

990810702

828297

(इस प्रपत्र के दो फार्म भरे जाने चाहिये)

(This form is to be completed in duplicate)

प्रति / To,

Principal Sabeb

Gramgeeta mahavidyalay

(नियोक्ता का नाम/Name of the Employer) Chimul

Dr. Chandra Pr

प्रिय महोदय /

Dear Sir,

मैंने भारतीय जीवन बीमा निगम की एक जीवनबीमा पालिसी ली है तथा मैं इसका प्रिमियम अपने वेतन से प्रतिमाह देना चाहता हूँ। मैं आपसे प्रार्थना करता हूँ कि नीचे दिया गया प्रिमियम मेरे वेतन से प्रतिमाह काटकर भारतीय जीवन बीमा निगम के 99B शाखा कार्यालय को भेज दें तथा तब तक ऐसे प्रिमियम भेजते रहें जबतक मैं अगली सलाह न दूँ।

I have taken a life insurance policy with the Life Insurance Corporation of India and desire to pay premium by deduction from my salary every month. I request you to kindly arrange to deduct and pay to the Life Insurance Corporation of India, Nagpur Division _____ Branch Office the premium amount stated below from my salary due for the month given below and also to continue to deduct and pay such amounts every month till further advice.

मैं इससे सहमत हूँ कि आपका दायित्व केवल मेरे वेतन से प्रीमियम काटकर निगम के कार्यालय में समयपर भेजना होगा यदि आपने उन परिस्थितियों में जो आपके अधिकार में नहीं है जैसे मैं अवैतनिक छुट्टी पर हूँ या मैं प्रीमियम न काटकर अग्रिम वेतन ले लूँ या मैं प्रीमियम काटने का अधिकार पत्र रद्द कर दूँ या मैं आपके यहाँ की नोकरी छोड़ दूँ और आपने मेरे प्रीमियम का भुगतान निगम में नहीं किया तो किसी भी परिणाम के लिए मैं जिम्मेदार रहूँगा। भारतीय जीवन बीमा निगम यदि किसी भी कारण से आपके यहाँ की वेतन बचत योजना बंद करे तो निगम में पालिसी में पालिसी में दिये विवरण के अनुसार बढ़ा हुआ प्रीमियम भरने की जिम्मेदारी मेरी होगी, जिससे कि पालिसी बंद न हो जाए।

I agree that your liability will be confined to making arrangement for deduction of premium from my salary wherever this can be made and remitting the amount to the Corporation in time I shall be entirely responsible for any consequences on account of non-payment of premium of my Policy for

(कृ.पू.प.प.ट.ओ.)

पी.ए. कोड संख्या

P.A. Code No.

विषय संख्या

Sub. Code

विभाग संख्या

Dept. No

एस. आर. नं. / बीज नं.

S.R. No.

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(2)

reasons beyond your control, such as in the event of my proceeding on leave without pay or my drawing advance salary without deduction of premium or my cancelling this authorisation for a deduction of premium or my leaving your employment in any such case or in case of withdrawal of the Salary Saving Scheme with you by the Life Insurance Corporation of India for any reason whatsoever, it will be my responsibility to make arrangement for remittance of the premium directly to the Corporation at the increased rate specified in the Policy to prevent my policy from going in a lapsed condition.

दिनांक / Date

भवदीय / Yours faithfully

[Signature]
हस्ताक्षर / Signature

बीमेदार का पूरा नाम (स्पष्ट शब्दों में) Kaushal Tarachand Meshram

Name of the policy holder in full (In Block letters)

पदनाम Clerk विभाग जहां काम करता है Gramgeeta Mahavidyalaya
Designation Department in which working

नियोक्ता का नाम व पता Gramgeeta Mahavidyalaya, Ohimur
Name and Address of the employer

(पालिसी का विवरण निगम द्वारा भरा जाएगा / Policy Particulars (To be completed by LIC)

पालिसी सं. एस. 990810702 प्रीमियम किस्त रु. 809-00

Policy Number S Instalment premium Rs. G.S.T. 36-00

तालिका / अवधि (Table / Term) 91/21

जिस माह से कटौती आरंभ होनी है (माह व वर्ष) 05/2021
Deduction to commence from salary for (Month & year)

सेवारत शाखा Wardha वि. अ. कोड सं. D एजेंट कोड संख्या 681-99B

Servicing Branch D. O. Code No. Ag. Code No

वेतन बचत योजना अधिकार पत्र/ S.S.S. Authority Letter (Rev.) / IC No. 0529

990608 809

प्रपत्र के दो फार्म भरे जाने चाहिये)

(This form is to be completed in duplicate)

प्रति / To

The Principle

J. Ramgopal Maharajchary chinn
(नियोक्ता का नाम/Name of the Employer)

पी.ए. कोड संख्या

P.A. Code No.

विषय संख्या

Sub. Code

विभाग संख्या

Dept. No.

एस. आर. नं. / बीज नं.

S.R. No.

0000628297

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प्रिय महोदय /

Dear Sir,

मैंने भारतीय जीवन बीमा निगम की एक जीवनबीमा पालिसी ली है तथा मैं इसका प्रिमियम अपने वेतन से प्रतिमाह देना चाहता हूँ। मैं आपसे प्रार्थना करता हूँ कि नीचे दिया गया प्रिमियम मेरे वेतन से प्रतिमाह काटकर भारतीय जीवन बीमा निगम के शाखा कार्यालय को भेज दें तथा तब तक ऐसे प्रिमियम भेजते रहें जबतक मैं अगली सलाह न दूँ।

I have taken a life insurance policy with the Life Insurance Corporation of India and desire to pay premium by deduction from my salary every month. I request you to kindly arrange to deduct and pay to the Life Insurance Corporation of India, Nagpur Division

Branch Office the premium amount stated below from my salary due for the month given below and also to continue to deduct and pay such amounts every month till further advice.

मैं इससे सहमत हूँ कि आपका दायित्व केवल मेरे वेतन से प्रीमियम काटकर निगम के कार्यालय में समयपर भेजना होगा यदि आपने उन परिस्थितियों में जो आपके अधिकार में नहीं हैं जैसे मैं अवैतनिक छुट्टी पर हूँ या मैं प्रीमियम न काटकर अग्रिम वेतन ले लूँ या मैं प्रीमियम काटने का अधिकार पत्र रद्द कर दूँ या मैं आपके यहाँ की नोकरी छोड़ दूँ और आपने मेरे प्रीमियम का भुगतान निगम में नहीं किया तो किसी भी परिणाम के लिए मैं जिम्मेदार रहूँगा। भारतीय जीवन बीमा निगम यदि किसी भी कारण से आपके यहाँ की वेतन बचत योजना बंद करे तो निगम में पालिसी में पालिसी में दिये विवरण के अनुसार बड़ा हुआ प्रीमियम भरने की जिम्मेदारी मेरी होगी, जिससे कि पालिसी बंद न हो जाए।

I agree that your liability will be confined to making arrangement for deduction of premium from my salary wherever this can be made and remitting the amount to the Corporation in time I shall be entirely responsible for any consequences on account of non-payment of premium of my Policy for

(कृ.पृ.प.प.ट.ओ.)

(2)

reasons beyond your control, such as in the event of my proceeding on leave without pay or my drawing advance salary without deduction of premium or my cancelling this authorisation for a deduction of premium or my leaving your employment in any such case or in case of withdrawal of the Salary Saving Scheme with you by the Life Insurance Corporation of India for any reason whatsoever, it will be my responsibility to make arrangement for remittance of the premium directly to the Corporation at the increased rate specified in the Policy to prevent my policy from going in a lapsed condition.

दिनांक / Date

भवदीय / Yours faithfully

K. R. Dardmal.

हस्ताक्षर / Signature

बीमेदार का पूरा नाम (स्पष्ट शब्दों में)

KAMLESH RAMDAS DADMAL

Name of the policy holder in full

(In Block letters)

पदनाम

L.D.

विभाग जहां काम करता है

Grouped by meharvidhyalay
chimur

Designation

Department in which working

नियोक्ता का नाम व पता

Name and Address of the employer

(पालिसी का विवरण निगम द्वारा भरा जाएगा / Policy Particulars (To be completed by LIC)

पालिसी सं. एस. 990608809

प्रीमियम किस्त रु.

