



EMPLOYEES' STATE INSURANCE CORPORATION
e-Pehchan Card



PERSONAL DETAILS			
Name of IP	: SUSHANT BAPU GHODE	Insurance No.	: 3601239470
Date of Birth	: 07/09/1990	UHID	: NA
Gender	: Male	UAN	: NA
Mobile Number	: 7387668384	ABHA	: NA
Email ID	: NA	PHR Address	: NA
Registration Date	: 25/01/2023	Aadhaar	: NA
REGISTRATION DETAILS			
Marital Status	: Married	Name of Father / Husband	: BAPU
Type Of Disability	: NA		
Present Address	: RM 306 NEW ADARSH GAJANAN HO.SO.BAJAJ NAGAR,WADGAON KOLHARI, MIDC WALUJ,Dist:Aurangabad,Maharashtra,431	Permanent Address	: RM 306 NEW ADARSH GAJANAN HO.SO.BAJAJ NAGAR,WADGAON KOLHARI, MIDC DCBO,Ahmednagar,MH (ESIS Disp.) Dist: 431136
Dispensary / IMP for IP	: DCBO Ahmednagar, MH (ESIS Disp.)	Dispensary / IMP for Family	: DCBO,Ahmednagar,MH (ESIS Disp.) Dist: 431136
CURRENT EMPLOYER DETAILS			
Employer's Code No.	: 36000110710000606	Name of Employer	: FINIKS CALIBRATION AND GAUGES PRIVATE LIMITED
Sub Unit's Code No.	: None	Date of Appointment	: 16/01/2023
Address of Employer	: Plot No 21, Anand Nagar, Midc Ahmednagar, Ahmednagar, Dist: Ahmedna	Branch Office	: DCBO - Ahmednagar, ESIC DCBO Ahmednagar, Plot NO-36/37, Behind

FAMILY DETAILS

Name	Relation with IP	Date of Birth	UHID/ABHA	PHR Address	UAN/ Aadhaar	Is Residing with IP	State/District

NOMINEE DETAILS

Name of Nominee	Relation with IP	Date of Birth	UHID/ ABHA	Address of Nominee	Percentage(%)
Bapu Laxman Ghode	Dependant father	NA	NA	RM 306 NEW ADARSH GAJANAN HO.SO.BAJAJ NAGAR,WADGAON KOLHARI, MIDC	100

WALUJ,MaharashtraDist:Aura
ngabad431136

Affix Your Family Photograph Here. (Attested and Stamped by
Employer / ESIC Official)

Signature / LTI of Registered Employee / IP

Signature / Stamp of ESIC Officer / Employer

Note:

- This e-Pehchan card affixed with photograph of family & duly attested by the Employer/ESIC Staff shall be requested for availing cash/medical benefit.
- e-Pehchan card is a proof of registration under ESI scheme. However eligibility for various benefits depends upon the contribution conditions. For further information on eligibility to various Benefits, please visit- www.esic.in

Printed By (Employer/User Name) : FINIKS CALIBRATION AND GAUGES PRIVATE LIMITED
IP Number : 3601239470
Address : RM 306 NEW ADARSH GAJANAN HO.SO.BAJAJ NAGAR,WADGAON KOLHARI,
MIDC WALUJ,Dist:Aurangabad,Maharashtra,431136
Date : 25/01/2023 11:52:26AM



NABL ACCREDITED LABORATORY

FINIKS ENGINEERING COMPANY

Plot No. 21, Anand Nagar, Near Wasan Automobiles,
Sahyadri Chowk, M.I.D.C., Ahmednagar - 414111. [M.S.]

Tel. [0241] 2778918

E-mail : finiks97@rediffmail.com, finiks79@gmail.com

To,

DATE: 29.01.2023

ENDURANCE TECHNOLOGIES LTD.

MIDC Industrial Area, Waluj.

Aurangabad – 431136

Sub: - Confirmation of salary Declaration & Mediclaim

Kind Attn: - Mr. Bangale

Dear sir,

This is with reference to your above Subject. We hereby confirm that Salary of below Mentioned engineers is more than Rs. 21000.00 per month. Hence He/they are not applicable under ESIC

- 1) Mr. Anna Kolhe

We also confirm that above mentioned employees are covered under Workman Compensation Policy with National Insurance Company Ltd. Health Insurance & Personal Accidental Insurance which having higher coverage than ESIC.

