AMIT BARAN DEWANJI	PF NO.: 14118
ADDRESS: D23/2,KATJU NAGAR JADAVPUR KOLKATA 700032	PHONE: 9051618266
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **AMIT BARAN DEWANJI** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MANDAL KABIR KANTA	PF NO.: 14121
ADDRESS: 65/1,SHAIKH PARA LANE P.O.- B. GARDEN,HOWRAH KOLKATA 711103	PHONE: 9432129483
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MANDAL KABIR KANTA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GHORPADE SHIWAJI RAMCHANDRA	PF NO.: 14122
ADDRESS: 2 KAMAL ROW HSG GANGAPUR ROAD OPPOSITE GANPATI TEMPLE BEHING KHATIB DAIRY GANGAPUR ROAD NASIKI 422013	PHONE: 9371298952
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **GHORPADE SHIWAJI RAMCHANDRA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MAHADKAR SANJEEV GOPINATH	PF NO.: 14132
ADDRESS: WHISPERING PALMS BLDG NO 4 CO OP HOUSING SOCIETY LTD A WING FLAT NO 1005 10TH FLOOR AKURLI ROAD LOKHANDWALA TOWNSHIP KANDIVALI EAST MUMBAI 400101	PHONE: 9819070939
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MAHADKAR SANJEEV GOPINATH** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KRISHNAKUMAR P. .	PF NO.: 14139
ADDRESS: A 3 SWATI SADAN CHS 90 FEET D P ROAD MULUND EAST MUMBAI 400081	PHONE: 9820674399
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KRISHNAKUMAR P. .** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JAIRATH SUDHIR SHRIBHAGWAN	PF NO.: 14140
ADDRESS: BORICHAWL GR FLOOR LT DILIP GUPTE MARG MAHIM MUMBAI 400016	PHONE: 9819494668
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **JAIRATH SUDHIR SHRIBHAGWAN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MENDES AGNELO	PF NO.: 14143
ADDRESS: 503 JYOTI PRIDE SOCIETY CHARAT SINGH COLONY CHAKALA ANDHERI EAST MUMBAI 400093	PHONE: 9969672955
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MENDES AGNELO** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SHAH S.S.	PF NO.: 14144
ADDRESS: D 33 BINA APRT SIR M V ROAD ANDHERI EAST MUMBAI 400069	PHONE: 9619803585
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SHAH S.S.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: VISHNU MAHADEO MORE	PF NO.: 14149
ADDRESS: 402, RAMESHWAR KRUPA JOSHI PATH, PHADKE ROAD, DOMBIVLI EAST 421201	PHONE: 9987852445
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **VISHNU MAHADEO MORE** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: RATHOR MUKUNDA MURARI	PF NO.: 14164
ADDRESS: 504 SAGAR SAMRAT CHS LTD MALVANI BLOCK NO 8 MALAD WEST MUMBAI-95 400001	PHONE: 9969051222
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **RATHOR MUKUNDA MURARI** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KAKODKAR RAJEEV DILIP	PF NO.: 14190
ADDRESS: SUN BEAM BLDG 4 TH FLOOR BLOCK NO 18 A 320CHURNY ROAD MUMBAI 400004	PHONE: 9820942017
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KAKODKAR RAJEEV DILIP** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JAGADE RAHUL CHINTAMAN	PF NO.: 14195
ADDRESS: PLOT NO 1 SURACHANA NEAR PUSHPANJANJALI SBI COLONY GANAPATINAGAR JALGAON 425001	PHONE: 9975579980
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **JAGADE RAHUL CHINTAMAN** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: VAIDYA JAYANT M	PF NO.: 14203
ADDRESS: FLAT NO 403 KETAN CLASSIC APART DHARMADHIKARI MALA SAVEDI ROAD AHMEDNAGAR 414003	PHONE: 9763455979
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **VAIDYA JAYANT M** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PATIL RAJENDRA GANGADHAR	PF NO.: 14219
ADDRESS: 22 DATTA NAGAR TWIN SOLAPUR 22 DATTA NAGAR TWIN SOLAPUR LATUR 413004	PHONE: 9423067530
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PATIL RAJENDRA GANGADHAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JERE VASANTI PADMAKAR	PF NO.: 14223
ADDRESS: GANANJAY SOC 'ABHIJIT ' BLDG FLAT-10 ABOVA BADHAI SWEETS KOTHRUD PUNE 30 PUNE 411030	PHONE: 9890403480
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **JERE VASANTI PADMAKAR** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MULAY DATTATRAYA SANDIPAN	PF NO.: 14224
ADDRESS: BANK OF MAHARASHTRA BARSHI MAIN BRANCH CHHATRAPATI BHAVAN LATUR ROAD BARSHI 413401	PHONE: 9028265077
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MULAY DATTATRAYA SANDIPAN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: P SURYANARAYANA MURTHY . .	PF NO.: 14230
ADDRESS: H NO 8 6 113 A 2 SRINIVASAPURAM NEAR NAGARJUNA HIGH SCHOOL VANASTHALIPURAM HYDERABAD 500070	PHONE: 9949142826
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **P SURYANARAYANA MURTHY . .** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: R SAKKIAH	PF NO.: 14234
ADDRESS: 248 VRUDHUNAGAR ROAD, TIRUMANGALAM, MADURAI 625706	PHONE: 9442180962
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **R SAKKIAH** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MRS V RAMADEVI	PF NO.: 14237
ADDRESS: BANK OF MAHARASHTRA KOTHAGUDA HYDERABD 500072	PHONE: 8096803833
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MRS V RAMADEVI** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JAIN RAJESHKUMAR MANIKCHANDJI	PF NO.: 14250
ADDRESS: FLAT NO 204 B 1 REVATI DSK AKASHGANGA HOUSING SOCIETY NAGRAS ROAD AUNDH PUNE 411007	PHONE: 9158155511
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **JAIN RAJESHKUMAR MANIKCHANDJI** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: POTNIS G.P.	PF NO.: 14254
ADDRESS: 69 ST COLONY KATKAR MAL RAJARAMPURI 14TH LANE KOLHAPUR 416008	PHONE: 9422043547
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **POTNIS G.P.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: CHITRA SAMPATH	PF NO.: 14274
ADDRESS: Q 203 BHAGGYAM PRAGATHI APTS 173 SAPTHAGIRI NAGAR MAIN ROAD KARAPAKKAM CHENNAI 600097	PHONE: 9962194519
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **CHITRA SAMPATH** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KAKADE SUNITA ARUN	PF NO.: 14289
ADDRESS: 5 PRATHAMESH APPARTMENTS SAHAKARNAGAR NO 1 APPUSITE SHINDE HIGH SCHOOL PUNE PUNE 411009	PHONE: 9422078758
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KAKADE SUNITA ARUN** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: TARE S.S.	PF NO.: 14294
ADDRESS: 2110 VIJAYNAGAR COLONY SADASHIV PETH PUNE 411030	PHONE: 9890618773
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **TARE S.S.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MR. S.CHANDRASEKARAN	PF NO.: 14300
ADDRESS: DOOR NO38 NAVALAR NAGAR 2ND MAIN STREET S S COLONY MADURAI 625016	PHONE: 9791810481
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MR. S.CHANDRASEKARAN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MR BALRAM PRASAD TIWARI	PF NO.: 14306
ADDRESS: H NO 23 5 804 A SHAHALIBANDA HYDERABAD 500065	PHONE: 9704082419
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MR BALRAM PRASAD TIWARI** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DESHMUKH KISAN FAKIRRAO	PF NO.: 14326
ADDRESS: 12 AMPRAPALI APT. COLLEGE ROAD. B/H VIJAN HOSPITAL NASIK 422002	PHONE: 9860268557
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DESHMUKH KISAN FAKIRRAO** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: LASANAPURKAR SUDHIR B.	PF NO.: 14337
ADDRESS: 7 WAMAN HOUSING COLONY OPP DENTAL COLLEGE WADALI CAMP AMRAVATI 444602	PHONE: 9423125258
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **LASANAPURKAR SUDHIR B.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MR. SURESH N. HUILGOL	PF NO.: 14349
ADDRESS: 99 N H C S LAYOUT IIIRD STAGE 4TH BLOCK BASAVESWARANAGAR BLORE BLORE BANGALORE 560079	PHONE: 8095252916
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MR. SURESH N. HUILGOL** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BAPAT B.R.	PF NO.: 14360
ADDRESS: B/403,SHREENATH CLASSIC NATASHA PARK RESIDENCY-2 NR MILITARY BOYS HOSTEL,NIZAMPURA VADODARA 390024	PHONE: 9998235680
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BAPAT B.R.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: WANKHEDE MRS A R	PF NO.: 14361
ADDRESS: PLOT NO 81 VERMA LAY OUT NAGPUR NAGPUR 440033	PHONE: 9423100413
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **WANKHEDE MRS A R** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GIRI LAXMAN MOHAN	PF NO.: 14368
ADDRESS: 465 B 5 A 16 17 PLOT NO 12 11 SADAR BAZAR BHAGYASHREE APARTMENT G1 SATARA 415001	PHONE: 9822649954
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **GIRI LAXMAN MOHAN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SATHE HEMANT VINAYAK	PF NO.: 14376
ADDRESS: F 23 ANANDVAN APARTMENTS PHASE 2 6 3 VYANKATPURA PETH SATARA 415002	PHONE: 9422605468
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SATHE HEMANT VINAYAK** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SARKAR PRANABJIT PANKAJ KUMAR	PF NO.: 14398
ADDRESS: DF 2 PARAISO DE GOA PORVORIM GOA 403521	PHONE: 8910660069
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SARKAR PRANABJIT PANKAJ KUMAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SMT.DAN BINAPANI	PF NO.: 14400
ADDRESS: 28/8, KHANPUR RD XXXXX KOLKATA 700047	PHONE: 9163983903
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SMT.DAN BINAPANI** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DEBABRATA DUTTA	PF NO.: 14401
ADDRESS: 38 A/22 JYOTISH ROY ROAD TETULTALLA OPP PRABHAT SANGHA CLUB KANA MUDIR GALI NEW ALIPUR KOLKATA 700053	PHONE: 8017821885
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DEBABRATA DUTTA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SONAWANE MAHADEO JANBA	PF NO.: 14450
ADDRESS: VASTU VIHAR NEW ERA COOP HOUSING SOCIETYS NO 588 2 B MARKET YARD PUNE 411037 PUNE 411037	PHONE: 9921096990
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SONAWANE MAHADEO JANBA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

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IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PHADKE SANJAY VASANT	PF NO.: 14451
ADDRESS: E401 SHEFALIKA HEIGHTS BALAWANTPURA M SHIVTIRTHNAGAR KOTHRUD PUNE PUNE 411038	PHONE: 9423576958
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PHADKE SANJAY VASANT** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

