

Ambulance MH-20-CT-1269

**WASAN AUTOMOTIVE PVT LTD**

Commercial Vehicle Dealer

**TATA MOTORS**

**PROFARMA INVOICE**

YAT TIN NO. 27080319713 V  
CST TIN NO. 27080319713 C

Phone :6642302 / 6642303  
Fax : (0240) 6642327

Customer's Name & Address

Bill No:- WAPL/PR/11-12-0003 Date : -05.11.2011

**D.K.M.HOMEOPATHIC MEDICAL COLLEGE & HOSPITAL**  
GURUGANESH NAGAR, PAHADSINGPURA  
TAL. & DIST- AURANGABAD

Particulars	Amount
MODEL :- ARCTIC_WHITE-TATA WINGER AMBULANCE-EIII-W/O S	660049.78
VAT 12.5%	82506.2222
VEHICLE COST	742556.00
HANDLING CHARGES	0.00
CRTEM CHARGES	0.00
LBT	11186.00
<b>*** TOTAL ***</b>	<b>753694.00</b>

In Words : Seven Lac Fifty Three Thousand Six Hundred Ninty Four Only

Thank You

I/WE hereby certify that my/our registration certificate under the maharashtra Value Added Tax Act ,2002 is in force on the date of which the sale of goods specified in this bill/cash memorandum is made by me/us and that the transaction of sale covered by this bill/cash memorandum has been effected by me/us and it shall be accounted for in the turnover of sales while filing of return and the due tax if any payable on the sale has been paid or shall be paid.

R WASAN AUTOMOTIVE PVT.L



AUTHORISED SIGNATORY

*Dr. Mohd. Furqan Mohd. Yusuf*  
Dr. Mohd. Furqan Mohd. Yusuf  
DEAN/ PRINCIPAL  
DKMM Homoeopathic Medical  
College & Hospital, Aurangabad



Delivery Challan

### WASAN AUTOMOTIVE PVT. LTD.

Commercial Vehicle Dealer

Gat No, 44, Mouje Nalgaon (Waluj), Nagar Road, Aurangabad - 431 133.

Tel : (0240) 6642302 / 6642303, Fax. : (0240) 6642327

No. 5869 Date 09/11/11  
I / We Mr. M/s. DKMM Homeopathy Medical College  
Address Gene Genesh nagar A.b.cd  
Tq. Aurangabad Dist. Aurangabad Ph. 98 23 169855  
have received TDV model Kingor Ambulance  
with GBS.....and..... 05 Tyres. 05 .....rims with

Following description.

Wheel base :

Eng. No. 483 DLTC 55 K47 719103

Chassis No. FIAT 460124 BUK 06833

Colour:

Key No.

Battery Make :

TML Invoice No. & Date :

Hypothecation With : MD HTP

I / We also agree that the vehicle received by us is in good condition & fitted with all tools & With / without Jack, Service book provided as per by TATA MOTORS LTD.

Received the above goods in good order & condition.  
Goods once sold will not be taken back or exchanged.  
Subject to Aurangabad Jurisdiction only  
Octroi if applicabl will be paid by the owner.  
E. & O.E.

Prepared by : *[Signature]*

Gate Pass No. 9639

Receiver's Signature *[Signature]*

*[Signature]*  
Dr. Mohd. Farhan Mohd. Yusuf  
DEAN / PRINCIPAL  
DKMM Homoeopathic Medical  
College & Hospital, Aurangabad

0201923

0201923  
16-NOV-2013

16-NOV-2011

16-NOV-2011

GURUAVESH MANGI, PARADSIKOPURA, AURANGABAD (Dist. Aurangabad)

Militer's Name

16-NOV-2013

16-NOV-2013

16-NOV-2013

16-NOV-2013

16-NOV-2013

16-NOV-2013

16-NOV-2013

16-NOV-2013

16-NOV-2013

16-NOV-2013

16-NOV-2013

16-NOV-2013

16-NOV-2013

16-NOV-2013

16-NOV-2013

16-NOV-2013

16-NOV-2013

16-NOV-2013

16-NOV-2013

16-NOV-2013

16-NOV-2013

16-NOV-2013

16-NOV-2013

16-NOV-2013

16-NOV-2013

16-NOV-2013

16-NOV-2013

16-NOV-2013

16-NOV-2013

FORM 23 (See Rule 48)