2693 = 00

Policy Number S

Instalment premium Rs. G.S.T.

121 = 00

तालिका / अवधि (Table / Term) 932 / 25

जिस माह से कटौती आरंभ होनी है (माह व वर्ष)

Deduction to commence from salary for

0 10 / 20 20

(Month & year)

सेवारत शाखा

99B

वि. अ. कोड सं.

एजेंट कोड संख्या

01005-99B

Servicing Branch

D. O. Code No.

Ag. Code No

वेतन बचत योजना अधिकार पत्र/ S.S.S. Authority Letter (Rev.) / IC No. 0529

SP - 600 Pads / 2018

990608840

0000628297

पत्र के दो फार्म भरे जाने चाहिये)

This form is to be completed in duplicate)

पी.ए.कोड संख्या

P.A. Code No.

विषय संख्या

Sub. Code

विभाग संख्या

Dept. No.

एस. आर. नं. / बैज नं.

S.R. No.

The Principle

Sangeeta Mahavithayalay Shim

(नियोक्ता का नाम / Name of the Employer)

प्रिय महोदय /

Dear Sir,

मैंने भारतीय जीवन बीमा निगम की एक जीवनबीमा पालिसी ली है तथा मैं इसका प्रीमियम अपने वेतन से प्रतिमाह देना चाहता हूँ। मैं आपसे प्रार्थना करता हूँ कि नीचे दिया गया प्रीमियम मेरे वेतन से प्रतिमाह काटकर भारतीय जीवन बीमा निगम के शाखा कार्यालय को भेज दें तथा तब तक ऐसे प्रीमियम भेजते रहें जबतक मैं अगली सलाह न दूँ।

I have taken a life insurance policy with the Life Insurance Corporation of India and desire to pay premium by deduction from my salary every month I request you to kindly arrange to deduct and pay to the Life Insurance Corporation of India, Nagpur Division

Branch Office the premium amount stated below from my salary due for the month given below and also to continue to deduct and pay such amounts every month till further advice.

मैं इससे सहमत हूँ कि आपका दायित्व केवल मेरे वेतन से प्रीमियम काटकर निगम के कार्यालय में समयपर भेजना होगा यदि आपने उन परिस्थितियों में जो आपके अधिकार में नहीं है जैसे मैं अवैतनिक छुट्टी पर हूँ या मैं प्रीमियम न काटकर अग्रिम वेतन ले लूँ या मैं प्रीमियम काटने का अधिकार पत्र रद्द कर दूँ या मैं आपके यहाँ की नोकरी छोड़ दूँ और आपने मेरे प्रीमियम का भुगतान निगम में नहीं किया तो किसी भी परिणाम के लिए मैं जिम्मेदार रहूँगा। भारतीय जीवन बीमा निगम यदि किसी भी कारण से आपके यहाँ की वेतन बचत योजना बंद करे तो निगम में पालिसी में दिये विवरण के अनुसार बढ़ा हुआ प्रीमियम भरने की जिम्मेदारी मेरी होगी, जिससे कि पालिसी बंद न हो जाए।

I agree that your liability will be confined to making arrangement for deduction of premium from my salary wherever this can be made and remitting the amount to the Corporation in time I shall be entirely responsible for any consequences on account of non-payment of premium of my Policy for

(कृ.प्र.प.प.ट.ओ.)

(2)
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भवदीय / Yours faithfully

[Signature]
हस्ताक्षर / Signature

दिनांक / Date

बीमेदार का पूरा नाम (स्पष्ट शब्दों में) NEVIEK SURENDRA MANIK
Name of the policy holder in full (In Block letters)

पदनाम Lecturer विभाग जहां काम करता है Geometrical mechanical drawing
Designation Department in which working Chirm

नियोक्ता का नाम व पता
Name and Address of the employer

(पालिसी का विवरण निगम द्वारा भरा जाएगा / Policy Particulars (To be completed by LIC)

पालिसी सं. एस. 990608840 प्रीमियम किस्त रु. 3047=00
Policy Number S Instalment premium Rs. G.S.T. 137=00

तालिका / अवधि (Table / Term) 921/25/20

जिस माह से कटौती आरंभ होनी है (माह व वर्ष)
Deduction to commence from salary for 10/2020
(Month & year)

सेवारत शाखा 99B वि. अ. कोड सं. _____ एजेंट कोड संख्या 01005-99B
Servicing Branch D. O. Code No. Ag. Code No

वेतन बचत योजना अधिकार पत्र / S.S.S. Authority Letter (Rev.) / IC No. 0529

AM - 500 P / 02 / 2012

(इस प्रपत्र के दो फार्म भरे जाने चाहिये)

(This form is to be completed in duplicate)

प्रति / To,

The principle
Gramgeeta mahavidyalaya chinn
(नियोक्ता का नाम / Name of the Employer)

पी.ए.कोड संख्या

P.A. Code No.

विषय संख्या

Sub. Code

विभाग संख्या

Dept. No.

एस. आर. नं. / बैज नं.

S.R. No.

0000628297

प्रेम महोदय /

Dear Sir,

मैंने भारतीय जीवन बीमा निगम की एक जीवनबीमा पालिसी ली है तथा मैं इसका प्रीमियम अपने वेतन से प्रतिमाह देना चाहता हूँ। मैं आपसे प्रार्थना करता हूँ कि नीचे दिया गया प्रिमियम मेरे वेतन से प्रतिमाह काटकर भारतीय जीवन बीमा निगम के 99B शाखा कार्यालय को भेज दें तथा तब तक ऐसे प्रिमियम भेजते रहें जबतक मैं अगली सलाह न दूँ।

I have taken a life insurance policy with the Life Insurance Corporation of India and desire to pay premium by deduction from my salary every month. I request you to kindly arrange to deduct and pay to the Life Insurance Corporation of India, Nagpur Division Branch Office the premium amount stated below from my salary due for the month given below and also to continue to deduct and pay such amounts every month till further advice.

मैं इससे सहमत हूँ कि आपका दायित्व केवल मेरे वेतन से प्रीमियम काटकर निगम के कार्यालय में समयपर भेजना होगा यदि आपने उन परिस्थितियों में जो आपके अधिकार में नहीं है जैसे मैं अवैतनिक छुट्टी पर हूँ या मैं प्रीमियम न काटकर अग्रिम वेतन ले लूँ या मैं प्रीमियम काटने का अधिकार पत्र रद्द कर दूँ या मैं आपके यहाँ की नोकरी छोड़ दूँ और आपने मेरे प्रीमियम का भुगतान निगम में नहीं किया तो किसी भी परिणाम के लिए मैं जिम्मेदार रहूँगा। भारतीय जीवन बीमा निगम यदि किसी भी कारण से आपके यहाँ की वेतन बचत योजना बंद करे तो निगम में पालिसी में दिये विवरण के अनुसार बढ़ा हुआ प्रीमियम भरने की जिम्मेदारी मेरी होगी, जिससे कि पालिसी बंद न हो जाए।

I agree that your liability will be confined to making arrangement for deduction of premium from my salary wherever this can be made and remitting the amount to the Corporation in time I shall be entirely responsible for any consequences on account of non-payment of premium of my Policy for

(कृ.पृ.प.प.ट.ए.)

(2)

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दिनांक / Date

भवदीय / Yours faithfully

हस्ताक्षर / Signature

बीमेदार का पूरा नाम (स्पष्ट शब्दों में) SAMIRKUMAR RUPCHAND BHILAVI

Name of the policy holder in full (In Block letters)

पदनाम Lecturer विभाग जहां काम करता है Grangeeta mahavidyalaya

Designation Department in which working Chimur

नियोक्ता का नाम व पता
Name and Address of the employer

(पालिसी का विवरण निगम द्वारा भरा जाएगा / Policy Particulars (To be completed by LIC)

पालिसी सं. एस. 990608725 प्रीमियम किस्त रु. 5225

Policy Number S Instalment premium Rs.

