॥ विद्या विनयेन शोभते ॥

Mob.: 8669244522

JEEVANDEEP SHAIKSHANIK SANSTHA'S POI'S

ARTS, COMMERCE & SCIENCE COLLEGE

(Affiliated to Mumbai University)

Mumbai University Affiliation No. Aff / Recog. /6403 of 2008 dt. 17th Oct. 2008

Govt. of Maharashatra Order No. NGC 2008 / (218 / 08) MS - 3, dt. 16/6/2008

At. Khardi (E), Tal. Shahapur, Dist. Thane Pin 421 601. ● Website : www.jsspcollegekhardi.in ● Email: jeevandeepkhardi@gmail.com

Ref. : JSSPIACSOK /____/

Date : _____

The management of JSSP Arst, Commerce, and Science College, Khardi, firmly believe that our staff members are the pillars of our institution, contributing their expertise, dedication, and passion to the nurturing of our students' academic and personal growth. Recognizing their invaluable contributions, it is imperative for us to prioritize their welfare and provide a conducive work environment that fosters both professional and personal growth.

In line with this ethos, we have taken proactive measures to extend robust insurance coverage to our staff members. This comprehensive insurance package encompasses a range of benefits of health insurance. Our aim is not only to safeguard the physical and financial well-being of our staff but also to provide them with peace of mind, knowing that they are supported in times of need.

List of staff provided insurance facility

SR.NO	NAME	DESIGNATION
1	KAILASH R. KALKATE	PRINCIPAL
2	PRADEEP SAKHARAM JADHAV	HEAD CLERK
3.	SURESH GANPAT MOKASHI	SR. CLERK
4.	JYOTI UMESH KATHORE	JR. CLERK
5.	DHANAJI SHIVAJI BUTERE	JR. CLERK
6.	MANGAL RAJU BHAGAT	JR. CLERK
7.	MAHENDRA MAHADU MORE	JR. CLERK

Jeevandeep Shaikshnik Sanstha's Arts, Com. & Science College ★ Khardi, Tal. Shahapur, Dist. Thane, 421 601

Mob.: 8669244522

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(Affiliated to Mumbai University)

Mumbai University Affiliation No. Aff / Recog. /6403 of 2008 dt. 17th Oct. 2008
Govt. of Maharashtra Order No. NGC 2008 / (218 / 08) MS - 3, dt. 16/6/2008

At. Khardi (E), Tal. Shahapur, Dist. Thane Pin 421 601. • Website : www.jsspcollegekhardi.in • Email: jeevandeepkhardi@gmail.com

Ref. : JSSP/ACSCK/____/ Date : _____

8.	SHARAD MANGLU WAGH	LAB ATTENDANT
9.	VIJAY BALARAM BUTERE	PEON
10.	DATTATRAY TUKARAM GHODVINDE	PEON
11.	VIJAY CHIMA JADHAV	PEON

Jeevandeep Shaikshnik Sanstha's Arts, Com.& Science College Khardi, Tal Shahapur, Dist. Thane, 421 601

Principal
Jeevandeep Shaikshanik Sanstha Poi's
Art's, Commerce & Science College Khardi
Khardi, Tal. Shahapur, Dist. Thane 421 601.

STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Health & Corporate Office : 1, New Tank Street, Nallagandla Road, Nungambakkam, Chennai - 600 034.
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056640

Master Policy No	P/900000/01/2022/000280
Certificate No.	P/171121/01/2023/008548
Account Number	80061055941
Previous Certificate No.	P/171121/01/2022/006987
Name and Address of the Account Holder cum Insured Person KAILASH R. KALKATE PLOT NO 44 TULSHI PARK NEAR YOGESHWARI COLONY OLD JALNA MAHARASHTRA Shahapur-421601 Maharashtra	
Contact No :	9923992390
Email ID :	krkalkate@gmail.com
Fulfiller Code :	SH49994
Intermediary Details	CO Code : CO0000000133 CO Name : M/S.MAHARASHTRA GRAMIN BANK Phone No : 80018855156/80018855156 Email ID : mgbhoplanning@gmail.com
Name and Address of the Proposer	M/S.MAHARASHTRA GRAMIN BANK JIVANSHREE,PLOT.NO.35 SECTOR G, TOWN CENTRE Aurangabad-431003 Maharashtra

Details of Insured Person(s)

