

Swaminarayan Siddhanta Institute of Engineering and Technology, Khapri (Kothe)

Application for Leave

Applicant: Rehit P. Deshmukh Designation: Asst. prof Dept.: Civil

To,
The Principal,
Respected Sir,

Kindly grant me 01 day/days of CL leave from 16/02/2024 to 16/02/2024

(For AD, please mention the duty) Reason: Personal

For teaching Staff Details of Adjustment of teaching engagement.

Date	Br/Scm.	Period time	Name of substitute	I am willing to engage- sign
<u>16/02/24</u>			<u>Anuja Lonkar</u>	<u>[Signature]</u>

For Non-Teaching Staff: - in my absence my daily duties will be taken care by _____
(Signature with name of concerns staff)

I therefore, request you to grant me the above me the motion leave.

Date: 15/02/2024 Sign of applicant [Signature]

Leave applied on in Personal /on phone /by SMS Signature & Initials with date <u>[Signature]</u> <u>15/2/24</u>	He /She has already availed <u>CL</u> (CL/EL/AD/ML) Balance CL/EL/AD/ML are <u>07</u> . Establishment clerk _____ Principal _____
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[Signature]
Principal
Swaminarayan Siddhanta Institute
of Technology, Kalmeshwar,
Dist. Nagpur-441501

Swaminarayan Siddhanta Institute of Engineering and Technology, Khapri (Kothe)

Application for Leave

Applicant: Rohit P. Deshmukh Designation: Asst. Prof Dept.: Civil

To,
The Principal,
Respected Sir,

Kindly grant me 01 day/days of DL leave from 28/2/2024 to 28/2/24
(For AD, please mention the duty) Reason: DBATU Exam duty
For teaching Staff Details of Adjustment of teaching engagement.

Date	Br/Sem.	Period time	Name of substitute	I am willing to engage- sign
			<u>Anuja Lonkar</u>	<u>[Signature]</u>

For Non-Teaching Staff: - in my absence my daily duties will be taken care by
(Signature with name of concerns staff)

I therefore, request you to grant me the above me the motion leave.

Date: 29/2/2024 Sign of applicant [Signature]

Leave applied on in Personal /on phone /by SMS Signature & Initials with date <u>[Signature]</u> <u>29/2/24</u>	He /She has already availed <u>DL</u> (CL/EL/AD/ML) Balance CL/EL/AD/ML are _____ Establishment clerk _____ Principal <u>[Signature]</u> Principal
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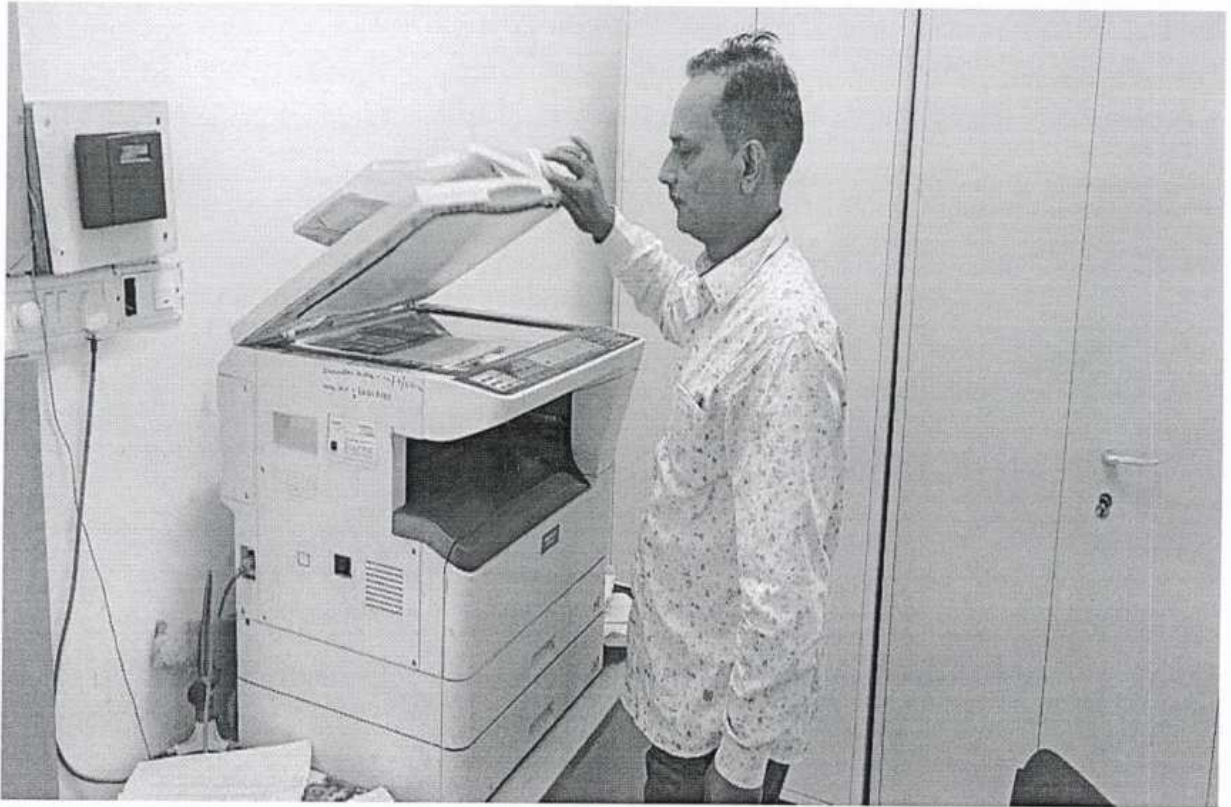
Swaminarayan Siddhanta Institute,
of Technology & Research,
Dist. N. Maharashtra

