



Royal Sundaram
General Insurance

Royal Sundaram General Insurance Co. Limited
Vishranthi Melaram Towers, No. 2/319, Rajiv Gandhi Salai (OMR),
Karapakkam, Chennai - 600 097. Tel. No.: 044 - 7117 7117
Toll No.: 1860 425 0000 | E.mail: customer.services@royalsundaram.in
Website: www.royalsundaram.in
Registered Office: 21, Patullos Road, Chennai - 600 002.
IRDA Registration Number - 102 | CIN-U67200TN2000PLC045611

GROUP PERSONAL ACCIDENT INSURANCE
Policy Schedule

Policy Number

AG00056053000104

Intermediary Code - AG001693
Intermediary Name - S. Elango
Contact -

Name and Address of the Insured

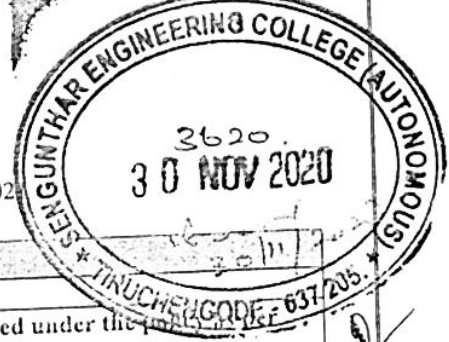
M/s. Sengunthar Engineering College,
Kosavampalayam, Kumaramangalam Post
Tiruchengode -637205
Namakkal Dist.

Period of Insurance:

From 00:00:01 Hrs on 27/10/2020

To

26/10/2021



INSURED PERSON DETAILS

No of persons covered : 1053

459 Students 459 Parents and Teaching & Non Teaching Staff 135 persons Covered under the
Specification attached

SUM INSURED DETAILS

Total Sum Insured

Rs.

21,73,50,000.00

PREMIUM DETAILS

	Rs.	
Premium	Rs.	31,506.00
TPA Fees	Rs.	0.00
CGST @ 9%	Rs.	2,836.00
SGST @ 9%	Rs.	2,836.00
Total	Rs.	37,177.00

Table of Benefits

Students	:	Benefits 1 to 4
Parents*	:	Benefits 1 (Single Earning Parent as per School records).
Teaching & Non Teaching Staff	:	Benefits 1 to 5

*Parent means Single Earning Parent of the Insured Student as per the School records.

This Schedule is subject to the Group Personal Accident Policy Terms and Conditions and the following endorsements attached herewith:

PA1, PA3, PA13, PA15, PA18, Premium Adjustment Clause, Special Condition

THIRD PARTY ADMINISTRATOR: N.A

Please quote the Policy Number in all your correspondence.

IN WITNESS WHEREOF, this Policy of Insurance has been signed at Coimbatore on 05/11/2020

Receipt No. CICC200486

GSTIN No. : 33AABCR7106G1ZQ

PAN Number: AABCR 7106G

IRDA Regn.No.102

Consolidated Stamp Duty paid to Government of Tamil Nadu

Issued at: Chennai

Policy Servicing Office: Coimbatore

UIN : RSAHLGP21438V022021

IRDA Regn.No. 102

For Royal Sundaram General Insurance Co. Limited

Authorized Signatory

Specification attached to and Forming Part of Policy No: AG00056053000104
Name of the Insured : M/s. Sengunthar Engineering College.,

S.No	No of Students	Parents	No of Staff	Individual Medical Sum Insured (In Rs). For Students and Staff (Teaching & Non-Teaching)	Individual Sum Insured (In Rs). For Students (Benefit 1 to 4) For Staff (Teaching & Non-Teaching) (Benefit 1 to 5) For Parents (Benefit 1)	Total Sum Insured (In Rs). For Students (Benefit 1 to 4) For Staff (Teaching & Non-Teaching) (Benefit 1 to 5) For Parents (Benefit 1)
1	459	459	135	100,000	1,50,000	21,73,50,000
Total	459	459	135			21,73,50,000

For Royal Sundaram General Insurance Co. Limited


Authorised Signatory



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Group Personal Accident Policy – Endorsements

Endt. No.PA1 - Benefit (5) – Temporary Total Disablement (Applicable only for Staff)

It is hereby declared and agreed that in consideration of collection of additional premium, Benefit (5) of the Group Personal Accident Insurance Policy stands revised as below:

<p>If the injury has resulted in temporary total disablement, then so long as the Insured Person shall be totally disabled from engaging in any employment or occupation of any description whatsoever,</p>	<p>We shall pay for the period of temporary total disablement at the rate of 1% of the Sum Insured for each week of duration of such total disablement or part thereof prorated, subject to a maximum of 52 weeks but not exceeding Rs.5,000/- per week, or part thereof prorated. In case if the Insured person avails this benefit under any other policy either issued by us or otherwise, the benefit payable under this endorsement stands reduced to that extent.</p> <p>Such weekly compensation shall not exceed 25% of the gross monthly earnings of the insured.</p>
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Otherwise subject to the terms, exclusions and conditions contained in the policy and endorsements thereon.



Group Personal Accident Policy
UIN: RSAHLGP21438V022021
IRDA Regn. No.102

Group Personal Accident Policy – Endorsements

Endt. No.PA3 – Wider Accidental Medical Expenses Benefit (Applicable only for Students & Staff)

It is hereby declared and agreed that the Medical Expenses Extension Cover of the Group Personal Accident Insurance Policy stands replaced with the following terms and conditions:

It is hereby declared and agreed that in consideration of collection of additional premium, the policy is extended to cover actual reasonable and customary medical expenses incurred towards treatment of bodily injury to the Insured person solely and directly due to accident caused by external, visible and violent means during the period of Insurance for a maximum limit of Rs.1,00,000/- (For Students and Staff) subject to the following conditions:

- a. This coverage is applicable only in respect of Accidental Hospitalization subject to the following conditions :
- 1) Hospitalization should be for a minimum period of 24 hours
 - 2) Room rent is subject to a maximum of 1% of the medical expenses limit specified above or Rs.1000/- whichever is higher and
 - 3) for ICU 2% of the of the medical expenses limit specified above or Rs.2000/- whichever is higher.
In case, the insured person is admitted in a room with rent higher than the eligible room rent limit, the total hospitalization claim shall be reduced in proportion of eligible room rent to the actual room rent paid.
 - 4) In respect of hospitalization, the costs that are to be subsumed into the Room Charges are provided in Annexure-I attached to this Policy; the costs that are to be subsumed into the specific procedure charges are provided in Annexure-II attached to this Policy; the costs that are to be subsumed into the costs of treatments are provided in Annexure-III attached to this Policy.
- b. Outpatient/Emergency Treatment not requiring Hospitalisation is subject to a sublimit as mentioned below :
- 1) 20% of the above mentioned limit for each Insured person.
 - 2) The Doctor's consultation fees should not exceed Rs.500/- per consultation subject to a maximum of 2 consultations.
- c. Any medical expenses incurred after 60 days from the date of accident is not admissible.
- d. All medical treatments for the purpose of this insurance will have to be taken in India only



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Group Personal Accident Policy – Endorsements

The medical expenses, so incurred, should be substantiated by medical / diagnostic tests, doctor's report and certificate.

The overall liability under this benefit in respect of an Insured Person should not exceed the maximum limit of Rs.1,00,000/-(For Students and Staff)

Otherwise subject to the terms, exclusions and conditions contained in the policy and endorsements thereon.

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Group Personal Accident Policy – Endorsements

Endt. No.PA13 – Process for Mid term Inclusion / Deletion for Unnamed policies for Educational Institutions

Inclusion and Deletion of Students is not permissible during the course of the policy .

Inclusion and Deletion of Staff would be effected on a monthly basis.

Inclusion would be effected from the first day of month for total number of Staff joined during the month,

Deletion would be effected from the last day of the month for total number of staff resigned during the month,

provided, only if the number of inclusions and deletions for each month is declared by the Insured within 7 working days from the 1st day of the succeeding month and subject to availability of sufficient premium deposit to effect the inclusion.