Sl.No	Name of the Insured Person	Gender	Date of Birth	Relation with the Member	Sum Insured	Premium	ID Card No
1	KAILASH R. KALKATE	M	26/01/1986	Self	300000	5631	13929174005082014
Pre- existing disease: NIL							

Details of Dependent

Sl.No	Name of the Insured Person	Gender	Date of Birth	Relation with the Member	ID Card No
1	ANITA K. KALKATE	F	04/05/1992	SPOUSE	13929174005082015
Pre- existing disease: NIL					
2	PRAGALBHA K. KALKATE	M	16/11/2016	DEPENDANT CHILD	13929174005082016
Pre- existing disease: NIL					
3	PALAVI K. KALKATE	F	24/12/2019	DEPENDANT CHILD	13929174005082017
Pre- existing disease: NIL					

Issue Office Address:
C-127/128/129 REGENCY PLAZA
SHANTI NAGAR NEAR WALDHUNI BRIDGE
KALYAN BADLAPUR ROAD,
ULHASNAGAR - 421003.
MUMBAI
Date: 16/12/2022

For Star Health and Allied Insurance Co., Ltd.,

Shaikshnik Sanstha's Arts, Com. & Science College ★ Jeevandeep
Khardi, Tal Shahapur, Dist. Thane, 421 601

Authorised Signatory.

Registered & Corporate Office: No. 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai - 600034.
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance
STAR GROUP HEALTH INSURANCE POLICY FOR BANK CUSTOMERS
Unique id : SHAHLGP21290V022021

Master Policy No	P/900000/01/2022/000280
Certificate No.	P/171121/01/2023/008591
Account Number	8308693205
Name and Address of the Account Holder cum Insured Person DATTATRAYA TUKARAM GHODVINDE TEMBHE KHARDI ROAD NEAR 2. P SCHOOL POST VAITARNA TEMBHE THANE VAITAMA MAHARASHTRA 421301 Bhiwandi-421301 Maharashtra Contact No : Email ID :	 8308693205 NO@GMAIL.COM
Fulfiller Code :	SH49994
Name and Address of the Proposer	M/S.MAHARASHTRA GRAMIN BANK JIVANSHREE,PLOT.NO.35 SECTOR G, TOWN CENTRE Aurangabad-431003 Maharashtra

Details of Insured Person(s)

Sl.No	Name of the Insured Person	Gender	Date of Birth	Relation with the Member	Sum Insured	Premium	ID Card No
1	DATTATRAYA TUKARAM GHODVINDE	M	25/02/1988	Self	300000	5631	CB000005680 70085911945

Pre- existing disease: NIL

Details of Dependent

Sl.No	Name of the Insured Person	Gender	Date of Birth	Relation with the Member	ID Card No
1	DIVYA DATTATRAY GHODVINDE	F	30/04/1997	SPOUSE	CB0000056807008591 1946

Pre- existing disease: NIL

Issue Office Address:
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KALYAN BADLAPUR ROAD,
SHIVAJI NAGAR - 421003.
Date: 01/11/2022

Shaikshnik Sanstha's Arts,Com.& Science College ★ Jeevandeep Khardi, Tal Shahapur, Dist. Thane, 421 601

For Star Health and Allied Insurance Co., Ltd.,

Authorised Signatory.

STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Regd. & Corporate Office: Star Health and Allied Insurance Company Limited
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance
STAR GROUP HEALTH INSURANCE POLICY FOR BANK CUSTOMERS
Unique Id : SHAHLGP21290V022021

Master Policy No	P/900000/01/2022/000280
Certificate No.	P/171121/01/2023/008594
Account Number	80077682410
Name and Address of the Account Holder cum Insured Person SHARAD MANGALU WAGH PETN POST WEGH DIST SHAHAPUR THANE 421601 Shahapur-421601 Maharashtra	
Contact No :	8668534850
Email ID :	NO@GMAIL.COM
Fulfiller Code :	SH49994
Name and Address of the Proposer	M/S.MAHARASHTRA GRAMIN BANK JIVANSHREE,PLOT.NO.35 SECTOR G, TOWN CENTRE Aurangabad-431003 Maharashtra

Details of Insured Person(s)

Sl.No	Name of the Insured Person	Gender	Date of Birth	Relation with the Member	Sum Insured	Premium	ID Card No
1	SHARAD MANGALU WAGH	M	03/05/1994	Self	300000	5631	CB000005680 70085941951
Pre- existing disease: NIL							