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IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: V.VIJAYKUMAR	PF NO.: 14454
ADDRESS: C-15 HILL VIEW RESIDENCY SURVEY NO.288/1A BANER ROAD PUNE 411045	PHONE: 9850907780
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **V.VIJAYKUMAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SMT. AMANNA A.P.	PF NO.: 14458
ADDRESS: VENUS NANDIGUDDA 3RD CROSS JEPPU BAPPAL MANGALORE 575002	PHONE: 9945562591
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SMT. AMANNA A.P.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: VAIDYA SHUBHANGI P	PF NO.: 14481
ADDRESS: 404 KANCHANGAURI APARTMENTS SHIVTIRTHNAGAR PAUD ROAD PUNE PUNE 411038	PHONE: 9860810188
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **VAIDYA SHUBHANGI P** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: CHOUDHARI HIRESH VISHNU	PF NO.: 14519
ADDRESS: C 503 SIDDHIVINAYAK ANNEX CHS S J MARG LOWER PAREL WEST MUMBAI 400013	PHONE: 9869319404
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **CHOUDHARI HIRESH VISHNU** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GUPTE NUTAN NITIN	PF NO.: 14528
ADDRESS: 602 TULIP APT. MAHAGANESH COLONY PAUD ROAD KOTHRUD PUNE 411038	PHONE: 9423014438
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **GUPTE NUTAN NITIN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: CHATTERJEE AMIT ARUN	PF NO.: 14549
ADDRESS: 401 A SBI COLONY BEHIND SHEWALKAR GARDENS SOUTH AMBHJERI ROAD NAGPUR 440022	PHONE: 9823756001
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **CHATTERJEE AMIT ARUN** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MAHAL N. .	PF NO.: 14557
ADDRESS: 403 PARICHAY BLDG 5B NEAR WESTERN EXPRESS HIGHWAY ASHA NAGAR NEAR SURABHI HEALTH CLUB KANDIVALI EAST MUMBAI 400101	PHONE: 9930991321
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MAHAL N. .** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: NAIR SHASHIDHARAN T	PF NO.: 14563
ADDRESS: A-3/609 VASUNDHARA LOK RACHANA COMPLEX ADHAR NAGAR, MULUND(W) MUMBAI 400082	PHONE: 9619317987
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **NAIR SHASHIDHARAN T** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SHEVTEKAR JAYANT BHASKAR	PF NO.: 14576
ADDRESS: PLOT NO 1 LOKMITRA COLONY NEAR SHASTRI NAGAR AURANGABAD 431005	PHONE: 9850140944
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SHEVTEKAR JAYANT BHASKAR** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GOTTAM PRASAD G SUBBANNA	PF NO.: 14592
ADDRESS: 3-14-21/65 SRINIVASAPURAM SRINIVASAPURAM RAMANTHAPUR HYDRABAD 500013	PHONE: 9848335165
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **GOTTAM PRASAD G SUBBANNA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DESHPANDE SHREEKANT PRABHAKAR	PF NO.: 14607
ADDRESS: 188 A SINDHUVIHAR COLONY JU SINDHUVIHAR COL VIJAPUR RD SOLAPUR 413008	PHONE: 9421024891
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DESHPANDE SHREEKANT PRABHAKAR** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: VAZE GIRISH MORESHWAR	PF NO.: 14608
ADDRESS: 31BY 150 A V APTE COLONY VITHAL RUKHMINI CO OP HSG SOC VITHALWADI HINGNE KHURD PUNE 411051	PHONE: 9665591119
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **VAZE GIRISH MORESHWAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SHENOY J.N.	PF NO.: 14619
ADDRESS: NEEELKANTH APTS B 112 GOKULDAS PASTA ROAD DADAR EAST MUMBAI 400014	PHONE: 9819401038
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SHENOY J.N.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: ILA ANIL SANGHANI	PF NO.: 14628
ADDRESS: 300 JYOTISH RAY ROAD NEWALIPORE KOL 53 KOLKATA 700053	PHONE: 9830139312
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **ILA ANIL SANGHANI** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BANERJEE GAUTAM LOKNATH	PF NO.: 14629
ADDRESS: 50 E HAZRA ROAD GROUND FLOOR NEAR HAZRA LAW COLLEGE KOLKATA 700019	PHONE: 8600069996
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BANERJEE GAUTAM LOKNATH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DEBASIS CHOWDHURY	PF NO.: 14630
ADDRESS: 22/1 KABI NABIN SEN ROAD DUM DUM KOLKATA KOLKATA 700028	PHONE: 9830227268
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DEBASIS CHOWDHURY** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MITRA AMIT	PF NO.: 14631
ADDRESS: 36893 PANCHANAN CHATTERJEE LANE HOWRAH HOWRAH 711101	PHONE: 9674616619
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MITRA AMIT** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SEN GAUTAMCHANDRA LOKENDRA	PF NO.: 14634
ADDRESS: 61 A JODHPUR PARK 1ST FLOOR OPPOSITE K D CURE NURSING HOME KOLKATA KOLKATA 700068	PHONE: 9830447475
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SEN GAUTAMCHANDRA LOKENDRA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: G SESHADRI	PF NO.: 14637
ADDRESS: A-80 SECTOR-12 NOIDA PIN 201301, U P STATE 201301	PHONE: 9811655943
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **G SESHADRI** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MODI ANILKUMAR	PF NO.: 14638
ADDRESS: K H - 253 NEW KAVI NAGAR GHAZIABAD 201001	PHONE: 9810779700
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MODI ANILKUMAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SINGHMAR RANDHIRSINGH	PF NO.: 14652
ADDRESS: E 13 D MIG FLAT VATIKA APPARTMENT MAYA PURI NEW DELHI 110064	PHONE: 9868834818
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SINGHMAR RANDHIRSINGH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GOEL NARESHKUMAR	PF NO.: 14656
ADDRESS: HOUSE NO 2171 SEC 45 C CHANDIGARH CHANDIGARH 160047	PHONE: 9872662337
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **GOEL NARESHKUMAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JADHAV SAMBHAJI LAXMAN	PF NO.: 14712
ADDRESS: HOUSE NO 1009 SHANIWAR PETH SATARA SATARA 415002	PHONE: 9860082728
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **JADHAV SAMBHAJI LAXMAN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DAGAR SURENDERSINGH SULTANSINGH	PF NO.: 14728
ADDRESS: C 557 VIKAS PURI NEW DELHI DELHI 110018	PHONE: 9810478324
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DAGAR SURENDERSINGH SULTANSINGH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MR. M.A.MOHAMMED GHOUSE	PF NO.: 14754
ADDRESS: 28 JARIKAIKARA STREET MADURAI MADURAI 625001	PHONE: 9790127948
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MR. M.A.MOHAMMED GHOUSE** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: HEMADE RAMESH VISHNU	PF NO.: 14762
ADDRESS: RB2/151 NIRMITI VIHAR, VIJAPUR ROAD, SOLAPUR SOLAPUR 413004	PHONE: 9850090570
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **HEMADE RAMESH VISHNU** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BHATTACHARYA A. .	PF NO.: 14771
ADDRESS: 14 SONNET APPT MATE NURSERY ROAD SAVARKAR NAGAR NASHIK 396445	PHONE: 9423178948
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BHATTACHARYA A. .** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KUMKAR ANIL RAMCHANDRA	PF NO.: 14772
ADDRESS: FLAT NO C 1801 ASAWARI NANDED CITY SINHGAD ROAD PUNE 411041	PHONE: 8766872213
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KUMKAR ANIL RAMCHANDRA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BIMALENDU NASKAR	PF NO.: 14775
ADDRESS: VIVEKANANDA PALLY OPPOSITE ONGC PO-SONARPUR KOLKATA 700150	PHONE: 8902107868
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BIMALENDU NASKAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: NAND KISHORE	PF NO.: 14779
ADDRESS: D-21 GAURAV APPARTMENTS PATPAR GANJ IPEXTN DELHI 110092	PHONE: 9968298668
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **NAND KISHORE** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MANKOTIA RAVINDERKUMAR	PF NO.: 14780
ADDRESS: 902 A SHREE GANESH APARTMENTS SECTOR 7 DWARKA NEW DELHI 110075	PHONE: 9871307811
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MANKOTIA RAVINDERKUMAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DHERE R.S.	PF NO.: 14792
ADDRESS: 467 /A SHANWAR PETH YASHODHAN APT, FLAT NO 7 SHANWAR PETH PUNE 411030	PHONE: 9762042811
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DHERE R.S.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DANGE DEEPAK SOPAN	PF NO.: 14800
ADDRESS: 1 9 SHENDKAR PLOT RAMBAG COLONY PUNE PUNE 411030	PHONE: 8698669543
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DANGE DEEPAK SOPAN** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MOHABEY ASHOK BABULAL	PF NO.: 14807
ADDRESS: FLAT NO EW1 FIRST FLOOR ASHISH TOWER PLOT NO 189 NEAR KASTURBA BHAWAN BAJAJ NAGAR NAGPUR 440010	PHONE: 9975321208
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MOHABEY ASHOK BABULAL** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PATNAIK SAROJKUMAR SURYANARAYAN	PF NO.: 14836
ADDRESS: D NO 13-8-4 GROUND FLOOR MANIKANTH NAGAR MANA KALYANMANDAPAM MAHADEVPURAM COLONY VIJAYWADA 520007	PHONE: 7093906188
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PATNAIK SAROJKUMAR SURYANARAYAN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: RAIKUNDALIYA U.M.	PF NO.: 14850
ADDRESS: 5 GEETGOVIND TENA THALTEJ AHMEDABAD AHMEDABAD 380059	PHONE: 9925021157
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **RAIKUNDALIYA U.M.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SATISH S PATNEKAR	PF NO.: 14894
ADDRESS: PLOT NO 104 SAMARTH SOCIETY LAXMINAGAR HINDALAGA BELGAUM BELGAUM 590018	PHONE: 9448236209
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SATISH S PATNEKAR** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MACHADO LUCY V	PF NO.: 14899
ADDRESS: OASIS KOLBAG NANDAKHAL PO AGASHI VIRAR WEST 401301	PHONE: 9004016245
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MACHADO LUCY V** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GAJANAN VASANT PRABHU	PF NO.: 14903
ADDRESS: V 15 2 SHIVNERI ASHOK VAN BORIVALI E MUMBAI 400066	PHONE: 9820863013
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **GAJANAN VASANT PRABHU** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: ZAWAR DEEPAK MADANLAL	PF NO.: 14930
ADDRESS: BALAJI COMPLEX PEOPLES BANK ROAD AP TAL RAHURI DIST AHMEDNAGAR 413705	PHONE: 9823603283
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **ZAWAR DEEPAK MADANLAL** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BASU PRABIRKUMAR PARESHNATH	PF NO.: 14970
ADDRESS: BANK OF MAHARASTRA R.B AVN KOLKATA 700029	PHONE: 8017009250
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BASU PRABIRKUMAR PARESHNATH** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MALSHE VIJAY VISHNUPANT	PF NO.: 14998
ADDRESS: KAMLA HEIGHTS G 2 ATHALYE PLOTS RAMDASPETH AKOLA AKOLA 444005 444005	PHONE: 9422809625
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MALSHE VIJAY VISHNUPANT** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PUJARI AJAY GAJANAN	PF NO.: 15001
ADDRESS: 136 B RENUKA APARTMENT PANDE LAYOUT KHAMLA NAGPUR 440025	PHONE: 9890975102
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PUJARI AJAY GAJANAN** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JOSHI M.S.	PF NO.: 15007
ADDRESS: 7 4 SHRADHHA SANKUL OLD GANGAPUR NAKA GANGAPUR ROAD NASHIK 422003	PHONE: 9422755777
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **JOSHI M.S.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KULKARNI RAMRAJA HANMANTRAO	PF NO.: 15038
ADDRESS: MALKHARE CLASIC FLAT NO 206 ULKANAGARI AURANGABAD 431009	PHONE: 9326178795
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KULKARNI RAMRAJA HANMANTRAO** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PAI TEKKATTE PRABHAKAR	PF NO.: 15096
ADDRESS: A 102 KIRTHI SOLITAIRE OPP I B NEAR OLD D C OFFICE BANNAJE UDUPI 576101	PHONE: 9850687244
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PAI TEKKATTE PRABHAKAR** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PATANKAR NAYANA V	PF NO.: 15127
ADDRESS: 301 A SHRIRAM KRIPA AGARKAR ROAD OPP ASMITA NURSING DOMB IVALI EAST 421201	PHONE: 9769357598
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PATANKAR NAYANA V** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: V VASANTH RAO . .	PF NO.: 15140
ADDRESS: H NO 4 37 GANESHNAGAR COLON GOPALPUR HANAMKONDA 506009	PHONE: 9618606006
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **V VASANTH RAO . .** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BHOSEKAR MADHAV RAMCHANDRA	PF NO.: 15148
ADDRESS: 202 A WING ABHANG SOCIETY VISHNU NAGAR NACHANE RATNAGIRI 415639	PHONE: 9423050222
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BHOSEKAR MADHAV RAMCHANDRA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MOOLKY SHASHIDHAR RAO U.	PF NO.: 15149
ADDRESS: 85 17 12TH CROSS BOVIPALYA MAHALAXMI LAY OUT BENGALURU 560086	PHONE: 8884668738
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MOOLKY SHASHIDHAR RAO U.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DASGUPTA DIPTEMAN	PF NO.: 15177
ADDRESS: PRANAV COMPLEX BORSI DURG 491001	PHONE: 7587169336
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DASGUPTA DIPTEMAN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DR S.ESWARAMURTHY	PF NO.: 15182
ADDRESS: NO 9 BY 15 MAHADEVAN STREET WEST MAMBALAM CHENNAI 600033	PHONE: 9444026610
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DR S.ESWARAMURTHY** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: CHAUDHARI SATYANARAYAN S.	PF NO.: 15183
ADDRESS: A-1,202 MANIKBAUG ORCHID FRONT OF MAGAR STADIUM NEHRUNAGAR ,PIMPRI PUNE 411018	PHONE: 9657902204
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **CHAUDHARI SATYANARAYAN S.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SHAH R.C.	PF NO.: 15201
ADDRESS: 507 SHREE VIJAY APPT .NR. BOM NAV.PURA BR .VIJAY CHAR RASTA NAG. AHMEDABAD 380009	PHONE: 9428910461
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SHAH R.C.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SANGARE VILAS KASHINATH	PF NO.: 15212
ADDRESS: FLAT NO-11 SHANTIKUNJ CO-OP. HSG. SOCIET S.NO.14/5 FATIMANAGAR ,WANOWARIE PUNE 411001	PHONE: 9860508319
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SANGARE VILAS KASHINATH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DESHPANDE VINITA V	PF NO.: 15213
ADDRESS: 1414/1ATRIO CHAMBERS NEAR RENUKA SWAROOP SCHOOL SADASHIV PETH, KHAJINA VIHIR RASTA PUNE 411030	PHONE: 9922819170
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DESHPANDE VINITA V** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DESHMUKH HIMMATRAO GULABRAO	PF NO.: 15217
ADDRESS: FLOT NO 203 AFRIN APT 1981 9TH RAJARAMPURI KOLHAPUR KOLHAPUR 416008	PHONE: 9423049503
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DESHMUKH HIMMATRAO GULABRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KARKI UDAY MAHABALESHWAR	PF NO.: 15232
ADDRESS: 154 BASAVESHWAR NAGAR GOKULROAD HUBLI 580030	PHONE: 9448629420
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KARKI UDAY MAHABALESHWAR** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SEQUEIRA KUMUDINI JOSEPH	PF NO.: 15265
ADDRESS: D 301 VIKAS PARADISE CHSL PUMP HOUSE ANDHERI EAST MUMBAI 400093	PHONE: 9869401491
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SEQUEIRA KUMUDINI JOSEPH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KULKARNI S.N.	PF NO.: 15286
ADDRESS: PLOT NO 20 SHOBHAVARI SRIKRISHNA NAGAR BORIVLI E MUMBAI MUMBAI 400066	PHONE: 9819469170
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KULKARNI S.N.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MAHAJAN N.H.	PF NO.: 15296
ADDRESS: 9 RUTURANG KADOLKAR KOLONY TALEGAON DABHADE 410506 PUNE 410506	PHONE: 8983454586
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MAHAJAN N.H.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DESAI R.U.	PF NO.: 15336
ADDRESS: WIMBLEDON PARK 5/702 NEAR CADBURY OPP J K SINGHANIA THANE 400601	PHONE: 9819603385
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DESAI R.U.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MISRA ANNADA SHANKAR	PF NO.: 15348
ADDRESS: C/O BANAMALI MISHRA N2 41 IRC VILLAGE NAYAPALLI BHUBANESWAR 751015	PHONE: 9930365650
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MISRA ANNADA SHANKAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DATTA SHYAMAL KANTI	PF NO.: 15371
ADDRESS: 46/A NAKTALA ROAD P.O.: NAKTALA CALCUTA 700 047 CALCUTTA 700047	PHONE: 9830256131
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DATTA SHYAMAL KANTI** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KELKAR ROHINI	PF NO.: 15382
ADDRESS: PLOT NO 59 60 61 FLAT NO 104 HIMALAYA GALAXY II B U KOTHARI LAYOUT AMRAVATI ROAD NAGPUR 440023	PHONE: 9860889450
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KELKAR ROHINI** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SARAF VRUSHALI SHRIRAM	PF NO.: 15383
ADDRESS: 27, ANUREKHA SOCI KARVE NGR PUNE 411052	PHONE: 9881097820
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SARAF VRUSHALI SHRIRAM** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SRI.NIKAM RAMAKANT SHAMBURAO	PF NO.: 15420
ADDRESS: BHAMA PEARL 1ST FLOOR B/103 BHUJBAL CHOWK WAKAD HINJEWADI RD NEAR HINJEWADI BRIDGE PUNE 411057	PHONE: 9421356040
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SRI.NIKAM RAMAKANT SHAMBURAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: S SRIPADA RAO	PF NO.: 15465
ADDRESS: #N/A	PHONE: 9844318977
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **S SRIPADA RAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MULEY DILIP DIWAKAR	PF NO.: 15489
ADDRESS: 11 GURURAJ OPP. PANDE CATERORS UDAY COLONY NO.1 SAI NAGAR AMRAVATI 444607	PHONE: 9850521471
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MULEY DILIP DIWAKAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: ALAHARI KRISHNA KUMAR	PF NO.: 15493
ADDRESS: 30/405, SRI VENKATESWARA NAGAR Nr KANAJIGUDA, PETROL PUMP MD FORM RD, TRIMULGHERY HYDERABAD 500015	PHONE: 9000697555
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **ALAHARI KRISHNA KUMAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: HANCHATE PADMAKAR SHANKARRAO	PF NO.: 15509
ADDRESS: D-23 JHALA COMPLEX BEHIND MARKET YARD BIBVEWADI KONDHWA ROAD, PUNE 411037	PHONE: 9881203451
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **HANCHATE PADMAKAR SHANKARRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: WAGHMARE S.S.	PF NO.: 15525
ADDRESS: 204, ROYAL PALACE, TILAK CHOWK, KALYAN. KALYAN 421301	PHONE: 9930075344
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **WAGHMARE S.S.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SRI.V.NAGESWARA RAO	PF NO.: 15538
ADDRESS: FLAT NO 108 1ST FLOOR M V PLAZA KOTHAGUDA HYDERABAD 500084	PHONE: 9600065018
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SRI.V.NAGESWARA RAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BOSE ARUNKUMAR KRISHNAKUMAR	PF NO.: 15560
ADDRESS: A-69,NEAR SHIV MANDIR AGEYA NAGAR,BILASPUE BILASPUR 495001	PHONE: 7999642532
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BOSE ARUNKUMAR KRISHNAKUMAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PATHADE NARAYAN BHIKAJI	PF NO.: 15570
ADDRESS: 2020 SAMATA NAGAR MHB COLONY SATPUR NASHIK 422007	PHONE: 7588109600
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PATHADE NARAYAN BHIKAJI** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: RAJBHOJ SANTOSH RAMCHANDRA	PF NO.: 15575
ADDRESS: BANK OF MAHARASHTRA ABHONA TALUKA KALWAN ABHONA TALUKA KALWAN NASHIK 423502	PHONE: 9421183035
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **RAJBHOJ SANTOSH RAMCHANDRA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: INGLE HEMANTKUMAR VISHWANATH	PF NO.: 15592
ADDRESS: PLOT NO 332 KANSAI SECTION SAI RAJANI APT AMBERNATH DIST THANE 421501	PHONE: 9325361596
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **INGLE HEMANTKUMAR VISHWANATH** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: TIMIR BARAN SIKDAR	PF NO.: 15620
ADDRESS: 38 8 RABINDRA NATH TAGORE ROAD THAKURPUKUR KOLKATA 700063	PHONE: 9051031120
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **TIMIR BARAN SIKDAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KULKARNI MOHINIRAJ GANESH	PF NO.: 15630
ADDRESS: 114 MOHAN NAGAR JALGAON JALGAON 425001	PHONE: 9890461005
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KULKARNI MOHINIRAJ GANESH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MUJUMDAR VIVEK RANCHHODDAS	PF NO.: 15643
ADDRESS: 9 SAMPANNA APPARTMENT 69 SHIVRAM NAGAR JALGAON NEAR GOLD GYM JALGAON 425002	PHONE: 9225121745
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MUJUMDAR VIVEK RANCHHODDAS** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: VALECHA TAMANNA KAILASH	PF NO.: 15647
ADDRESS: FLAT 505 CITY WOODS CTS 55 1 SALISBURY PARK GULTEKDI PUNE 411037	PHONE: 9881302303
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **VALECHA TAMANNA KAILASH** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: S MANOHAR	PF NO.: 15655
ADDRESS: NO 3, BABU ROAD TIRUCHIRAPALLI TIRUCHIRAPALLI 620002	PHONE: 9042008685
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **S MANOHAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GEETHA SRINIVASAN	PF NO.: 15691
ADDRESS: W-738/1,IV AVENUE, APSARA LAWNS ANNA NAGAR WEST EXTN CHENNAI 600101	PHONE: 9840446451
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **GEETHA SRINIVASAN** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DILIP KUMAR BANDYOPADHYAY	PF NO.: 15694
ADDRESS: FLAT NO 1D COSYLAND APT 33A BOSEPARA BYE LANE JAMES LONG SARANI BARISHA KOLKATA 700008	PHONE: 9836615939
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DILIP KUMAR BANDYOPADHYAY** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: AMAR KUMAR	PF NO.: 15700
ADDRESS: FLAT NO C3 502 GLORY APARTMENTS GARDENIA AIMS SECTOR 46 NOIDA 201301	PHONE: 9730441177
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **AMAR KUMAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PASRICHA INDER PAUL RAMLAL	PF NO.: 15704
ADDRESS: FLAT No 45 POCKET B 10 SECTOR 3 ROHINI DELHI 110085	PHONE: 9971598830
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PASRICHA INDER PAUL RAMLAL** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SALHOTRA RAKESH PRAN	PF NO.: 15707
ADDRESS: 501/C MAYA GARDEN PHASE I VIP ROAD ZIRAKPUR PUNJAB 140603	PHONE: 7986601936
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SALHOTRA RAKESH PRAN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KANWAR PAL	PF NO.: 15712
ADDRESS: HOUSE NO 79 B P BLOCK EXTN MOHAN GARDEN UTTAM NAGAR DELHI 110059	PHONE: 9811367001
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KANWAR PAL** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GANGA NARENDRA	PF NO.: 15739
ADDRESS: H NO 6 18 5 OLD NGO S COLONY NETHAJI CLUB ROAD SUBHASH NAGAR NIZAMABAD 503002	PHONE: 9704787787
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **GANGA NARENDRA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: UMA BHUVANESHWARAN . .	PF NO.: 15742
ADDRESS: FLAT NO 21, MAYUR CHS. OPP DINDOSHI BUS DEPO. YASHODHAM,GOREGAON EAST MUMBAI 400063	PHONE: 9833782221
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **UMA BHUVANESHWARAN . .** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SRI.ABDULLA ANCHAMPARUTHY MOHAMED	PF NO.: 15754
ADDRESS: H.NO.3/157-A, ACHAMPARUTHY, V.K.V. LANE, CHEMBUMUKKU ERNAKULAM 682030	PHONE: 9495423682
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SRI.ABDULLA ANCHAMPARUTHY MOHAMED** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DUSANE NIVRUTTI RANGNATH	PF NO.: 15766
ADDRESS: FLAT NO8 RUDRA RESIDNECY PLOT NO 29B MANIK NAGAR GANGAPUR ROAD NASHIK 422013	PHONE: 9850090681
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DUSANE NIVRUTTI RANGNATH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: APHALE S.C.	PF NO.: 15778
ADDRESS: 247 AMBUJ SAHAKAR NAGAR PUNE 411009	PHONE: 9422233603
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **APHALE S.C.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SMT JAKATDAR S M	PF NO.: 15878
ADDRESS: 12 SAHASTRABUDHE LAYOUT BHARATNAGAR NAGPUR NAGPUR 440033	PHONE: 9422821252
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SMT JAKATDAR S M** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: WALUNJ SANJEEV RANGRAO	PF NO.: 15898
ADDRESS: PRIYANKA RESIDENCY,B WING FLATNO-14,SRNO-84/7 HADAPSAR PUNE CITY 411028	PHONE: 9860229282
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **WALUNJ SANJEEV RANGRAO** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SABNE SWATI DURGESH	PF NO.: 15900
ADDRESS: M-2 SNEH PARADISE 123/A/1 RAMBAG COLONY PAUD ROAD PUNE 411038	PHONE: 9960892766
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SABNE SWATI DURGESH** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: ANGRE RAMCHANDRA NARAYAN	PF NO.: 15904
ADDRESS: 9 SHIV VAIBHAV C H S SHIV DARSHAN PATH NARDASNAGAR BHANDUP WEST MUMBAI 400078	PHONE: 8169337456
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **ANGRE RAMCHANDRA NARAYAN** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SHETTY RAGHURAM B	PF NO.: 15906
ADDRESS: ROOM NO 10 A JAMILA BLDG G K MARG LOWER PAREL MUMBAI 400013	PHONE: 9969847648
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SHETTY RAGHURAM B** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DESHPANDE SANJAY VASANTRAO	PF NO.: 15914
ADDRESS: BANK OF MAHARASHTRA C3 MAHABANK BLDG TOWN CENTRE BR N1 CIDCO AURANGABAD 431401	PHONE: 7709641745
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DESHPANDE SANJAY VASANTRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DESHMUKH RAJIO CHAMPATRAO	PF NO.: 15924
ADDRESS: 80 PAWANBHUMI WARDHA RD NAGPUR 440025	PHONE: 9049670462
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DESHMUKH RAJIO CHAMPATRAO** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PATHAK VILAS MADHAVRAO	PF NO.: 15937
ADDRESS: 162/6 B DHULE ROAD SIDDH IVINAYAK COLONY AMALNER DIST JALGAON 425401	PHONE: 8623800151
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PATHAK VILAS MADHAVRAO** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: R SUBBARAJU . .	PF NO.: 15943
ADDRESS: NO T 57A RANGAS TRIYAMBAVA KALAPATTI ROAD CIVIL AERODROME PO SITRA COIMBATORE 641014	PHONE: 9444032552
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **R SUBBARAJU . .** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DEOGAONKAR SUSHAMA S	PF NO.: 15950
ADDRESS: SHRAVAN NEAR PROF COLONY SAWEDI ANAGAR 414003	PHONE: 9922434314
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DEOGAONKAR SUSHAMA S** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BURANGE V.V.	PF NO.: 15957
ADDRESS: NIWARA BUNGLOW NITYANAND SHASTRINAGAR DEVICHOWK D MUMBAI 421306	PHONE: 9833008651
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BURANGE V.V.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KAMAT S.R.	PF NO.: 15966
ADDRESS: 204 GOPIKA RAM D P ROAD NEAR NANCY COLONY BORIVLI EAST MUMBAI 400066	PHONE: 9819387823
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KAMAT S.R.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KAKADE DEEPAK DATTATRAYA	PF NO.: 15975
ADDRESS: 16 ARMY OFFICER SOCIETY SAINIK NAGAR SADAR BAZAR SATARA 415001	PHONE: 9822965844
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KAKADE DEEPAK DATTATRAYA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KARAMBELKAR BHARATI SUNIL	PF NO.: 15983
ADDRESS: 1/259 VRINDAWAN BHUSARI COLY. PUNE PUNE 411038	PHONE: 9850317017
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KARAMBELKAR BHARATI SUNIL** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PATIL NARAYANRAO DAMODAR	PF NO.: 16001
ADDRESS: PLOT NO 19 E GAT NO 463 ANJANI PARK DEVENDRA NAGAR JALGAON 425002	PHONE: 9421609998
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PATIL NARAYANRAO DAMODAR** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: HARDIKAR KRISHNAJI VASUDEO	PF NO.: 16011
ADDRESS: YOGESHWARI 10 AB SHRI VASTUPURAM HSG SOCIETY DHAMNI ROAD SANGLI SANGLI 416416	PHONE: 9404367791
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **HARDIKAR KRISHNAJI VASUDEO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KULKARNI SHUBHANGI ACHHUT	PF NO.: 16031
ADDRESS: FLAT NO46 ARYANESHWAR PARK B BLDG PUNE 411009	PHONE: 9881908199
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KULKARNI SHUBHANGI ACHHUT** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JOSHI PRAKASH PURUSHOTTAM	PF NO.: 16101
ADDRESS: FLAT NO3 A BUILDING SHWETA APPT BEHIND SVC BANK KARVENAGAR PUNE 411052	PHONE: 9405873892
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **JOSHI PRAKASH PURUSHOTTAM** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SUBHODH RANJAN MISTRY	PF NO.: 16112
ADDRESS: 7/5 - WEST RABINDRA NAGAR PO - RABINDRA NAGAR DIST - NORTH 24 PARGANAS KOLKATA 700065	PHONE: 9433054653
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SUBHODH RANJAN MISTRY** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DHARAP S.M.	PF NO.: 16136
ADDRESS: 1 B 702 BHAVINI ENCL AVE CHAFEKAR BANDHU MRG MULUND EAST MUMBAI 400081	PHONE: 9869726079
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DHARAP S.M.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: VADER SUNIL ANANT	PF NO.: 16166
ADDRESS: FLAT NO 11 SAIPARK MAHADEONAGAR MANJARI BK TAL HAVELI PUNE 412307	PHONE: 9764560468
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **VADER SUNIL ANANT** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: NAMJOSHI S.D.	PF NO.: 16173
ADDRESS: 2 42 RAMANAND SOCIETY SUBHASH ROAD VILE PARLE E MUMBAI 400057	PHONE: 9757229771
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **NAMJOSHI S.D.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PAWAR PRAKASH RAMBHAU	PF NO.: 16184
ADDRESS: 587 DATTAPRASAD SOCIETY SINHGAD ROAD PUNE 411030	PHONE: 9422303050
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PAWAR PRAKASH RAMBHAU** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: ILPATE BHIWA TULSHIRAM	PF NO.: 16205
ADDRESS: 38 ASHRAM LAYOUT AMBAZARI HILL TOP NAGPUR NAGPUR 440033	PHONE: 9665096337
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **ILPATE BHIWA TULSHIRAM** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MAHAJAN RAJENDRA PRALHAD	PF NO.: 16231
ADDRESS: 10 MADHU VIJAY COLONY OPP MODEL COLONY COLLEGE ROAD NASIK 422005	PHONE: 9850295566
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MAHAJAN RAJENDRA PRALHAD** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: UPADHYE VIJAY YASHWANT	PF NO.: 16236
ADDRESS: SHRI GOPAL VIHAR APPT.S NO 127/1B/2 MAYUR COLONY,KOTHRUD PUNE 411038 PUNE 411038	PHONE: 9960633736
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **UPADHYE VIJAY YASHWANT** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PATEL MANUBHAI MOTIBHAI	PF NO.: 16243
ADDRESS: 11,RUDRARAJ DUPLEX BH AAYAPPA TEMPLE, MOTHERS SCHOOL ROAD GOTRI, BARODA 390021	PHONE: 9426724267
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PATEL MANUBHAI MOTIBHAI** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: LADDAD RAMPRAKASH RAMWALLABH	PF NO.: 16263
ADDRESS: G 3 4 AMAR BAGH HADAPSAR PUNE 411028	PHONE: 9021719790
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **LADDAD RAMPRAKASH RAMWALLABH** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BANSODE BHARAT SOPAN	PF NO.: 16301
ADDRESS: B1/3 SAI BLDG.SR.NO.10/11 NEAR UMED CARE CENTRE. KATRAJ PUNE 411046	PHONE: 9922494715
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BANSODE BHARAT SOPAN** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BANKAR ASHA MADHUSUDAN	PF NO.: 16312
ADDRESS: 47B, JITENDRA PRASAD SHIV PRASAD SOCIETY SINHGAD ROAD PUNE 411030	PHONE: 9822307880
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BANKAR ASHA MADHUSUDAN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JOSHI ANAGHA RAJENDRA	PF NO.: 16321
ADDRESS: 47/5 RUPALI APARTMENT OPP.HERO HONDA SHOW ROOM POUD RD PUNE-38 PUNE 411038	PHONE: 9850350725
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **JOSHI ANAGHA RAJENDRA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PAWAR NALINI VIJAY	PF NO.: 16328
ADDRESS: AJINKYATARA B BUIILDING FLAT NO 1102 11th FLOOR sr no 9/2/2 9/2/3b near sinhgad college AMBEGAON BK 411041	PHONE: 9763552287
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PAWAR NALINI VIJAY** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: THORAT NIRMAL M	PF NO.: 16329
ADDRESS: PLOT 111 NIRMALNAGR SAVEDI AHMEDNAGAR NAGAR AHMEDNAGAR 414003	PHONE: 9423733366
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **THORAT NIRMAL M** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SUNIL NAMDEO SALAGARE	PF NO.: 16374
ADDRESS: 502 SAIGARDEN OFF VASAI THANE 422403	PHONE: 9987075514
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SUNIL NAMDEO SALAGARE** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: ROY SUBHASHCHANDRA SHYAMACHARAN	PF NO.: 16424
ADDRESS: 229/1 NILACHAL BIRATI KOLKATA 700051	PHONE: 9830526924
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **ROY SUBHASHCHANDRA SHYAMACHARAN** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: WANE SUNIL TRIMBAKRAO	PF NO.: 16470
ADDRESS: C/O BANK OF MAHARASHTRA. 443101 MALKAPUR 443101	PHONE: 9881787927
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **WANE SUNIL TRIMBAKRAO** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: ANGAL CHITRA RAVINDRA	PF NO.: 16478
ADDRESS: 203 B MADHUBAN 543, NEAR VITTHALWADI JAKAT NAKA SINHGAD ROAD MH PARVATI PUNE 411030	PHONE: 8805920023
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **ANGAL CHITRA RAVINDRA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PARANJAPE V.V.	PF NO.: 16514
ADDRESS: PLOT NO 30 302/303, LAXMIKRIPA LOKMANYA TILAK COLONY, RD NO 3 DADR EAST, MUMBAI 14 400014	PHONE: 9004484754
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PARANJAPE V.V.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: POWAR SUHAS PAUL	PF NO.: 16544
ADDRESS: DOSSA BLDG B BLOCK FIRST FLR RM NO 8 7TH NAVAROJI HILL ROAD MUMBAI 400009	PHONE: 9819118988
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **POWAR SUHAS PAUL** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BHATTA DATTATRYA NAGESHRAO	PF NO.: 16553
ADDRESS: PLOT NO 9 KALE LAY OUT BENGARI HUBLI 580001	PHONE: 9916611324
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BHATTA DATTATRYA NAGESHRAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JOSHI R.A.	PF NO.: 16590
ADDRESS: 302A LAXMIRAJ CHS PANDURANG WADI 1ST LANE NEAR SRIHARI MANGAL KARYALAYA DOMBIVLI EAST 421201	PHONE: 9930875949
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **JOSHI R.A.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SHENDGE I.B.	PF NO.: 16598
ADDRESS: 739,SATPUR COLONY SATPUR NASIK 422007	PHONE: 9960360638
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SHENDGE I.B.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MR P NARSIMHA REDDY	PF NO.: 16638
ADDRESS: FLAT.NO.301,SUNANDA APARTMENTS OPP. T.V.TOWER SALEEMNAGAR MALAKPET, HYDERABAD 500036	PHONE: 9398133594
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MR P NARSIMHA REDDY** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PATIL C S	PF NO.: 16648
ADDRESS: PLOT NO17 A GEETAI LANE NO 9 SHIKSHAKNAGAR PARMHANSNAGAR PAUD ROAD PUNE 412105	PHONE: 9657686249
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PATIL C S** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: NANIWADEKAR MANJIRI V	PF NO.: 16663
ADDRESS: BLOCK NO 2 CHINTAMANI HEAVEN NEAR CITY PRIDE KOTHRUD GANDHI PATH KOTHRUD PUNE 411038	PHONE: 9881203319
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **NANIWADEKAR MANJIRI V** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: WAGHMARE JAIBHIM TULSIRAM	PF NO.: 16683
ADDRESS: C II /902 SHREE LAXMI PARK PHASE I LOKMANYA NAGAR PADA NO 2 POKHARAN ROAD NO 1 THANE WEST 400606	PHONE: 9892181389
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **WAGHMARE JAIBHIM TULSIRAM** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