तालिका / अवधि (Table / Term) _____

जिस माह से कटौती आरंभ होनी है (माह व वर्ष)

Deduction to commence from salary for AUG - 2020

(Month & year)

सेवारत शाखा 99B वि. अ. कोड सं. _____ एजेंट कोड संख्या 01005-99B

Servicing Branch D. O. Code No. Ag. Code No

वेतन बचत योजना अधिकार पत्र / S.S.S. Authority Letter (Rev.) / IC No. 0529

(2)
reasons beyond your control, such as in the event of my proceeding on leave without pay or my drawing advance salary without deduction of premium or my cancelling this authorisation for a deduction of premium or my leaving your employment in any such case or in case of withdrawal of the Salary Saving Scheme you by the Life Insurance Corporation of India for any reason whatsoever, it will be my responsibility to make arrangement for remittance of the premium directly to the Corporation at the increased rate specified in Policy to prevent my policy from going in a lapsed condition.

दिनांक / Date

भवदीय / Yours faithfully
Sudhakar
हस्ताक्षर / Signatur

बीमेदार का पूरा नाम (स्पष्ट शब्दों में) Sudhakar Kashinath Kulkarni
Name of the policy holder in full (In Block letters)

पदनाम Asst. Professor
Designation
विभाग जहां काम करता है Teaching Deptt
Department in which working

नियोक्ता का नाम व पता The principal Gangaeta Mahavidyalaya
Name and Address of the employer
Chitaur

(पालिसी का विवरण निगम द्वारा भरा जाएगा / Policy Particulars (To be completed by LIC)
पालिसी सं. एस. 990608672
Policy Number S
प्रीमियम किस्त रु. 3111=00
Instalment premium Rs.

तालिका / अवधि (Table / Term) 983-18-15
G.S.T. 140=00

जिस माह से कटौती आरंभ होनी है (माह व वर्ष) 05/2020
Deduction to commence from salary for (Month & year)

सेवारत शाखा 990 वि. अ. कोड सं. 40447 एजेंट कोड संख्या 01604-99
Servicing Branch D. O. Code No. Ag. Code No

वेतन बचत योजना अधिकार पत्र/ S.S.S. Authority Letter (Rev.) / IC No. 0529

(This form is to be completed in duplicate)

P.A. Code No. To 0000628297

To श्रीमान्

Deptt. No. _____

श्रीमान् श्रीमान् श्रीमान् श्रीमान् श्रीमान्
(Name of the Employer)

Dear Sir,

I have taken out a life Insurance policy with the Life Insurance Corporation of India and I desire to pay premium by deduction from salary every month. I request you to kindly arrange to deduct and pay to the Life Insurance Corporation of India श्रीमान् / Branch Office ११B ११/११ the premium amount stated below from my salary due for the month given below and also to continue to deduct and pay such amounts every month till further advice.

I agree that your liability will be continued to making arrangement for deduction of premium from my salary wherever this can be made and remitting the amount to the Corporation in time.

I shall be entirely responsible for any consequences on account of non-payment of premium on my policy for reasons beyond your control such as in the event of my proceeding on leave without pay or my drawing advance salary without deduction of premium or my cancelling this authorisations for deduction of premium or my leaving employment in any such case, or in case of withdraw, of the Salary Saving Scheme with you by the life Insurance Corporation of India for any reasons whatsoever it will be my responsibility to make arrangements for remittance of the premium directly to the Corporation at the increased rate specified in policy to prevent my policy from going into a lapsed condition.

Your faithfully

[Signature]
Signature

Date 28.6.19

Name of policy holder in full

श्रीमान् श्रीमान् श्रीमान् श्रीमान् श्रीमान्

(in Block Letter)

Designation _____ Department/Salary Roll No. _____

Name and address of the Employer श्रीमान् श्रीमान् श्रीमान् श्रीमान् श्रीमान्

POLICY PARTICULARS (To be completed by LIC)

Policy Number 988631815 Instalment premium

Deduction to commence from salary for _____ 853/-

Arrears of premium due 08/2019 Servicing Branch ११B ११
(Month & Year)

S.S. Scheme Authorisation Letter (Rev.)

Month: 05/2018

(2)
reasons beyond your control, such as in the event of my proceeding on leave without pay or my advance salary without deduction of premium or my cancelling this authorisation for a deduction of premium or my leaving your employment in any such case or in case of withdrawal of the Salary Saving Scheme with you by the Life Insurance Corporation of India for any reason whatsoever, it will be my responsibility to make arrangement for remittance of the premium directly to the Corporation at the increased rate specified in the policy to prevent my policy from going in a lapsed condition.

दिनांक / Date 27/03/2018

भवदीय / Yours faithfully

हस्ताक्षर / Signature

बीमेदार का पूरा नाम (स्पष्ट शब्दों में) Kailash Jagadhamal Meshram
Name of the policy holder in full (In Block letters)
पदनाम clerk विभाग जहां काम करता है Prangita m.v. Chimer
Designation Department in which working
नियोक्ता का नाम व पता Prangita mahavidyalaya Chimer
Name and Address of the employer

(पालिसी का विवरण निगम द्वारा भरा जाएगा / Policy Particulars (To be completed by LIC)

पालिसी सं. एस. 273607748 प्रीमियम किस्त रु. 329/-
Policy Number S Instalment premium Rs.

तालिका / अवधि (Table / Term) 843-20
जिस माह से कटौती आरंभ होनी है (माह व वर्ष)
Production to commence from salary for 5/2018
(Month & year)

सेवारत शाखा God. वि. अ. कोड सं. 40904 एजेंट कोड संख्या 2550-92
Servicing Branch D. O. Code No. Ag. Code No

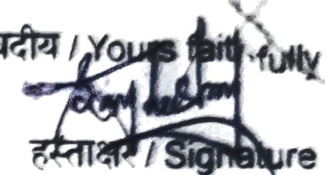
वेतन बचत योजना अधिकार पत्र / S.S.S. Authority Letter (Rev.) / IC No. 0529

AM - 1000 Pads / 2017

(2)

reasons beyond your control, such as in the event of my proceeding on leave without pay or my not receiving advance salary without deduction of premium or my cancelling this authorisation for a deduction of premium or my leaving your employment in any such case or in case of withdrawal of the Salary Saving Scheme with you by the Life Insurance Corporation of India for any reason whatsoever, it will be my responsibility to make arrangement for remittance of the premium directly to the Corporation at the increased rate specified in the Policy to prevent my policy from going in a lapsed condition.

दिनांक / Date 27/03/2018

भवदीय / Yours faithfully

 हस्ताक्षर / Signature

बीमेदार का पूरा नाम (स्पष्ट शब्दों में) Shri Sandeep Ambadevs Meshram
 Name of the policy holder in full (In Block letters)

पदनाम Grant holder विभाग जहां काम करता है _____
 Designation Department in which working

नियोक्ता का नाम व पता Gangata Mahavidhyalaya Chinnar
 Name and Address of the employer

(पालिसी का विवरण निगम द्वारा भरा जाएगा / Policy Particulars (To be completed by LIC)

पालिसी सं. एस. 37360774 प्रीमियम किस्त रु. 466/-
 Policy Number S Instalment premium Rs.

तालिका / अवधि (Table / Term) 8/4/20

जिस माह से कटौती आरंभ होनी है (माह व वर्ष) 5/2018
 Deduction to commence from salary for (Month & year)

सेवारत शाखा 97C वि. अ. कोड सं. 40904 एजेंट कोड संख्या 255097C
 Servicing Branch D. O. Code No. Ag. Code No

वेतन बचत योजना अधिकार पत्र / S.S.S. Authority Letter (Rev.) / IC No. 0529

(2)

reasons beyond your control, such as in the event of my proceeding on leave without pay or my emergency advance salary without deduction of premium or my cancelling this authorisation for a deduction or to my leaving your employment in any such case or in case of withdrawal of the Salary Saving Scheme with you by the Life Insurance Corporation of India for any reason whatsoever, it will be my responsibility to make arrangement for remittance of the premium directly to the Corporation at the increased rate specified in the policy to prevent my policy from going in a lapsed condition.

दिनांक / Date

भवदीय / Yours faithfully

Sumit

हस्ताक्षर / Signature

बीमेदार का पूरा नाम (स्पष्ट शब्दों में) Hemeshwar D. Anand
Name of the policy holder in full (In Block letters)

पदनाम Ass. Lecturer विभाग जहां काम करता है Grangita Mah. Chim
Designation Department in which working

नियोक्ता का नाम व पता Head Master
Name and Address of the employer Grangita Mahavi Chimuz

(पालिसी का विवरण निगम द्वारा भरा जाएगा / Policy Particulars (To be completed by LIC)

पालिसी सं. एस. 973607750 प्रीमियम किस्त रु. 988
Policy Number S Instalment premium Rs.