Details of Dependent

Sl.No	Name of the Insured Person	Gender	Date of Birth	Relation with the Member	ID Card No
1	MEENA SHARAD WAGH	F	05/08/1997	SPOUSE	CB00000568070085941952
Pre- existing disease: NIL					
2	MAYARA SHARAD WAGH	F	14/04/2021	DEPENDANT CHILD	CB00000568070085941953
Pre- existing disease: NIL					
3	SUHANI SHARAD WAGH	F	06/05/2016	DEPENDANT CHILD	CB00000568070085941954
Pre- existing disease: NIL					

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KALYAN BADLAPUR ROAD,
ULHASNAGAR - 421003.
MUMBAI

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Khardi, Tal Shahapur, Dist. Thane, 421 601

For Star Health and Allied Insurance Co., Ltd.,

Authorised Signatory.

STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 , Corporate Identity Number : L66010TN2005PLC056649

Master Policy No	P/900000/01/2022/000280
Certificate No	P/171121/01/2023/008752
Account Number	80061056274
Previous Certificate No.	P/171121/01/2022/006795
Name and Address of the Account Holder cum Insured Person	BUTERE DHAHAJI SHIVAJI SHIVAJI BUTERE AT. POI,POI VAHOLI THANE MAHARASHTRA Bhiwandi 421301 Maharashtra
Contact No :	9359611317
Email ID :	dhahjibutere1983@gmail.com
Fulfiller Code :	SH49994
Intermediary Details	CO Code : CO0000000133 CO Name : M/S.MAHARASHTRA GRAMIN BANK Phone No : 80018855156/80018855156 Email ID : mgbhoplanning@gmail.com
Name and Address of the Proposer	M/S.MAHARASHTRA GRAMIN BANK JIVANSHREE,PLOT.NO.35 SECTOR G, TOWN CENTRE Aurangabad-431003 Maharashtra

Details of Insured Person(s)

Sl.No	Name of the Insured Person	Gender	Date of Birth	Relation with the Member	Sum Insured	Premium	ID Card No
1	BUTERE DHAHAJI SHIVAJI	M	26/09/1983	Self	300000	5631	139291740051 17057

Pre- existing disease: NIL

Details of Dependent

Sl.No	Name of the Insured Person	Gender	Date of Birth	Relation with the Member	ID Card No
1	BUTERE SUVARNA DHANAJI	F	06/12/1989	SPOUSE	13929174005117060
Pre- existing disease: NIL					
2	BUTERE SIDDHESH DHANAJI	M	22/04/2013	DEPENDANT CHILD	13929174005117058
Pre- existing disease: NIL					
3	BUTERE RIDDHESH DHANAJI	M	03/09/2017	DEPENDANT CHILD	13929174005117059
Pre- existing disease: NIL					

Issue Office Address:
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AMBERNAGAR - 421003.

Shaikshnik Sanstha's Arts, Com.& Science College ★ Jeevandeep
Khardi, Tal Shahapur, Dist. Thane, 421 601

For Star Health and Allied Insurance Co., Ltd.,

Authorised Signatory.

Star Health and Allied Insurance Company Limited
STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED
Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road,Nungambakkam, Chennai - 600034.
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance
STAR GROUP HEALTH INSURANCE POLICY FOR BANK CUSTOMERS
Unique id : SHAHLGP21290V022021

Master Policy No	P/900000/01/2022/000280
Certificate No.	P/171121/01/2023/009098
Account Number	080061056671
Previous Certificate No.	P/171121/01/2022/007136
Name and Address of the Account Holder cum Insured Person JADHAV VIJAY CHIMA AT UTANE PO KHADWALI TALUKA KALYAN DIS THANE Shahapur-421601 Maharashtra	
Contact No :	9076334201
Email ID :	NOMAIL@GMAIL.COM
Fulfiller Code :	SH49994
Name and Address of the Proposer	M/S.MAHARASHTRA GRAMIN BANK JIVANSHREE,PLOT.NO.35 SECTOR G, TOWN CENTRE Aurangabad-431003 Maharashtra

Details of Insured Person(s)

Sl.No	Name of the Insured Person	Gender	Date of Birth	Relation with the Member	Sum Insured	Premium	ID Card No
1	JADHAV VIJAY CHIMA	M	01/06/1970	Self	300000	6805	13929174007146944
Pre- existing disease: NIL							