RO (Drinking Water)



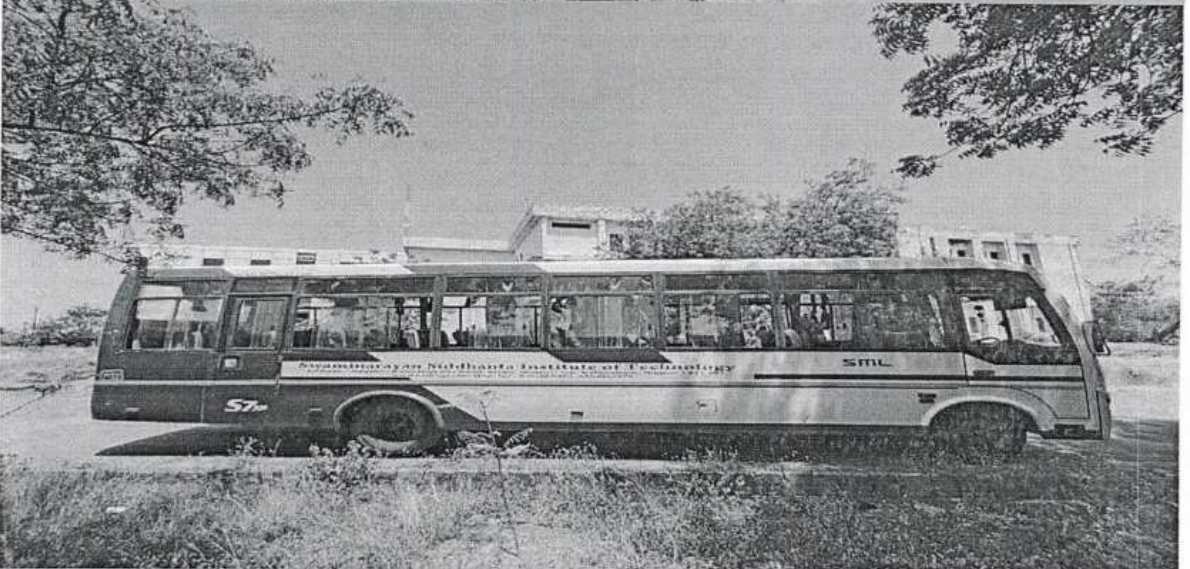
Principal
Principal
Swaminarayan Siddhanta Institute
of Technology, Kaimeshwar,
Dist. Nagpur-441501

