

SOPHIA GIRLS' COLLEGE (AUTONOMOUS), AJMER



SESSION2023-24

Criterion 6:

Governance, Leadership And Management

6.3.1 - The institution has effective welfare measures for teaching and non-teaching staff and avenues for their career development/ progression.

| S.no. | Staff Welfare Measures |
|--------------|-------------------------------|
| 1. | Casual Leave |
| 2. | Paternity Leave |
| 3. | Academic Leave |
| 4. | Paid Leave |
| 5. | Medical Leave |
| 6. | On Duty Leave |

Casual Leave

01-05-2024

To
The Principal
Sophia Girls' College (Autonomous),
Ajmer

Subject- Application for one Day Leave

Respected Sister,

In reference to above mentioned subject I would like to inform you that I was unable to attend college on 29th April 2024 as I was not well.

Kindly grant me the one day leave.

Thanking You

Yours Sincerely



Laveena Gulabchandani
Department of Chemistry

Sr Pearl
1/5/24

Date: 06 – 05 - 2024

To
The Principal
Sophia Girls' College (Autonomous)
Ajmer


Subject: For 2 days casual leave

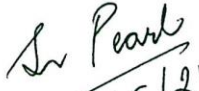
Respected Sister,

This is to inform you that, due to some urgent work, I may not be able to come to College on 7th and 9th May 2024. Kindly accept my application and grant me leave for the above mentioned date. I shall be highly obliged.

Thanking You

Yours Sincerely


Dr. Shahina Sherani
Assistant Professor
Physical Education
(Sophia Girls' College Ajmer)


6/5/24

Ajmer

Dt. 9-03-2024
The Principal
Sophia Girls College
Ajmer

Subject: Leave Application

Respected Sister,
With due respect I would like to inform you that I have a wedding function in my family from 11th March to 14th March, so I will be unable to come on duty.
Kindly grant me 4 days leave. I will be very grateful to you for your kindness.

Thanking you in anticipation

Yours faithfully
Fateh S Panwar



In Pearl
9/3/24

Paternity Leave

To,
The Principal,
Sophia Girls' College (Autonomous),
Ajmer.

Subject: - Paternity Leave Application.

Respected Sister,

I wish to say that my wife has delivered a baby recently, and I would like to apply for paternity leave, as per the college rule, I request you to grant me the leave from 4th July 2023 to 11th July 2023.

Thank you.

Yours sincerely,

Hemant Kumar

Hemant
12/7/23

S. Peard
11/7/23

To
The Principal
Sophia Girl's College
Ajmer

Date: 27-02-2024

Subject: Application for Paternity Leave

Respected Sister,


My partner and I are expecting the birth of our child, and I would like to take the time off to be with my family and provide support during this significant milestone.


I intend to commence my paternity leave on 26-Feb-2024 and return to work on 4-^{Mar}~~Feb~~2024. This duration aligns with my family's needs and the time required for bonding with our newborn. I have ensured that my pending tasks and responsibilities are either completed or adequately delegated to colleagues during my absence to ensure a smooth workflow.

As per college policy, I understand that I am entitled to 6 days of paternity leave. I am willing to provide any additional documentation required to process this request promptly.

Thank you for your attention to this matter.

Sincerely,


Tej Singh Rawat


27/2/24



चिकित्सा स्वास्थ्य एवं परिवार कल्याण सेवाएँ, राजस्थान
राष्ट्रीय स्वास्थ्य मिशन राजस्थान, जयपुर

डिस्चार्ज टिकिट (छुट्टी की पर्ची)

चिकित्सा संस्थान का नाम RMC ...
1. ओ पी ओ क्रमांक ...
2. पीसीटीएस क्रमांक ...
3. प्रसूता का नाम Mala 35416
4. माते या पिता का नाम Tel Singh
5. पता Residential Nagaur, Barabanki, Huda, Jaipur

भर्ती तिथि 26/02/2024 समय 12:18 PM
प्रसव तिथि 27/02/2024 समय 12:45 PM
छुट्टी तिथि 05/03/24 समय 02:00 PM
प्रसव की विधि सामान्य सहायित सर्जिकल Pre 3CS

प्रसव परिणाम: पूर्णकालिक सामान्य प्रसव समय से पूर्व जीवित जन्म मृत जन्म
नवजात की प्रसव पश्चात् मृत्यु हुई हो तो अवधि ... Files 27/2/24
जन्म की संख्या: एकल एकाधिक/जुड़वा Pre 3CS 18.15ph. 3 kg

जाँच परिणाम हिमोग्लोबिन 12gm% ब्लड प्रेशर 120/80mmHg तापमान 98.6 लड गुण B+
ईलाज/सलाह ... T. Amoxicillin + Clavulanic acid
... T. Diclofenac
... T. Ranitidine
... Chloramphenicol
... Vit K1