Details of Dependent

Sl.No	Name of the Insured Person	Gender	Date of Birth	Relation with the Member	ID Card No
1	JADHAV JAYSHRI VIJAY	F	05/08/1985	SPOUSE	13929174007146945
Pre- existing disease: NIL					
2	JADHAV KRISH VIJAY	M	13/04/2016	DEPENDANT CHILD	13929174007146946
Pre- existing disease: NIL					
3	JADHAV MOHIT VIJAY	M	19/06/2018	DEPENDANT CHILD	13929174007146947
Pre- existing disease: NIL					

Issue Office Address:
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SHANTI NAGAR NEAR WALDHLNI BRIDGE
KALYAN BADLAPUR ROAD,

Shaikshnik Sanstha's Arts,Com.& Science College Jeevandeep
Khardi,
Tal Shahapur,
Dist. Thane,
421 601

For Star Health and Allied Insurance Co., Ltd.,

Phone : 044 - 28288800 Telefax : 044 - 28280062 Website : www.starhealth.in
IRDA Registration No : 129 . Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

STAR GROUP HEALTH INSURANCE POLICY FOR BANK CUSTOMERS

Unique id : SHAHLGP21290V022021

Master Policy No	P/900000/01/2022/000280
Certificate No	P/171121/01/2023/008753
Account Number	80061053137
Previous Certificate No	P/171121/01/2022/006855
Name and Address of the Account Holder cum Insured Person	BUTERE VIJAY BALARAM S/O BALARAM BUTERE, AT POI, POI THANE Bhiwandi-421301 Maharashtra
Contact No	8975293861
Email ID	buterevijay@gmail.com
Fulfiller Code	SH49994
Name and Address of the Proposer	M/S MAHARASHTRA GRAMIN BANK JIVANSHREE,PLOT NO 35 SECTOR G, TOWN CENTRE Aurangabad-431003 Maharashtra

Details of Insured Person(s)

Sl.No	Name of the Insured Person	Gender	Date of Birth	Relation with the Member	Sum Insured	Premium	ID Card No
1	BUTERE VIJAY BALARAM	M	28/06/1980	Self	300000	5631	139291740051 33073

Pre- existing disease: NIL

Details of Dependent

Sl.No	Name of the Insured Person	Gender	Date of Birth	Relation with the Member	ID Card No
1	BUTERE ROHINI VIJAY	F	28/08/1984	SPOUSE	13929174005133074
Pre- existing disease: NIL					
2	BUTERE HIMESH VIJAY	M	27/06/2006	DEPENDANT CHILD	13929174005133075
Pre- existing disease: NIL					
3	BUTERE MANALI VIJAY	F	11/10/2012	DEPENDANT CHILD	13929174005133076
Pre- existing disease: NIL					

Issue Office Address:
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SHANTI NAGAR NEAR WALDHLNI BRIDGE
KALYAN BADLAPUR ROAD,
ULHASNAGAR - 421003.
MUMBAI
Date 05/11/2022

Shaikshnik Sanstha's Arts, Com.& Science College ★ Jeevandeep
Khardi,
Tal Shahapur,
Dist. Thane,
421 601

For Star Health and Allied Insurance Co., Ltd.,

Authorised Signatory.

Star Health and Allied Insurance Company Limited

STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road,Nungambakkam, Chennai - 600034.
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance
STAR GROUP HEALTH INSURANCE POLICY FOR BANK CUSTOMERS
Unique id : SHAHLGP21290V022021

Master Policy No	P/900000/01/2022/000280
Certificate No.	P/171121/01/2023/008550
Account Number	55622027814
Previous Certificate No.	P/171121/01/2022/007086
Name and Address of the Account Holder cum Insured Person PRADIP SAKHARAM JADHAV A/P FALEGAON TALUKA KALYAN DIST THANE Vasundri-421605 Maharashtra	
Contact No :	9167043099
Email ID :	pradipjadhav1963@gmail.com
Filler Code :	SH49994
Name and Address of the Proposer	M/S.MAHARASHTRA GRAMIN BANK JIVANSHREE,PLOT.NO.35 SECTOR G, TOWN CENTRE Aurangabad-431003 Maharashtra

Details of Insured Person(s)

Sl.No	Name of the Insured Person	Gender	Date of Birth	Relation with the Member	Sum Insured	Premium	ID Card No
1	PRADIP SAKHARAM JADHAV	M	24/06/1990	Self	300000	5631	139291740070 96925