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IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: CHHATLANI JAIKISHIN NARAINDAS	PF NO.: 16685
ADDRESS: FLAT NO.1307,BLDG NO.2D,DREAMS COMPLEX, L.B.S.MARG,BHANDUP WEST, BHANDUP W MUMBAI 400078	PHONE: 9860287057
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **CHHATLANI JAIKISHIN NARAINDAS** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MAIKAP SRIKANTKUMAR HAREKRISHANA	PF NO.: 16701
ADDRESS: PLOT NO 1234 2350 SANTOSHI NAGAR BOMIKHAL BHUBANESWAR BHUBANESWAR 751010	PHONE: 9439494264
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MAIKAP SRIKANTKUMAR HAREKRISHANA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: RALLABHANDI A. .	PF NO.: 16717
ADDRESS: DOORNO 6 6 8 TO 32 AND 395/B 804 BANSILALPET HYDERABAD 500003	PHONE: 9845819659
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **RALLABHANDI A. .** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KANTH SHISHIRNATH NARPATI	PF NO.: 16731
ADDRESS: B 203 BANDRA ARUNODYA SOCIETY OPPOSITE COLLECTORS OFFICE BANDRA EAST KALANAGAR MUMBAI 400051	PHONE: 9730000543
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KANTH SHISHIRNATH NARPATI** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DANGE S V	PF NO.: 16753
ADDRESS: 676 SHREE RESIDENCY BIBWEWADI PUNE 411037 PUNE 411037	PHONE: 9860166242
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DANGE S V** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: YADAV ASHOK KRISHNA	PF NO.: 16760
ADDRESS: PLOT NO 38 ADWAIT POOJA PARK PAUD ROAD KOTHRUD PUNE 411038	PHONE: 9404895701
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **YADAV ASHOK KRISHNA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: R RAJANNA	PF NO.: 16769
ADDRESS: 1-9-1135 POSTAL COLONY SAHAKAR NAGAR, HANAMKONDA WARANGAL 506001	PHONE: 9730093230
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **R RAJANNA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JERE VRINDA AVADHUT	PF NO.: 16770
ADDRESS: B 403 KANCHAN GAURI APPT SHIVATIRTHA NAGAR KOTHRUD PUNE PUNE 411038	PHONE: 9405015841
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **JERE VRINDA AVADHUT** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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UNITED INDIA INSURANCE CO. LTD