In case of delay in declaration, the inclusion would be effected from the date of declaration, subject to availability of sufficient premium deposit to effect the inclusion.

In case the premium deposit is not sufficient, inclusion would be effected from the date of payment of premium.





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Group Personal Accident Policy – Endorsements

Endt. No.PA15 – Unnamed Policy Warranty for Educational Institutions

- 1) Warranted that at the time of Claim the total number of Students and/or Staff as per Insured's rolls, should not exceed the number of Students and/or Staff covered and premium paid to the Insurers till that date. In case the number of Students and/or Staff covered are less than the number of Students and/or Staff as per the Insured's rolls on the date of loss, the Company reserves the right to repudiate Claim.
- 2) Warranted that in the event of Claim the onus of proving that the affected person was on rolls of the Insured and was covered under this policy at the time of Claim will lie on the Insured. The full details including date of joining is to be given.
- 3) In case of additions where the Individual sum insured exceeds Rs.1,000,000/- the cover will commence after the intimation is received by the company and the written acceptance of risk is given by the company.



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Group Personal Accident Policy – Endorsements

Endt. No.PA18 – Accumulation clause

It is hereby declared and agreed that **General Condition no.8** of the Group Personal Accident Insurance Policy attached stands revised as given below :

(a) It is warranted that not more than five (5) Insured Persons should travel together in the same air conveyance at one time. In the event of claim for more than five Insured Persons occurring whilst traveling by the same air conveyance, the benefits payable under this Policy to each Insured Person will be paid proportionately in ratio to the overall limit of top five (5) Sum Insured of the affected Insured Persons bears to the total amount claimed cumulatively by all the affected Insured Persons travelling in the same air conveyance. The Company's maximum liability is restricted to top five (5) Sum Insured of the affected Insured Persons travelling in the same air conveyance.

(b) The Company's maximum liability in case of losses arising out of single event is limited to Rs.1,37,70,000/-. In the event of claim arising out of a single event, where the Company's liability exceed the above limit, the benefits payable under this policy to each Insured person will be reduced proportionately in ratio of the overall event limit as mentioned above to the total amount claimed cumulatively by all the affected Insured persons in that event.

Otherwise subject to the terms, exclusions and conditions contained in the policy and endorsements thereon.



Handwritten signature



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Group Personal Accident Policy- Endorsements

Premium Adjustment Clause

On expiry of the policy, the actual number of employees on rolls should be obtained from the Insured.

If the actual number of employees on rolls is greater than the number of employees covered, the inclusion of remaining number of employees to be covered shall be effected from the last date of declaration for inclusions from the Insured by debiting the premium deposit held by the Insured. If there are no declarations for inclusion during the period of insurance, the inclusion shall be effected from the date of commencement of the policy.

If the actual number of employees on rolls is lesser than the number of employees covered, deletion of remaining number of employees covered shall be effected from date of declaration of actual number of employees on rolls.





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Group Personal Accident Policy- Endorsements

Special Condition:

It is hereby agreed that all claim settlement should be made directly to the insured
(Schools & College)



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GROUP PERSONAL ACCIDENT POLICY

Please read this Policy carefully and see that it meets your requirements.

This Policy the Schedule and any Memoranda thereon shall be considered one document and any word or expression to which a specific meaning has been attached in any of them shall bear such meaning throughout.

The Insured and the Company agree that

1. The proposal shall be incorporated in and be the basis of the contract
2. The Insured will pay the Premium
3. The Company will provide the Insurance subject to the terms, Warranties, Conditions & Exceptions of this Policy
4. The following shall be conditions precedent to any liability of the Company
 - (a) Observance of the terms of this Policy relating to anything to be done or complied with by the Insured
 - (b) The truth of the statements made in the proposal

DEFINITIONS

Accident is a sudden, unforeseen and involuntary event caused by external, visible and violent means.

Insured/you shall mean the organisation mentioned in the Policy Schedule as Insured.

Company/we/us shall mean the Royal Sundaram General Insurance Co. Limited.

Condition Precedent

Condition Precedent shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

Grace Period

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

Hazardous or Adventurous Sports means participation in hazardous or adventure sports including, but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

Hospital/Nursing Home

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

- has qualified nursing staff under its employment round the clock;
- has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
- has qualified medical practitioner(s) in charge round the clock;
- has a fully equipped operation theatre of its own where surgical procedures are carried out;
- maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.



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

Insured Person shall mean the employee/members of the organisation and stated in the Memoranda of this Policy.

Medical expenses

Medical Expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

Medical Practitioner

A Medical Practitioner is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of licence.

Notification of Claim

Notification of claim is the process of notifying a claim to the insurer or TPA by specifying the timelines as well as the address / telephone number to which it should be notified.

Physical separation of hand means separation of hand at or above the wrist

Physical separation of foot means separation of foot at or above the ankle

Renewal defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.

Third Party Administrator (TPA)

Third Party Administrator or TPA means a Company registered with the IRDAI and engaged by an Insurer, for a fee or remuneration, by whatever name called, and as may be mentioned in the agreement, for providing health services as mentioned under IRDAI (Third Party Administrators – Health Services) Regulations, 2016 or its subsequent amendments issued by the IRDAI.

Insurance

If any Insured Person shown in the Schedule suffers bodily injury solely and directly due to accident caused by external and visible means during the Period of this Insurance and such bodily injury results within 12 calendar months from the date of accident in death or disablement of a nature specified in the Table of Benefits described hereunder, then the Company will pay to the Insured to the extent and in the manner provided in the Table of Benefits, subject to Accumulation Clause stipulated herein.

TABLE OF BENEFITS

IMPORTANT: We will not pay in respect of any one Insured person under more than one of the Benefits 1,2,3,4 or 5 in connection with the same accident

If an accident happens which gives rise to claim under Benefits 2,3,4 or 5, the Sum Insured stands reduced by the amount of claim with respect to that Insured Person

Benefit 1 – In case of Death

Death	100% of the Sum Insured stated in the Schedule applicable to such Insured Person is payable
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Benefit 2 –In case of Loss of limbs/eyes of nature specified below

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(a)	Total and irrecoverable loss of sight of both eyes, or the actual loss by physical separation of two entire hands or two entire feet, or of one entire hand and one entire foot, or of such loss of sight of one eye and such loss of one entire hand or one entire foot	100% of the Sum Insured stated in the Schedule, applicable to such Insured Person is payable
(b)	Total and irrecoverable loss of use of two hands or two feet or of one hand and one foot, or of such loss of sight of one eye and such loss of one hand and one foot	100% of the Sum Insured stated in the Schedule, applicable to such Insured Person is payable
(c)	Total and irrecoverable loss of sight of one eye, or the actual loss by Physical separation of use of one entire hand or of one entire foot	50% of the Sum Insured stated in the Schedule, applicable to such Insured Person is payable
(d)	Total and irrecoverable loss of use of a hand or a foot without Physical separation	50% of the Sum Insured stated in the Schedule, applicable to such Insured Person is payable

Benefit 3 –In case of Permanent Total Disablement of nature specified below

Immediate, permanent, total and absolute, disablement from engaging in, being occupied with or giving attention to any employment or occupation of any description whatsoever	100% of the Sum Insured stated in the Schedule, applicable to such Insured Person is payable
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Benefit 4-In case of Permanent Partial Disablement of nature specified below

	Percentage of Sum Insured shown in the Schedule, applicable to such Insured Person is payable
Loss of all toes	20
Great toe –both phalanges	05
Great toe–one phalanx	02
Other than great, if more than one toe lost each	01
Loss of hearing-both ears	75
Loss of hearing- one ear	10
Loss of index finger-three phalanges or two phalanges or one phalanx	10
Loss of middle finger-three phalanges or two phalanges or one phalanx	06
Loss of ring finger-three phalanges or two phalanges or one phalanx	05
Loss of four fingers and thumb of one hand	40
Loss of four fingers	35
Loss of thumb-both phalanges	25
Loss of thumb-one phalanx	10
Loss of little finger-three phalanges-two phalanges-one phalanx	04
Loss of metacarpals – first or second-third, fourth or fifth(additional)	03
If the opinion of a Doctor appointed by us, the injury has resulted in permanent partial disablement of any other nature than specified above	Such percentage of Sum Insured as is assessed as percentage of permanent partial disablement by the Doctor appointed by us is payable



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Benefit 5 – In case of Temporary Total Disablement of nature specified below

If the injury has resulted in temporary total disablement, then so long as the Insured Person shall be totally disabled from engaging in any employment or occupation of any description whatsoever.