Pre- existing disease: NIL

Period of Insurance	From : 21/10/2022 To : 20/10/2023	
Scheme Description :	INDIVIDUAL	
Total Sum Insured (Rs.)	Rs.300000 /-	
Premium Details	Premium	Rs. 5631 /-
	GST	Rs. 1014 /-
	Total	Rs. 6645 /-

Nominee Details

Sl.No	Name of the Nominee	Gender	Age of the Nominee	Relation with the Member	Appointee (if Minor)	Appointee Age	Appointee Relation
1	SHOBHA S JADHAV	F	48	MOTHER			

Issue Office Address:
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SHANTI NAGAR NEAR WALDHLNI BRIDGE
KALYAN BADLAPUR ROAD,
[illegible] 421003

Shaikshnik Sanstha's Arts,Com.& Science College Jeevandeep Khardi, Tal Shahapur, Dist. Thane, 421 601

For Star Health and Allied Insurance Co., Ltd.,

STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Regd. & Corporate Office : New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai - 600034.
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Master Policy No	P/900000/01/2022/000280
Certificate No.	P/171121/01/2023/008313
Account Number	80070124937
Previous Certificate No.	P/171121/01/2022/006829
Name and Address of the Account Holder cum Insured Person JYOTI UMESH KATHORE AT-BHARE ,POST RHADAVALI TAL-KALYAN 421601 Shahapur-421601 Maharashtra	
Contact No :	9673121808
Email ID :	NOMAIL@GMAIL.COM
Fulfiller Code :	SH49994
Intermediary Details	CO Code : CO0000000133 CO Name : M/S.MAHARASHTRA GRAMIN BANK Phone No : 80018855156/80018855156 Email ID : mgbhoplanning@gmail.com
Name and Address of the Proposer	M/S.MAHARASHTRA GRAMIN BANK JIVANSHREE,PLOT.NO.35 SECTOR G, TOWN CENTRE Aurangabad-431003 Maharashtra

Details of Insured Person(s)

Sl.No	Name of the Insured Person	Gender	Date of Birth	Relation with the Member	Sum Insured	Premium	ID Card No
1	JYOTI UMESH KATHORE	F	02/04/1985	Self	300000	5631	13929174006839832
Pre- existing disease: NIL							

Details of Dependent

Sl.No	Name of the Insured Person	Gender	Date of Birth	Relation with the Member	ID Card No
1	UMESH BALU KATHORE	M	02/07/1981	SPOUSE	13929174006839833
Pre- existing disease: NIL					
2	MANALI UMESH KATHORE	F	11/03/2003	DEPENDANT CHILD	13929174006839834
Pre- existing disease: NIL					
3	MANTHAN UMESH KATHORE	M	05/06/2014	DEPENDANT CHILD	13929174006839835
Pre- existing disease: NIL					

Issue Office Address:
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SHANTI NAGAR NEAR WALDHLNI BRIDGE
KALYAN BADLAPUR ROAD,
ULHASNAGAR - 421003.
MUMBAI
Date: 16/12/2022

Shikshanmahrishi Sanstha's Arts, Com. & Science College
Khardi, Tal Shahapur, Dist. Thane, 421 601

For Star Health and Allied Insurance Co., Ltd.,

Authorised Signatory.

STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Regd. & Corporate Office : 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai - 600034.
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IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Master Policy No	P/900000/01/2022/000280
Certificate No.	P/171121/01/2023/008547
Account Number	80061053625
Previous Certificate No.	P/171121/01/2022/007095
Name and Address of the Account Holder cum Insured Person MORE MAHANDRA MAHADU AT. MENGAL PADA, POST BIRWADI TAL. SHAHPUR THANE Bere-421603 Maharashtra	
Contact No :	9881049081
Email ID :	mahendramore8701@gmail.com
Fulfiller Code :	SH49994
Intermediary Details	CO Code : CO0000000133 CO Name : M/S.MAHARASHTRA GRAMIN BANK Phone No : 80018855156/80018855156 Email ID : mgbhoplanning@gmail.com
Name and Address of the Proposer	M/S.MAHARASHTRA GRAMIN BANK JIVANSHREE,PLOT.NO.35 SECTOR G, TOWN CENTRE Aurangabad-431003 Maharashtra

Details of Insured Person(s)

Sl.No	Name of the Insured Person	Gender	Date of Birth	Relation with the Member	Sum Insured	Premium	ID Card No
1	MORE MAHANDRA MAHADU	M	23/05/1999	Self	300000	5631	13929174005183141