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BALANG KRISHNA VAMAN	PF NO.: 16775
ADDRESS: 1, UDDHAV, AWADHUT CHINTAN COLONY SHAHUPURI, GANDA MAL SATARA SATARA 415002	PHONE: 9075794440
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BALANG KRISHNA VAMAN** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GOPALA KRISHNA PILLAI	PF NO.: 16792
ADDRESS: SIVAKRUPA CHAKKITTAPARAMBIL VELOOR P O KOTTAYAM 686003	PHONE: 8089248002
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **GOPALA KRISHNA PILLAI** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PANDEY MAYANK BHUSHAN	PF NO.: 16811
ADDRESS: 46 PUSHPANJALI APPT SECTOR 4 PLOT NO 10 DWARKA NEW DELHI 110075	PHONE: 9968379222
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PANDEY MAYANK BHUSHAN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: NAMBIAR AMITA VIJAYAN	PF NO.: 16827
ADDRESS: FLAT NO-8 MURLI NANDAN BEHIND SHVEEJI COMPLEX NEHRUNAGAR PIMPRI,PUNE-411018 411018	PHONE: 9822463965
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **NAMBIAR AMITA VIJAYAN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SHENOLIKAR JAYASHRI MILIND	PF NO.: 16833
ADDRESS: MILIND V SHENOLIKAR PLOT NO 16 MILIND BUNGLOW TAPODHAM CO OP HSG SOCIETY MUKUND NAGAR PUNE 411037	PHONE: 9921924607
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SHENOLIKAR JAYASHRI MILIND** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MOHANTY RAJKISHORE	PF NO.: 16841
ADDRESS: PLOT NO 11 RAJAS COOP HSG SOCIETY KATRAJ KONDHWA ROAD KATRAJ PUNE 411046	PHONE: 9823213495
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MOHANTY RAJKISHORE** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GHONE CHARUDATTA VINAYAK	PF NO.: 16855
ADDRESS: FLAT NO 7F BLDG.CHINTAMANINAGAR PHASE 3 BIBWEWADI PUNE PUNE 411037	PHONE: 9822955280
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **GHONE CHARUDATTA VINAYAK** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BHADE UTTAMRAO RAGHUNATHRAO	PF NO.: 16856
ADDRESS: PLOT NO 26 GAT NO 45 JINTHA HOUSING SOCIETY OPP RAMGOPAL NAGA POLICE COLONY PADEGAON AURANGABAD 431002	PHONE: 9404982472
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BHADE UTTAMRAO RAGHUNATHRAO** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BAISANE GUNWANTI Y.	PF NO.: 16869
ADDRESS: 6A 602 LORD SHIVAS PARADISE CHS NEAR CHOTA MHASOBA MANDIR BIRLA COLLEGE ROAD KALYAN WEST 421301	PHONE: 9930730851
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BAISANE GUNWANTI Y.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: AGRAWAL PAWANKUMAR M.	PF NO.: 16930
ADDRESS: FLAT NO 303 SHREE GANESH APARTMEN PLOT NO 133 KALUNDRE PANVEL DIST RAIGAD 410206	PHONE: 9769943377
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **AGRAWAL PAWANKUMAR M.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BUDUKH M.U.	PF NO.: 16985
ADDRESS: 500 1 JOSHI SANKUL FLAT NO5 MEHUNPURA SHANIWAR PETH PUNE PUNE 411030	PHONE: 9404610409
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BUDUKH M.U.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MORE M D	PF NO.: 16992
ADDRESS: H 7 114MORESHWAR KRUPA SOCIETY NR GAJANAN MAHARAJ MANDIR ASHTAVINAYAK NAGAR PUNE 411009	PHONE: 9970710042
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MORE M D** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SRIVASTAV HARENDRANATH KAMTAPRASAD	PF NO.: 17010
ADDRESS: FLAT NO T-3/1503 LA RESIDENTIA, NEAR GAUR CITY ADJACENT TO RYAN INTERNATIONAL SCHOOL SURAJPUR ROAD NOIDA EXTENSION 201301	PHONE: 9958988377
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SRIVASTAV HARENDRANATH KAMTAPRASAD** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MOTE ARUN PURUSHOTTAM	PF NO.: 17030
ADDRESS: 114 MAHALAXMI NAGAR HUDKESHWAR ROAD NAGPUR NAGPUR 440015	PHONE: 9763497676
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MOTE ARUN PURUSHOTTAM** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BHATWADEKAR AJIT RAMCHANDRA	PF NO.: 17031
ADDRESS: FLAT NO-7, PASCHIMRANG SO NEAR SHRIRAM SOCIETY, WARJE NAKA PUNE 411058	PHONE: 9423681322
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BHATWADEKAR AJIT RAMCHANDRA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SHARMA VIRENDRAKUMAR ROSHANLAL	PF NO.: 17057
ADDRESS: FLAT NO-10 EKLAVYA APARTMENTS SECTOR-13 ROHINI, DELHI 110085	PHONE: 9958288039
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SHARMA VIRENDRAKUMAR ROSHANLAL** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SHAKTHIKUMAR BALARAM NAIR	PF NO.: 17088
ADDRESS: 501,OM PRIYANKA CHS S P GUJAR MARG NEAR NEELAM NAGAR MULUND EAST 400081	PHONE: 8291859313
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SHAKTHIKUMAR BALARAM NAIR** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BANGERA KESHAVA CHANDU	PF NO.: 17089
ADDRESS: A1 403 NEW ANAND PARK RAGHUNATH NAGAR THANE THANE 400604	PHONE: 9987780652
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BANGERA KESHAVA CHANDU** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: D SOUZA FRANCIS DOMNIC U	PF NO.: 17107
ADDRESS: B102 SAI DHAM APTS PAPDY BANGLI RD BRAHMAN ALI VASAI VASAI DIST PALGHAR 401201	PHONE: 9619951063
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **D SOUZA FRANCIS DOMNIC U** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: THAKARE S.S.	PF NO.: 17138
ADDRESS: B 6 11 RAJHANSA SOCIETY GHATKOPAR ANDHERI LINK ROAD GHATKOPAR EAST MUMBAI 400075	PHONE: 9594223771
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **THAKARE S.S.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GUPTA HARISH RAJARAM	PF NO.: 17145
ADDRESS: FLAT NO 201 BLOCK B 5 AMRAPALI TITAINUM APARTMENTS SECTOR 119 DELHI 201305	PHONE: 8146362164
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **GUPTA HARISH RAJARAM** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GUPTA VINAYKUMAR	PF NO.: 17150
ADDRESS: FLAT NO Q 102 SHALIMAR PALMS PIPLIYAHANA INDORE 452016	PHONE: 9970499738
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **GUPTA VINAYKUMAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: RADHARANI V.V.	PF NO.: 17187
ADDRESS: 313 MANGALA 8th , MAIN,3rd CROSS,B C C LAYOUT, ATTIGUPPE VIJAYANAGAR 2nd STAGE BENGALURU 560040	PHONE: 9449818249
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **RADHARANI V.V.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: RANE R.S.	PF NO.: 17217
ADDRESS: SAWLI ROW HOUSE PLOT A 21 SECTOR 6 NEW PANVEL NAVIMUMBAI 410206	PHONE: 9322510231
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **RANE R.S.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: CHOUDHARI DEVINDERSINGH GURUBACHANSINGH	PF NO.: 17226
ADDRESS: G-16/7 FIRST FLOOR MALVIYA NAGAR NEW DELHI 110017	PHONE: 8505885999
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **CHOUDHARI DEVINDERSINGH GURUBACHANSINGH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: G NARAYAN SARMA . .	PF NO.: 17227
ADDRESS: PLOT 218 DEFENCE COLONY SAINKIKPURI POST SECUNDERABAD 500094	PHONE: 9866584282
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **G NARAYAN SARMA . .** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KULKARNI SURESH RAMCHANDRA	PF NO.: 17278
ADDRESS: FLAT NO 2 CHETAN PLAZA SAWARKAR CHOWK SAMRAT NAGAR AURANGABAD 431005	PHONE: 9960623993
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KULKARNI SURESH RAMCHANDRA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PHANI M N L N . .	PF NO.: 17284
ADDRESS: FLAT NO C 74 WOODLANDS APPT GANDHI BHAVAN ROAD NEAR BADHAI SWEETS KOTHRUD PUNE 411038	PHONE: 8237713576
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PHANI M N L N . .** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: K DASHRATH	PF NO.: 17285
ADDRESS: FLAT-2, BLDG 2 K (INDICA-B) ADITYA GARDEN CITY WARJE PUNE 58 PUNE 411058	PHONE: 8605307022
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **K DASHRATH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PEDNEKAR U.K.	PF NO.: 17297
ADDRESS: B 001 LINK PALACE CHS LTD LINK ROAD I C COLONY BORIVLI WEST MUMBAI 400103	PHONE: 9820236765
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PEDNEKAR U.K.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SALVI M.C.	PF NO.: 17334
ADDRESS: F NO 207 208 MAYFLOWER EVEREST WORLD THANE THANE 400604	PHONE: 9833015380
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SALVI M.C.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MR S LAXMIKANTH	PF NO.: 17369
ADDRESS: 8-7-167/B ROAD NO 2 RAJAREDDY COLONY R R NAGAR OLD BOWENPALLY SECUNDERABAD 500011	PHONE: 9704164518
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MR S LAXMIKANTH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: S AGNEESWARAN . .	PF NO.: 17408
ADDRESS: S 2/108,DWARKASHISH CHS BANGUR NAGAR GOREGAON WEST MUMBAI 400090	PHONE: 9769149673
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **S AGNEESWARAN . .** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SRIRANJINI V	PF NO.: 17417
ADDRESS: E 201 SANKARA COLONY P L LOKHANDE MARG CHEMBUR MUMBAI 400043	PHONE: 9322272720
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SRIRANJINI V** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SRI.LAL MOHAN SINGH	PF NO.: 17426
ADDRESS: GEED BHAWAN NASERI WARD POST KHEDISAOLIGAD BETUL 460225	PHONE: 7634949596
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SRI.LAL MOHAN SINGH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SINHA RAVISHEKHAR PRASAD	PF NO.: 17434
ADDRESS: A404 SILVER OAK APT HIRANANDANI GARDEN POWAI IIT MUMBAI HIRANANDANI COMPLEX NR S M SHETTY SCHOOL MUMBAI 400076	PHONE: 9422129437
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SINHA RAVISHEKHAR PRASAD** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GHOSH ANUPAM	PF NO.: 17448
ADDRESS: 27 SULTAN ALAM ROAD FLAT NO W2 KOLKATA 700033	PHONE: 9239204345
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **GHOSH ANUPAM** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: RAMANMURTHY T. V.	PF NO.: 17461
ADDRESS: FLAT NO. 101 BLDG A3 DWARKA LORDS PIMPLE SAUDAGAR PUNE 411027	PHONE: 9730017355
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **RAMANMURTHY T. V.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SHAIKH GAFUR HASAN	PF NO.: 17476
ADDRESS: 449 BHAWANI PETH ASHOK NAGAR POORAGRASHA COLONY HOU NO 62 PUNE 411042	PHONE: 9673097478
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SHAIKH GAFUR HASAN** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GADKARI JYOTI DEEPAK	PF NO.: 17479
ADDRESS: SHILPAYATAN APTS 2/13 ERANDAWANA PUNE 411004	PHONE: 9860689155
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **GADKARI JYOTI DEEPAK** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: NETAI PADA MANDAL	PF NO.: 17484
ADDRESS: 2NO MIDDLE BLOCK NABAGRAM GARIA PO PANCHPOTA RAJPUR SONARPUR 700152	PHONE: 9433177818
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **NETAI PADA MANDAL** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PRASHANTA CHATTERJEE	PF NO.: 17486
ADDRESS: 2,TINKARI MUKHERJEE LANE BHADRESWAR HOOGHLY 712124	PHONE: 6291665001
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PRASHANTA CHATTERJEE** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DEY TAPANKUMAR	PF NO.: 17487
ADDRESS: 158 PRIYANAGAR PO-SODEPUR.P.S.KHARDAHA DIST 24PGS(N), KOLKATA WB 700110	PHONE: 8017838498
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DEY TAPANKUMAR** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: NIPHADKAR MUGDHA KISHOR	PF NO.: 17504
ADDRESS: TARA RESIDENCY 20/02 FLAT NO 16 BLG NO 2 KOTHRUD PUNE 411038 411038	PHONE: 9730016350
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **NIPHADKAR MUGDHA KISHOR** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MANTRI DAYANIDHI PURNACHANDRA	PF NO.: 17512
ADDRESS: FLAT NO C 21 GREEN CITY NEAR NABBHARAT HIGH SCHOOL SHIVNE PUNE 411023	PHONE: 9421837182
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MANTRI DAYANIDHI PURNACHANDRA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: CHOUDHARY SANJIV WASUDEORAO	PF NO.: 17540
ADDRESS: S 1 2ND FLOOR SIDDHIVINAYAK APARTMENT NEAR PORWAL PAINT HOUSE VIJAY COLONY AMRAVATI 444606	PHONE: 9421741576
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **CHOUDHARY SANJIV WASUDEORAO** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DAS MANI KUMAR	PF NO.: 17562
ADDRESS: ABHOYNAGAR SAMABAYPALLI HAORA HOWRAH HOWRAH 711205	PHONE: 9748198417
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DAS MANI KUMAR** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MOKASHI SHESH JAYARAM	PF NO.: 17584
ADDRESS: JAYARAM SADAN 2nd FLOOR NO 172 11th MAIN DR VK GOKAK ROAD HANUMANTHA NAGAR BANGALORE 560004	PHONE: 9886344599
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MOKASHI SHESH JAYARAM** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: RANE SATISH VISHNU	PF NO.: 17611
ADDRESS: A/2/207,NEW MADHUKUNJ SOC, DIN DAYAL RD DOMBIVLI WEST DIST THANE 421202	PHONE: 9870230054
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **RANE SATISH VISHNU** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PRERNA PRAVINCHANDRA PRADHAN	PF NO.: 17613
ADDRESS: #N/A	PHONE: 8975237200
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PRERNA PRAVINCHANDRA PRADHAN** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: REDDY VEMPATI OBULA	PF NO.: 17633
ADDRESS: FLAT NO.204 BJR Residency H No.10-1-80/2, Padmanagar Colony KARMANGHAT HYDERABAD 500079	PHONE: 9591799771
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **REDDY VEMPATI OBULA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: RADHESHYAM GOND	PF NO.: 17641
ADDRESS: 141A APC ROAD PO BEADON STREET WEST BEN KOLKATA 700006	PHONE: 9433322584
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **RADHESHYAM GOND** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DATTA AMITABHA	PF NO.: 17645
ADDRESS: G-30/2 KARUNAMOYEE HOUSING ESTATE BLOCK ED, PHASE 3, SECTOR 2, SALTLAKE KOLKATA 700091	PHONE: 9163311547
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DATTA AMITABHA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: LODAYA MANOJKUMAR VELJIBHAI	PF NO.: 17665
ADDRESS: 103 SHRI GANADHISH KRUPA TUKARAM NAGAR, NEAR RAVI PATIL GROUND DOMBIVALI EAST THANE 421201	PHONE: 9867465591
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **LODAYA MANOJKUMAR VELJIBHAI** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MALSHE AJAY VISHNU	PF NO.: 17707
ADDRESS: 104 ASTHA RESIDENCY PARANJAPE COLONY CAMP AMRAVATI AMRAVATI 444603	PHONE: 7507627081
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MALSHE AJAY VISHNU** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: NARANG A. .	PF NO.: 17716
ADDRESS: 27 C 2ND FLOOR UNA ENCLAVE MAYUR VIHAR PHASE 1 NEW DELHI 110091	PHONE: 9868438360
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **NARANG A. .** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: AMARSHETTY OMKAR CHANNABASAPPA	PF NO.: 17729
ADDRESS: BANK OF MAHARASHTRA ZONALOFFICE AUSA ROAD LATUR 413512	PHONE: 9423727621
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **AMARSHETTY OMKAR CHANNABASAPPA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