तालिका / अवधि (Table / Term) 836/21/15
तलिका / अवधि (Table / Term) 988/

जिस माह से कटौती आरंभ होनी है (माह व वर्ष) 5/2018
Deduction to commence from salary for (Month & year)

सेवारत शाखा 97c वि. अ. कोड सं. 40904 एजेंट कोड संख्या 0255094
Servicing Branch D. O. Code No. Ag. Code No

वेतन बचत योजना अधिकार पत्र / S.S.S. Authority Letter (Rev.) / IC No. 0529

(2)
 reasons beyond your control, such as in the event of my proceeding on leave without pay or my name being advanced salary without deduction of premium or my cancelling this authorisation for a deduction of premium or my leaving your employment in any such case or in case of withdrawal of the Salary Saving Scheme with you by the Life Insurance Corporation of India for any reason whatsoever, it will be my responsibility to make arrangement for remittance of the premium directly to the Corporation at the increased rate specified in the Policy to prevent my policy from going in a lapsed condition.

दिनांक / Date 27/3/2018

भवदीय / Yours faithfully

[Signature]
 हस्ताक्षर / Signature

बीमेदार का पूरा नाम (स्पष्ट शब्दों में) Tejram Deridas Sonwane
 Name of the policy holder in full (In Block letters)

पदनाम peon विभाग जहां काम करता है Prangita m.v. Chimur
 Designation Department in which working

नियोक्ता का नाम व पता Prangita mahavidyalaya Chimur
 Name and Address of the employer

(पालिसी का विवरण निगम द्वारा भरा जाएगा / Policy Particulars (To be completed by LIC)

पालिसी सं. एस. 373607751 प्रीमियम किस्त रु. 326
 Policy Number S Instalment premium Rs.

तालिका / अवधि (Table / Term) 843-20

जिस माह से कटौती आरंभ होनी है (माह व वर्ष) 5/2018
 Deduction to commence from salary for (Month & year)

सेवारत शाखा God. वि. अ. कोड सं. 40904 एजेंट कोड संख्या 2550-92
 Servicing Branch D. O. Code No. Ag. Code No

वेतन बचत योजना अधिकार पत्र / S.S.S. Authority Letter (Rev.) / IC No. 0529

(2)

reasons beyond your control, such as in the event of my proceeding on leave without pay or scheme advance salary without deduction of premium or my cancelling this authorisation for a deduction or my leaving your employment in any such case or in case of withdrawal of the Salary Saving you by the Life Insurance Corporation of India for any reason whatsoever, it will be my responsibility to make arrangement for remittance of the premium directly to the Corporation at the increased rate of policy to prevent my policy from going in a lapsed condition.

Yours faithfully

दिनांक / Date

भवदीय / Yours faithfully
Signature

V. V. Khatri

हस्ताक्षर / Signature

बीमेदार का पूरा नाम (स्पष्ट शब्दों में)

V. V. Khatri

Name of the policy holder in full

(In Block letters)

पदनाम Add. Lecturer

Designation

विभाग जहां काम करता है

Department in which working

Gramyita Mah.

नियोक्ता का नाम व पता

Name and Address of the employer

Head Master.

(पालिसी का विवरण निगम द्वारा भरा जाएगा /

Policy Particulars (To be completed by LIC)

पालिसी सं. एस. 973607752

प्रीमियम किस्त रु.

972

Policy Number S

Instalment premium Rs.

तालिका / अवधि (Table / Term)

836/2/15

जिस माह से कटौती आरंभ होनी है (माह व वर्ष)

Deduction to commence from salary for

5/2018

(Month & year)

सेवारत शाखा

97c

वि. अ. कोड सं.

40904

एजेंट कोड संख्या

245097c

Servicing Branch

D. O. Code No.

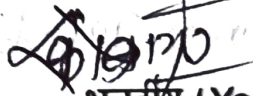
Ag. Code No

वेतन बचत योजना अधिकार पत्र / S.S.S. Authority Letter (Rev.) / IC No. 0529

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reasons beyond your control, such as in the event of my proceeding on leave without pay c advance salary without deduction of premium or my cancelling this authorisation for a deduction or my leaving your employment in any such case or in case of withdrawal of the Salary Saving Scheme v you by the Life Insurance Corporation of India for any reason whatsoever, it will be my responsibility to make arrangement for remittance of the premium directly to the Corporation at the increased rate specified in the Policy to prevent my policy from going in a lapsed condition.

दिनांक / Date 27/05/2018


भवदीय / Yours faithfully

हस्ताक्षर / Signature

बीमेदार का पूरा नाम (स्पष्ट शब्दों में) Ranjay Kushinath Khobrayadr
Name of the policy holder in full (In Block letters)
पदनाम पेन विभाग जहां काम करता है Prangita m.v. chimur
Designation Department in which working

नियोक्ता का नाम व पता Prangita mahavidyalaya chimur
Name and Address of the employer

(पालिसी का विवरण निम्न द्वारा भरा जाएगा / Policy Particulars (To be completed by LIC)

पालिसी सं. एस. 579607253 प्रीमियम किस्त रु. 270/-
Policy Number S Instalment premium Rs.

तालिका / अवधि (Table / Term) 843-20

जिस माह से कटौती आरंभ होनी है (माह व वर्ष)

Deduction to commence from salary for 5/2018
(Month & year)

सेवा शाखा Pradchiruly वि. अ. कोड सं. 40904 एजेंट कोड संख्या 02550-921
Servicing Branch D. O. Code No. Ag. Code No

वेतन बचत योजना अधिकार पत्र / S.S.S. Authority Letter (Rev.) / IC No. 0529

(2)

reasons beyond your control, such as in the event of my proceeding on leave without pay or my premium advance salary without deduction of premium or my cancelling this authorisation for a deduction of p.f GST) or my leaving your employment in any such case or in case of withdrawal of the Salary Saving Scher. you by the Life Insurance Corporation of India for any reason whatsoever, it will be my responsibility to n arrangement for remittance of the premium directly to the Corporation at the increased rate specified in t. 10 Policy to prevent my policy from going in a lapsed condition.

दिनांक / Date 27/03/2018

भवदीय / Yours faithfully

हस्ताक्षर / Signature

बीमेदार का पूरा नाम (स्पष्ट शब्दों में) Shri Sandeep B. Saray

Name of the policy holder in full (In Block letters)

पदनाम P.T. Teacher

Designation

विभाग जहां काम करता है

Department in which working

नियोक्ता का नाम व पता

Name and Address of the employer

Grangeeta Mahavidyalaya Chiora

(पालिसी का विवरण निगम द्वारा भरा जाएगा / Policy Particulars (To be completed by LIC)

पालिसी सं. एस. 579607754

Policy Number S

प्रीमियम किस्त रु.

1056/-

Instalment premium Rs.

तालिका / अवधि (Table / Term) 836/24/15

जिस माह से कटौती आरंभ होनी है (माह व वर्ष)

Deduction to commence from salary for

5/2018

(Month & year)

सेवारत शाखा

97C

Servicing Branch

वि. अ. कोड सं. 40904

D. O. Code No.

एजेंट कोड संख्या

255097C

Ag. Code No

वेतन बचत योजना अधिकार पत्र / S.S.S. Authority Letter (Rev.) / IC No. 0529

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LIFE INSURANCE CORPORATION OF INDIA

Branch No. 99B
 Branch Name: WARORA
 LIC OF INDIA, WARORA BRANCH OFFICE
 PLOT NO-111 M N DESHPANDE BUILDING
 MOHABAL ROAD,
 WARORA DIST CHANDRAPUR
 PIN CODE: 442907

Page: 1

To:
 GRAMGEEETA MAHAVIDYALAYA
 PIMLALNERI RD. NADALA
 PATRU, TC. CHITPUR
 DISTT CHANDRAPUR

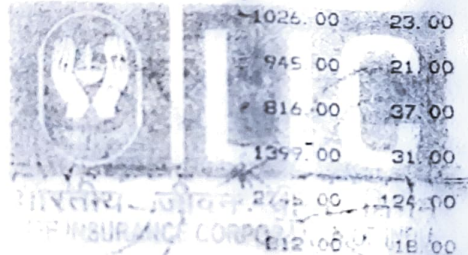
29/7/2020
 Job ID
 1091398 - 5700
 1091405 - 6/2020