CERTIFICATE OF REGISTRATION (MAHARASHTRA STATE, INDIA)

Subject to HIPA/FYPL lease Agreement with

Specimen Signature of Financier

The Certificate is renewed

Date: 18-NOV-2013

Chassis Number: 483DUJCS5KLV749108

Engine Number: 483DUJCS5KLV749108

Gross Vehicle Weight (Kg): 2550

Color: White & Red

Fuel Used: Petrol

Vehicle Category: Motor Vehicle

Maximum Power (BHP): 15.1

Number of Cylinders: 4

Seating Capacity: 5

(Including Driver)

Registered Area Weight (Kg):

Front: 2

Rear: 2

Other:

Additional Trailer Particulars:

Front:

Rear:

Other:

Type of Body:

Other:

Weight (Kg):

16-NOV-2013

16-NOV-2013

16-NOV-2013

16-NOV-2013

16-NOV-2013

16-NOV-2013

16-NOV-2013

16-NOV-2013

16-NOV-2013

16-NOV-2013

16-NOV-2013

16-NOV-2013

16-NOV-2013

16-NOV-2013

16-NOV-2013

16-NOV-2013

16-NOV-2013

16-NOV-2013

16-NOV-2013

16-NOV-2013

16-NOV-2013

16-NOV-2013

16-NOV-2013

16-NOV-2013

16-NOV-2013

16-NOV-2013

16-NOV-2013

16-NOV-2013

Mohd. Farqan Mohd. Yusuf  
DEAN / PRINCIPAL  
KMM Homoeopathic Medical  
College & Hospital, Aurangabad

Subject: **Hybrid Lease Agreement**

Signature of Financier

The Certificate is renewed

Date: **18-NOV-2011**

GUJARAT STATE, INDIA

**MAT460124BKUK06833**  
**493DLTCJ55KVV719103**  
**1800**  
**2850**  
**White & Red**

**1948**  
**1948**  
**4** **Passenger**  
**7** **Person/Person**

**MH-20CT-1269**  
**18-NOV-2011**  
**DKMM HOMOEOPATHY MEDICAL COLLEGE**

**Diesel**  
**1800**  
**4**  
**7**

Type	Description	Registered Axle Weight (Kg.)
2		
2		

**GURUGANESH MAGAL PARADISINGPURA**  
**AURANGABAD**

**Light Motor Vehicle**  
**3200**  
**2011**  
**Original**

**Principals**  
**18-NOV-2011**  
**16-NOV-2013**  
**REF. 18-NOV-2011**

**PRINCIPAL**  
**DKMM-HOMOEOPATHY**  
**DKMM-HOMOEOPATHY MEDICAL COLLEGE & HOSPITAL**  
**431004**

signed by Registered Owner

Form : 20(Registration-New)

*Handwritten signature*

*Handwritten signature*  
**Dr. Mohd. Furqan Mohd. Yusuf**  
**DEANY PRINCIPAL**  
**DKMM Homoeopathic Medical**  
**College & Hospital, Aurangabad**

8880635700 EXT



# WASAN AUTOMOTIVE PVT LTD

Commercial Vehicle Dealer

**TATA MOTORS**

## TAX INVOICE

Ms, DKMM HOMEOPATHY MEDICAL COLLEGE DKMM  
 HOMEOPATHY MEDICAL COLLEGE DKMM HOMEOPATHY  
 MEDICAL COLLEGE  
 DKMM HOMEOPATHY MEDICAL COLLEGE  
 DKMM HOMEOPATHY MEDICAL COLLEGE A/P DIST  
 AURANGABAD  
 AURANGABAD  
 AURANGABAD, 431004  
 Maharashtra, India  
 Phone No (Res,Off,Mob): , , 9823176431  
 Customer TTN No :  
 A/C Code : 1-6GRJG8B  
 A DIST, AURANGABAD,  
 AURANGABAD  
 AURANGABAD, 431004  
 Maharashtra, India  
 Phone No (Res,Off,Mob): 9823169855,  
 Customer TTN No :  
 A/C Code : 1-6GRJFVY