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IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SURYAWANSHI D.N.	PF NO.: 17730
ADDRESS: Flat No B203 Building B Engricia Pimple Gurav Pune 411061	PHONE: 9422072645
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SURYAWANSHI D.N.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: LULEY S.S.	PF NO.: 17745
ADDRESS: P 1101 BALWANTPURAM SAMRAJYA KOTHRUD SHIVTIRTH NAGAR PAUD RD PUNE 411038	PHONE: 9822203157
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **LULEY S.S.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MR K KANTHA RAO	PF NO.: 17750
ADDRESS: FLAT NO 104 VIJETHA MAJESTIC 16-11-19/5/1 SALEEM NAGAR MALAKPET HYDERABAD 500036	PHONE: 9848050967
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MR K KANTHA RAO** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JAGTAP KIRANKUMAR K.	PF NO.: 17761
ADDRESS: 11 B 607 LOKMANYANAGAR BEHIND S P COLLEGE PUNE 411030	PHONE: 9860342646
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **JAGTAP KIRANKUMAR K.** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: NIMKAR GITANJALI GANESH	PF NO.: 17771
ADDRESS: KALP KALYAN SOCIETY FLAT NO 50 BLDG NO 3 BIBWEWADI PUNE 411037 PUNE 411037	PHONE: 9922080877
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **NIMKAR GITANJALI GANESH** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MR P SATYANARAYANA	PF NO.: 17822
ADDRESS: H No 12-1-622 ASIF NAGAR SYDELIGUDA HYDERABAD 500028	PHONE: 9550248118
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MR P SATYANARAYANA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KULKARNI CHANDRASHEKHER GANESH	PF NO.: 17836
ADDRESS: FL NO 202 ANANDPURI B TULSHIBAGWALE COLONY LANE NO 1 SAHAKAR NAGAR NO 2 PUNE 411009	PHONE: 9820780483
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KULKARNI CHANDRASHEKHER GANESH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GULATI JAIKISHAN KASHIRAM	PF NO.: 17837
ADDRESS: FLAT NO.6065/5 POCKET D-6 VASANT KUNJ NEW DELHI 110070	PHONE: 8447820550
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **GULATI JAIKISHAN KASHIRAM** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SATANEKAR SHARAD EKNATH	PF NO.: 17847
ADDRESS: B 27 BHAGYA CHS LTD BHARDAWADI RD ANDHERI WEST MUMBAI 400058 400058	PHONE: 9821385764
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SATANEKAR SHARAD EKNATH** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SHUKLA AJAYAKUMAR OMPRAKASH	PF NO.: 17851
ADDRESS: 6 A VERSOVA SHUBHAMKAROTI CHS LTD NEW MHADA H I G COMPLEX NEAR LOKHAND WALA CIRCLE ANDHERI WEST MUMBAI 400053	PHONE: 9969618817
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SHUKLA AJAYAKUMAR OMPRAKASH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MODH ROHINI D.	PF NO.: 17856
ADDRESS: B 16 OZONE VILLAS NAGAR ROAD WAGHOLI PUNE 412207	PHONE: 9820590602
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MODH ROHINI D.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SOLANKI RAMESH HARJIBHAI	PF NO.: 17857
ADDRESS: CHEMBUR JYOTI CHS LTD A 201 BUILDING NO 89 TILAK NAGAR CHEMBUR NEAR R S MANI SUPER MARKET 400089	PHONE: 9869366400
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SOLANKI RAMESH HARJIBHAI** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DESHPANDE CHANDRASHEKHAR B	PF NO.: 17859
ADDRESS: PLOT NO 28 GIRISH SOCIETY WARJE NAKA PUNE 411029	PHONE: 9922617159
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DESHPANDE CHANDRASHEKHAR B** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: LAKHAN CHANDRA BANIK	PF NO.: 17861
ADDRESS: 54/11, SATCHASI PARA ROAD COSSIPUR KOLKATA 700002	PHONE: 9903915817
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **LAKHAN CHANDRA BANIK** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MADAWI RAMDAS TUKARAMJI	PF NO.: 17876
ADDRESS: PLOT NO 43 MEHERBABA APTT MEHER VIHAR COLONY PANCHADEEP NAGAR WARDHA ROAD NAGPUR 440025	PHONE: 9423639434
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MADAWI RAMDAS TUKARAMJI** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: V.VENKATA RAO	PF NO.: 17883
ADDRESS: FLAT NO 502 BLOCK B USHODAYA TOWERS OPP SUMAN NILAYAM,CHANDANAGAR HYDERABAD 500060	PHONE: 7600659358
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **V.VENKATA RAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

