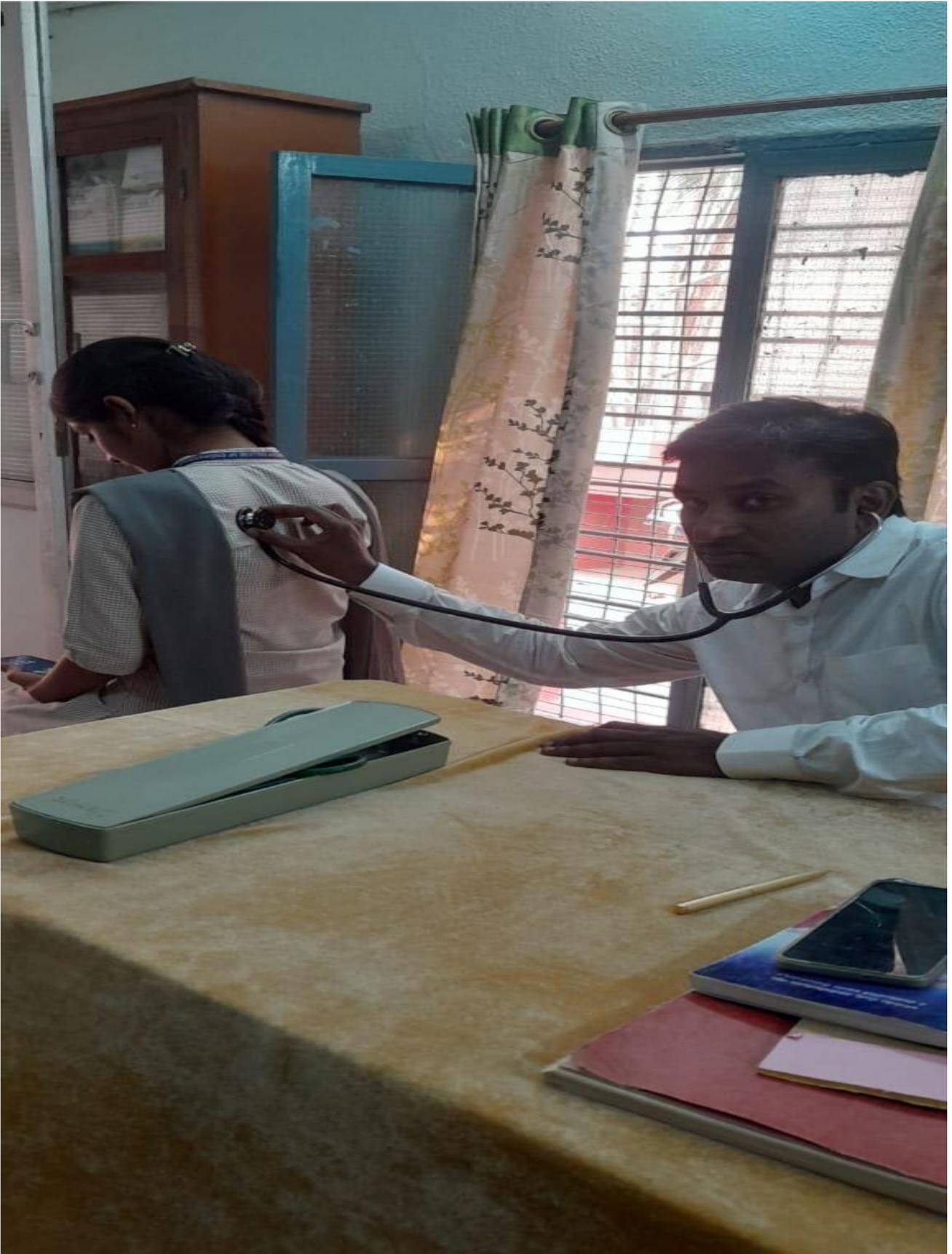


Sir C R Reddy College of Engineering, Eluru.











Estd. 1989

SIR C.R. REDDY COLLEGE OF ENGINEERING

ELURU - 534 007, West Godavari Dist., A.P., INDIA

APPROVED BY ALL INDIA COUNCIL FOR TECHNICAL EDUCATION, NEW DELHI,
AFFILIATED TO JNTUK, KAKINADA
www.sircrrengg.ac.in



OFF : (08812) 230840, 230565
FAX : (08812) 224193
Email : principal.sircrrengg@gmail.com

Ref. No.