Pay/001-2020
~~Pay/June 2020~~
 Due Month: 02/2020

PA CODE NO 000062B297

SUB PA CODE NO :

Sr No	Policy No	Full Name	Installment Premium	Amount of GST**	Total Premium (incl of GST)	Dept Code	Empl Code
0	990608672	S.K. Wawale			8251.00		
1	979236998	HUMESHWAR DAMODHAR ANANDE	1026.00	23.00	1049.00		
2	979607750	HUMESHWAR DAMODHAR ANANDE	945.00	21.00	966.00		
3	988691815	HUMESHWAR DAMODHAR ANANDE	816.00	37.00	853.00		
4	979236981	NIKHIL DHANRAJ DHALERAO	1397.00	31.00	1430.00		
5	979449059	YUVAJ GAJANAN BODHE	245.00	12.00	266.00		
6	979203002	SANJAY PRADHAKAR DUDHANKAR	812.00	18.00	830.00		
7	979203003	SANJAY PRADHAKAR DUDHANKAR	1460.00	33.00	1493.00		
8	979607745	SANJAY PRADHAKARRAO DUDHANKAR	1634.00	69.00	1703.00		
9	979749218	HUKESH VILASRAO GHATE	681.00	15.00	696.00		
10	979236997	HUKESH VILAS GHATE	1032.00	25.00	1055.00		
11	979236990	HUKESH VILAS GHATE	947.00	21.00	968.00		
12	979247999	GHATE HV	769.00	17.00	786.00		
13	979236999	MANSARAM SANTOSH GHODMARE	2088.00	47.00	2135.00		
14	979607711	MANSARAM SANTOSH GHODMARE	327.00	7.00	334.00		
15	979203000	MANSARAM SANTOSH GHODMARE	464.00	10.00	474.00		
16	Total	15	17541.00				



** GST rate as charged as per GST instructions wherever applicable

990657283 Yuvraj G. Bodhe

4667 210

4877

Yours faithfully
 Branch Manager

Principal
 Gramgeeta Mahavidyalaya
 Chitpur, Dist. Chandrapur

LIFE INSURANCE CORPORATION OF INDIA

Branch No 998
 Branch Name MARGRA
 LIC OF INDIA MARGRA BRANCH OFFICE
 PLOT NO-111 M R DESHPANDE BUILDING
 MCHABAL ROAD
 MARGRA DIST CHANDRAPUR
 PIN CODE 442707

To.

GRANGEETA MAHAVIDYALAYA
 PIMLALNERI RD WADALA
 PAIKU, TG DHIMUR
 DISTT CHANDRAPUR

PA CODE NO : 0000628297

PA CODE NO :

Due Month ~~09/2020~~ 08/2020

Sr No	Policy No	Full Name	Instalment Amount of Premium	Amount of GST	Total Premium (incl of GST)	Dept Code	Empl Code
16	990608188	GHODMARE RM	783.00	35.00	818.00		
17	979235690	VARADA VYANKATESH KHATI	414.00	9.00	423.00		
18	979607752	VARADA VYANKTESH KHATI	930.00	21.00	951.00		
19	979235694	SANJAY KASHINATH KHOBRAGADE	233.00	5.00	238.00		
20	979607753	SANJAY KASHINATH KHOBRAGADE	258.00	6.00	264.00		
21	979613435	SANJAY KASHIN KHOBRAGADE	876.00	20.00	896.00		
22	979236982	MESHAM KT	727.00	16.00	743.00		
23	979607748	KAILASH TARACHAND MESHAM	315.00	7.00	322.00		
24	979235695	SANDEEP AMBADAS MESHAM	231.00	5.00	236.00		
25	979607749	SANDEEP AMBADAS MESHAM	443.00	10.00	453.00		
26	979235696	SANDIP BALKRUSHNA SATAD	1267.00	29.00	1296.00		
27	979278703	SANDEEP BALKRISHNA SATAD	9680.00	222.00	10102.00		
28	979607754	SANDEEP BALKRUSHNA SATAD	1010.00	23.00	1033.00		
29	979235697	TEJRAM DEVIDAS SONWANE	517.00	12.00	529.00		
30	979607751	TEJRAM DEVIDAS SONWANE	312.00	7.00	319.00		



भारतीय जीवन-वित्त निगम
 LIFE INSURANCE CORPORATION OF INDIA

~~312 990608725 Samir Kumar Bhelavie~~

PA 990608725 Samir Kumar Bhelavie 36167.00

** GST 990608809 Kamlesh R. Dadmal

990608840 Vivek S Mamik

2693 121 2814
 3047 137 3184

52257

53,9157

Principal
 Grangeeta Mahavidyalaya
 Dhimur Dist Chandrapur

BRANCH No 778
 Branch Name WARORA
 LIC OF INDIA, WARORA BRANCH OFFICE
 PLOT NO-111 M N DESHPANDE BUILDING
 MOHARAL ROAD
 WARORA DIST CHANDRAPUR
 PIN CODE 442207

Page 1

To.

GRANGEETA MAHAVIDYALAYA
 PIMLALNERI RD. WADALA
 PAIKU, TG CHIMUR
 DISTT CHANDRAPUR

PA CODE NO : 0000628297 SUB PA CODE NO :

May/June - 2020
 Due Month: 06/2020

Sr No	Policy No	Full Name	Installment Amount Premium	of GST**	Total Premium (incl of GST)	Dept Code	Empl Code
0	990608672	SK Wawale			3257.00		
1	979235698	HUMESHWAR DAMODHAR ANANDE	1025.00	23.00	1049.00		
2	979607750	HUMESHWAR DAMODHAR ANANDE	745.00	21.00	766.00		
3	988631815	HUMESHWAR DAMODHAR ANANDE	816.00	37.00	853.00		
4	979236981	NIKHIL DHANRAJ BHALERAD	1399.00	31.00	1430.00		
5	979649058	YUVRAJ GAJANAN BODHE	2745.00	124.00	2869.00		
6	979609002	SANJAY PRABHAKAR DUDHANKAR	812.00	18.00	830.00		
7	979609003	SANJAY PRABHAKAR DUDHANKAR	1460.00	33.00	1493.00		
8	998657045	SANJAY PRABHAKARRAO DUDHANKAR	1534.00	69.00	1603.00		
9	973962218	MUKESH VILASRAO GHATE	681.00	15.00	696.00		
10	979235697	MUKESH VILAS GHATE	1032.00	23.00	1055.00		
11	979236950	MUKESH VILAS GHATE	747.00	21.00	768.00		
12	979247999	GHATE MV	769.00	17.00	786.00		
13	979235699	MANBARAM SANTOSH GHODMARE	2088.00	47.00	2135.00		
14	979607755	MANBARAM SANTOSH GHODMARE	327.00	7.00	334.00		
15	979609072	MANBARAM SANTOSH GHODMARE	464.00	10.00	474.00		
PA Totals C/F :		15	17541.00				

** GST rate is charged as per GOI instructions wherever applicable.

Yours faithfully
 Branch Manager.