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IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: D.C.NAGAMANI	PF NO.: 17887
ADDRESS: NO. 242/A, V CROSS K G NAGAR BANGALORE BANGALORE 560019	PHONE: 9449075005
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **D.C.NAGAMANI** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: ARKATKAR CHARUDATTA BHIKAJI	PF NO.: 17900
ADDRESS: FLAT NO 18 FIFTH FLOOR E WING SAI GANESH COMPLEX KARVE NAGAR PUNE PUNE 411052	PHONE: 9422522069
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **ARKATKAR CHARUDATTA BHIKAJI** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MISHRA ALOK GIRISHCHANDRA	PF NO.: 17918
ADDRESS: A-501, PRADHAN URBAN LIVE BEHIND DANA PANI RESTAURANT E-8 ARERA COLONY BHOPAL 462026	PHONE: 9827361384
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MISHRA ALOK GIRISHCHANDRA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PHULE ASHOK KRISHNARAO	PF NO.: 17958
ADDRESS: M 14 CHAITANYNAGARI WARJE PUNE 411052	PHONE: 9890450134
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PHULE ASHOK KRISHNARAO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BELLARY ASHOK VENKATESH	PF NO.: 17959
ADDRESS: H NO 394 VIKASNAGAR OPP BGS SCHOOL DODDANAYAKANAKOPPA DHARWAD 580001	PHONE: 9480273014
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BELLARY ASHOK VENKATESH** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: RAUT BAPU BHIVA	PF NO.: 17962
ADDRESS: BANK OF MAHARASHTRA Talegaon Dabhade TALEGAON DABHA 410507	PHONE: 9423862545
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **RAUT BAPU BHIVA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JANGALE RAMKRISHNA DAMU	PF NO.: 17965
ADDRESS: 7,LALIT COOP HSG SOC GULMOHAR PARK ITI ROAD, AUNDH PUNE. 411007	PHONE: 9422523031
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **JANGALE RAMKRISHNA DAMU** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BAONE AJIT DIWAKAR	PF NO.: 17977
ADDRESS: AT A D BAONE S-13 /B KALPAK APARTMENT AATH RASTA SQUARE LAXMI NAGAR NAGPUR 440022	PHONE: 9890931360
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BAONE AJIT DIWAKAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: WAGHAMARE MADHUKAR SHANKARRO	PF NO.: 18007
ADDRESS: FLAT NO 201 BUILDING I RADHIKA PARK NEAR UJJWAL GARDEN SAINIKWADI VADGAONSHERI PUNE 411037	PHONE: 9823466904
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **WAGHAMARE MADHUKAR SHANKARRO** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: JAGDALE PRAKASH N.	PF NO.: 18013
ADDRESS: B 3 10 DHARMVIR PARK BIBWEWADI PUNE 411037	PHONE: 9657496111
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **JAGDALE PRAKASH N.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SRI.MANIYAR SANJAY NARSINGDAS	PF NO.: 18021
ADDRESS: AMANORA PARK NEO TOWERS TOWER NO.95 FLOOR 21 FLAT 3 BEHIND AMANORA MALL HADAPSAR PUNE PUNE 411028	PHONE: 8149012020
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SRI.MANIYAR SANJAY NARSINGDAS** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SINGH DHARTI DHAKAL	PF NO.: 18052
ADDRESS: CA BLOCK FLAT-44 B SHALIMAR BAGH DELHI 110088	PHONE: 9718997373
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SINGH DHARTI DHAKAL** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: NEGI RAJESHKUMAR TANBA	PF NO.: 18053
ADDRESS: VILLAGE TAYAWAL PO JEORI RAMPUR BUSHAHAR SHIMLA 172101	PHONE: 9459626194
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **NEGI RAJESHKUMAR TANBA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GHAI RAKESHKUMAR GOPICHAND	PF NO.: 18055
ADDRESS: 77,RISHI APPARTMENTS, SECTOR-9 ROHINI NEW DELHI 110085	PHONE: 9810888910
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **GHAI RAKESHKUMAR GOPICHAND** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SHAIKH EMAMMUDDIN	PF NO.: 18076
ADDRESS: S NO 261 1 1 KHWAAB BUNGLOW KALWAD ROAD DHANORI JAKAT NAKA SHAMROCK GENIUS SCHOOL LOHEGAON PUNE 411032	PHONE: 9766466322
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SHAIKH EMAMMUDDIN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: THAKAR KESHAV TRIVIKRAM	PF NO.: 18078
ADDRESS: 401 SHANIWAR PETH SATHE APARTMENT FLAT NO 14 NEAR AHILYA DEVI HIGH SCHOOL PUNE 411030	PHONE: 9730000514
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **THAKAR KESHAV TRIVIKRAM** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KADLASKAR SHARAD LAXMAN	PF NO.: 18088
ADDRESS: FLAT NO 6 ATHARV APTS SHIVPRASAD HSG SOC GANESHMALA SINHGAD RD PUNE PUNE 411030	PHONE: 9423011326
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KADLASKAR SHARAD LAXMAN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PANDA LALITMOHAN	PF NO.: 18095
ADDRESS: FLAT NO. B-304 IMPERIAL MANSION APARTMENT BARAMUNDA BHUBANESWAR 751003	PHONE: 7044305952
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PANDA LALITMOHAN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DESHPANDE RAMESH MANOHAR	PF NO.: 18110
ADDRESS: FLAT NO 4,BULDG NO 4B,KRUTIKA CO-OP HSG. TEJASNAGAR KOTHRUD PUNE 411038	PHONE: 9420480888
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DESHPANDE RAMESH MANOHAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PRABHU SUDHA P	PF NO.: 18129
ADDRESS: 126/8 MIRA SOCIETY SALISBURY PARK PUNE 411037	PHONE: 8552908731
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PRABHU SUDHA P** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SINGH RANAPRATAP RASHBIHARI	PF NO.: 18131
ADDRESS: 69 H M G ROAD 3rd FLOOR MA SHARDA ABASAN KOLKATA 700008 700008	PHONE: 8777202563
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SINGH RANAPRATAP RASHBIHARI** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: MRS CHAVA M S	PF NO.: 18156
ADDRESS: 7 SHIV ANAND 148 PANDE LAYOUT KHAMLA NAGPUR 440025	PHONE: 9970094836
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **MRS CHAVA M S** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: ROY DIPAKKUMAR HARIPADA	PF NO.: 18162
ADDRESS: 16/1 NANDALAL BOSE LANE KOLKATA WEST BENGAL 700003	PHONE: 8697331494
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **ROY DIPAKKUMAR HARIPADA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SAMARENDRA MANNA	PF NO.: 18163
ADDRESS: BIDHANPALLY,MANIKDANGA ROAD PO-JUGBERIA DIST-24PGS(NORTH) WEST BENGAL 700110	PHONE: 9831635706
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SAMARENDRA MANNA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GARDE SHIVDAS KRISHNA	PF NO.: 18166
ADDRESS: INDAPUR TAL-INDAPUR PUNE INDAPUR 413106	PHONE: 9890304815
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **GARDE SHIVDAS KRISHNA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SRI.R KRISHNAMURTHY	PF NO.: 18240
ADDRESS: FLAT NO 10 1ST FLOOR KRUPA DEEP APTS-2 SAFILGUDA HYDERABAD 500047	PHONE: 9391110620
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SRI.R KRISHNAMURTHY** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Authorised signatory