Date : 29-03-2023

Hiring of Psychological Counsellors

Ref: Hiring of psychological counsellors /2022-23

Sub: Hiring of psychological counsellors and establishment of platform for help and guidance – Reg.

Sir C R Reddy College of Engineering has established a platform with the following counsellors to give psychological counseling to the students, faculty and non-teaching faculty and to maintain good mental health.

S. No.	Name	Designation	Role
1.	Dr. V V Swaroop	Neurosurgeon	Counsellor
2.	Dr. G Nagabhushanam	Psychiatrist	Counsellor




PRINCIPAL
Principal
Sir C.R.R.College of Engineering
ELURU - 534 007



UNITED INDIA INSURANCE COMPANY LIMITED
25-1-1, KAKARAL COMPLEX, PAPA SAHEB ROAD, R.R.PET, ELURU - 534002
GODAVARI - WEST - 534002 ANDHRA PRADESH
PH: (8812) 230214 FAX: (8812) 231438 EMAIL:

MICRO-INSURANCE PRODUCT-JANATA PERSONAL ACCIDENT - GROUP POLICY
UIN NO. IRDAI/HLT/UII/P-P/V.I/8/2015-16
POLICY NO:1506004723P117744379

PERIOD OF INSURANCE
From 19:30 Hrs of 26/03/2024
To Midnight of 25/03/2025

Insured
THE PRINCIPAL
SIR C.R.R.COLLEGE OF ENGINEERING, ELURU
534007
GODAVARI - WEST
ANDHRA PRADESH

IMPORTANT NOTICE: KINDLY UPDATE YOUR AADHAAR NO. AND PAN/FDM SO. PLEASE IGNORE IF ALREADY UPDATED.

Agent Name : KOMMAREDDI PHANUJA
Agent Code : AGN1032704
Mobile/Landline Number/Email : 9849660153
 : kphanuja@gmail.com

The genuineness of the policy can be verified through "Verify Your Policy" link at www.uic.co.in.

For any Information, Service Requests, Claim Intimation and Grievances please write to 150600@uic.co.in

Download Customer App(www.uic.co.in): REGD. & HEAD OFFICE, 2A, WHITES ROAD, CHENNAI - 600024

Website: <http://www.uic.co.in>

Printed By : SAT23283 @ 01/04/2024 1:25:23 PM

This document is digitally signed

Signer: KALAIVENI SUBBIAH
Date: Mon, Apr 1, 2024 13:04:35 IST
Location: United India Insurance Company Ltd
Reason: Signing Policy for UIC



UNITED INDIA INSURANCE COMPANY LIMITED

RECEIPT

Issuing Office code/Address :	150600 / DO ELURU 25-1-1, KAKARAL COMPLEX, PAPA SAHEB ROAD R.R.PET, ELURU - 534002534002	Receipt Number :	10115060023120041328
		Collection Date :	31/03/2024

Received with thanks from PRINCIPAL (Customer ID: 23214213758, Customer GST/UIN No :37AABTS8938E1Z4) a sum of Rs. 80000.00(Eighty thousand rupees only) as per detail given hereunder:

SL No	Policy Number	Policy Type	Endt/Retn/Clm/Decln No	Particulars	Total Amount
1	1506004723P117744379	GroupJanataPersonalAccident	0	Final Premium	79,980.00
Total (Rounded Off) :					79,980.00
Stamp Duty :					0.00
Bank Charges :					20.00
Total Amount :					80,000.00

Instrument Details

SL No	Payment ID	Mode of Payment	Instrument Number	Instrument Date	Bank Name	Branch Name	Tagged Amount
1	123150600112930750	CHEQUE	121643	07/03/2024	STATE BANK OF INDIA	CRR CAMPUS, SHANTINAGAR	80,000.00

Particulars :

Service Tax Registration Number : AAACU5552CST001 for UNITED INDIA INSURANCE COMPANY LIMITED

Cashier Initial

Note:

1. Receipt valid subject to realization of cheque
2. Please quote policy no., collection no., and date in all correspondence.



Authorized Signatory
21/3/24

Consolidated Revenue Stamp Duty
Paid to A.P. Govt, Vids
Procs.No: GSO5/4930/2023
Dt. 23-08-2023



MICRO-INSURANCE PRODUCT-JANATA PERSONAL ACCIDENT - GROUP POLICY
UIN NO. IRDAI/HLT/UII/P-P/V.I/8/2015-16
SCHEDULE

Policy No.	1506004723P117744379			Prev. Pol. No.	
Name Of Insured / ID	THE PRINCIPAL / 2321421375H				
Tel. (O)		Fax		Tel. (R)	Mobile
Business/Occupation	None			Email	
Period of Insurance	From	19:30 Hours of 26/03/2024	To	Midnight of 25/03/2025	

Coinurance	UIIC 150600 : 100%				
PREMIUM	Seventy-nine thousand nine hundred eighty rupees only				

Insured Details : As Per Annexure Attached.