Pre- existing disease: NIL

Details of Dependent

Sl.No	Name of the Insured Person	Gender	Date of Birth	Relation with the Member	ID Card No
1	MAYA MAHENDRA MORE	F	13/05/1999	SPOUSE	13929174007105930
Pre- existing disease: NIL					
2	CHAITHANYA MAHENDRA MORE	F	07/07/2014	DEPENDANT CHILD	13929174007105931
Pre- existing disease: NIL					
3	JANVI MAHENDRA MORE	F	16/04/2020	DEPENDANT CHILD	13929174007105932
Pre- existing disease: NIL					

Issue Office Address:
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SHANTI NAGAR NEAR WALDHLNI BRIDGE
KALYAN BADLAPUR ROAD,
ULHASNAGAR - 421003.
MUMBAI
Date: 16/12/2022

Shaikshnik Sanstha's Arts, Com. & Science College ★ Jeevandeep
Khardi, Tal Shahapur, Dist. Thane, 421 601

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IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance
STAR GROUP HEALTH INSURANCE POLICY FOR BANK CUSTOMERS
Unique Id : SHAHLGP21290V022021

Master Policy No	P/900000/01/2022/000280
Certificate No.	P/171121/01/2023/008751
Account Number	80061055306
Previous Certificate No.	P/171121/01/2022/006793
Name and Address of the Account Holder cum Insured Person MOKASHI SURESH GANPAT DATTAMANDIR ROAD DALKHAN, SHAHAPAR THANE Bhiwandi-421301 Maharashtra	
Contact No :	7507386804
Email ID :	sureshgmokashi1978@gmail.com
Fulfiller Code :	SH49994
Name and Address of the Proposer	M/S.MAHARASHTRA GRAMIN BANK JIVANSHREE,PLOT.NO.35 SECTOR G, TOWN CENTRE Aurangabad-431003 Maharashtra

Details of Insured Person(s)

Sl.No	Name of the Insured Person	Gender	Date of Birth	Relation with the Member	Sum Insured	Premium	ID Card No
1	MOKASHI SURESH GANPAT	M	01/06/1978	Self	300000	5631	139291740050 74002
Pre- existing disease: NIL							

Details of Dependent

Sl.No	Name of the Insured Person	Gender	Date of Birth	Relation with the Member	ID Card No
1	MOKASHI SAVITA SURESH	F	01/06/1981	SPOUSE	13929174005074003
Pre- existing disease: NIL					
2	MOKASHI KAUSTUBH SURESH	M	23/10/2005	DEPENDANT CHILD	13929174005074004
Pre- existing disease: NIL					
3	MOKASHI KRISH SURESH	M	24/08/2008	DEPENDANT CHILD	13929174005074005
Pre- existing disease: NIL					

Issue Office Address:
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SHANTI NAGAR NEAR WALDHLNI BRIDGE
KALYAN BADLAPUR ROAD,
ULHASNAGAR - 421003.
MUMBAI
Date: 08/11/2022

For Star Health and Allied Insurance Co., Ltd.,

Shaikshnik Sanstha's Arts, Com. & Science College Jeevandeep
Khardi, Tal Shahapur, Dist. Thane, 421 601

Authorised Signatory.

जीवनदीप शैक्षणिक संस्था संचालित, पोई

फोन : 8669244522

कला, वाणिज्य व विज्ञान महाविद्यालय, खर्डी

खर्डी, दळखण, ता. शहापूर, जि. ठाणे - ४२१६०१.

(मुंबई विद्यापीठाशी संलग्न)

● Website : www.jsspcollegekhardi.in ● email : jeevandepkhardi@gmail.com

क्र.: JSSP/ACSCK/____/ दिनांक : 03/10/2023

महाविद्यालयातील सर्व कर्मचा-यांना सुचित करण्यात येते की आपल्या संस्थेच्या वतीने कोविड -१९ च्या पार्श्वभुमीवर कर्मचारी हिताचा विचार करून आरोग्य विमा (STAR HEALTH INSURANCE) करण्यात येणार आहे. विमा रकमेच्या 50% संस्था भरणार असून उर्वरित 50% रक्कम व्यक्तिगतरित्या भरावयाची आहे. तरीही ही आरोग्य विमा आपण काढण्यास इच्छुक असाल तर होय / नाही असे लिहून सही करावी. व सदर कागदपत्रे भगत मॅडमकडे जमा करावेत.