बच्चे का विवरण लिंग: मेल फीमेल वजन ग्राम में: 3020
जन्म के 1 घंटे के भीतर स्तनपान शुरू किया: हाँ नहीं समय पूर्व प्रसव अवधि सप्ताह में ...
खतरे के संकेत समझाए गये हाँ नहीं फालोअप तिथि दी गई हाँ नहीं

टीकाकरण (जन्म के समय) (✓ करें) OPV - 0 Dose BCG Hepatitis B - Birth Dose Vit K1

डिस्चार्ज के समय अवश्य उपलब्ध करावें (✓ करें) निःशुल्क परिवहन 104 108 Base Ambulance Other Vehicle

शिशु का जन्म प्रमाण-पत्र

अपने बच्चे का सम्पूर्ण टीकाकरण नजदीकी आंगनवाड़ी/स्वा.केन्द्र/नजदीकी टीकाकरण सत्र पर निम्नानुसार सुनिश्चित करावें

| माह/समय | प्रथम माह में | 1½ माह | 2½ माह | 3½ माह | 9 माह पूर्ण होने पर | 16 से 24 माह |
|-------------|--|---|---|--|------------------------------|--|
| टीके का नाम | बीसीजी, ओपीवी 0 *माते जन्म पर दो नमूने हैं | ओपीवी I, पन्दावेलेन्ट I [I.P.V.-I, R.V.V-I] PCV-I | ओपीवी II पन्दावेलेन्ट II R.V.V-II | ओपीवी III, पन्दावेलेन्ट III [I.P.V.-II, R.V.V.-III, PCV-II | MR-I PCV-B विटामिन ए-1 | MR-II ओपीवी बुस्टर ओपीवी बुस्टर -1 विटामिन ए-II |

चिकित्सा कर्मी का नाम एवं पद व हस्ताक्षर डॉ. देवेंद्र साद कमरा नं० 106 से सोमवार को दि. 27/2/24

मुख्यमंत्री राजश्री योजना की द्वितीय किरत का लाभ प्राप्त करने हेतु बालिका के एक वर्ष तक उम्रानुसार सभी टीके अवश्य लगवाये एवं निवास स्थान के निकटतम राजकीय चिकित्सा संस्थान पर आवश्यक दस्तावेज जमा कर परिलाभ प्राप्त करें।

Academic Leave

To
The Principal
Sophia Girls' College (Autonomous),
Ajmer.
Date: 06th May, 2024


Subject: Academic Leave Application

Dear Sister,

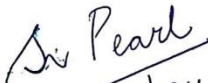
This is to seek your permission to take Academic Leave on **08th May, 2024** to visit my research supervisor at Banasthali Vidhyapith, Jaipur for research purpose. So kindly grant me the permission for the same.

Thanking you

Yours faithfully,


Sr. Vinita Xalxo
Dept. of English

AL


6/5/24

20.04.2024

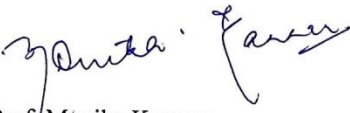
To
The Principal
Sophia Girls' College (Autonomous),
Ajmer

Sub: Request for Academic Leave

Respected Sister,

This is to request you to grant me leave for 22nd April, 2024 as I am put on government duty in the RPSC for secrecy work. I will be very grateful if you could please consider my request.

Thank you


Prof. Monika Kannan
Head, Dept. of Geography
Sophia Girls College (Autonomous),
Ajmer


20/4/24.

Paid Leave Application

SOPHIA GIRLS COLLEGE, AJMER
Form of Application for Leave Under The Rajasthan
Service Rules (Other Than Casual)

1. Name of applicant and father's/husband's name: Ahemant Kumar
2. Post Held: Exam Office Asst.
3. Pay:
4. Nature & period of leave applied for and date from which required: PL 4 days
21 Feb 2024
5. Sunday & holiday, if any proposed to be prefixed/suffixed to leave.
6. Ground on which leave is applied for: out of Station (Sana road, MP)
7. Date of return from last leave and the nature and period of that leave (other than casual leave): 21st Feb 2024 to 24th Feb 2024

8. (a) I undertake to refund the difference between the leave salary drawn during privilege leave/commuted leave and that admissible during half pay leave which would not have been admissible had below clause (iii) of sub-rule (c) of rule 93 of Rajasthan Service Rules not been applied in the event of my retirement from service at the end or during the currency of the leave.
- (b) I undertake to refund the leave salary drawn during "leave not due" which would not have been admissible, had the provision of proviso rule 93 (d) of the Rajasthan Service Rules not been applied, in the event of my voluntary retirement from service at the end or during the currency of the leave.

9. Leave address

Ahemant Kumar
27/1/24
(Signature of the applicant with date)

Leave due P. L.

Half Pay

10. Remarks by the office
(regarding leave account)

Leave applied for

from to is

admissible as under :-

P. L. days.

Half Pay days.