Xerox Facility

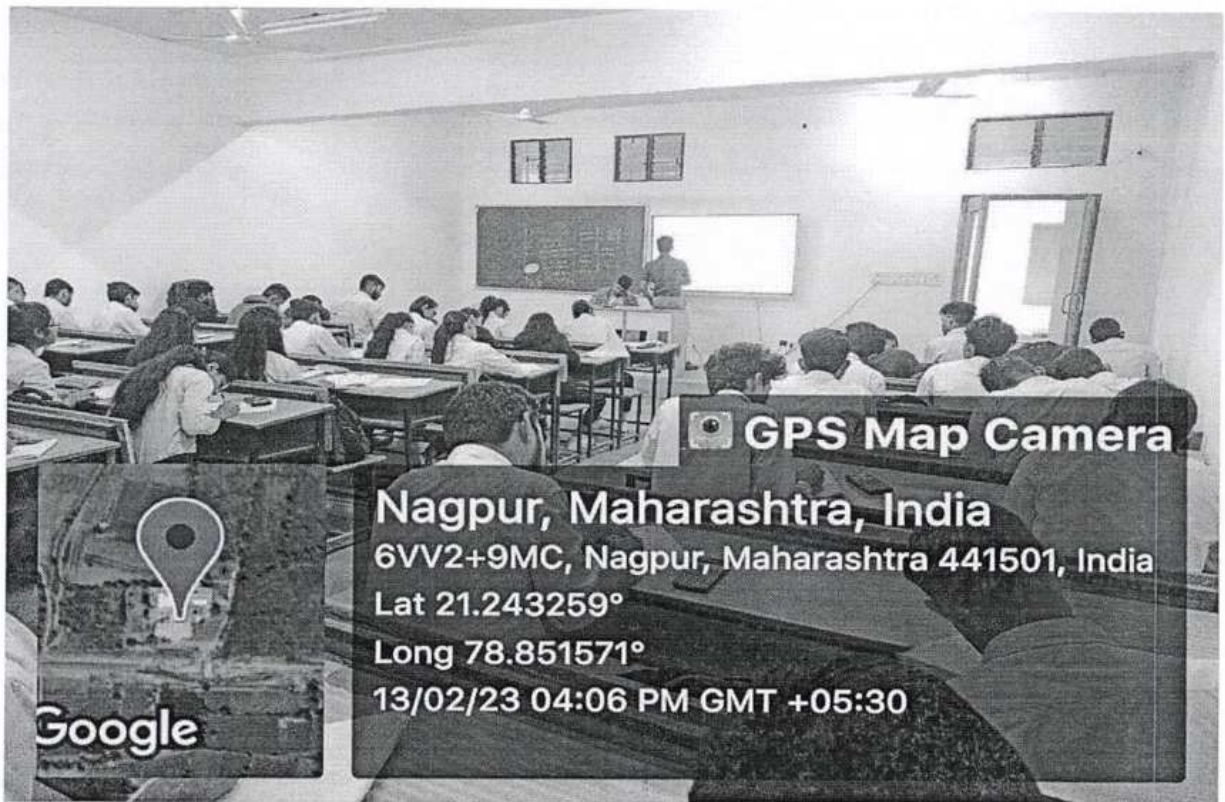



Principal
Swaminarayan Siddhanta Institute
of Technology, Kalmeshwar,
Dist. Nagpur-441501