Total no of Person:	2000	Total Sum Insured:	₹ 200,000,000.00
Policy Period:	1 Yr	Policy Variant:	Named
Special Condition:			
Underwriting Remarks:	2000 NUMBER OF STUDENTS COVERED IN THIS POLICY		

Net Premium:	₹ 79,980.00
CGST(0%):	0.00
SGST(0%):	0.00
UTGST(0%):	0.00
IGST(0%):	0.00
Stamp Duty:	5.00
Total:	₹ 79,985.00
Receipt No:	10115060023120041326
Receipt Date:	31/03/2024

Agency/Broker Code :	AGN1032704
Dev officer code :	

Customer GST/UIN No.:	37AAB158938E124	Office GST No.:	37AAACU5552C121
SAC Code:	997139	Invoice No. & Date:	47231117744379 & 31/03/2024
Amount Subject to Reverse Charges-NIL			

We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

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

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

Date of Proposal and Declaration: 26/03/2024

In WITNESS WHEREOF, the undersigned being duly authorised has hereunto set his/her hand at DG ELURU 150600 on this 31st day of March 2024.

For and On behalf of
 United India Insurance Co. Ltd



Duly Constituted Attorney (V)
 Underwritten By - SAT23283 (D.O. UNDERWRITER)

Consolidated Stamp Duty
 Paid to A.P. Govt. Vidya
 Proc No: GS05120631677/2022
 Dt. 02-03-2022



UNITED INDIA INSURANCE COMPANY LIMITED
 25-1-1, KAKARAL COMPLEX, PAPA SAHEB ROAD, R.R.PET, ELURU - 534002
 GODAVARI - WEST - 534002 ANDHRA PRADESH
 PH: (8812) 230214 FAX: (8812) 231438 EMAIL:

MICRO-INSURANCE PRODUCT-JANATA PERSONAL ACCIDENT - GROUP POLICY
 UIN NO. IRDAI/HLT/UII/P-P/V.I/8/2015-16
 POLICY NO:1506004723P117744404

PERIOD OF INSURANCE
 From 19:30 Hrs of 26/03/2024
 To Midnight of 25/03/2025

Insured
THE PRINCIPAL
 SIR C.R.R.COLLEGE OF ENGINEERING, ELURU
 534007
 GODAVARI - WEST
 ANDHRA PRADESH

IMPORTANT NOTICE: KINDLY UPDATE YOUR AADHAAR NO. AND PAN/FORM 60, PLEASE IGNORE IF ALREADY UPDATED.

Agent Name : KOMMAREDDI PHANUJA
 Agent Code : AGN102704
 Mobile/Landline Number/Email : 9849600151
 : kphanna@gmail.com

The genuineness of the policy can be verified through "Verify Your Policy" link at www.uic.co.in.

For any Information, Service Requests, Claim intimation and Grievances please write to 150600@uic.co.in

Download Customer App www.uic.co.in, REGD. A HEAD OFFICE, 34, CHITES ROAD, CHENNAI - 600014.
 Website: <http://www.uic.co.in>
 Printed By : SAT23283 @ 01/04/2024 1:21:57 PM

This document is digitally signed

Signer: KALAIVENI SUBRAM
 Date: Mon, Apr 1, 2024 13:00:53
 Location: United India Insurance Company Ltd
 Reason: Signing Policy for



UNITED INDIA INSURANCE COMPANY LIMITED

RECEIPT

Issuing Office code/Address :	150600 / DO ELURU 25-1-1, KAKARAL COMPLEX, PAPA SAHEB ROAD, R.R.PET, ELURU - 534002534002	Receipt Number :	10115066002120041426
		Collection Date :	31/03/2024

Received with thanks from PRINCIPAL (Customer ID : 23214213758, Customer GST/UIN No :37AABTS8938E1Z4) a sum of Rs. 73200.00 Seventy-three thousand two hundred rupees only) as per detail given hereunder:

SL No	Policy Number	Policy Type	Emb/Ret/Clm/Doc/In No	Particulars	Total Amount
1	1506004723P117744404	GroupJanata/PersonalAccident	0	Final Premium	73,193.00