We shall pay for the period of temporary total disablement at the rate of 1% of the Sum Insured for each week of duration of such total disablement or part thereof prorated, subject to a maximum of 52 weeks but not exceeding Rs.3,000/- per week or higher amount as specified in the Schedule /Endorsement, or part thereof prorated. In case if the Insured person avails this benefit under any other policy either issued by us or otherwise, the benefit payable under this endorsement stands reduced to that extent.

Such weekly compensation shall not exceed 25% of the gross monthly earnings of the insured.

Special Provision

The opinion of the Doctor appointed by us to ascertain the existence of permanent partial disablement or percentage thereof or temporary total disablement shall be final and binding and not open to dispute or negotiations by you.

Special Free Benefit

In the event of Death in respect of which the Sum Insured is payable as provided above, arising out of an accident occurring outside the usual place of residence of the Insured Person concerned, We shall pay in addition to the Sum Insured, a lump sum of a further 2% of such Sum Insured or Rs.2500/- whichever is less towards the transportation of the body to the Insured Person's usual place of residence.

Company's maximum liability

Any payment in case of more than one claim in respect of any Insured Person under this Policy during any one Period of Insurance should not exceed the Sum Insured applicable to such Insured Person. However, the amount relating to carriage of dead body of the Insured Person and medical expenses would be payable in addition, if applicable.

EXCEPTIONS

The Company shall not be liable under this Policy for

- (1) compensation under more than one of the foregoing Benefits in respect of same accident or period of disablement of the Insured Person
- (2) any other payment in respect of the Insured Person after a claim under one of the Benefits 1,2(a) and 2(b) has been admitted and become payable. However, amounts relating to carriage of the dead body of the Insured Person and medical expenses will be payable in addition if applicable.
- (3) payment of Benefit in respect of accident, death, injury or disablement of the Insured Person
 - (a) from intentional self-injury, suicide or attempted suicide
 - (b) whilst under the influence of intoxicating liquor or drugs
 - (c) directly or indirectly caused by venereal diseases, AIDS or insanity
 - (d) arising or resulting from the Insured Person committing any breach of law with criminal intent



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- (4) any payment in respect of death or disablement resulting directly or indirectly from, caused by, contributed to or aggravated or prolonged by child birth or pregnancy or in consequence thereof.
- (5) any payment in respect of death, injury or disablement of the Insured Person due to or arising out of directly or indirectly connected with or traceable to war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detentions.
- (6) Persons whilst engaged in Hazardous or Adventure sports.
- (7) List of optional items as given in the Annexure-IV attached to this Policy in respect of Medical Expenses extension cover.
- (8) any payment in respect of death of, or bodily injury or any disease or illness to the Insured Person
 - (a) directly or indirectly caused to or contributed to by or arising from ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this Exception, combustion shall include any self sustaining process of nuclear fission.
 - (b) directly or indirectly caused by or contributed to by or arising from nuclear weapons material
- (9) any losses directly or indirectly arising out of, or contributed to or caused by, or resulting from or in connection with any act of nuclear, chemical, biological terrorism (as defined below) regardless of any other cause or event contributing concurrently or in any other sequence to the loss.

For the purpose of this Exception, Nuclear, Chemical, Biological terrorism shall mean the use of any nuclear weapon or device or the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous Chemical agent and/or Biological agent during the period of insurance by any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious or ideological purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear. Chemical agent shall mean any compound which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants or material property. Biological agent shall mean any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which cause illness and/or death in humans, animals or plants. If we allege that by reason this exclusion any loss is not covered by this insurance the burden of proving the contrary shall be upon the Insured.

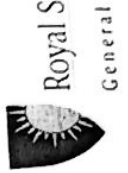
Claims Procedure & Documentation

- (i) The Insured or his nominee shall deliver to the Company, within 30 days of the date of occurrence of the Insured Event, a detailed statement in writing as per the claim form and any other material particular, relevant to the making of such claim.

The Insured or his nominee shall tender to the Company all reasonable information, assistance and proofs in connection with any claim hereunder.
- (ii) Proof satisfactory to the Company shall be furnished in connection with all matters upon which a claim is based. Such evidence as the Company may from time to time require shall be furnished and a post-mortem examination report wherever applicable, shall be furnished to the Company within a period of thirty days. A service provider (if required) would be deputed by us to verify the records/ circumstances of the claim
- (iii) If the Company requests that bills/ vouchers / Reports in a language, other than English /Hindi be accompanied by an appropriate translation then the costs of such translation must be borne by the Insured Person



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Email: customer.services@royalsundaram.in|Website:www.royalsundaram.in
IRDA Regn. No. 102|CIN-U67200TN2000PLC045611



- (iv) Provided that if one or more insured persons are covered, all sums payable hereunder shall be payable in case of death or permanent total disablement only after deleting by an endorsement the name of the insured person in respect of whom such shall become payable without any refund of premium.
- (v) To submit to a medical examination by the Company's nominated Doctor or undergo diagnostic or other medical tests as often as the Company considers necessary, in its sole discretion.

Claim Documentation

Death Claim:

Submit the duly filled in claim form with the following documents:

- Original Death Certificate
- Post Mortem Report
- Inquest report
- Accident report
- FIR/MLC copy
- Hospital records
- News Paper cuttings if any and any other relevant records
- Chemical Analysis Report if available
- English Translation of vernacular documents
- Succession Order/legal heir certificate/legal documents to establish identification of legal heir in the absence of nomination under the policy
- Any other document as may be required by the Company

Disablement Claim:

a. Permanent Total Disablement

- Submit the duly filled in Claim form with the following documents
- Disability Certificate issued by attending physician
- Accident report
- FIR/MLC copy
- Hospital Records
- News Paper cuttings if any and any other relevant records
- English Translation of vernacular documents
- Latest IT return to show Proof of annual income
- Any other document as may be required by the Company

Medical Expenses Claim due to Accident Hospitalization

1. Discharge summary
2. Original Hospital Bills
3. Advance and final receipts (All receipts shall be numbered, signed and stamped)
4. Prescriptions for medicines
5. Diagnostic Test Reports, X Ray, Scan, ECG and others including doctor's advice demanding such tests)
6. Cash memos/bills for medicines purchased from outside

The claim documents should be sent to the Claims department of the Office of the Company through which this insurance is effected, at the address mentioned in the Policy schedule or any endorsement forming part of this policy.

Claims Settlement / Rejection

1. Benefits payable under this policy will be paid within 30 days of the receipt of last necessary document.

Group Personal Accident Policy
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2. The Company shall be released from any obligation to pay insurance benefits if any of the obligations are breached
3. All claims under this Policy shall be payable in Indian Currency.
4. The Company shall be liable to pay any interest at 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed, for sums paid or payable under this Policy, upon acceptance of an offer of settlement by the insured but there is delay in payment beyond 7 days the date of acceptance.
5. No Claim is admissible beyond 180 days from date of expiry of the policy in respect of hospitalization commencing within the Period of Insurance.
6. No liability under the Policy will be admitted, if the claim is fraudulent or supported by fraudulent means.
7. At the time of claim settlement, Company may insist on KYC documents of the Proposer as per the relevant AML guidelines in force

The Company shall be released from any obligation to pay insurance benefits if any of the obligations are breached.

1 All sums shall become payable:

- i) **in case of Death or Permanent Total Disablement** - only after deleting by an endorsement the name of the Insured Person in respect of whom such claim shall become payable. No refund of premium will be payable for the unexpired period due to such deletion.
- ii) **in case of Permanent Partial Disablement** - only after reducing by an endorsement the sum insured by the amount admissible under the claim in respect of the person to whom such sum shall have become payable.
- iii) **in case of Temporary Total Disablement** – only after termination of such disablement and after reducing by an endorsement the sum insured by the amount admissible under the claim in respect of the person to whom such sum shall have become payable.