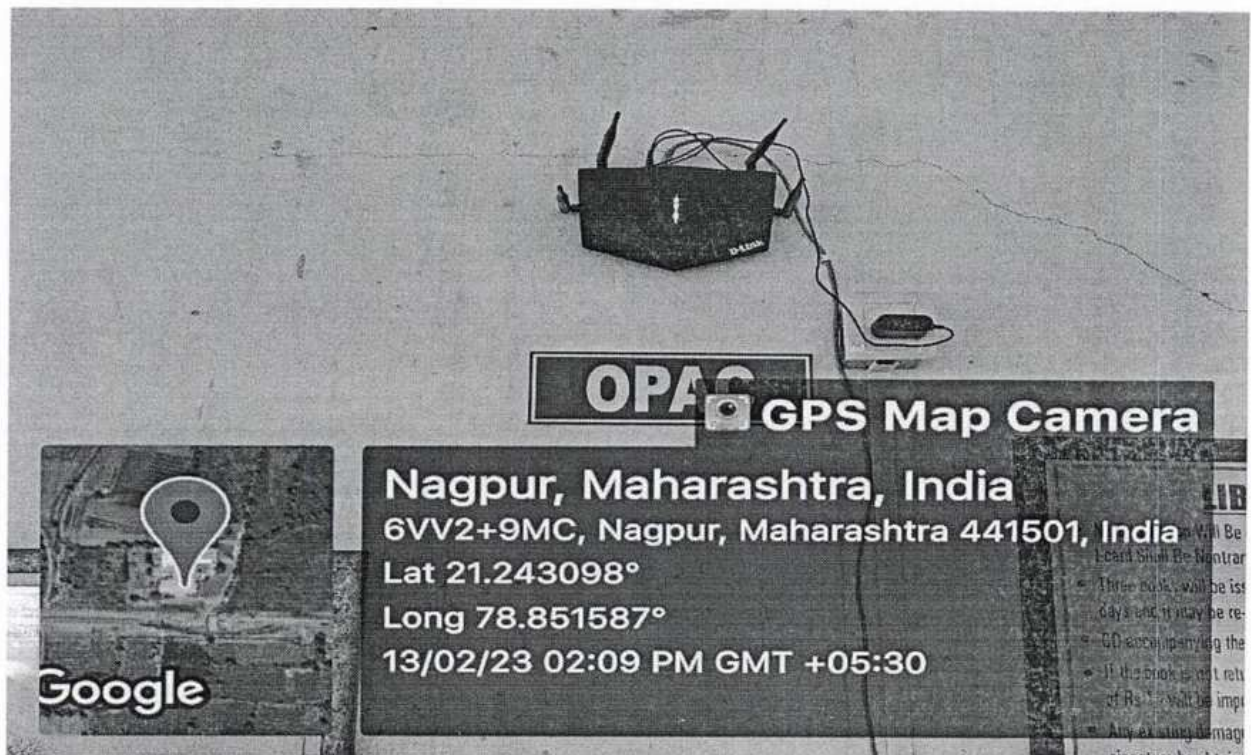
Bus Facility for Teaching, Non-Teaching Staff & Students




Principal
Swaminarayan Siddhanta Institute
of Technology, Kalmeshwar,
Dist. Nagpur-441501