Total (Rounded Off) : 73,193.00

Stamp Duty : 6.00

Bank Charges : 7.00

Total Amount : 73,206.00

Instrument Details

SL No	Payment ID	Mode of Payment	Instrument Number	Instrument Date	Bank Name	Branch Name	Tagged Amount
1	123150600112930750	CHEQUE	121643	07/03/2024	STATE BANK OF INDIA	CRR CAMPUS, SHANTINAGAR	73,200.00

Particulars :

Service Tax Registration Number : AAACU5552CST001 for UNITED INDIA INSURANCE COMPANY LIMITED

Cashier Initial

Note:

1. Receipt valid subject to realisation of cheque

2. Please quote policy no., collection no., and date in all correspondences.



Consolidated Taxation Stamp Duty
 Paid to A/c. Govt. Wife
 Pres.No: GS054930/2023
 Dt. 23-08-2023



MICRO-INSURANCE PRODUCT-JANATA PERSONAL ACCIDENT - GROUP POLICY
UIN NO.IRDAI/HLT/UII/P-P/V.1/8/2015-16
SCHEDULE

Policy No.	1506004723P117744404	Prev. Pol. No.	
Name Of Insured / ID	THE PRINCIPAL / 23214213758		
Tel.(D)	Fax	Tel.(R)	Mobile
Business/Occupation	None		Email
Period of Insurance	From	19:30 Hours of 26/03/2024	To
			Midnight of 25/03/2025

Coinsurance	UIIC 150600 : 100%
PREMIUM :	Seventy-three thousand one hundred ninety-three rupees only

Insured Details : As Per Annexure Attached.

Total no of Person:	1830	Total Sum Insured:	₹ 183,000,000.00
Policy Period:	1 Yr	Policy Variant:	Named
Special Condition:			
Underwriting Remarks:	1830 NUMBER OF STUDENTS COVERED IN THIS POLICY		

Net Premium:	73,193.00
CGST(0%):	0.00
SGST(0%):	0.00
UTGST(0%):	0.00
IGST(0%):	0.00
Stamp Duty:	5.00
Total:	73,193.00
Receipt No:	10115060023120041426
Receipt Date:	31/03/2024

Agency/Broker Code :	AGN1032704
Dev officer code :	

Customer GST/UIN No.:	37AABTS8938E124	Office GST No.:	37AAACU5552C121
SAC Code:	997139	Invoice No. & Date:	47231117744404 & 31/03/2024
Amount Subject to Reverse Charges-WIL			

We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

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

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

Date of Proposal and Declaration: 26/03/2024

I, IN WITNESS WHEREOF, the undersigned being duly authorised has hereunto set his/her hand at OO ELURU 150600 on this 31st day of March 2024.

For and On behalf of
 United India Insurance Co. Ltd.



Duly Constituted Attorney
 Underwritten By - SAT 2285 (DO UNDERWRITER)

Consolidated Policy Stamp Duty
 Paid to A.P.Govt. Vids
 Procs No: GS05/E5831677/2022
 Dt. 02-06-2022





UNITED INDIA INSURANCE COMPANY LIMITED
 25-1-1, KAKARAL COMPLEX, PAPA SAHEB ROAD, R.R.PET, ELURU - 534002
 GODAVARI - WEST - 534002 ANDHRA PRADESH
 PH: (8812) 230214 FAX: (8812) 231438 EMAIL:

MICRO-INSURANCE PRODUCT-JANATA PERSONAL ACCIDENT - GROUP POLICY
UIN NO. IRDAI/HLT/UII/P-P/V.I/8/2015-16
POLICY NO:1506004723P117744343

PERIOD OF INSURANCE
From 19:30 Hrs of 26/03/2024
To Midnight of 25/03/2025

Insured
THE PRINCIPAL
 SIR C.R.R.COLLEGE OF ENGINEERING, ELURU
 534007
 GODAVARI - WEST
 ANDHRA PRADESH

IMPORTANT NOTICE: KINDLY UPDATE YOUR AADHAAR NO. AND PAN/FORM 60. PLEASE IGNORE IF ALREADY UPDATED.

Agent Name : KOMMAREDDI PHANUA
 Agent Code : AGN1032704
 Mobile/Landline Number/Email : 9849860151
 : kphanua@gmail.com

The genuineness of the policy can be verified through "Verify Your Policy" link at www.uiic.co.in.