❖ टीप - आपली विमा रक्कम 6444 एवढी आहे. (४५ वयापर्यंत) परंतु कुणाला विमा रक्कम वाढवायची असेल तर कळवावे. त्यांची वाढलेली पुर्ण रक्कम स्वतः भरावी लागेल.

03.10.23.

Principal
Jeevandeep Shaikshanik Sanstha Poi's
Art's, Commerce & Science College Khardi
Khardi, Tal: Shahapur, Dist. Thane 421 601.

Jeevandeep Shaikshnik Sanstha's Arts, Com.& Science College ★ Khardi, Tal Shahapur, Dist. Thane, 421 601

।। विद्या विनयेन शोभते ।।

फोन : 8669244522

जीवनदीप शैक्षणिक संस्था संचालित, पोई

कला, वाणिज्य व विज्ञान महाविद्यालय, खर्डी

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(मुंबई विद्यापीठाशी संलग्न)

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JSSP/ACSCK /____/

दिनांक : 17/08/2022

महाविद्यालयातील सर्व कर्मचा-यांना सुचित करण्यात येते की, आपल्या संस्थेच्या वतीने कर्मचारी हिताचा विचार करून आरोग्य विमा (Star Health Insurance) Renew करण्यात येणार आहे. विमा रकमेच्या 50% रक्कम संस्था भरणार असून उर्वरित 50% रक्कम महिन्याच्या पगारातून कपात करण्यात येईल. तरीही आरोग्य विमा आपण काढण्यास ईच्छुक नसाल तर लेखी स्वरूपात लिहून द्यावे. व सदर कागदपत्रे भगत मॅडमकडे जमा करावेत. ज्या कर्मचा-यांना नवीन विमा चालू करावयाचा आहे त्यांनी सदर कागदपत्रे भगत मॅडमजवळ २३ ऑगस्ट २०२२ पर्यंत जमा करावेत.व ज्यांचा विमा अगोदरच कुठे काढला असेल त्याचा पुरावा सादर करावा.

- विम्यासाठी आवश्यक कागदपत्रे खालीलप्रमाणे.

१) आधार कार्ड व पॅनकार्ड झेरॉक्स(स्वत: व पत्नी)

२) मुलांची जन्मतारीख

PRINCIPAL
Jeevandeep Shaikshnik Sanstha's
Arts, Commerce & Science College, Khardi
Tal. Shahapur, Dist. Thane 421 601

Jeevandeep Shaikshnik Sanstha's Arts, Com. & Science College ★ Khardi, Tal. Shahapur, Dist. Thane, 421 601

1) S. G. Malkashi

2) M M More

3) Jyoti Kathor

4) M R Bhagat

5) Enab N Sayyed

6) LAXMI [illegible]

7) [illegible] Wagh

8) [illegible]

9) [illegible]

10) [illegible]

11) D. Ghadvinde

ARTS, COMMERCE & SCIENCE COLLEGE
(Affiliated to Mumbai University)
Mumbai University Affiliation No. Aff / Recog. / 6403 of 2008 dt. 17th Oct. 2008
Govt. of Maharashata Order No. NGC 2008 / (218 / 08) MS - 3, dt. 16/6/2008
...rdi (E), Tal. Shahapur, Dist. Thane Pin 421 601. • Website : www.jsspcollegekhardi.in • email : jeevandeepkhardi@gmail.com

Ref.: JSSP/ACSCK/84/2021-22

Date : 05/10/2021

प्रति,

व्यवस्थापक

महाराष्ट्र ग्रामिण बँक, गोवेली

ता. कल्याण जि. ठाणे.

विषय - Star Health Group Insurance Renew करण्याबाबत.

महोदय,

वरील विषयास अनुसरुन आमच्या महाविद्यालयाच्या खालील कर्मचा-यांचे **Star Health Group Insurance** नुतणीकरण करायचे आहे. तरी ते नुतणीकरण करून मिळावे हि विनंती.

Received
06.10.2021

महाराष्ट्र ग्रामीण बँक शाखा गोवेली 5422

PRINCIPAL
Jeevandeep Shaikshnik Sanstha's
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Jeevandeep Shaikshnik Sanstha's Arts,Com.& Science College
Khardi,
Tal Shahapur,
Dist. Thane,
421 601

❖ सोबत कर्मचा-यांची यादी जोडत आहोत.