(Clerk incharge)

11. Recommendation of the Principal.

12. Orders of the sanctioning authority.



SOPHIA GIRLS COLLEGE, AJMER
Form of Application for Leave Under The Rajasthan
Service Rules (Other Than Casual)

1. Name of applicant and father's/husband's name : Dr. SURBHI MEHRA
2. Post Held. Assistant Professor, Dept. of Management
3. Pay. _____
4. Nature & period of leave applied for and date from which required. 29th April 24 - 2nd May 24
5. Sunday & holiday, if any proposed to be prefixed/suffixed to leave. _____
6. Ground on which leave is applied for _____
7. Date of return from last leave and the nature and period of that leave (other than casual leave) 3rd May 2024
8. (a) I undertake to refund the difference between the leave salary drawn during privilege leave/commuted leave and that admissible during half pay leave which would not have been admissible had below clause (iii) of sub-rule (c) of rule 93 of Rajasthan Service Rules not been applied in the event of my retirement from service at the end or during the currency of the leave.
(b) I undertake to refund the leave salary drawn during "leave not due" which would not have been admissible, had the provision of proviso rule 93 (d) of the Rajasthan Service Rules not been applied, in the event of my voluntary retirement from service at the end or during the currency of the leave.
9. Leave address _____

(Signature of the applicant with date) Surbhi Mehra 3.5.2024
Leave due P. L. 15
Half Pay _____
10. Remarks by the office (regarding leave account) Leave applied for _____
from _____ to _____ is admissible as under :-
P. L. _____ days.
Half Pay _____ days.
S. Park 3/5/24
(Clerk incharge)
11. Recommendation of the Principal.
12. Orders of the sanctioning authority.

Medical Leave

To
The Principal
Sophia Girls' College
(Autonomous), Ajmer

Date: 15/4/24

Subject :- application for medical leave

Dear Sister

I beg to state that I was suffering from high fever & stomach infection from 30th March '24 to 13th April '24. So kindly grant me medical leave for the same duration.

Thanking you

Yours Sincerely
Divya Mishra
(Dept. of Economics)

Dr. Parsh
15/4/24.



डॉ. मुकेश दाधीच

सहायक निदेशक (सेवानिवृत्त)
निदेशालय होम्योपैथिक चिकित्सा विभाग
जयपुर

श्री राम होम्योपैथिक क्लिनिक

अशोक कॉलोनी, बल्लभ नगर, कोटा
मो. 9352621025

चर्म रोग विशेषज्ञ

R_x

दिनांक 29/3/24

नाम _____

This is certified that Ms Divya Mishra is HOD Economics Dept. in Sobha Girls College Asmer is Examined by me video conferencing on 29/3/2024.

She is subject's from UPI Form Calc Pam of Asmer Dist to 15th

30/3/24 to 13/4/24

In Pearl
30/4/24

डॉ. मुकेश दाधीच
सेवा निवृत्त सहायक
निदेशक होम्योपैथिक
श्रीराम चिकित्सालय
सिंधी कॉलोनी कोटा (राज.)

समय : ♦ दोप. 11 से 1 बजे तक ♦ सांय 6 बजे से 8 बजे तक ♦ रविवार दोप. 11 से 1 बजे तक
(रोगी टिकट साथ में लावें)

R.K. BHARGAVA & SONS, KOTA-6 ☎ : 2380748

Medical Certificate of Sickness

I..... Dr. MUKESH DADILCH after Careful Examination Video Conferencing
or the case hereby certify that..... Mr. Divya Mishra.....

..... HOD Economics Dept. Sophia Girls College Asher

whose signature is given below is suffering from..... UTI, fever

..... Colic pain.....

and I consider that a period of absence from duty of 30/3/24.....

with effect from..... 15th.....

is absolutely necessary for the restoration of his health.

Date..... 29/3/24
Signature of patient

.....

डॉ. सुजय प्रदाधीच
.....
Government Attendant
सेवा निर्वहण सहायक
.....
Registered Partitioner
निदेशक साम्योपेक्षिक
.....
श्रीराम विदित्सालय
.....
(with No..... कोटा (राज.).....)

Date: 4th April, 2024

To
The Principal
Sophia Girls College
Autonomous
Ajmer.


Subject: Application for Medical Leave.

Respected Sister,

This is to inform you that due to accident on 25th January morning, I got knee fracture, so I was on bed rest from 25th January 2024 to 3rd April 2024. Kindly grant me medical leave for the same.

Thanking you

Yours' Faithfully,


Arvind Kumar Jalthani
Administrative Staff

Attached medical certificates.