GENERAL CONDITIONS

1. Notice

Every notice and communication to the Company required by this Policy shall be in writing to the office of Company through which this insurance is effected.

2. Cancellation

The Company may at any time, by giving 7 days notice in writing, terminate this Policy, on the grounds of mis-representation, fraud, non-disclosure of material facts or non-cooperation of the Insured and all the premium paid hereon shall be forfeited to the Company. Such notice shall be deemed sufficiently given, if communicated by e-mail or posted by Registered post and addressed to the Proposer at the address mentioned in the Policy or by any other reliable mode of communication.

The Policy may also be cancelled at any time by the Proposer by giving notice in writing. Provided no claim has arisen under the within mentioned Policy prior to the receipt of such notice by the Company, the Proposer would be entitled to a return of premium less premium at Company's Short period scales as mentioned below for the period, the Policy had been in force.

Short Period Rates

Group Personal Accident Policy
UIN: RSAHLGP21438V022021
IRDA Regn. No.102



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Period for which policy has remained in force as on date of cancellation	% Retention by the Company
Less than 30 days	25% of Annual Premium
Exceeding 30 days and up to 90 days	50% of Annual Premium
Exceeding 90 days and up to 180 days	75% of Annual Premium
Above 180 days	Full Annual Premium – No refund is allowed.

3. Fraud – Forfeiture of Cover

If any claim shall be in any respect fraudulent or if any fraudulent means or devices be used by the Insured or anyone acting on the Insured's behalf to obtain benefit under this Policy all benefit hereunder shall be forfeited.

4. Changes in Risk – Notification to the Company

If after the acceptance of this insurance by the Company there be any change in the business/occupation of the Insured/Insured Person, the Insured shall forthwith give notice thereof to the Company.

The Insured shall on tendering any premium for the renewal of this Policy give notice in writing to the Company of any disease, physical defect or infirmity with which any of the Insured Person have become affected since the payment of last preceding premium.

5. Arbitration

If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties hereto or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act,1996.It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as hereinbefore provided if the Company has disputed or not accepted liability under or in respect of this Policy.

It is hereby stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such arbitrator/arbitrators as to the amount of the claim shall be first obtained.

It is also hereby further expressly agreed and declared that if the Company shall disclaim liability for any claim hereunder and such claim shall not within 3 calendar months from the date of such disclaimer have been made the subject matter of suit in a court of law or be pending reference before the ombudsman then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

6. Renewal Notice

This Policy may be renewed by mutual consent every year. The Company shall not, however, be bound to give notice that such renewal premium is due.

Policy must be renewed within the Grace Period of 30 days of expiry to maintain the continuity of coverage. However no coverage shall be available during the period of such break. A policy that is sought to be renewed after the Grace Period of 30 days will be underwritten as a fresh policy at Our discretion.

The renewal premium shall not be accepted more than 90 days in advance of the due date of the premium payment.

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The product / plan may be withdrawn at any time, by giving a notice of 3 months to the Insured by Courier / Registered Post / Acknowledgement due post at the address recorded / updated in the policy. When the policy is withdrawn, the product / plan shall not be available for renewal at the due date. However, the cover under such policy shall continue till the expiry date shown in the schedule of the policy. In the event of withdrawal of a product, Company shall offer similar alternative product from its currently marketed product suites.

7. Accumulation clause

(a) It is warranted that not more than five (5) Insured Persons should travel together in the same air conveyance at one time. In the event of claim for more than five Insured Persons occurring whilst traveling by the same air conveyance, the benefits payable under this Policy to each Insured Person will be paid proportionately in ratio to the overall limit of top five (5) Sum Insured of the affected Insured Persons bears to the total amount claimed cumulatively by all the affected Insured Persons travelling in the same air conveyance. The Company's maximum liability is restricted to top five (5) Sum Insured of the affected Insured Persons travelling in the same air conveyance.

(b) The Company's maximum liability in case of losses arising out of one event is limited to Rs.45 crores. In the event of claim where the single event limit exceed Rs.45 crores, the benefits payable under this policy to each Insured person will be reduced proportionately in ratio of the overall event limit of Rs.45 crores to the total amount claimed cumulatively by all the affected Insured persons in that event.

8. Grievances:

In case the Insured Person is aggrieved in any way, the Insured Person may contact the Company at the specified address, during normal business hours for the following grievances:

- Any partial or total repudiation of claims by the Company.
- Any dispute regard to premium paid or payable in terms of the policy.
- Any dispute on the legal construction of the policies in so far as such disputes relate to claims.
- Delay in settlement of claims.
- Non-issue of any insurance document to customer after receipt of the premium.
- Any other grievance.

The Insured Person may approach the Insurance Ombudsman, within whose jurisdiction the branch or office of Royal Sundaram General Insurance Co. Limited is located. The Insurance Ombudsman's offices are located at Ahmedabad, Bengaluru, Bhubaneshwar, Bhopal, Chandigarh, Chennai, Ernakulam, Guwahati, Jaipur, Kolkata, Lucknow, Noida, Patna, Pune, Hyderabad, Mumbai and Delhi. For detailed grievance redressal procedure and for Contact Details of Insurance Ombudsman, please visit our website www.royalsundaram.in.

MEDICAL EXPENSES EXTENSION COVER

In consideration of the payment of an additional premium, it is hereby agreed and declared that notwithstanding anything in the within written Policy contained to the contrary, this insurance is extended to cover the medical expenses necessarily incurred and expended in connection with any accident resulting in death or disablement as specified in the Policy, for which a claim is made by the Insured and admitted by the Company.

In addition to the Benefits available under this Policy for death or disablement, the Company shall reimburse to the Insured an amount up to but not exceeding forty percent (40%) or the higher percentage as mentioned in the Schedule/Endorsement, of the admissible claim amount/compensation paid in settlement of a valid claim under this Policy or ten per cent (10%) of the relevant Sum Insured or such higher amount as specified in the Schedule/Endorsement of such Insured Person whichever is less. Further it is a condition precedent to the payment of such medical expenses that the medical attendants detailed account shall be submitted and is approved by the Company.



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Provided always that

1. This Insurance shall not apply in so far as it applies to a female for expenses incurred in respect of any condition arising from or traceable to any disease of the organs of generation, malignant disease of mammary gland, pregnancy, childbirth, abortion or miscarriage or any complications and/or sequels arising from the foregoing, unless otherwise provided hereafter.
2. The Company shall not be liable to make any payment under this Policy in respect of
 - (a) disease, injury, death or disablement directly or indirectly due to war, invasion, act of foreign enemy, hostilities or war like operation (whether war be declared or not) or civil commotion or rebellion, military, naval or air service or breach of law, hunting, steeple chasing, revolution, insurrection, mutiny, engaging in aviation other than a passenger (fare paying or otherwise) in any licensed standard type of aircraft.
 - (b) circumcision or strictures or vaccination or inoculation or change of life or beauty treatment of any description or dental or eye treatment or intentional self injury or insanity of dissipation or nervous breakdown (which expression shall cover also general disability "run down" conditions and general "overhaul") or venereal disease or intemperance or the use of intoxicating drugs or liquors or any diseased, injury, death or disablement directly or indirectly due to any one or more of them.
 - (c) subject otherwise to the terms, Exceptions, Conditions and limitations of this Policy.

In respect of hospitalization, the costs that are to be subsumed into the Room Charges are provided in Annexure-I attached to this Policy; the costs that are to be subsumed into the specific procedure charges are provided in Annexure-II attached to this Policy; the costs that are to be subsumed into the costs of treatments are provided in Annexure-III attached to this Policy.