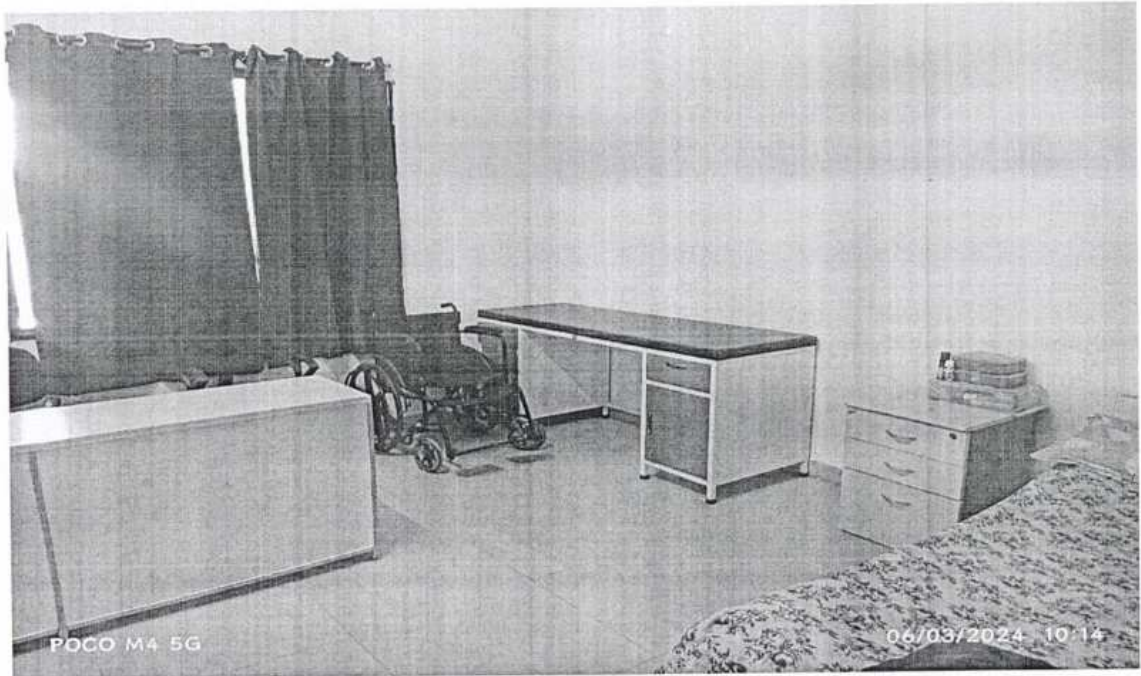
SMART CLASS ROOM



WI-FI POINT

Principal

Swaminarayan Siddhanta Institute
of Technology, Kaineshwar,
Dist. Nagpur-441501



POCO M4 5G

06/03/2024 10:14



POCO M4 5G

06/03/2024 10:16

First Aid Room

Principals

Swaminarayan Siddhanta Institute
of Technology, Kaimeshwar,
Dist. Nagpur-441501



Personal Accident Insurance ((Group(Unnamed)))
UIN NUMBER - IRDAN190P0003201314

Insured Name	: SWAMINARAYAN SIDDHANTA INSTITUTE OF TECHNOLOGY		
Insured's Details		Issuing Office Details	
Customer ID	: PO96608721	Office Code	: BUTIBORI (161103)
Address	: NAGPUR KATOL HIGHWAY RD.KHAPRI(KOTHE) TQ KALMESHWAR DIST NAGPUR KALMESHWAR ,MAHARASHTRA, 441501	Address	: C/o P.S. Nagpure, Ward No. 3, Main Road, BUTIBORI .441108
Phone No	: XXXXXX1100	Phone No	: 9975626640
E-mail/Fax	: infossitn@gmail.com, /	E-mail/Fax	: manish.barahate@newindia.co.in /
PAN No	:	S.Tax Regn. No	: AACN4165CST178
GSTIN/UIN	: NA / NA	GSTIN	: 27AAACN4165C3ZP
		SAC	: 997133 (Accident and health insurance services)

Policy Details

Policy Number	: 16110342230100000002	Business Source Code	
Period of Insurance	: From:26/04/2023 02:24:33 PM To: 25/04/2024 11:59:59 PM	Dev.Off level./Broker/Corp. Agent/IMF/POS/Web Aggregator	: DI BUTIBORI DI BUTIBORI - (DI161103)
Date of Proposal	: 26-Apr-23	Agent/Bancassurance/Spe cified Person/CPSC User	: Mr. SARANG TEJRUP MENDHE (NIAAG00067938) SARANG MENDHE (SI00109442)
Prev. Policy no.	: NA	Phone No	: 9860741841 / 9975626640, /
Client Type	: Non-Corporate	E-mail/Fax	: sarang.sarangmendhe@gmail.com, / / /
Staff Discount	: No	Type of Cover	: NA

Premium:	GST:	Total (₹)	Stamp Duty	Rupees (in words)	Receipt No. & Date:
₹ 2,180	₹ 392	₹ 2,572	₹5	RUPEES TWO THOUSAND FIVE HUNDRED SEVENTY- TWO ONLY	1611038123000000 0015 - 26/04/23

Benefits under the Policy: GROUP UNNAMED

Number of Persons										101-1000	
Sl. No	No of Person	Cadre	Sum Insured per person	Total Sum Insured	Risk Group	Excess	Medical Extension	War & Allied Cover opted			
								Sum Insured	Country	Type of Period	
1	109	TEACHING AND NON TEACHING STAFF	100000	10900000	Risk Group I	0	No	0	NA	NA	

Table Details: (Group(Unnamed))

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	No	0	No	0	Yes	100000

Sl.No	Special Conditions
1	AS PER STANDARD PA POLICY

Validity unknown

Digitally signed by JAGJAYEE PANDEY Date: 2023.04.26

Policy No. : 16110342230100000002 Document generated by 35662 at 26/04/2023 14:33:19 Hours

Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE 1800 200 441501

Principal
Swaminarayan Siddhanta Institute
of Technology, Kalmeshwar,
Dist Nagpur - 441501

For redressal 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://newindia.co.in>.



Premium and GST Details

Premium	Rate of Tax	Amount in INR
SGST		₹ 2,180
CGST	9	196
IGST	9	196
	0	0

The Policy Shall be subject to PERSONAL ACCIDENT INSURANCE ((Group(Unnamed))) 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)

Mudrank _____ Dt. _____ consolidated Stamp Fees Paid by Pay Order Number _____ vide receipt number _____ dt. _____.

Stamp Duty under the Policy is ₹

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.

Tax Invoice No : 16110323P0000023

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C

Principal
Swaminarayan Siddhanta Institute
of Technology, Kalmeshwar,
Dist. Nagpur-441501