Principal
 Grangeeta Mahavidyalaya
 Chimur, Dist. Chandrapur

73928

Branch No 998
 Branch Name WARDRA
 LIC OF INDIA WARDRA BRANCH OFFICE
 PLOT NO-111 P N DESHPANDE BUILDING
 MOHABAI ROAD
 WARDRA DIST CHANDRAPUR
 PIN CODE 442907

To,

GRAMGEETA MAHAVIDYALAYA
 PINLALNERI RD. WADALA
 PAIKU, TG CHIMUR
 DISTT CHANDRAPUR

PA CODE NO 0000628297 SUB PA CODE NO

Sub Month: *May/June-2020*
 05/2020

Sr No	Policy No	Full Name	Installment Amount Premium	of GST**	Total Premium (incl of GST)	Dept Code	Empl Code
16	990608185	GHOONARE RM	783.00	35.00	818.00		
17	979235690	VARADA VYANKATESH KHATI	414.00	9.00	423.00		
18	979607752	VARADA VYANKATESH KHATI	930.00	21.00	951.00		
19	979235694	SANJAY KASHINATH KHOBRAGADE	233.00	5.00	238.00		
20	979607753	SANJAY KASHINATH KHOBRAGADE	258.00	6.00	264.00		
21	979613435	SANJAY KASHINATH KHOBRAGADE	874.00	20.00	894.00		
22	979236982	MEBHRAM KT	727.00	16.00	743.00		
23	979607748	KAILASH TARACHAND MEBHRAM	315.00	7.00	322.00		
24	979235695	BANDEEP AMBADAS MEBHRAM	231.00	5.00	236.00		
25	979607749	BANDEEP AMBADAS MEBHRAM	446.00	10.00	456.00		
26	979235696	BANDIP BALKRUSHNA SATAD	1267.00	29.00	1296.00		
27	979278703	BANDEEP BALKRISHNA SATAD	9880.00	222.00	10102.00		
28	979607754	BANDEEP BALKRUSHNA SATAD	1010.00	23.00	1033.00		
29	979235689	TEJRAM DEVIDAS BONWANE	517.00	12.00	529.00		
30	979607751	TEJRAM DEVIDAS BONWANE	312.00	7.00	319.00		
PA Totals :			30	36167.00			

** GST rate is charged as per GOI instructions wherever applicable.

Yours faithfully
 Branch Manager.

[Signature]
 Principal
 Gramgeeta Mahavidyalaya
 Chimur, Dist. Chandrapur

LIFE INSURANCE CORPORATION OF INDIA

Brach No. : 99B

Brach Name : Warora LIC Of India Warora

PIN CODE : 442907


To,
Gramgeeta Mahavidyalaya Chimur
Pimpalneri Road Wadala Paiku Chimur
Tah Chimur Dist Chandrapur

PA CODE NO.: 0000628297

Due Month : November 2020

Sr. No.	Policy No.	Full Name	Istalment Premium	Amount of GST	Total Premium	Dep. Code
1	979235698	Humeshwar D. Anande	1026	23	1049	
2	979607750	Humeshwar D. Anande	945	21	966	
3	988631815	Humeshwar D. Anande	816	37	853	
4	979236981	Nikhil D. Bhalerao	1399	31	1430	
5	979609002	Sanjay P. Dudhankar	812	18	830	
6	979609003	Sanjay P. Dudhankar	1460	33	1493	
7	973962218	Mukesh V. Ghate	681	15	696	
8	979235697	Mukesh V. Ghate	1032	23	1055	
9	979236950	Mukesh V. Ghate	947	21	968	
10	979247999	Mukesh V. Ghate	769	17	786	
11	979235699	Mansaram S. Ghodmare	2088	47	2135	
12	979607755	Mansaram S. Ghodmare	327	7	334	
13	979609072	Mansaram S. Ghodmare	464	10	474	
14	960608185	Ghodmare RM	783	35	818	
15	979235690	Varada V. Khati	414	9	423	
16	979607752	Varada V. Khati	930	21	951	
17	979235694	Sanjay K. Khobragade	233	5	238	
18	979607753	Sanjay K. Khobragade	258	6	264	
19	979613435	Sanjay K. Khobragade	876	20	896	
20	979236982	Kailas T. Meshram	727	16	743	

21	979607748	Kailas T. Meshram	315	7	322	
22	979235695	Sandeep A. Meshram	231	5	236	
23	979607749	Sandeep A. Meshram	446	10	456	
24	979235696	Sandeep B. Satao	1267	29	1296	
25	979278703	Sandeep B. Satao	9880	222	10102	
26	979607754	Sandeep B. Satao	1010	23	1033	
27	979235689	Tejram D. Sonwane	517	12	529	
28	979607751	Tejram D. Sonwane	312	7	319	
29	960657283	Yuvaraj G. Bodhe	4667	210	4877	
30	979649058	Yuvaraj G. Bodhe	2745	124	2869	
31	990608672	Sumedh K. Waware	3111	140	3251	
32	990608725	Samirkumar R. Bhelave	0	0	5225	
33	990608809	DK Dadmal	2693	121	2814	
34	990608840	Vivek S. Manik	3047	137	3184	
Fifty Three Thousand Nine Hundred Fifteen Rupees Only					53915	


Principal
 Gramgeeta Mahavidyalaya
 Chimur, Dist. Chandrapur



भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

नागपुर मंडल
NAGPUR DIVISION

NB- 3444895

शाखा - Branch :

तिथि - Date :

क्रम संख्या Tr. No. :

99B

17/07/2018-14:41

निम्नलिखित को निम्ने सुधन्यवाद पाया

Received with thanks Rs.

Serial No: 99B

Rs.

WARORA BRANCH OFFICE. (99B),

PLOT NO 111, DESHPANDE WADA,

MOHABALA ROAD, नकद और/या चेक द्वारा

WARORA, DISTT: CHANDRAPUR-(MS) In cash and/or

Pin:442907 Ph: 282247 In cheque from

SSS COLLECTION RECEIPT

श्रीमती/शुश्री/श्री Smt./Ms./Sri

Towards the following NIL

*****29381.00

GRAMGEETA MAHAVIDYALAYA

Collection Amount 29381.00

Collection Number 1092

P.A. Code 0000628297

Sub-P.A. Code

Due Date (From) : 06/2018

चेकद्वारा भुगतान होने पर जारी की गयी रसीद चेक की वास्तविकता पर बंध होगी।

Receipt of payment made by cheque is issued subject to
realisation of the cheque

Rupees Twenty nine thousand three hundred eighty
one only

हस्ताक्षर Signature



GRAMGEETA MAHAVIDYALAYA

PIKLALNERI RD. WADSLA

GURUKRIPA STATIONERS AND PRINTERS PH NO. 0712-2762807



नागपुर मंडल
NAGPUR DIVISION

NB- 3441161

भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

शाखा - Branch :

तिथि - Date :

क्रम संख्या Tr. No.:

07/06/2018-13:53
7840

WARORA BRANCH OFFICE, (998),
PLOT NO 111, DESHPANDE WADA,
MOHABALA ROAD,
WARORA, DISTT: CHANDRAPUR-(MS)
Pin:442907 Ph: 282247

Ser Brn:998

निम्नलिखित के लिये ~~आवश्यक~~ प्राप्त
SSS COLLECTION RECEIPT

नकद और/या चेक द्वारा

Received with thanks Rs. -----

In cash and/or

In cheque from

Rs. NIL

*****29382.00

GRANGEETA MAHAVIDYALAYA

श्रीमती/श्री/श्री. Smt./Ms./Shri.
Collection Number

28882.00

Towards the following

P.A. Code (5000)

0000628297
05/2018

रुपये दस हजार दो सौ दोशत और अठारह

चेकद्वारा भुक्तान होने पर जारी की गयी रसीद चेक की रकम

Receipt of payment made by cheque is issued
realisation of the cheque



GRANGEETA MAHAVIDYALAYA

PIMLALNERI RD. WADALA

CHIMUR

DISTT CHANDRAPUR

हस्ताक्षर Signature

Please submit self attested copy of PAN >>
Form 60 & Aadhar for updation of Policy >>

3441162

NB-



भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

नागपुर मंडल
NAGPUR DIVISION

शाखा - Branch :

तिथि - Date

क्रम संख्या Transaction No / 06/2018-13:55
7842

WARORA BRANCH OFFICE, (99B),
PLOT NO 111, DESHPANDE WADA,
MOHABALA ROAD,
WARORA, DISTT: CHANDRAPUR-(MS)
Pin:442907 Ph: 282247

Ser Brn:99B

निम्नलिखित के लिये प्राप्त किया गया **SSS COLLECTION RECEIPT**

नकद और/या चेक द्वारा

Received with ~~Checks~~ Rs. -----

In cash and/or

Rs. NIL

In cheque from

*****24633.00

श्रीमती/शुश्री/श्री. Smt./Ms./Sri.