Annexure-I – Costs that are to be subsumed into the Room Rent Charges	
SI No	Item
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB
7	EAU-DE-COLOGNE / ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER



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18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES

Annexure-II – Costs that are to be subsumed into Specific Procedure Charges	
SI No.	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL,SHAVER
13	SURGICAL DRILL
14	EYE KIT



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15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

Annexure-III – Costs that are to be subsumed into Costs of treatment	
Sl No.	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/ CAPD EQUIPMENTS
7	INFUSION PUMP– COST
8	HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION/STERILLIUM
17	Glucometer& Strips
18	URINE BAG



Annexure-IV – List of Optional items	
SI No.	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS/ BRACES
5	BUDS
6	COLD PACK/HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	Television Charges
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES



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35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT
39	STEAM INHALER
40	ARMSLING
41	THERMOMETER
42	CERVICAL COLLAR
43	SPLINT
44	DIABETIC FOOT WEAR
45	KNEE BRACES (LONG/ SHORT/ HINGED)
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELT
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
53	SUGAR FREE Tablets
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
59	KIDNEY TRAY
60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT
64	PAN CAN
65	TROLLY COVER
66	UROMETER, URINE JUG
67	AMBULANCE
68	VASOFIX SAFETY



SENGUNTHAR ENGINEERING COLLEGE, TIRUCHENGODE
(AUTONOMOUS)
(Approved By AICTE, New Delhi & Affiliated to Anna University, Chennai)
(NAAC Accredited with 'A' Grade)



FESTIVAL ADVANCE PAYMENT LIST FOR THE YEAR 2020-2021

S.NO	NAME	DESIGNATION	ADVANCE REQUIRED	INSTALLMENT PERIOD	DEDUCTION AMOUNT PER MONTH
1	Mrs.S.BHUVANA	AP/ENGLISH	7000	10 MONTHS	700
2	Mr.G.AYYANAR	AP/MATHS	7000	7 MONTHS	1000
3	Mrs.M.YAMUNA	AP/MATHS	7000	10 MONTHS	700
4	Dr.K.L.PALANISAMY	HOD/PHYSICS	7000	10 MONTHS	700
5	Dr.K.VIGNESH	AP/PHYSICS	7000	10 MONTHS	700
6	Mr.P.THANGARASU	ASP/CHEMISTRY	7000	10 MONTHS	700
7	Mr.A.ARUTJOTHI	AP/CHEMISTRY	7000	10 MONTHS	700
8	Mr.C.KANDASAMY	AP/CHEMISTRY	7000	10 MONTHS	700
9	Dr.M.SAKTHIVEL	HOD/CSE	7000	10 MONTHS	700
10	Dr.B.SUIATHA	PROF/CSE	7000	7 MONTHS	1000
11	Mrs.C.AARTHI	HOD/ECE	7000	10 MONTHS	700
12	Mr.A.RAHUL	AP/ECE	7000	7 MONTHS	1000
13	Mr.P.GOPINATH	AP/ECE	7000	10 MONTHS	700
14	Mr.M.ARUN KUMAR	AP/ECE	7000	10 MONTHS	700
15	Mr.P.SIVASANKARAN	AP/ECE	7000	10 MONTHS	700
16	Dr.K.UMADEVI	HOD/EEE	7000	10 MONTHS	700
17	Mr.D.SATHIYARAJ	AP/EEE	7000	10 MONTHS	700
18	Mrs.T.GOHLA	ASP/EEE	7000	7 MONTHS	1000
19	Mr.G.SENTHIL RAJAN	ASP/EEE	7000	10 MONTHS	700
20	Mr.V.NANTHA KUMAR	AP/EEE	7000	7 MONTHS	1000
21	Mr.N.SIVAKUMAR	AP/EEE	7000	7 MONTHS	1000
22	Mr.P.SAKTHIVEL	ASP/MECH	7000	7 MONTHS	1000
23	Mr.P.JAGADEESWARAN	AP/MECH	7000	7 MONTHS	1000
24	Mr.C.MOHANKUMAR	AP/MECH	7000	10 MONTHS	700

S.NO	NAME	DESIGNATION	ADVANCE REQUIRED	INSTALLMENT PERIOD	DEDUCTION AMOUNT PER MONTH
25	Mr.S.MURUGESAN	AP/MECH	7000	10 MONTHS	700
26	Mr.S.PRABU	AP/CIVIL	7000	10 MONTHS	700
27	Mr. G. JAYAMURUGAN	HOD/MCA	7000	10 MONTHS	700
28	Mr. S. SURESH SUGUMAR	AP/MATHS	7000	7 MONTHS	1000
29	Mr. V. SARAVANAKUMAR	AP/MBA	7000	7 MONTHS	1000
30	Mrs. S. UMAMAHESWARI	AP/MBA	7000	10 MONTHS	700
31	Mr.S.MATHIVANAN	LAB.ASST/MECH	4000	10 MONTHS	400
32	Mrs. T.MALAR CHELVI	CLERK/EXAM CELL	4000	10 MONTHS	400
33	Mr.A.MURUGANANDAM	ADMIN/CSE	4000	10 MONTHS	400
34	Mr.A.RAJA	CASHIER	4000	10 MONTHS	400
35	Mrs.P.KAVITHA	ACCOUNTANT	4000	10 MONTHS	400
36	Mrs. N.NALINI	CLERK	4000	10 MONTHS	400
37	Mr.S.ELANGO	STORE INCHARGE	4000	10 MONTHS	400
38	Ms. J. JEEVITHA	LAB.ASST/EEE	4000	10 MONTHS	400
		TOTAL	242000.00		

(RUPEES TWO LAKH AND FORTY TWO THOUSAND ONLY)

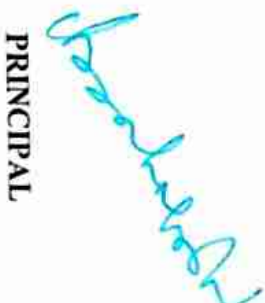
PREPARED BY



CHECKED BY



PRINCIPAL



MEDICAL LEAVE LETTER

From

N.Sivakumar
Assistant professor-EEE,
Sengunthar Engineering College,
Tiruchengode – 637 205,
Namakkal (Dt).

To

The Secretary Correspondent,
Sengunthar Engineering College,
Tiruchengode – 637 205,
Namakkal (Dt).

Through:

The Principal,
Sengunthar Engineering College,
Tiruchengode – 637 205,
Namakkal (Dt).

Submitted to the
Correspondent
for Approval:
Now be considered
4/12/2020

Respected Sir,

Sub: Requesting for apply medical leave-Reg.,

I am working as anAssistant Professor in the Department of EEE in Sengunthar Engineering College since 18.6.2018. Due to my personal and health issues I unable to continue my job well. So I, request you to kindly grant me medical leave for 6 months starting from 01-01-2021 make this leave as an informed leave and I kindly approve my leave at the earliest.

Thanking you sir

To
The Principal
9/12/2020
my be
permitted.

N.Sivakumar

Yours faithfully,

(N.SIVAKUMAR)

Place: Tiruchengode

Date: 04.12.2020

Sub: to the Principal Sir,

4/12/20



EMPLOYEE'S PROVIDENT FUND
ELECTRONIC CHALLAN CUM RETURN (ECR)

Name of Establishment	SENGUNTHAR ENGINEERING COLLEGE		
Establishment Id	CBSLM0047937000	LIN	1397941664
Wage Month	SEP-2021	Return Month	OCT-2021
Contribution Rate (%)	12	ECR Type	ECR
Salary Disbursement Date	10-OCT-2021	Uploaded Date Time	10-OCT-2021 13:18
Exemption Status	Unexempted	TRRN Number	
Remarks	SEPTEMBER 2021	ECR Id	64145698
Total Members	69	Aadhaar Not Seeded Member	1
Contribution and Remittance Details (In Rupees) :			
Total EPF Contribution Remitted	66,246	Total EPS Contribution Remitted	45,994
Total EPF-EPS Contribution Remitted	20,263	Total Refund Advance	0
PMRPY Upfront Benefit Details (In Rupees) :			
Total PMRPY Upfront EPF Amount	218	Total PMRPY Upfront EPS Amount	496
PMRPY benefit remarks	Establishment is eligible for PMRPY upfront benefit.		
ABRY Upfront Benefit Details (In Rupees) :			
Total ABRY benefit Amount	Employee EPF Share	Employer EPS Share	Employer EPF Share
	0	0	0
ABRY benefit remarks	Establishment is not eligible for ABRY scheme.		