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: NALLE SHIVKUMAR VAIJINATHRAO	PF NO.: 18375
ADDRESS: BOM AHEMDPUR MAIN RD LATUR AHMEDPUR 413515	PHONE: 9420211201
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **NALLE SHIVKUMAR VAIJINATHRAO** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: R JANARDHANA	PF NO.: 18416
ADDRESS: 461 MAIN ROAD NEW BINNY LAYOUT BINNYPET BENGALURU 560023	PHONE: 9741770701
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **R JANARDHANA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DANGE ANKUSH EKNATH	PF NO.: 18433
ADDRESS: SIDDHARTHNAGAR DAPODI OFF CME GATE PUNE 411012 PUNE 411012	PHONE: 9822509031
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DANGE ANKUSH EKNATH** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PURANDARE SUNEETA RAVINDRA	PF NO.: 18457
ADDRESS: 15/C TEJAL KUNJ KOTHRUD PUNE PUNE 411029	PHONE: 9822967425
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PURANDARE SUNEETA RAVINDRA** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: VOJHALA MOHAN ANANTHAMURTHY	PF NO.: 18511
ADDRESS: PLOT NO 50 H NO 5-2-86/101 AMBICA APTS TIRUMALANAGAR MOULA ALI HYD HYDERABAD 500040	PHONE: 9493327260
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **VOJHALA MOHAN ANANTHAMURTHY** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BHOIR RAJKIRAN HIRAJI	PF NO.: 18580
ADDRESS: B 24,HIGHWAY DARSHAN M.S.RD,TEEN HATH NAKA, THANE-WEST 400604	PHONE: 9730000583
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BHOIR RAJKIRAN HIRAJI** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BATWAL MANOHAR SONUBAPU	PF NO.: 18592
ADDRESS: DURGADEVI CO-OP HSG SOC LTD A WING 204 NEAR JARI MARI MANDIR KALYAN E 421301	PHONE: 9730411342
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BATWAL MANOHAR SONUBAPU** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