Yours Faithfully



FINIKS ENGINEERING COMPANY

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED

Registered Office: 2nd Floor, DARE House, 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: customercare@cholams.murugappa.com; website: www.cholainsurance.com

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977

Chola Comprehensive Group Personal Accident Policy

UIN: CHOPAGP21424V022021

Certificate of Insurance

Certificate Number	2880/00043381/0001/000/00		
Account No.	18880100015102		
Name of the Insured	ANNA KARNARAO KOLHE		
Communication Address	A/P Plot No 213,Gut No 117,Ashiyad Colony 5,,Near Beed By Pass,Devlai Parisar,,Devlai, Aurangabad,AURANGABAD CANTONMENT S.O,AURANGABAD,MAHARASHTRA,431002		
Plan	PSB_CCGPA_5L_1Y		
Period of Insurance	FROM 16-Feb-2023 00:01 To Midnight of 15-Feb-2024 23:59		
E Insurance Account No.		E Repository Name	

INSURED & COVERAGE DETAILS

Name of the Insured	Relationship	Gender	Age (in Years)	Date of Birth
ANNA KARNARAO KOLHE	Self	Male	36	20-May-1986
*Nominee Name : Subhdha Anna Kolhe		Nominee Relationship : Spouse		

As per the Nomination details provided by the Insured in the Enrolment Form*SUM INSURED DETAILS**

Accidental Death Benefit (AD) SI (in Rs.)	Rs.5,00,000
Permanent Total Disability Benefit (PTD) SI (in Rs.)	Rs.5,00,000
Permanent Partial Disablement(PPD) SI (in Rs.)	Rs.5,00,000
Accidental medical expenses reimbursement–In patient and out patient	Rs.50,000
Education grant covers for Two Dependent Children	Rs.2,50,000
Modification of residential accommodation and vehicle	Rs.15,000
Broken bones	Rs.50,000
Convalescence Benefit	Rs.10,000
Family transportation benefit	Rs.10,000
Ambulance charges	Rs.5,000
Repatriation of mortal remains benefit	Rs.10,000
Double death benefit due to air carrier (scheduled / unscheduled flights)	Rs.10,00,000
Cost of cremation benefit	Rs.5,000

PREMIUM DETAILS

Net Premium	425
CGST	39
SGST	39
IGST	
Premium (incl. GST)	502

Premium in words (Rupees Five Hundred Two only)

This Certificate is subject to Master Policy Terms & Conditions issued to M/s.ANNA KARNARAO KOLHE, Master Policy No. 2880/00043381/000/00

Intermediary Name: BOB - MAHARASHTRA & GOA - AURANGABAD - AHMEDNAGAR MAIN

Intermediary Code: 2021450583721070

Contact No.:

Receipt Number: Y1621739002447

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED

Registered Office: 2nd Floor, DARE House, 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: customercare@cholams.murugappa.com; website: www.cholainsurance.com

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977

Note: The Certificate of Insurance / Policy Schedule is an important document issued based on your declaration. We request you to verify the details and ensure that everything is in order. In case of any discrepancies, please contact us within 15 days from the date of issuance of policy.

In WITNESS WHEREOF, this Certificate of Insurance has been signed on

Place : Chennai

For Cholamandalam MS General Insurance Co. Ltd



Authorised Signatory

Consolidated stamp duty paid to the Government of Tamilnadu

Chola Comprehensive Group Personal Accident Policy

UIN: CHOPAGP21424V022021

Certificate of Insurance

The following is an outline of the important Terms & Conditions applicable under the policy for your reference For complete details on policy coverage, exclusions, terms And condition, please refer To the Master Policy Wording With Bank of Baroda