Member Details :-

Sl. No.	UAN	Name as per		Wages				Contribution Remitted				Refunds	PMRPY / ABRY Benefit			Posting Location of the member
		ECR	UAN Repository	Gross	EPF	EPS	EDLI	EE	EPS	ER	NCP Days		Pension Share	ER PF Share	EE Share	
1	100120682063	C.AARTHI	AARTHI. C	23,294	15,000	15,000	15,000	1,800	1,250	551	0	0	-	-	-	N.A.
2	100614165589	S.ALI	ALI SULAIMAN	6,020	6,020	6,020	6,020	722	501	221	0	0	-	-	-	N.A.
3	100287889015	R.ANBALAGAN	ANBLAKAN RAMASAMY	5,600	5,600	5,600	5,600	672	466	206	0	0	-	-	-	N.A.
4	101736970024	E.ARIRAJAN	ARIRAJAN E	4,911	4,911	4,911	4,911	589	409	180	0	0	-	-	-	N.A.
5	100826119223	M.ARUMUGAM	ARUMUGAM MARIMUTHU	4,424	4,424	4,424	4,424	531	369	162	0	0	-	-	-	N.A.
6	101120390655	K. ARUNACHALAM	ARUNACHALAM KANDASAMY GOUNDER	6,020	6,020	6,020	6,020	722	501	221	0	0	-	-	-	N.A.
7	100180940336	K.ASHOK KUMAR	ASHOK KUMAR KARUNAKARAN	21,497	15,000	15,000	15,000	1,800	1,250	551	0	0	-	-	-	N.A.
8	100146926811	G.AYYANAR	AYYANAR G	15,399	15,000	15,000	15,000	1,800	1,250	551	0	0	-	-	-	N.A.
9	101228775625	P. BALAMURUGAN	BALAMURUGAN PALANISAMY	6,020	6,020	6,020	6,020	722	501	221	0	0	-	-	-	N.A.
10	100322986318	S.BHUVANA	BHUVANA S	15,049	15,000	15,000	15,000	1,800	1,250	551	0	0	-	-	-	N.A.
11	101549030354	B. BHUVANESWAR I	BHUVANESWARI BALU	8,129	8,129	8,129	8,129	975	677	298	0	0	-	-	-	N.A.
12	101549030365	K.DEEPA	DEEPA	8,400	8,400	8,400	8,400	1,008	700	308	0	0	-	-	-	N.A.
13	101428708155	M.DIVYA	DIVYA MAYILVEL	5,600	5,600	5,600	5,600	672	466	206	0	0	-	-	-	N.A.
14	101384984392	S.DIVYA	DIVYA SELVARAJ	5,950	5,950	5,950	5,950	714	496	218	0	0	PMRPY	PMRPY	-	N.A.
15	101373581013	R.DURAI RAJ	DURAIRAJ RAJENDRAN	5,250	5,250	5,250	5,250	630	437	193	0	0	-	-	-	N.A.
16	100614999119	S.ELANGO	ELANGO SHANMUGAM	7,140	7,140	7,140	7,140	857	595	262	0	0	-	-	-	N.A.
17	101468319660	M. GOKULKRISHNAN	GOKULKRISHNAN M	3,500	3,500	3,500	3,500	420	292	128	0	0	-	-	-	N.A.
18	101548862970	V.GOWTHAMAN	GOWTHAMAN VELAYUTHAM	10,920	10,920	10,920	10,920	1,310	910	401	0	0	-	-	-	N.A.
19	101120390751	S. GUNASEKARAN	GUNASEKARAN	6,300	6,300	6,300	6,300	756	525	231	0	0	-	-	-	N.A.

Sl. No.	UAN	Name as per		Wages				Contribution Remitted				Refunds	PMRPY / ABRY Benefit			Posting Location of the member
		ECR	UAN Repository	Gross	EPF	EPS	EDLI	EE	EPS	ER	NCP Days		Pension Share	ER PF Share	EE Share	
			SUBRAMANI													
20	101120390767	J.JEEVITHA	JEEVITHA JAYAKUMAR	0	0	0	0	0	0	0	0	0	-	-	-	N.A.
21	100614998888	A.KANNAIYAN	KANNAIYAN ANNAMALAI CHETTIYAR	6,195	6,195	6,195	6,195	743	516	227	0	0	-	-	-	N.A.
22	100169195397	J.KANNAIYAN	KANNAIYAN JAGANATHAN	5,012	5,012	5,012	5,012	601	417	184	0	0	-	-	-	N.A.
23	100610267725	P.KAVITHA	KAVITHA PRABHU	10,500	10,500	10,500	10,500	1,260	875	385	0	0	-	-	-	N.A.
24	101120468799	M.MUTHUSAMY	M MUTHUSAMY	9,450	9,450	9,450	9,450	1,134	787	347	0	0	-	-	-	N.A.
25	100615000848	T.MALAR CHELVI	MALARCHEL VI THANGAVEL	5,390	5,390	5,390	5,390	647	449	198	0	0	-	-	-	N.A.
26	101565671201	P.MANIKUMAR	MANIKUMAR PONNUSAMY	5,950	5,950	5,950	5,950	714	496	218	0	0	-	-	-	N.A.
27	100613565603	P.MARAPPAN	MARAPPAN P	6,020	6,020	6,020	6,020	722	501	221	0	0	-	-	-	N.A.
28	100613290807	S.MATHIVANAN	MATHIVANA N SIVASBRAM ANIAN	8,680	8,680	8,680	8,680	1,042	723	319	0	0	-	-	-	N.A.
29	101712123128	N.MENAKHA	MENAKHA KRISHNAMO ORTHI	5,600	5,600	5,600	5,600	672	466	206	0	0	-	-	-	N.A.
30	101326014943	G. MOHESHKUMAR	MOHESH KUMAR GAJENDRAN	9,168	9,168	9,168	9,168	1,100	764	336	0	0	-	-	-	N.A.
31	100615000103	N.NALINI	NALINI NAGARAJ	6,300	6,300	6,300	6,300	756	525	231	0	0	-	-	-	N.A.
32	101681311894	V.NANDHENE	NANDHENE VENKATACH ALAM	6,300	6,300	6,300	6,300	756	525	231	0	0	-	-	-	N.A.
33	100614040061	K. NARENDRAKUMAR	NARENDRAK UMAR KALAIMANI	6,020	6,020	6,020	6,020	722	501	221	0	0	-	-	-	N.A.
34	101681437964	S.NIRMALA DEVI	NIRMALEDEV I S	8,807	8,807	8,807	8,807	1,057	734	323	0	0	-	-	-	N.A.
35	100183648248	K.L. PALANISAMY	PALANISAMY LAKSHMANA N	28,104	15,000	15,000	15,000	1,800	1,250	551	0	0	-	-	-	N.A.
36	100800355222	K.P. PANNEER SELVAM	PANNEERSEL VAM PONNAIYAN	7,350	7,350	7,350	7,350	882	612	270	0	0	-	-	-	N.A.
37	101529116417	S.RAMESH	PAVITHRA NALLASIVAM	9,100	9,100	9,100	9,100	1,092	758	334	0	0	-	-	-	N.A.
38	101633454695	S.PAVITHRA	PAVITHRA SENTHILKUM AR	5,250	5,250	5,250	5,250	630	437	193	0	0	-	-	-	N.A.