Town **GRAMGEETA MAHAVIDYALAYA**

Collection Amount 24633.00

Collection Number 687

P.A. Code 0000628297

Sub-P.A. Code

Due Date (From) : 04/2018

Due Date (to) : 04/2018

Rupees Twenty four thousand and six hundred and thirty only

Receipt of payment made by cheque is issued subject to
realisation of the cheque



वक्त्र Signature

GRAMGEETA MAHAVIDYALAYA
PIMLALNERI RD. WADALA
PAIKU, TQ CHIMUR
DISTT CHANDRAPUR

GURUKRIPA STATIONERS AND PRINTERS PH NO. 0712-2762807

0405751

NB-



भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

नागपुर मंडल
NAGPUR DIVISION

शाखा - Branch :

तिथि - Date : 99B

क्रम संख्या Tr. No. : 27/10/2020-13:15

Ser Brn:99B

WARORA BRANCH OFFICE. (99B),

PLOT NO 111, DESHPANDE WADA,
MOHABALA ROAD.

WARORA, DISTT: CHANDRAPUR-(MS)

Pin:442907 Ph: 282247

SSS COLLECTION RECEIPT

निम्नलिखित के लिये सधन्यवाद पाया

नकद और/या चेक द्वारा

Received with thanks Rs.

Rs. NIL by Cash

In cash and/or

Rs. *****53915.00 by Cheque

In cheque from

Cheq No. 62974 Cheq Date 21/10/2020

श्रीमती/शुश्री/श्री Smt/Ms./Sri

GRAMGEETA MAHAVIDYALAYA

Towards the following

Collection Amount 53915.00

Collection Number 2003

P.A. Code 0000628297

Sub-P.A. Code

Due Date (From) : 09/2020

Due Date (to) : 09/2020

Rupees Fifty three thousand nine hundred fifteen

only

चेकब्याक भुगतान होने पर जारी की गयी रसीद चेक की रकम मिलने पर वैध होगी ।

Receipt of payment made by cheque is issued subject to
realisation of the cheque



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GRAMGEETA MAHAVIDYALAYA
PIMLALNERI RD.WADALA
PAIKU.TQ CHIMUR
DISTT CHANDRAPUR

GURUKRIPA STATIONERS AND PRINTERS PH NO. 0712-2762807



नागपुर मंडल
NAGPUR DIVISION

NB- 2132689

भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

99B WARORA BRANCH OFFICE. (99B),
शाखा - Branch : 05/10/2020-14:05 PLOT NO 111, DESHPANDE WADA,
तिथि - Date : 17485 MOHABALA ROAD,
क्रम संख्या Ser No Brn: 99B WARORA, DISTT: CHANDRAPUR-(MS)
Pin:442907 Ph: 282247

SSS COLLECTION RECEIPT

निम्नलिखित के लिये सधन्यवाद Rs. NIL by Cash निम्न और/या चेक द्वारा

Received with thanks Rs. *****47917.00 by Cheque निम्न और/या चेक द्वारा

Cheq No. 62967 Cheq Date 12/09/2020

GRAMGEETA MAHAVIDYALAYA

श्रीमती/सुश्री/श्री. Smt./Ms./Sri.

Towards the following

Collection Amount 47917.00

Collection Number 1746

P.A. Code 0000628297
Sub-P.A. Code

Due Date (From) : 08/2020
Due Date (to) : 08/2020

Rupees Forty seven thousand nine hundred
seventeen only

चेकद्वारा भुगतान होने पर जारी की गयी रसीद चेक की रकम मिलने पर वैध होगी
Receipt of payment made by cheque is issued subject to
realisation of the cheque



GRAMGEETA MAHAVIDYALAYA
PIMLALNERI RD.WADALA
PAIKU, TO CHIMUR
DISTT CHANDRAPUR

<< Please submit self attested copy of PAN >>
<< Form 60 & Aadhar for updation of Policy >>

GURUKRIPA STATIONERS AND PRINTERS PH NO. 0712-2762807



नागपुर मंडल

NAGPUR DIVISION

NB- 2132689

भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

शाखा - Branch : 99B
05/10/2020-14:05
तिथि - Date : 17485
क्रम संख्या Ser No Brn: 99B

WARORA BRANCH OFFICE. (99B),
PLOT NO 111, DESHPANDE WADA,
MOHABALA ROAD,
WARORA, DISTT: CHANDRAPUR-(MS)
Pin:442907 Ph: 282247

SSS COLLECTION RECEIPT

निम्नलिखित के लिये सधन्यवाले Rs NIL by Cash
Received with thanks Rs. *****47917.00 by Cheque
Cheq No. 62967 Cheq Date 12/09/2020

GRAMGEETA MAHAVIDYALAYA

श्रीमती/सुश्री/श्री. Smt./Ms./Sri.

Towards the following

Collection Amount 47917.00

Collection Number 1746

P.A. Code 0000628297

Sub-P.A. Code

Due Date (From) : 08/2020

Due Date (to) : 08/2020

Rupees Forty seven thousand nine hundred
seventeen only

चेकद्वारा भुगतान होने पर जारी की गयी रसीद चेक की रकम मिलने पर वैध होगी

Receipt of payment made by cheque is issued subject to
realisation of the cheque



GRAMGEETA MAHAVIDYALAYA
PIMLALNERI RD.WADALA
PAIKU, TG CHIMUR
DISTT CHANDRAPUR

<< Please submit self attested copy of PAN >>
<< Form 60 & Aadhar for updation of Policy >>

2132688



भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

नागपुर मंडल
NAGPUR DIVISION

NB-

शाखा - Branch : 99B WARORA BRANCH OFFICE. (99B),
 तिथि - Date : 05/10/2020-14:04 PLOT NO 111, DESHPANDE WADA,
 क्रम संख्या Tr. No. : 17484 MOHABALA ROAD,
 Ser Brn:99B WARORA, DISTT: CHANDRAPUR-(MS)
 Pin:442907 Ph: 282247

SSS COLLECTION RECEIPT

निम्नलिखित के लिये सधन्यवाद पाया नकद और/या चेक द्वारा
 Received with thanks **Rs. NIL** by Cash
Rs. ***42692.00** by Cheque
 Cheq No. 62965 Cheq Date 17/08/2020

श्रीमती/सुश्री/श्री. GRANGEETA MAHAVIDYALAYA
 Towards the following

Collection Amount	42692.00
Collection Number	1745
P.A. Code	0000628297
Sub-P.A. Code	
Due Date (From)	: 07/2020
Due Date (to)	: 07/2020

Rupees Forty two thousand six hundred ninety two only

चेकद्वारा भुगतान होने पर जारी की गयी रसीद चेक की रकम मिलने पर वैध होगी।
 Receipt of payment made by cheque is issued subject to
 realisation of the cheque

GRANGEETA MAHAVIDYALAYA
 PIMLALNERI RD.WADALA
 PAIKU,TO CHIMUR
 DISTT CHANDRAPUR

<< Please submit self attested copy of PAN >>

GUKRIPA STATIONERS AND PRINTERS PH NO. 07122762807



नागपुर मंडल
NAGPUR DIVISION

NB- 0401725

भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

शाखा - Branch :

तिथि - Date :

क्रम संख्या Tr. No

998
27/07/2020-13:37
10268
WARORA BRANCH OFFICE. (998),
PLOT NO 111, DESHPANDE WADA,
MOHABALA ROAD.

Ser Brn:99B

WARORA, DISTT: CHANDRAPUR-(MS)

Pin:442907 Ph: 282247

निम्नलिखित के लिये सधन्यवाद पत्र

SSS COLLECTION RECEIPT

नकद और/या चेक द्वारा

Received with thanks Rs.