क्रमांक	नाव	खाते नंबर	बँकेचे नाव व शाखा	रक्कम	शेरा
१	प्रा.कैलास राधाकिसन कळकटे.	80061055941	महाराष्ट्र ग्रामिण बँक,गोवेली	6644/-	Renew
२	श्री.प्रदीप सखाराम जाधव.	55622027814	महाराष्ट्र ग्रामिण बँक,गोवेली	6644/-	Renew
३	श्री.सुरेश गणपत मोकाशी.	80061055306	महाराष्ट्र ग्रामिण बँक,गोवेली	6644/-	Renew
४	श्री.धनाजी शिवाजी बुटेरे.		महाराष्ट्र ग्रामिण बँक,गोवेली	6644/-	Renew
५	सौ.ज्योती उमेश कथोरे.	80070124937	महाराष्ट्र ग्रामिण बँक,खडवली	6644/-	New
६	श्रीमती.मंगल राजू भगत.	80061054197	महाराष्ट्र ग्रामिण बँक,गोवेली	6644/-	Renew
७	श्री.महेंद्र महादू मोरे.	80061053625	महाराष्ट्र ग्रामिण बँक,गोवेली	6644/-	Renew
८	श्री. विजय बाळाराम बुटेरे.	80061053137	महाराष्ट्र ग्रामिण बँक,गोवेली	6644/-	Renew
९	श्री. विजय चिमा जाधव.	80061056671	महाराष्ट्र ग्रामिण बँक,गोवेली	8030/-	Renew

Total 61182

Jeevandeep Shaikshnik Sanstha's Arts, Com.& Science College Khardi, Tal Shahapur, Dist. Thane, 421 601

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Tal Shahapur, Dist. Thane-421 601

Amt 30591 Cheque No 140218

Amt 30591 Cheque No 140218

जीवनदीप शैक्षणिक संस्था संचालित, पोई

कला, वाणिज्य व विज्ञान महाविद्यालय, खर्डी

खर्डी, दळखण, ता. शहापूर, जि. ठाणे – ४२१६०१.

(मुंबई विद्यापीठाशी संलग्न)

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क्र. : JSSP/ACSCK /_____/ दिनांक : _____

महाविद्यालयातील सर्व कर्मचाऱ्यांना सूचित करण्यात येते कि आपल्या संस्थेच्या वतीने कोविड-19 च्या पार्श्वभूमिवर कर्मचारी हिताचा विचार करुन आरोग्य विमा (Star Helth insurance) करण्यात येणार आहे विमा रकमेच्या 50% संस्था भरणार असुन उर्वरित 50% रक्कम सेज महिन्याच्या पगारात तुन कपात करण्यात येईल तरि हि आरोग्य विमा आपण काढण्यास इच्छुक असाल तर होय/नाही असे लिहुन सही करावि. व सदर कागदपत्रे भगत मॅडम ~~के~~ कडे जमा करावेत.

Jeevandeep Shaikshnik Sanstha's Arts, Com. & Science College ★ Khardi, Tal Shahapur, Dist. Thane, 421 601

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Tal Shahapur, Dist. Thane-421 601

जीवनदीप शैक्षणिक संस्था संचालित, पोई

फोन : 02527-244522

कला, वाणिज्य व विज्ञान महाविद्यालय, खर्डी

खर्डी, दळखण, ता. शहापूर, जि. ठाणे – ४२१६०१.

(मुंबई विद्यापीठाशी संलग्न)

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विमासाठी आवश्यक कागदपत्रे

1) आधार कार्ड व पॅनकार्ड झेरॉक्स (पत्नी व पत्नी)
2) मुलांची जन्मतारीख

Jeevandeep Shaikshnik Sanstha's Arts, Com. & Science College Khardi, Tal. Shahapur, Dist. Thane, 421601

PRINCIPAL
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Arts, Commerce & Science College, Khardi
Tal. Shahapur, Dist. Thane-421601

MEHLIH INSURANCE

Membersheet.

1)	Kailash R. Kalkate	Principle
2)	Pradip S. Jadhav	Clerk.
3)	Mahendra M. More	Lib. Assi.
4)	Mangal R. Bhagat	Lab. Assi.
5)	Vijay Balaram Butere	~~Clerk~~ Peon
6)	Vijay Chima Jadhav	Peon
7)	Dattatraya T. Ghodinde	Peon
8)	Butere Dhanaji Shivaji	Clerk
9)	Mengal Laxmi Pandharinath	Peon
10)	Mokashi Suresh Ganpat.	Clerk