S. Pearl
4/4/24

रोग प्रमाण - पत्र
चिकित्सा एवं स्वास्थ्य विभाग, राजस्थान

क्रमांक 2284

दिनांक 8/11/24

में Dr. Susheel Chaudhary प्रकरण की व्यक्तिशः

सावधानीपूर्वक जाँच करने के बाद प्रमाणित करता हूँ कि श्री

Arvind Kumar Jathani जिनके हस्ताक्षर नीचे दिये हैं

से पीड़ित है और मैं समझता हूँ कि

दिनांक 25/1/24 से दिनांक 8/12/24 तक 15 days के कार्य

से अनुपस्थिति का समय उनके स्वास्थ्य की पुनः प्राप्ति के लिए परम आवश्यक है।

दिनांक 8/11/24

हस्ताक्षर रोगी

Dr. Susheel Chaudhary
सरकारी चिकित्सा प्रमाणिक
M.S. (Ortho) और Joint Replacement
या अन्य पंजीकृत चिकित्सक
RMC No. 927
Consultant Ortho. Acetabula
and Joint Replacement Surgeon

रोग प्रमाण - पत्र
चिकित्सा एवं स्वास्थ्य विभाग, राजस्थान

क्रमांक .. 2285

दिनांक .. 8/4/24

में .. Dr. Susheel Chaudhary

प्रकरण की व्यक्तिः

सावधानीपूर्वक जाँच करने के बाद प्रमाणित करता हूँ कि श्री

Arvind Kumar Jathari

जिनके हस्ताक्षर नीचे दिये हैं

* @ keee

से पीड़ित है और मैं समझता हूँ कि

दिनांक .. 9/2/24

से दिनांक .. 23/2/24

तक


15 days

के कार्य

से अनुपस्थिति का समय उनके स्वास्थ्य की पुनः प्राप्ति के लिए परम आवश्यक है ।

दिनांक .. 8/4/24


हस्ताक्षर रोगी


Dr. Susheel Chaudhary
M.S. (Orthopaedics) चिकित्सा पदवि
R.M. या अन्य पंजीकृत चिकित्सक
Consultant Delv. Acetabula
and Joint Replacement Surgeon

रस्तोगी, अजमेर फोन : 0145-2971251

Form Code : S-189

रोग प्रमाण - पत्र
चिकित्सा एवं स्वास्थ्य विभाग, राजस्थान

क्रमांक ... 2286

दिनांक ... 8/14/24

में ... Dr. Susheel Chaudhary प्रकरण की व्यक्तिशः

सावधानीपूर्वक जाँच करने के बाद प्रमाणित करता हूँ कि श्री

Arvind Jathani जिनके हस्ताक्षर नीचे दिये हैं

→ @ keep से पीड़ित है और मैं समझता हूँ कि

दिनांक 24/2/24 से दिनांक 9/3/24 तक 15 days के कार्य

से अनुपस्थिति का समय उनके स्वास्थ्य की पुनः प्राप्ति के लिए परम आवश्यक है।

दिनांक 8/14/24


हस्ताक्षर रोगी


Dr. Susheel Chaudhary
M.S. (General) चिकित्सा प्रविचरक
अन्य पंजीकृत चिकित्सक
Consultant (Post-Anaesthesia Services)

रोग प्रमाण - पत्र
चिकित्सा एवं स्वास्थ्य विभाग, राजस्थान

क्रमांक 2287

दिनांक 8/4/24

में Dr. Susheel Chaudhary प्रकरण की व्यक्तिः

सावधानीपूर्वक जाँच करने के बाद प्रमाणित करता हूँ कि श्री

Arvind Kumar Jathani जिनके हस्ताक्षर नीचे दिये हैं

से पीड़ित है और मैं समझता हूँ कि

दिनांक 10/3/24 से दिनांक 24/3/24 तक 15 days के कार्य

से अनुपस्थिति का समय उनके स्वास्थ्य की पुनः प्राप्ति के लिए परम आवश्यक है।

दिनांक 8/4/24

हस्ताक्षर रोगी

Dr. Susheel Chaudhary
S.O सरकारी चिकित्सा, पुरिचारक
R धा अन्य पंजीकृत चिकित्सक
Consultant Peivi. Acetabul
(पंजीकृत हाडोलायन Surgery)

रोग प्रमाण - पत्र
चिकित्सा एवं स्वास्थ्य विभाग, राजस्थान

क्रमांक .. २२४४

दिनांक .. ४/५/२५

में .. Dr. Subheel chandhary

प्रकरण की व्यक्तिशः

सावधानीपूर्वक जाँच करने के बाद प्रमाणित करता हूँ कि श्री

..... Arvind Kumar Jathani

जिनके हस्ताक्षर नीचे दिये हैं

..... (2) keep

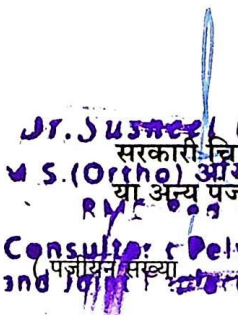
से पीड़ित है और मैं समझता हूँ कि

दिनांक .. २५/३/२५ .. से दिनांक .. ३/५/२५ .. तक .. १० days .. के कार्य

से अनुपस्थिति का समय उनके स्वास्थ्य की पुनः प्राप्ति के लिए परम आवश्यक है।

दिनांक .. ४/५/२५


हस्ताक्षर रोगी


Dr. Subheel (Chandhary)
सरकारी चिकित्सा पंजीकारक
M.S. (Ortho) आर्य समाज विद्यापीठ
या अन्य पंजीकृत चिकित्सक
R.M. ०११ (२५/१२/९२)
Consultant Pelvi, Acetabula
(पंजीकृत संख्या) and Joint Replacement Surgeon