Sl. No.	UAN	Name as per		Wages				Contribution Remitted				Refunds	PMRPY / ABRY Benefit			Posting Location of the member
		ECR	UAN Repository	Gross	EPF	EPS	EDLI	EE	EPS	ER	NCP Days		Pension Share	ER PF Share	EE Share	
39	100614638148	PRIYADHARSHINI	PRIYADARSHINI SANKARDASS	3,500	3,500	3,500	3,500	420	292	128	0	0	-	-	-	N.A.
40	101665891832	M. PRIYADHARSHINI	PRIYADHARSHINI	4,268	4,268	4,268	4,268	512	356	157	0	0	-	-	-	N.A.
41	100071072861	A.RAJA	RAJA ARTHANARI	15,750	15,000	15,000	15,000	1,800	1,250	551	0	0	-	-	-	N.A.
42	100614582871	S.RAJAVEL	RAJAVEL SHANMUGAVEL	6,020	6,020	6,020	6,020	722	501	221	0	0	-	-	-	N.A.
43	100614297098	S.RATHINA VEL	RATHINA VEL SUBRAMANIAM	3,500	3,500	3,500	3,500	420	292	128	0	0	-	-	-	N.A.
44	100614998857	T.S. RAVICHANDRAN	RAVICHANDRAN T S	6,020	6,020	6,020	6,020	722	501	221	0	0	-	-	-	N.A.
45	100328674058	M.SAKTHIVEL	SAKTHIVEL M	22,968	15,000	15,000	15,000	1,800	1,250	551	0	0	-	-	-	N.A.
46	101675929738	M.SANGEETHA	SANGEETHA MUTHUSAMY	6,300	6,300	6,300	6,300	756	525	231	0	0	-	-	-	N.A.
47	101633454703	C.SANTHOSH KUMAR	SANTHOSH KUMAR CHANDRASEKAR	5,600	5,600	5,600	5,600	672	466	206	0	0	-	-	-	N.A.
48	100398816899	V. SARAVANAKUMAR	SARAVANAKUMAR V	13,234	13,234	13,234	13,234	1,588	1,102	486	0	0	-	-	-	N.A.
49	100128919660	D.SARAVANAN	SARAVANAN DEIVASIGAMANI	13,230	13,230	13,230	13,230	1,588	1,102	486	0	0	-	-	-	N.A.
50	101529097469	S.SARAVANAN	SARAVANAN SAKTHIVEL	5,950	5,950	5,950	5,950	714	496	218	0	0	-	-	-	N.A.
51	100825291194	K.SASI KUMAR	SASIKUMAR KANDHASAMY	4,424	4,424	4,424	4,424	531	369	162	0	0	-	-	-	N.A.
52	100208834436	M.SATHEESH	SATHEESH MUTHU	11,200	11,200	11,200	11,200	1,344	933	411	0	0	-	-	-	N.A.
53	100128153349	D.SATHIYARAJ	SATHIYARAJ	18,338	15,000	15,000	15,000	1,800	1,250	551	0	0	-	-	-	N.A.
54	101149754197	T.S.SELVAM	SELVAM SEMMALAI	5,950	5,950	5,950	5,950	714	496	218	0	0	-	-	-	N.A.
55	101119716016	K.SELVAMANI	SELVAMANI KANDASAMY	8,400	8,400	8,400	8,400	1,008	700	308	0	0	-	-	-	N.A.
56	101675940824	R.SELVARAJ	SELVARAJ RAYAPPAN	5,950	5,950	5,950	5,950	714	496	218	0	0	-	-	-	N.A.
57	100147569272	G.SENTHIL RAJAN	SENTHILRAJAN GOVINDARAJAN	19,508	15,000	15,000	15,000	1,800	1,250	551	0	0	-	-	-	N.A.

Sl. No.	UAN	Name as per		Wages				Contribution Remitted				Refunds	PMRPY / ABRY Benefit			Posting Location of the member
		ECR	UAN Repository	Gross	EPF	EPS	EDLI	EE	EPS	ER	NCP Days		Pension Share	ER PF Share	EE Share	
58	101641711843	E.SIVARUPINI	SIVARUPINI ESWARAN	9,800	9,800	9,800	9,800	1,176	816	360	0	0	-	-	-	N.A.
59	101120390714	C.SUBRAMANI	SUBRAMANI CHINNAGO UN DAR	6,195	6,195	6,195	6,195	743	516	227	0	0	-	-	-	N.A.
60	100614443649	R.TAMILMANI	TAMILMANI RAMALINGA M	8,400	8,400	8,400	8,400	1,008	700	308	0	0	-	-	-	N.A.
61	101286914713	A.TAMILSELVAN	TAMILSELVA N AYYAVU	9,100	9,100	9,100	9,100	1,092	758	334	0	0	-	-	-	N.A.
62	101675946179	G.DHANAPAL	THANABAL	5,950	5,950	5,950	5,950	714	496	218	0	0	-	-	-	N.A.
63	100264483201	P.THANGARASU	THANGARAS U P	21,319	15,000	15,000	15,000	1,800	1,250	551	0	0	-	-	-	N.A.
64	101675932620	K.THANGAVEL	THANGAVEL U KANDASAMY	5,600	5,600	5,600	5,600	672	466	206	0	0	-	-	-	N.A.
65	101119715980	S. UMAMAHESWARI	UMA MAHESWARI S	10,161	10,161	10,161	10,161	1,219	846	373	0	0	-	-	-	N.A.
66	* 10061507734 5	V.JEEBA	V JEEBA	4,426	4,426	4,426	4,426	531	369	162	0	0	-	-	-	N.A.
67	101665891821	VELLAIYAN	VELLAIYAN VELLAIYAGO UN DAR	5,950	5,950	5,950	5,950	714	496	218	0	0	-	-	-	N.A.
68	101119715951	K.VIGNESH	VIGNESH KESAVAN	9,822	9,822	9,822	9,822	1,179	818	360	0	0	-	-	-	N.A.
69	101120390746	M.YAMUNA	YAMUNA MAYILVEL	7,858	7,858	7,858	7,858	943	655	288	0	0	-	-	-	N.A.

Note: UANs are prefixed with Asterisk sign (*) in case AADHAAR is not seeded /unverified

PMRPY Benefit Not Given Remarks :-

ABRY Benefit Not Given Remarks :-

Reason Code	Reason Name
EC10001	ECR already filed for this member
EC10002	Parallel Employment: ECR already filed for this
EC10003	Benefit already availed for this member
EC10004	Gross/EPF wages greater than 15,000/-
EC10005	Mismatch in EPF and EPS wages
EC10006	Mismatch in Due and Remitted values
EC10007	UAN Deactivated

Reason Code	Reason Name
GK10001	EPF wages are greater than or equal to 15,000/-
GK10002	Mismatch in EPF and EPS wages
GK10003	EPF contribution remitted is greater than due remittance
GK10004	EPS contribution remitted is greater than due remittance
GK10005	(EPF - EPS) difference contribution remitted is greater than due
GK10006	EPS contribution remitted is greater than due remittance
GK10007	Aadhaar not seeded

AICTE Sponsored
Two Weeks
Faculty Development Programme
on

**INTELLIGENT OBJECTS &
TECHNOLOGIES FOR BUILDING
APPLICATIONS ON DATA SCIENCE
WITH MACHINE LEARNING
TECHNIQUES USING INTERNET OF
THINGS**

8th to 21st March, 2021

REGISTRATION FORM

1. Name : J. Mythili
2. Department : CSE
3. Designation : AP
4. Institution : Sengunthar
5. Educational : Engineering College
- Qualification : M.E (CSE)
6. Mobile No. : 9952258113
7. E-mail : MythiliPoobu23@gmail.com
8. Accommodation Required: Yes/ No Yes No

Signature of Applicant

Dr./Mr./Ms. J. Mythili

will be permitted to participate in the said FDP, if selected.

Head of the Department/Institution Signature
(With Office Seal)

ORGANIZING COMMITTEE

CHIEF PATRONS

Lion. Dr. K. S. Rangasamy MJF
Founder-Chairman,
K.S.R. Educational Institutions.

Thiru. R. Srinivasan
Chairman,
Aarathi Educational & Charitable Trust.

PATRONS

Dr. P. Senthilkumar
Principal, K.S.R. College of Engineering.

CONVENERS

Dr. A. Rajiv kannan
Professor & Head, Dept. of CSE.

Dr. V. Sharmila
Professor, Dept. of CSE.

DEPARTMENT R&D CO-ORDINATOR

Dr. N.S. Nithya
Associate Professor, Dept. of CSE.