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IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DESHPANDE VILAS SHRINIWAS	PF NO.: 18675
ADDRESS: FLAT NO 301 5 TH AVENUE AMIT ENTERPRISES KOTHRUD PUNE 411029	PHONE: 9987580216
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DESHPANDE VILAS SHRINIWAS** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: UPPAL LALIT KUMAR	PF NO.: 18686
ADDRESS: KOTHI NO. 77 1st FLOOR RAJA GARDEN NEW DELHI 110015	PHONE: 9810045143
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **UPPAL LALIT KUMAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SOMAN PRADEEP PRABHAKAR	PF NO.: 18722
ADDRESS: 118 MITTAL APARTMENT OLD PADRA ROAD NEAR RAJVEE TOWER VADODARA 390020	PHONE: 9974981696
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SOMAN PRADEEP PRABHAKAR** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SANJIV NARAYAN JAGTAP	PF NO.: 18739
ADDRESS: 802, MARS (A- WING) VASANT GALAXY,BHANGUR NAGAR GOREGAON WEST MUMBAI 400090	PHONE: 9920906675
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SANJIV NARAYAN JAGTAP** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: CHAKRAVARTY M.S.	PF NO.: 18771
ADDRESS: B4/203,SPRINGWOOD RESIDENCY ROYAL ACORN ,B/H ORCHID BUNGLOW OLD PADRA ROAD VADODARA 390020	PHONE: 9979738369
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **CHAKRAVARTY M.S.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BAGAL R.S.	PF NO.: 18794
ADDRESS: 20 SWAMI SIDDHIVINAYAK SOC INDIRANAGAR NASIK NASIK 422009	PHONE: 9819787556
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BAGAL R.S.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KHOBRAGADE SUNIL JAMNADAS	PF NO.: 18850
ADDRESS: 4/4 RAMBAG COLONY MIG 40 MEDICAL SQUARE NAGPUR 440003	PHONE: 6281174747
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KHOBRAGADE SUNIL JAMNADAS** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SAPRE A V	PF NO.: 19027
ADDRESS: B 1001 ROHAN GARIMA SHIVAJI HOUSING SOCIETY OFF SB ROAD PUNE 411005	PHONE: 9823733949
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SAPRE A V** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: PAITHANKAR A.V.	PF NO.: 19274
ADDRESS: B-6, SUNDARBAN SOCIETY, NAVI PETH, PUNE 411030 .PUNE 411030	PHONE: 9970002942
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **PAITHANKAR A.V.** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: RAVISHANKAR RAMASHISHPRASAD	PF NO.: 19336
ADDRESS: ANIKET ASHCHARYA COMPLEX BLOCK B , FLAT NO 304 LOWER BURDWAN COMPOUND LALPUR RANCHI 834001	PHONE: 9835583471
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **RAVISHANKAR RAMASHISHPRASAD** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KHOLE SMITA JAYANT	PF NO.: 19354
ADDRESS: ISHAN NAGARI BUILDING NO A 4 FLAT NO 7 WARJE PUNE 411058	PHONE: 9604524116
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KHOLE SMITA JAYANT** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GAIKWAD DILIP MORESHWAR	PF NO.: 19438
ADDRESS: M P CHINCHOLI,PO DEH UROAD,TAL HAVELI,DIST PUNE PUNE 411015	PHONE: 9922220705
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **GAIKWAD DILIP MORESHWAR** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: BEENA AVINASH NAIK	PF NO.: 19902
ADDRESS: FLAT NO 10 MAA GAYATRI C H S GAWANPADA MULUND EAST BOMBAY 400081	PHONE: 9819345893
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **BEENA AVINASH NAIK** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: GAIKWAD U R	PF NO.: 20573
ADDRESS: 282 MANGALWAR PETH FLAT NO 8 BHIMNAGAR BEHIND KAMLA NEHRU HOSPITAL PUNE 411011	PHONE: 9822949510
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **GAIKWAD U R** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: VAIDYA VINITA VINAYAK	PF NO.: 20833
ADDRESS: P-5, CHAITANAYANAGARI SR NO.127 WARAJE PUNE PUNE 411052	PHONE: 9850434779
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **VAIDYA VINITA VINAYAK** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SUKANTA ACHARYA	PF NO.: 20867
ADDRESS: 264 BY A BY 2 BHUBAN MOHAN ROY ROAD BAISHALI PARK BARISHA KOLKATA 700008	PHONE: 9831972474
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SUKANTA ACHARYA** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

UNITED INDIA INSURANCE CO. LTD

(A Government Of India Enterprise)

IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: AHIRE VITTHAL TUKARAM	PF NO.: 20922
ADDRESS: PLOT NO.21 ADHISHAKTI NO.1HSG SOC. SURVEY NO28/8 5& 6 WARD NO.3 HOUSE NO.171 CHAITNYA NGR PUNE DHANKWADI 411043	PHONE: 9987721959
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **AHIRE VITTHAL TUKARAM** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: DARBARI MADHUP KUMAR MAHENDRA NARAIN	PF NO.: 20929
ADDRESS: 302 BLOCK A ETERNAL EXOTICA OPP MAYURI WAY BRIDGE NEAR HADAWADI CHOWK UND PUNE 411060	PHONE: 8600144112
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **DARBARI MADHUP KUMAR MAHENDRA NARAIN** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KHARE SHAILA MADUKAR	PF NO.: 21948
ADDRESS: A-13, SRUSHTI APARTMENT 4TH FLOOR, D.P.ROAD, GURUGANESH NAGAR, KOTHRUD, PUNE 411038	PHONE: 9923473424
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KHARE SHAILA MADUKAR** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory

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IBA CELL

(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: KHANDESHE SHANTARAM K	PF NO.: 22192
ADDRESS: A/P-MANCHAR TAL-AMBEGAON DIST-PUNE . 410503	PHONE: 7758970840
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **KHANDESHE SHANTARAM K** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: SHINDE VIMAL SHRIPATI	PF NO.: 22341
ADDRESS: 16 229 LOKMANYA NAGAR PUNE 411030 PUNE 411030	PHONE: 9923648106
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **SHINDE VIMAL SHRIPATI** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: AMBEKAR UJWALA DIPAK	PF NO.: 23821
ADDRESS: SHRIDARSHAN 17A SWANAND SOC SAHAKARNAGAR 2 PUNE 411009	PHONE: 9881468991
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **AMBEKAR UJWALA DIPAK** has paid Rs. **5658/-** Rupees Five thousand six hundred fifty eight only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 4795/-** & **GST Rs. 863/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

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(Ground Floor, Vulcan Insurance Building, 77, Veer Nariman Road, MUMBAI 400 020)
Tel. No. 022-22822564/65

POLICY NO.: 5001002819P112854414	Date : 01/01/2020
ISSUING OFFICE: OFFICE CODE: 500100 OFFICE ADDRESS: GROUND FLOOR, VULCAN INSURANCE BUILDING, 77, VEER NARIMAN ROAD, MUMBAI 400 020	TPA: MDINDIA HEALTH INSURANCE TPA PVT LTD
INSURED NAME: ***INDIAN BANK'S ASSOCIATION A/C: BANK OF MAHARASHTRA (RETIREES)***	
RETIREE NAME: HARNAGLE D R	PF NO.: 24780
ADDRESS: FLAT NO-703 C-WING KONARK KRISH OPP RENUKA MATA MANDIR KESHAVNAGAR PUNE 411036	PHONE: 9819198129
POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020	

PREMIUM CERTIFICATE

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

This is to certify that, **HARNAGLE D R** has paid Rs. **6134/-** Rupees Six thousand one hundred thirty four only towards premium for Mediclaim Insurance vide policy no.: 5001002819P112854414 for the period from POLICY PERIOD: 00:00 HRS, ON 01/11/2019 TO MIDNIGHT OF 31/10/2020 by instrument no.: (Payment UTR No.) dt. 30.11.2019 **premium Rs. 5198/-** & **GST Rs. 936/-**. Payments received vide receipt no.: (_____) dated 30/11/2019.

For United India Insurance Co. Ltd

Authorised signatory