आरोग्य प्रमाण-पत्र

में Dr. Susheel Chaudhary

प्रमाणित करता हूँ कि मैंने श्री Arvind Kumar Jathani को

जो Education विभाग में हैं

भली प्रकार जाँच करके देख लिया है कि वे अब अपनी बीमारी

..... A. K. J. से मुक्त हो गये हैं और वे अब राज्य

सेवा कार्य करने के पूर्ण योग्य है।

मैं यह प्रमाणित करता हूँ कि इस निर्णय पर पहुँचने से पहले मैंने उस मूल अस्वास्थ्य प्रमाण-पत्र एवं रोगी के तथ्यों की अथवा पत्रों की सभी प्रतियों की जिनके आधार पर उनको अवकाश स्वीकृत किया गया था अथवा बढ़ाया गया था, की जाँच कर विचार कर लिया है।

दिनांक 14/4/24

Dr. Susheel Chaudhary
 MS (Ortho) अस्थि रोग विशेषज्ञ
 प्रधान चिकित्सक 7927
 (पंजीयन संख्या 7927)
 and Joint Replacement Surgeon

On Duty Leave

To

The Principal
Sophia Girls' College(Autonomous), Ajmer
Date:-28th March 2024

Subject- Application for On Duty Leave.


Respected Sister,

With due regards, I request you to grant me On Duty Leave as I was on official duty from 27th February 2024 to 2nd March 2024. During this period, I accompanied a group of students on a trip to Nainital organized by the college.


Kindly consider my application for the same.

I will be obliged to your kindness.

Thanking you


Bhawana Kumawat
Department of Computer Science


28/03/24

OA

28/3/24

Educational Charity for Maintenance staff

Sophia Girls College, Ajmer

Sophia Girls College, Jaipur Road, Mirshali, Ajmer-305001. Rajasthan.

Ledger

For the Period: 01/04/2023 - 31/03/2024

EDUCATIOAL SOCIETY - Local

| Date | V.No | V.Type | Particulars | Debit (₹) | Credit (₹) | Closing Balance (₹) |
|-------------------------------------|------|---------|--|-----------|------------|---------------------|
| EC1 Educational Charity Exp. | | | | | | |
| 13/04/2023 | 01 | Payment | TO BANK Educational Charity given to Mr. Joseph Eugene for his children's education | 20,000.00 | | 20,000.00 Dr |
| 24/04/2023 | 05 | Payment | TO BANK Educational charity given to Mr. Rahul Teji for his children Education | 7,000.00 | | 27,000.00 Dr |
| 08/05/2023 | 02 | Payment | TO BANK Educational charity given to Mr. Pukhraj | 7,000.00 | | 34,000.00 Dr |
| 27/07/2023 | 11 | Payment | TO BANK Amount given to Tikam chand for his daughter's educational exp. | 7,000.00 | | 41,000.00 Dr |
| 27/07/2023 | 12 | Payment | TO BANK Educational help given to Manish Khichi for his children's Educational exp | 7,000.00 | | 48,000.00 Dr |
| 28/07/2023 | 13 | Payment | TO BANK Education charity given to Pushpender for his children's educational fees. | 7,000.00 | | 55,000.00 Dr |
| 28/07/2023 | 14 | Payment | TO BANK Educational help given to Pooja for her son's Educational exp | 7,000.00 | | 62,000.00 Dr |
| 28/07/2023 | 15 | Payment | TO BANK Educational help given to Kailash for her son's Educational exp | 7,000.00 | | 69,000.00 Dr |
| 28/07/2023 | 16 | Payment | TO BANK Educational help given to Fateh Panwar for his children's Educational exp | 7,000.00 | | 76,000.00 Dr |
| 28/07/2023 | 17 | Payment | TO BANK Educational help given to Laxmi tunwal for her son's Educational exp | 7,000.00 | | 83,000.00 Dr |
| 28/07/2023 | 18 | Payment | TO BANK Educational help given to Laxmi Rawal for her daughter's Educational exp | 7,000.00 | | 90,000.00 Dr |
| 28/07/2023 | 19 | Payment | TO BANK Educational help given to kiran Gurjar for her son's Educational exp | 7,000.00 | | 97,000.00 Dr |
| 28/07/2023 | 20 | Payment | TO BANK Educational help given to Nisha teji for her Childrens educational Exp. | 7,000.00 | | 1,04,000.00 Dr |
| 31/07/2023 | 21 | Payment | TO BANK Educational help given to Rajesh for his son's Educational exp | 7,000.00 | | 1,11,000.00 Dr |
| 01/08/2023 | 01 | Payment | TO BANK | 7,000.00 | | 1,18,000.00 Dr |