Covers	
Accidental Death (AD)	Lumpsum benefit equal to 100% of Sum Insured in the event of Death of the Insured directly due to an accidental injury. Additional benefits: Transportation of Mortal Remains - upto 3% of SI or Rs. 6,000.00 (whichever is lower) Cost of Cremation – Actuals or Rs. 5,000.00 (whichever is lower) Ambulance charges – upto Rs. 1,000/-
Permanent Total Disability Benefit (PTD)	100% of Sum Insured in the event of disability resulting directly due to an Accidental injury. Coverage available for Loss of
Permanent Partial Disability Benefit (PPD)	Lumpsum benefit in the event of permanent partial disability resulting directly due to accidental injury suffered by the Insured. % of SI as per the disability table.
Accidental medical expenses reimbursement–In patient and out patient	Reimbursement of Inpatient & Outpatient Hospitalization expenses towards treatment of Injury arising out of an Accident
Education grant covers for Two Dependent Children	In the event of an admissible claim under AD or PTD of the policy, a Fixed benefit shall be payable to the dependent child studying in an educational institute as a full time student, on the date of accident
Modification of residential accommodation and vehicle	Reimbursement of reasonable expenses incurred for modification of residential accommodation or own vehicle on the advice of the Medical Practitioner due to PTD suffered by the Insured
Broken bones	Fixed benefit as a % of Sum Insured in the event of Fracture of bones to the Insured and is certified by a Medical Practitioner. Nature of the fracture and the % of SI payable is as per the table listed in the policy
Convalescence benefit	Lumpsum Benefit in case of hospitalisation due to an injury for a consecutive period of more than 10 days, subject to an admissible claim under Accidental Death or permanent disability (either total or partial) or broken bones of the policy
Family transportation benefit	Reimbursement of actual expenses incurred by an immediate family member for transportation by a licensed common carrier, following an admissible claim under AD or PTD
Ambulance charges	Reimbursement of actual expenses incurred for hiring an ambulance subject to an admissible claim under PTD or broken bones benefit of the policy
Repatriation of mortal remains benefit	Reimbursement of actual expenses incurred for transportation of mortal remains subject to an admissible claim under Accidental Death Benefit
Double death benefit due to air carrier (scheduled / unscheduled flights)	In the event of Accidental Death of the Insured while travelling as a fare paying passenger in a Scheduled or an Unscheduled flight , the Accidental Death benefit shall be increased by 100%
Cost of cremation benefit	Lumpsum Benefit for expenses incurred towards cremation ceremony

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED

Registered Office: 2nd Floor, DARE House, 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: customercare@cholams.murugappa.com; website: www.cholainsurance.com

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977

General Exclusions:

This policy does not provide benefits for any death, disability, expenses or loss incurred in result of any Injury attributable directly to the following:

- 1) Any Pre-existing condition or any complication arising from the same
- 2) War and allied perils
- 3) Intentional self-Injury and / or the use or misuse of intoxicating drugs and / or alcohol
- 4) Any treatment other than Allopathy
- 5) Consequential losses

*(Please refer to the master policy wordings available with the Bank of Baroda for complete list of exclusions)***Claims Procedure:****Notification:** Claim notification to be given to Chola MS immediately on occurrence of the event on our Toll free No. 1800-208-9100 and not later than 30 days**Claim Submission Procedure:** Completed and duly signed claim form with the following documents to be submitted within 30 days from the occurrence of the event to Chola Claims Office, whose address is given below:**Claim Documentation* :**

- Copy of FIR / Police Report, wherever necessary
- KYC of the nominee / legal heir in case of death claim and KYC of the Insured for other claim under the policy
- Account details with proof for NEFT of the nominee / legal heir in case of death claim and of the insured for other claims under the policy i.e. cancelled cheque, passbook copy