For any Information, Service Requests, Claim intimation and Grievances please write to 150600@uiic.co.in

Download Customer App(www.uiic.co.in). REGD. & HEAD OFFICE, 24, WHITES ROAD, CHENNAI - 600014.
 Website: <http://www.uiic.co.in>
 Printed By : SAT23283 @ 01/04/2024 12:31:34 PM

This document is digitally signed

Signer: KALAIVENI SUBBIAH
 Date: Mon, Apr 1, 2024 12:30:01 IST
 Location: United India Insurance Company Ltd
 Reason: Signing Policy for UIC



UNITED INDIA INSURANCE COMPANY LIMITED

RECEIPT

Issuing Office code/Address :	150600 / DO ELURU 25-1-1, KAKARAL COMPLEX, PAPA SAHEB ROAD, R.R.PET, ELURU - 534002534002	Receipt Number :	10115060023120041203
		Collection Date :	31/03/2024

Received with thanks from PRINCIPAL (Customer ID : 23214213758, Customer GST/UIN No :37AABTS8938E1Z4) a sum of Rs. 14720.00(Fourteen thousand seven hundred twenty rupees only) as per detail given hereunder:

SL No	Policy Number	Policy Type	Endt/Ren/Clm/Decln No	Particulars	Total Amount
1	1506004723P117744343	GroupJanataPersonalAccident	0	Final Premium	14,719.00
				Total (Rounded Off) :	14,719.00
				Stamp Duty :	0.00
				Bank Charges :	1.00
				Total Amount :	14,720.00

Instrument Details							
SL No	Payment ID	Mode of Payment	Instrument Number	Instrument Date	Bank Name	Branch Name	Tagged Amount
1	123150600112930750	CHEQUE	121643	07/03/2024	STATE BANK OF INDIA	CRR CAMPUS, SHANTINAGAR	14,720.00

Particulars :
 Service Tax Registration Number : AAACU5552CST001 for UNITED INDIA INSURANCE COMPANY LIMITED

Cashier Initial
 Note:

1. Receipt valid subject to realisation of cheque
2. Please quote policy no., collection no., and date in all correspondences.

AUTHORIZED SIGNATORY
 31/3/24

Consolidated Revenue Stamp Duty
 Paid to: A.P. Govt. Vido
 Procs.No: GSO5/4930/2023
 Dt. 23-08-2023



MICRO-INSURANCE PRODUCT-JANATA PERSONAL ACCIDENT - GROUP POLICY
UIN NO. IRDAI/HLT/UII/P-P/V.I/8/2015-16
SCHEDULE

Policy No.	1506004723P117744343	Prev. Pol. No.	
Name Of Insured / ID	THE PRINCIPAL / 23214213758		
Tel.(O)	Fax	Tel.(R)	Mobile
Business/Occupation	None		
Period of Insurance	From	19:30 Hours of 26/03/2024	To
			Midnight of 25/03/2025

Coinurance	UIIC 150600 : 100%
PREMIUM :	Fourteen thousand seven hundred nineteen rupees only

Insured Details : As Per Annexure Attached.

Total no of Person:	368	Total Sum Insured:	₹ 36,800,000.00
Policy Period:	1 Yr	Policy Variant:	Named
Special Condition:			
Underwriting Remarks:			

Net Premium:	14,719.00
CGST(0%):	0.00
SGST(0%):	0.00
UTGST(0%):	0.00
IGST(0%):	0.00
Stamp Duty:	5.00
Total:	14,719.00
Receipt No:	10115060023120041203
Receipt Date:	31/03/2024

Agency/Broker Code :	AGN1032704
Dev officer code :	

Customer GST/UIN No.:	37AABTS8938E1Z4	Office GST No.:	37AAACU5552C1Z1
SAC Code:	997139	Invoice No. & Date:	47231117744343 & 31/03/2024
Amount Subject to Reverse Charges-NIL			

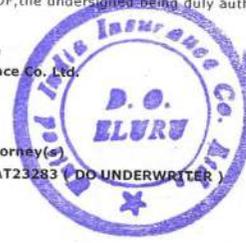
We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

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

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

Date of Proposal and Declaration: 26/03/2024
 IN WITNESS WHEREOF, the undersigned being duly authorised has hereunto set his/her hand at DO ELURU 150600 on this 31st day of March 2024 .

For and On behalf of
 United India Insurance Co. Ltd.



Duly Constituted Attorney(s)
 Underwritten By - SAT23283 (DO UNDERWRITER)

Consolidated Policy Stamp Duty
 Paid to A.P.G...
 Proc No: GSO5/E6831677/2022
 Dt. 02-06-2022

Affix Policy Stamp here.