| Date | V.No | V.Type | Particulars | Debit (₹) | Credit (₹) | Closing Balance (₹) |
|------------|------|---------|---|---------------------|---------------------|------------------------|
| | | | Educational help given to Manohar Khichi for hid Son's educational fees. | | | |
| 14/08/2023 | 04 | Payment | TO BANK | 7,000.00 | | 1,25,000.00 Dr |
| | | | Educational help given to Deepa Chouhan for her Children's Educational Exp. | | | |
| 15/09/2023 | 02 | Payment | TO BANK | 2,93,800.00 | | 4,18,800.00 Dr |
| | | | Education charity given to 14 students for paying their college fees. | | | |
| 19/09/2023 | 04 | Payment | TO BANK | 7,000.00 | | 4,25,800.00 Dr |
| | | | Amount given to Ghishu lal for his daughter's Educational exp. | | | |
| 10/10/2023 | 04 | Payment | TO BANK | 4,01,700.00 | | 8,27,500.00 Dr |
| | | | Amount paid for the fees of the college Students as per the list.23 students | | | |
| 16/10/2023 | 07 | Payment | TO BANK | 13,000.00 | | 8,40,500.00 Dr |
| | | | Amount being given to Jerusha Joseph for her collge fees. | | | |
| 31/10/2023 | 08 | Payment | TO BANK | 7,56,400.00 | | 15,96,900.00 Dr |
| | | | Education charity given to 33 students for paying their college fees | | | |
| 31/10/2023 | 48 | Receipt | BY BANK | | 10,000.00 | 15,86,900.00 Dr |
| | | | Education Charity due to wrong chalan No.(Neelam Tawnar) | | | |
| 04/11/2023 | 01 | Payment | TO BANK | 64,800.00 | | 16,51,700.00 Dr |
| | | | Education charity given to 4 students for paying their college fees | | | |
| 07/12/2023 | 03 | Payment | TO BANK | 37,000.00 | | 16,88,700.00 Dr |
| | | | Amount being paid to Shweta Shekhawat MSC. as Charity to pay the fees. | | | |
| 08/12/2023 | 07 | Payment | TO BANK | 10,000.00 | | 16,98,700.00 Dr |
| | | | Amount given as Charity to RCDS Diocesan Society for the Educational Expenses of the Students. | | | |
| 13/02/2024 | 01 | Payment | TO BANK | 29,600.00 | | 17,28,300.00 Dr |
| | | | Education charity given to 02students for paying their college fees | | | |
| 19/03/2024 | 01 | Payment | TO BANK | 10,000.00 | | 17,38,300.00 Dr |
| | | | Amount being given as Educcational charity to Society of Vincent De Paul for the educational exp. of the Poor Students. | | | |
| | | | Total | 17,48,300.00 | 10,000.00 | 17,38,300.00 Dr |
| | | | Grand Total | 17,48,300.00 | 17,48,300.00 | |


PRINCIPAL
SOPHIA GIRLS' COLLEGE
(AUTONOMOUS)
AJMER

Maintenance staff Insurance

THE NEW INDIA ASSURANCE CO. LTD.
(Government of India Undertaking)



Personal Accident Insurance ()
UIN NUMBER - IRDAN190P0003201314

| | | | |
|-------------------|----------------------------|------------------------|---|
| Insured Name | : SOPHIA GIRLS COLLEGE | | |
| Insured's Details | | | |
| Customer ID | : PO82278168 | Issuing Office Details | |
| Address | : AJMER | Office Code | : AJMER D.O. (331400) |
| | : AJMER ,RAJASTHAN, 305001 | Address | : SHANTI MANSION, KOTWALI SCHEME, KHILAND MARKET,305002 |
| Phone No | : | Phone No | : 01452630971 / 01452425847 |
| E-mail/Fax | : / | E-mail/Fax | : nia.331400@newindia.co.in / 01452420748 |
| PAN No | : | S.Tax Regn. No | : AAACN4165CST178 |
| GSTIN/UIN | : NA / NA | GSTIN | : 08AAACN4165C2ZQ |
| | | SAC | : 997133 (Accident and health insurance services) |

| | | | |
|---------------------|---|--|---|
| Policy Details | | | |
| Policy Number | : 33140042230100000017 | Business Source Code | |
| Period of Insurance | : From:21/08/2023 12:00:01 AM To: 20/08/2024 11:59:59 PM | Dev.Off level./Broker/Corp. Agent/IMF/POS/Web Aggregator | : RAJESH KUMAR JAIN - (2D6483816) |
| Date of Proposal | : 21-Aug-23 | Agent/Bancassurance/Spe cified Person/CPSC User | : Mrs. ANJU MEHTA (NIAAG00118521) ANJU MEHTA (SI00201271) |
| Prev. Policy no. | : 33140042220100000017 | Phone No | : 9610423423, / 9414002954 / |
| Client Type | : Non-Corporate | E-mail/Fax | : anjumehtha861@gmail.com / / / |
| Staff Discount | : No | Type of Cover | : 24 hours Cover required |

| | | | | | |
|----------|---------|-----------|------------|---|-------------------------------------|
| Premium: | GST: | Total (₹) | Stamp Duty | Rupees (In words) | Receipt No. & Date: |
| ₹ 9,240 | ₹ 1,664 | ₹ 10,904 | ₹25 | RUPEES TEN THOUSAND NINE HUNDRED FOUR ONLY | 3314008123000000 3042 - 18/08/23 |