Covers	Claim Documents
Accidental Death (AD)	<ol style="list-style-type: none"> 1. Copy of FIR / Police Report, wherever necessary 2. Copy of Post Mortem Report/Coroner's report (If postmortem is conducted) 3. Copy of Panchanama / Inquest report 4. Death Certificate
Permanent Disablement Claims (Including Partial, Permanent)	<ol style="list-style-type: none"> 1. Report of the attending Doctor confirming disability 2. Admit / Discharge card 3. Investigation reports such as X-rays, Lab test etc 4. FIR/ Police report, wherever necessary
Accidental Medical Reimbursement-Inpatient and Outpatient	<ol style="list-style-type: none"> 1. Report of the attending Doctor confirming the line of treatment 2. Admit / Discharge card 3. Investigation reports such as X-rays, Lab test etc 4. Policy report wherever necessary 5. Medical receipt for reimbursement of medical expenses
Accidental Medical Reimbursement-Inpatient and Outpatient	<ol style="list-style-type: none"> 1. Report of the attending Doctor confirming the line of treatment 2. Admit / Discharge card 3. Investigation reports such as X-rays, Lab test etc 4. Policy report wherever necessary 5. Medical receipt for reimbursement of medical expenses
Education grant covers for Two Dependent Children	<ol style="list-style-type: none"> 1. Documents as per Death / PTD benefit 2. Bonafide Certificate issued by the educational institution confirming that he/she is a full time student of the institution
Modification of residential accommodation and vehicle	<ol style="list-style-type: none"> 1. Documents as per PTD benefit 2. Treating doctor's certificate confirming the necessity for modification 3. Bills/Receipts incurred in modifying the vehicle/residence 4. For modification of the vehicle, necessary approval of the RTO is necessary
Broken bones	<ol style="list-style-type: none"> 1. Admit / Discharge card 2. Investigation reports such as X-rays, Lab test etc 3. Police report wherever necessary 4. Leave certificate from the employer in case of salaried persons 5. Fitness certificate issued by the treating doctor
Convalescence benefit	<ol style="list-style-type: none"> 1. Report of the attending Doctor confirming the line of treatment 2. Admit / Discharge card 3. Investigation reports such as X-rays, Lab test etc 4. Police report wherever necessary 5. Medical receipt for reimbursement of medical expenses.
Family transportation benefit	<ol style="list-style-type: none"> 1. Documents as per accidental death / disability benefit 2. Original ticket issued by common carrier for travelling from the place of residence to the place of accident by the family member

Ambulance charges	1.Copy of FIR/Police Report 2.Copy of Post Mortem Report/Coroner's report 3.Copy or Panchanama / Inquest report 4.Receipt towards expenses incurred in connection with transferring the insured from the accident location to the nearest hospital.
Repatriation of mortal remains benefit	1.Documents as per Accidental Death benefit 2.Receipt for expenses incurred in connection with transportation of Mortal Remains
Double death benefit due to air carrier (scheduled / unscheduled flights)	1.Documents as per Death Benefit 2.Copy of Boarding Pass 3.Copy of Travel Itinerary 4.Certificate by common carrier confirming the death of the insured due to air accident.
Cost of cremation benefit	1.Documents as per Accidental Death benefit 2.Receipt for expenses incurred in connection with cremation

*All the above documents to be attested by the Group Manager

The documents should be sent to:

Health Claims Department,
Cholamandalam MS General Insurance Company Limited
New No.319, Old No.154, Shaw Wallace Building,
2nd Floor, Thambu Chetty Street, Parry's Corner,
Chennai - 600001

Customer Care Toll Free No: 1800-208-9100

Cancellation:

- 1.The Policy may be cancelled by either parties by giving a 15 days written notice.
- 2.In case of cancellation by the insured, we will retain premium at short period scale for the expired portion of the policy on the date of cancellation.
- 3.For complete details, please refer to the master policy wordings available with Bank of Baroda.

Grievances Redressal Mechanism

As an esteemed customer of the Company, Insured can contact the Company to register complaint/ grievance, if any, including servicing of policy, claims etc. with regard to the insurance policy issued to the Insured Person. The contact details of the Company are given below for reference

If any Grievances / issues on Health insurance related claims pertaining to Senior Citizens, Insured can register the complaint / grievance in 'Senior Citizen Channel' which shall be processed on Fast Track Basis by dedicated personnel
Cholamandalam MS General Insurance Company Limited
Customer services,
Address: H.O: Dare House 2nd floor, No 2 N.S.C. Bose Road, Chennai 600 001,
Toll free: 1800 208 9100
SMS: CHOLA to 56677* (premium SMS charges apply),
E-MAIL: customercare@cholams.murugappa.com
WEBSITE: www.cholainsurance.com

If You have not received any reply from us within 3 days from the date of the lodgement of complaint or if You are not satisfied with the reply of the Company, you can contact the IRDA Grievance Call Centre at the toll free no. 155255 or email at complaints@irda.gov.in for registering the grievance or the nearest Insurance Ombudsman
Office. For Ombudsman list please visit <https://www.cioins.co.in/ombudsman.html>