In cash and/or

In cheque from

Rs. ^{Rs} NIL by Cash

Rs. *****75630.00 by Cheque

श्रीमती/सुश्री/श्री. Smt./Ms./Sri

Cheq No. 62959 Cheq Date 25/07/2020

Towards the following

GRAMGEETA MAHAVIDYALAYA

Collection Amount 75630.00

Collection Number 1090

P.A. Code 0000628297

Sub-P.A. Code

Due Date (From) : 05/2020

Due Date (to) : 06/2020

~~Rupees Seventy five thousand six hundred thirty~~

~~हजार रुपये भुगतान होने पर जारी की गयी रसीद चेक की रकम मिलने पर वैध होगी।~~

Receipt of payment made by cheque is issued subject to
realisation of the cheque



Signature

GRAMGEETA MAHAVIDYALAYA
PIMLALNERI RD.WADALA
PAIKU,TQ CHIMUR
DISTT CHANDRAPUR



भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

नागपुर मंडल
NAGPUR DIVISION

NB- 0156815

शाखा - Branch: 998

तिथि - Date: 05/05/2020-15:12

क्रम संख्या Tr. No.: 885

Ser Brn:998

WARORA BRANCH OFFICE (998),

PLOT NO 111, DESHPANDE WADA,

MOHABALA ROAD,

WARORA, DISTT: CHANDRAPUR-(MS)

Pin:442907 Ph: 282247

SSS COLLECTION RECEIPT

निम्नलिखित के लिये सधन्यवाद पाया

नकद और/या चेक द्वारा

Received with thanks

Rs.-Rs. NIL

by Cash

In cash and/or

Rs.*****36069.00

by Cheque

or cheque from

Cheq No. 62949

Cheq Date 28/04/2020

श्रीमती/सुश्री/श्री/श्रीम. श्री GRANGEETA MAHAVIDYALAYA

Towards the following

Collection Amount 36069.00

Collection Number 127

P.A. Code 0000628297

Sub-P.A. Code

Due Date (From) : 03/2020

Due Date (to) : 03/2020

Rupees Thirty six thousand sixtv nine only

चेकद्वारा भुगतान होने पर जारी की गयी रसीद चेक की रकम मिलने पर वैध होगी ।

Receipt of payment made by cheque is issued subject to
realisation of the cheque



GRAMGEETA MAHAVIDYALAYA
PIMLALNERI RD. WADALA
PAIKU, TQ CHIMUR
DISTT CHANDRAPUR

<< Please submit self attested copy of PAN >>

<< Form 60 & Aadhar for updation of Policy >>

GURUKRIPA STATIONERS AND PRINTERS PH NO. 0712-2762807



भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

नागपुर मंडल
NAGPUR DIVISION

NB- 0155752

शाखा - Branch: 99B WARORA BRANCH OFFICE, (99B),
तिथि - Date: 19/03/2020-13:31 PLOT NO 111, DESHPANDE WADA,
क्रम संख्या Tr. No.: 49018 MOHABALA ROAD,
Ser Brn:99B WARORA, DISTT: CHANDRAPUR-(MS)
Pin:442907 Ph: 282247

SSS COLLECTION RECEIPT

निम्नलिखित के लिये सधन्यगत प्राप्त नकद और/या चेक द्वारा

Received with thanks Rs. NIL by Cash In cash and/or
Rs. *****36069.00 by Cheque In cheque from
Cheq No. 62944 Cheq Date 16/03/2020

श्रीमती/शुश्री/श्री Smt./Ms./Sr.
TOWARDS THE FOLLOWING
GRAMGEETA MAHAVIDYALAYA

Collection Amount	36069.00
Collection Number	3246
P.A. Code	0000628297
Sub-P.A. Code	
Due Date (From)	: 02/2020
Due Date (to)	: 02/2020

Rupees Thirty six thousand sixty nine only

चेकद्वारा भुगतान होने पर जारी की गयी रसीद चेक की रकम मिलने पर वैध होगी ।

Receipt of payment made by cheque is issued subject to
realisation of the cheque



Signature

GRAMGEETA MAHAVIDYALAYA
PIMLALNERI RD. WADALA
PAIKU, TG CHIMUR
DISTT CHANDRAPUR

<< Please submit self attested copy of PAN >>

GURUKRIPA STATIONERS AND PRINTERS PH NO. 0712-2762807

0673154

NB-



भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

नागपुर मंडल
NAGPUR DIVISION

शाखा - Branch : 998 WARDRA BRANCH OFFICE (998)
तिथि - Date : 05/12/2019-14:41 PLOT NO 111, DESHPANDE WADA,
क्रम संख्या Tr. No. : 30921 MDHABALA ROAD,
Ser Brn:998 WARDRA, DISTT: CHANDRAPUR-(MS)
Pin:442907 Ph: 282247

SSS COLLECTION RECEIPT

निम्नलिखित के लिये सधन्यवाद पाया _____ नकद और/या चेक द्वारा

Received with thanks Rs. NIL by Cash
Rs. ****30896.00 by Cheque
Cheq No. 62931 Cheq Date 04/12/2019

श्रीमती/सुश्री/श्री. Smt./Ms./Shri. MAHAVIDYALAYA

Towards the following

Collection Amount	30896.00
Collection Number	2361
P.A. Code	0000628297
Sub-P.A. Code	
Due Date (From)	: 11/2019
Due Date (to)	: 11/2019

₹ 30,896.00 only

चेकद्वारा भुगतान होने पर जारी की गयी रसीद चेक की रकम मिलने पर वैध होगी ।

Receipt of payment made by cheque is issued subject to realisation of the cheque



BRANCH OFFICE, WARDRA, CHANDRAPUR, MS
MDHABALA ROAD

GURUKRIPA STATIONERS AND PRINTERS PH NO. 0712-2762807



नागपुर मंडल
NAGPUR DIVISION

NB- 08476529B

भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

WARORA BRANCH OFFICE, (99B),

शाखा - Branch:

04/11/2019-12:57

PLOT NO 111, DESHPANDE WADA,

तिथि - Date:

24758

MOHABALA ROAD,

क्रम संख्या Tr. No.:

Ser. Brn: 99B

WARORA, DISTT: CHANDRAPUR-(MS)

Pin: 442907 Ph: 282247

SSS COLLECTION RECEIPT

निम्नलिखित के लिए सधन्यवाद पायी
Received with thanks Rs. NIL by Cash
Rs. *****30896.00 by Cheque
Rs. Cheq No. 62927 Cheq Date 24/10/2019
नकद और / या चेक द्वारा
In Cash and / or
by cheque form

GRAMGEETA MAHAVIDYALAYA

श्रीमती/सुश्री/श्री. Smt./Ms./Sri.

Towards the following

Collection Amount 30896.00

Collection Number 2043

P.A. Code 0000628297

Sub-P.A. Code

Due Date (From) : 10/2019

Due Date (to) : 10/2019

Rupees Thirty thousand eight hundred ninety six
only

चेकद्वारा भुगतान होने पर जारी की गयी रसीद चेक की रकम मिलने पर वैध होगी ।

Receipt of payment made by cheque is issued subject to
realisation of the cheque.



GRAMGEETA MAHAVIDYALAYA
PIMLALNERI RD. WADALA
PAIKU, TO CHIMUR
DISTT CHANDRAPUR

Signature

<< Please submit self attested copy of PAN >>

<< Form 60 & Aadhar for updation of Policy >>



नागपुर मंडल
NAGPUR DIVISION

NB- 0846139

शाखा - Branch: 998 WARORA BRANCH OFFICE. (998).
तिथि - Date: 07/10/2019-12:10 PLOT NO 111. DESHPANDE WADA.
क्रम संख्या Tr.No.: 21656 MOHABALA ROAD.
Ser Brn:998 WARORA. DISTT: CHANDRAPUR-(MS)
Pin:442907 Ph: 282247

SSS COLLECTION RECEIPT

निम्नलिखित के लिए सधन्यवाद प्राया

नकद और / या चेक द्वारा

Received with thanks Rs.

Rs. NIL

by Cash

In Cash and / or

Rs. *****31749.00 by Cheque

In Cheque form

Cheq No. 62926 Cheq Date 04/10/2019

श्रीमती/युथी/की Son/Mr/Sr
TOWARDS THE FOLLOWING
GRAMGEETA MAHAVIDYALAYA

Collection Amount	31749.00
Collection Number	1783
P.A. Code	0000628297
Sub-P.A. Code	
Due Date (From)	: 09/2019
Due Date (to)	: 09/2019

Rupees Thirty one thousand seven hundred forty
~~nine only~~

चेकद्वारा भुगतान होने पर जारी की गयी रसीद चेक की रकम मिलने पर वैध होगी ।

Receipt of payment made by cheque is issued subject to
realisation of the cheque.



Signature

GRAMGEETA MAHAVIDYALAYA
PIMLALNERI RD.WADALA
PAIKU.TQ CHIMUR
DISTT CHANDRAPUR

<< Please submit self attested copy of PAN >>

November / 2018

Painmeswar Paper Products Pvt. Ltd. Tel. (UZZ) 2000 3664 / 4924 / 251