Benefits under the Policy: GROUP NAMED

| Sl. No | Emp ID | Name Of Insured | Age | Cadre | Relation | Risk Group | Excess | Sum Insured | Medical Extension | War & Allied Cover opted | | |
|--------|--------|-------------------|-----|----------|----------|--------------|--------|-------------|-------------------|--------------------------|---------|----------------|
| | | | | | | | | | | Sum Insured | Country | Type of Period |
| 1 | 22 | JOSEPH EUGINE | 38 | EMPLOYEE | Self | Risk Group I | 0 | 500000 | Yes | 0 | NA | NA |
| 2 | 23 | RANJIT DAS | 30 | EMPLOYEE | Self | Risk Group I | 0 | 500000 | Yes | 0 | NA | NA |
| 3 | 1 | TIKAM CHAND | 50 | EMPLOYEE | Self | Risk Group I | 0 | 500000 | Yes | 0 | NA | NA |
| 4 | 2 | MANOHAR KHICHI | 38 | EMPLOYEE | Self | Risk Group I | 0 | 500000 | Yes | 0 | NA | NA |
| 6 | 4 | MRS MANOHAR DEVI | 52 | EMPLOYEE | Self | Risk Group I | 0 | 500000 | Yes | 0 | NA | NA |
| 7 | 5 | MANISH KHICHI | 34 | EMPLOYEE | Self | Risk Group I | 0 | 500000 | Yes | 0 | NA | NA |
| 8 | 6 | RAHUL TEJI | 32 | EMPLOYEE | Self | Risk Group I | 0 | 500000 | Yes | 0 | NA | NA |
| 9 | 7 | MRS GEETA MAROTIA | 48 | EMPLOYEE | Self | Risk Group I | 0 | 500000 | Yes | 0 | NA | NA |

Signature Not
Verified
Digitally signed
by JAGTA YEE
PANIGRAHI
Date: 2023.08.18
For details of your grievance, if any, you may approach any one of the following offices- 1. Policy issuing office 2. Regional office 3. Head office. In case, you are not satisfied with our own grievance redressal mechanism; you may also approach Insurance Ombudsman. For details of our office addresses and addresses of office of Insurance Ombudsman, please visit our website <http://nowindia.co.in>.

Policy No. : 33140042230100000017 Document generated by 23718 at 18/08/2023 11:56:41 Hours.
Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.

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THE NEW INDIA ASSURANCE CO. LTD.
(Government of India Undertaking)



| | | | | | | | | | | Sum Insured | Country | Type of Period |
|----|----|------------------------|----|-----------|------|--------------|---|--------|-----|-------------|---------|----------------|
| 10 | 8 | RAJESH KUMAR SINGODI A | 40 | EMPLO YEE | Self | Risk Group I | 0 | 500000 | Yes | 0 | NA | NA |
| 11 | 9 | MRS LAXMI TUNWAL | 51 | EMPLO YEE | Self | Risk Group I | 0 | 500000 | Yes | 0 | NA | NA |
| 12 | 10 | BABULAL SANKHL A | 58 | EMPLO YEE | Self | Risk Group I | 0 | 500000 | Yes | 0 | NA | NA |
| 13 | 11 | MRS BEENA SARSAR | 44 | EMPLO YEE | Self | Risk Group I | 0 | 500000 | Yes | 0 | NA | NA |
| 14 | 12 | MRS LAXMI RAWAL | 39 | EMPLO YEE | Self | Risk Group I | 0 | 500000 | Yes | 0 | NA | NA |
| 15 | 13 | GHISU LAL SISODIA | 48 | EMPLO YEE | Self | Risk Group I | 0 | 500000 | Yes | 0 | NA | NA |
| 16 | 14 | PUKHRAJ SISODIY A | 32 | EMPLO YEE | Self | Risk Group I | 0 | 500000 | Yes | 0 | NA | NA |
| 17 | 15 | KAILASH CHAND | 40 | EMPLO YEE | Self | Risk Group I | 0 | 500000 | Yes | 0 | NA | NA |
| 18 | 16 | MRS KIRAN GURJAR | 34 | EMPLO YEE | Self | Risk Group I | 0 | 500000 | Yes | 0 | NA | NA |
| 19 | 17 | MRS POOJA TUNWAL | 33 | EMPLO YEE | Self | Risk Group I | 0 | 500000 | Yes | 0 | NA | NA |
| 20 | 18 | PUSHPE NDER ALBERT | 38 | EMPLO YEE | Self | Risk Group I | 0 | 500000 | Yes | 0 | NA | NA |
| 21 | 19 | MRS VERONIC A | 38 | EMPLO YEE | Self | Risk Group I | 0 | 500000 | Yes | 0 | NA | NA |
| 22 | 20 | FATEH SINGH PANWAR | 41 | EMPLO YEE | Self | Risk Group I | 0 | 500000 | Yes | 0 | NA | NA |
| 23 | 21 | BHANWE R SINGH | 45 | EMPLO YEE | Self | Risk Group I | 0 | 500000 | Yes | 0 | NA | NA |