CO-ORDINATORS

Dr. M. Somu	Professor /CSE
Dr. C. Anand	Professor /CSE
Dr. V. Vennila	Asso. Prof./CSE
Mr. K. Kumaresan	Asst. Prof. /CSE
Mrs. S. Savitha	Asst. Prof. /CSE
Dr. K. Venkatesh Guru	Asst. Prof. /CSE

IMPORTANT DATES:

Submission of Application : 2nd March, 2021
Intimation of Selection : 4th March, 2021
Confirmation by Participants: 6th March, 2021



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Two Weeks
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**INTELLIGENT OBJECTS &
TECHNOLOGIES FOR BUILDING
APPLICATIONS ON DATA SCIENCE
WITH MACHINE LEARNING
TECHNIQUES USING INTERNET OF
THINGS**

8th to 21st March, 2021

Organized by
Department of
Computer Science & Engineering



K.S.R. College of Engineering
(Autonomous)

Approved by AICTE & Affiliated to Anna University
Accredited by NAAC with 'A' Grade and Accredited by NBA

Tiruchengode - 637 215.

www.ksrce.ac.in

ABOUT THE COLLEGE

K.S.R. College of Engineering (Autonomous) was established in the year 2001 by Arthi Educational and Charitable Trust, approved by AICTE and affiliated to Anna University. This college is accredited by NAAC with grade and NBA Accredited Institution. Our college offers nine B.E./B.Tech. Degree programmes, CA, MBA & seven M.E. programmes. The college has completed nineteen years of dedicated service in the field of Technical Education with avowed mission to scrupulously make expert and ethical technocrats committed to bringing about creative advancements for a better world.

ABOUT THE DEPARTMENT

Department of Computer Science and Engineering was started in the year 2001 initially with B.E Programme. With the increasing demand in Computer Science and Engineering, M.E programme was started in the year 2007. The department is recognized to offer the research programme for Ph.D. under Anna University and accredited by NBA. The department aims at developing intellectually alert, scientifically progressive, globally competent and dynamic young IT professionals. The students are transformed into technically qualified & employable human resources for the development of society.

OBJECTIVE OF THE FDP

The aim of this FDP is to provide an exposure to both basics and recent advances in data science with Machine Learning using IoT to the teaching and research community associated with departments of Computer Science & Engg., IT, Electrical Engineering, Electronics Engineering, Civil Engineering and Mechanical Engineering.

ABOUT THE FDP

Internet of Things and Machine Learning plays an important role in data science for information processing and analysis of data. Machine Learning is an essential part of pattern recognition, object detection and classification, clustering, data mining, and speech recognition, etc. The ability to transfer data over a network without requiring human-to-human or human-to-computer interaction and has an important significance over machine learning in the application of smart city. IoT and Machine Learning are creating a plethora of possibilities for businesses to get more efficient, helping them leverage valuable data for analysis and turning dumb devices to intelligent objects.

TOPICS TO BE COVERED

- Basic- Internet of Things, Intelligent Objects
- Sensors, Actuators, Interfaces and Communications
- Factors Influencing Sensors and Network Design
- Driving Forces & Technological Challenges of IoT
- IoT Applications in Agriculture Systems & Research Directions in Health Care Systems
- Architecting Next Generation of IoT
- Data Science: Data Management in IoT
- Learning Python for Data Science
- Research Trends in Data Science
- Machine Learning Techniques for IoT
- Research Directions in Machine Learning
- Application of Machine Learning to fight COVID-19 pandemic

RESOURCE PERSON

The sessions will be handled by eminent faculty members of reputed institutions, and expert from various Institutions and Industries.

WHO SHOULD ATTEND

The FDP is open to all Faculty members of AICTE approved institutions, Research Scholars, Government Organizations and Industries.

REGISTRATION FEE DETAILS

There is no registration fee for any participant. Accommodation will be provided for requested participants. Refreshments and lunch will be provided.

HOW TO APPLY

Participants can submit the duly filled soft copy of the registration form to the given Email-Id: ksrce.csedfp@gmail.com on or before **02.03.2021**.

Participants must submit the hard copy of the registration form during registration on **08.03.2021**.

Number of participants will be limited. The selected applicants will be intimated by Email on or before **06.03.2021**.

For further details contact:

Dr. V. Sharmila - 8883560555

The applicants should fill their Registration through Google Form using below link

Registration Link: <https://tinyurl.com/kxxmms3>

ADDRESS FOR COMMUNICATION

Dr. A. Rajiv Kannan,
Professor & Head,
Department of CSE,
K.S.R. College of Engineering,
Tiruchengode - 637 215.
Contact No.: 9842761811.

ANNA UNIVERSITY :: CHENNAI - 600 025
OFFICE OF THE CONTROLLER OF EXAMINATIONS

Appointment Order - External Examiner

03 March 2021

From
The Zonal Coordinator
 Anna University
 Chennai 25.

To
Thiru. THANGARASU P (Faculty Code:6123038)
 SENGUNTHAR ENGINEERING COLLEGE (6123)

Through the Principal

Sir,

Sub: Appointment of External Examiners for Practical/Project
 Viva-voce Examinations Nov. / Dec. Examination, 2020 - Reg.

Based on the information received from the Principal of the College where you are presently working, I wish to inform that you are appointed as External Examiner to conduct the Practical/Project Viva-voce Examinations Nov. / Dec. Examination, 2020 as per the details given below.

S.No.	Reporting College (with code) / Internal Name	Degree, Branch & University	Name of the Practical Subject with code	Date	Time	Number of candidates appearing (approx.)
1	7331 - VIDYAA VIKAS COLLEGE OF ENGINEERING AND TECHNOLOGY KARPAGARAJAN R Ph.:9786301592	105 - B.E. Electrical and Electronics Engineering - AUC	BS8161 - Physics and Chemistry Laboratory	08-03-2021	09:00 AM	14
2	7331 - VIDYAA VIKAS COLLEGE OF ENGINEERING AND TECHNOLOGY KARPAGARAJAN R Ph.:9786301592	114 - B.E. Mechanical Engineering - AUC	BS8161 - Physics and Chemistry Laboratory	08-03-2021	09:00 AM	18
3	7331 - VIDYAA VIKAS COLLEGE OF ENGINEERING AND TECHNOLOGY KARPAGARAJAN R Ph.:9786301592	103 - B.E. Civil Engineering - AUC	BS8161 - Physics and Chemistry Laboratory	08-03-2021	11:00 AM	11
4	7331 - VIDYAA VIKAS COLLEGE OF ENGINEERING AND TECHNOLOGY KARPAGARAJAN R Ph.:9786301592	106 - B.E. Electronics and Communication Engineering - AUC	BS8161 - Physics and Chemistry Laboratory	08-03-2021	11:00 AM	13

You are requested to attend the above examination-duties without fail. In case of any exigencies, if you are not in a position to accept the above offer, you are requested to inform the same to the zonal office immediately through the Principal of your college stating the reasons.

One of the question paper has to be selected from the set of question paper provided by the office of the controller of examinations. In case, if it is not provided then the question paper has to be set jointly by the internal and the external examiners. After the examination, the principal has to arrange for entering the marks in the web portal by the external examiner. The following documents shall be handed over to the Principal of the college immediately after the conduct of the practical examination.

- i. The attendance sheet.
- ii. A copy of the mark statement signed by the internal and external examiners.

Allowances to incidental expenses and remuneration for conducting practical examinations will be paid by the Principal of the respective college on the last day of the examination as per the approved rates. Necessary claim forms are available with the Principal.



SENGUNTHAR ENGINEERING COLLEGE

(CO - EDUCATION)

TIRUCHENGODE - 637 205

APPLICATION FOR LEAVE (TEACHING STAFF)

Name : P. Thangarasa

Date : 6.3.21

Designation : ASP

Department : Chemistry

Please grant me leave as follows:

Category :

Casual	On duty	Compensation leave
Lop	Medical	Vacation

No. of days : 1

Period : On 8.3.21

From To

Purpose : External Duty

Signature

Alternative arrangements to be indicated on the reverse side.

<p>Forwarded</p> <p><i>[Signature]</i> 6/3/21</p> <p>HOD</p>	<p>Sanctioned</p> <p><i>[Signature]</i> 06/03/2021</p> <p>Principal / Director</p>
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