Areas of Jurisdiction	Office of the Insurance Ombudsman
Gujarat, UT of Dadra and Nagar Haveli, Daman and Diu	Office of the Insurance Ombudsman, 2nd floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad – 380014 Tel.: 079-27546150/27546139, Fax: 079-27546142, Email: bimalokpal.ahmedabad@ecoi.co.in
Karnataka	Office of the Insurance Ombudsman, Jeevansoudha Building, PID No.57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru 560078. Tel.: 080-26652048/26652049, Email: bimalokpal.bengaluru@ecoi.co.in
Madhya Pradesh and Chhattisgarh	Office of the Insurance Ombudsman, Janakvihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462003. Tel.: 0755-2769201/2769202, Fax.: 0755-2769203, Email: bimalokpal.bhopal@ecoi.co.in
Odisha	Office of the Insurance Ombudsman, 62, Foresh Partk, Bhubhaneshwar – 750009. Tel.: 0674-2596461/2586455. Fax.: 0674-2596429. Email: bimalokpal.bhubaneswar@ecoi.co.in
Punjab, Haryana, Himachal Pradesh, Jammu and Kashmir, UT of Chandigarh	Office of the Insurance Ombudsman, S.C.O. No.101, 102 & 103, 2nd Floor, Batra Building, Sector 17-D, Chandigarh – 160017. Tel.: 0172-2706196/2706468. Fax.: 0172-2708274, Email: bimalokpal.chandigarh@ecoi.co.in
Tamilnadu, UT-Pondicherry Town and Karaikal (which are part of UT of Pondicherry)	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, Chennai 600 018. Tel. 044 – 24333668/24335284. Fax. 044-24333664, Email: bimalokpal.chennai@ecoi.co.in

Delhi	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110002. Tel. 011-23239633/23237532, Fax.011-23230858, Email.: bimalokpal.delhi@ecoi.co.in
Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura	Office of the Insurance Ombudsman, JeevanNivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001 (ASSAM). Tel.: 0361-2132204/2132205, Fax.: 0361-2732937, Email.: bimalokpal.guwahati@ecoi.co.in
Andhra Pradesh, Telangana and UT of Yanam-a part of the UT of Pondicherry	Office of the Insurance Ombudsman, 6-2-46, 1st Floor, Moin court, Lane Opp., Saleem Function Palace, A.C. Guards, Lakdi-Ka-Pool, Hyderabad – 500004. Tel.: 040-65504123/23312122, Fax.: 040-23376599, Email.: bimalokpal.hyderabad@ecoi.co.in
Rajasthan	Office of the Insurance Ombudsman, JeevanNidhi – II Bldg, Gr. Floor, Bhawani Singh Marg, Jaipur – 302005. Tel.: 0141-2740363, Email.: Bimalokpal.jaipur@ecoi.co.in
Kerala, UT of (a) Lakshadweep, (b) Mahe-a part of UT of Pondicherry	Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cohin Shipyard, M. G. Road, Ernakulam – 682015, Tel.: 0484-2358759/2359338, Fax.: 0484-2359336, Email.: bimalokpal.ernakulam@ecoi.co.in
West Bengal, UT of Andaman and Nicobar Islands, Sikkim	Office of the Insurance Ombudsman, Hindustan Bldg, Annexe, 4th Floor, 4, C.R. Avenue, Kolkata – 700072. Tel. 033-22124339/22124340. Fax. 033-22124341, Email.: bimalokpal.kolkata@ecoi.co.in
Districts of Uttar Pradesh, Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar	Office of the Insurance Ombudsman, 6th Floor, Jeevanbhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow – 226001. Tel.: 0522-2231330/2231331. Fax.: 0522-2331310. Email: bimalokpal.lucknow@ecoi.co.in
Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane	Office of the Insurance Ombudsman, 3rd Floor, Jeevanseva Annexe, S.V. Road, Santacruz (W), Mumbai – 400054. Tel.: 022-26106552/26106960. Fax: 022-26106052. Email: bimalokpal.mumbai@ecoi.co.in
State of Uttaranchal and the following districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Baudam, Bulandshehar, Etah, Kanoj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur	Office of the Insurance Ombudsman, Bhagwansahai Palace, 4th floor, Main Road, Naya Bans, Sector 15, Distt: gautambuddh Nagar, U.P – 201301. Tel.: 0120-2514250/2514251/2514253. Email.: bimalokpal.noida@ecoi.co.in
Bihar, Jharkhand	Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800006, Email: bimalokpal.patna@ecoi.co.in
Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region	Office of the Insurance Ombudsman, JeevanDarshan Bldg, 3rd floor, C.T.S. No.s 195 to198, N.C. Kelkar Road, Narayan Peth, Pune-411030 Tel: 020-32341320, Email: bimalokpal.pune@ecoi.co.in