Table Details:

| Sl.No | Table A | | Table B | | Table C | | Table D | |
|-------|---------|-------------|---------|-------------|---------|-------------|---------|-------------|
| | Table A | Sum Insured | Table B | Sum Insured | Table C | Sum Insured | Table D | Sum Insured |
| 1 | No | 0 | Yes | 500000 | No | 0 | No | 0 |
| 2 | No | 0 | Yes | 500000 | No | 0 | No | 0 |
| 3 | No | 0 | Yes | 500000 | No | 0 | No | 0 |
| 4 | No | 0 | Yes | 500000 | No | 0 | No | 0 |
| 5 | No | 0 | Yes | 500000 | No | 0 | No | 0 |
| 6 | No | 0 | Yes | 500000 | No | 0 | No | 0 |
| 7 | No | 0 | Yes | 500000 | No | 0 | No | 0 |
| 8 | No | 0 | Yes | 500000 | No | 0 | No | 0 |
| 9 | No | 0 | Yes | 500000 | No | 0 | No | 0 |
| 10 | No | 0 | Yes | 500000 | No | 0 | No | 0 |
| 11 | No | 0 | Yes | 500000 | No | 0 | No | 0 |
| 12 | No | 0 | Yes | 500000 | No | 0 | No | 0 |
| 13 | No | 0 | Yes | 500000 | No | 0 | No | 0 |
| 14 | No | 0 | Yes | 500000 | No | 0 | No | 0 |
| 15 | No | 0 | Yes | 500000 | No | 0 | No | 0 |

Policy No. : 33140042230100000017 Document generated by 23718 at 18/08/2023 11:56:41 Hours.

Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.

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THE NEW INDIA ASSURANCE CO. LTD.
(Government of India Undertaking)



| | | | | | | | | |
|----|----|---|-----|--------|----|---|----|---|
| 16 | No | 0 | Yes | 500000 | No | 0 | No | 0 |
| 17 | No | 0 | Yes | 500000 | No | 0 | No | 0 |
| 18 | No | 0 | Yes | 500000 | No | 0 | No | 0 |
| 19 | No | 0 | Yes | 500000 | No | 0 | No | 0 |
| 20 | No | 0 | Yes | 500000 | No | 0 | No | 0 |
| 21 | No | 0 | Yes | 500000 | No | 0 | No | 0 |
| 22 | No | 0 | Yes | 500000 | No | 0 | No | 0 |
| 23 | No | 0 | Yes | 500000 | No | 0 | No | 0 |

| Sl.No | Special Conditions |
|-------|--------------------|
| 1 | |
| 2 | AS PER PA POLICY |
| 3 | AS PER POLICY |
| 4 | AS PER PA POLICY |
| 5 | AS PER PA POLICY |
| 6 | |
| 7 | AS PER PA POLICY |
| 8 | AS PR PA POLICY |
| 9 | AS PR PA POLICY |
| 10 | AS PER PA POLICY |
| 11 | AS PER PA POLICY |
| 12 | AS PER PA POLICY |
| 13 | AS PER PA POLICY |
| 14 | AS PER PA POLICY |
| 15 | AS PER PA POLICY |
| 16 | AS PER PA POLICY |
| 17 | AS PER PA POLICY |
| 18 | AS PER PA POLICY |
| 19 | AS PER PA POLICY |
| 20 | AS PER PA POLICY |
| 21 | AS PER PA POLICY |
| 22 | AS PER PA POLICY |
| 23 | AS PER PA POLICY |
| 24 | AS PER PA POLICY |

Premium and GST Details

| Premium | Rate of Tax | Amount in INR |
|---------|-------------|---------------|
| SGST | | ₹ 9,240 |
| CGST | 9 | 832 |
| IGST | 9 | 832 |
| | 0 | 0 |

The Policy Shall be subject to PERSONAL ACCIDENT INSURANCE () policy clauses attached herewith IN WITNESS WHEREOF.
the undersigned duly authorized hereinto set his hand


Place:-

Date:-

For and on behalf of
The New India Assurance Company Limited


Duly Constituted Attorney(s)

Policy No. : 33140042230100000017 Document generated by 23718 at 18/08/2023 11:56:41 Hours.
Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.
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Dr. Sr. Pearl
PRINCIPAL
SOPHIA GIRLS' COLLEGE
(AUTONOMOUS)
AJMER