Invoice No : WasanA-AR-1213-02055  
 Invoice Date : 12/06/2012  
 Model : WINGER AMBULANCE  
 Chassis No : MAT460124BUK06833  
 Insurenc Co :  
 Kms. : 5648  
 Vehicle Regn. No : MH20CT1269  
 Job Card No. : JC-WasanA-AR-1213-001873  
 Job Card Date : 12/06/2012  
 Service Request Type : Paid Service  
 Customer P.O. No - Date :  
 Payment Method : CASH

Sr. No.	Part No/ Job Code	Particulars	Type	Unit	Qty	Rate (Rs)	Dis. (Rs) / Item	Dis. %	VAT %	VAT (Rs)	Amount (Rs)
1	284554500110	ASSY.COMBI SWITCH-PANEL VAN	Warranty	Each	1	1,560.00	0		0.00	0.00	0.00
2	990004	Miscellaneous Activity, ASSY.COMBI SWITCH-PANEL VAN REPLACE	WARRANTY								0.00
3	543050	REPLACE COMBINATION SWITCH	WARRANTY								0.00
2.5 % VAT on Parts :					0.00						
Final Parts Invoice Amount :					0.00						
Parts Not Taxable Amount : 0.00											
											Final Labour Invoice Amount : 0.00
											Gross Amount : 0.00
											Adjustments : 0.00
											Grand Total : 0.00

**Rupees Zero Only.**

### Terms and Conditions :

- 1) Goods once sold will not be taken back or exchanged except as required by law.
- 2) Only the courts of AURANGABAD shall have jurisdiction in any proceedings relating to this contract.
- 3) I/we hereby certify that my/our Registration Certificate under the VAT Act in force on the date on which the sale of the goods specified in this bill / cash memorandum is made by me/us and that the transaction of sale covered by this bill / cash memorandum has been effected by me/us in the regular course of my / our business. Vehicle / Goods received in good condition and to our satisfaction.

For WASAN AUTOMOTIVE PVT LTD

*Kavkar*  
 Authorized Signatory  
 Date : 12/06/2012

Customer's Signature  
 Prepared By : NARAYAN KAVTKAR

*M. F. Yusuf*  
 Dr. Mohd. Furgan Mohd. Yusuf  
 DEAN / PRINCIPAL  
 DKMM Homeopathic Medical  
 College & Hospital, Aurangabad

Gat No. 44, Mouje Nalgaon, Nagar Road, (Wall) Aurangabad - 431 133.

Important Notice\*

- In the event of a claim, please make sure to call our 24 hours Call Center (from BSNL Lines) - 1800225858, (from Airtel / Bhatti lines) 18001025858 or 30305858 (RIM) or email at: [claimcenterpune@bajajallianz.co.in](mailto:claimcenterpune@bajajallianz.co.in)
  - to get your claim registered in our records and the claim number issued for future reference.
  - to know about the claim process and the necessary requirements for faster settlement of claim.
  - to know the approved garage where vehicle is to be taken for quality repair, cashless settlement and other value added services.
- Please refer to the Claim Guide copy supplied by your agent for more details on claim settlement process, requirements and the Bajaj Allianz Preferred Workshops list. In case you have not received, please contact our nearest office or the agent.
- Should you decide on garage of your choice, company cannot assure the services such as cashless settlement facility, quality of job or avoid excess or wrong billing by the garage.

MOTOR VEHICLE COVER NOTE

The Insured described in Form No. "52" referred to below having proposed for insurance in respect of the motor vehicle (s) described therein and having paid the sum of Rs. 8565/- as premium the risk is hereby held covered under the terms of the Company's usual form of CADP Policy applicable thereto (subject to any special condition mentioned below) unless the cover is terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the premium otherwise payable for such insurance shall be charged for the time the Company had been on risk.

Registration Number	Registration Authority	Make	Model	Sub Type	Year of Manufacture
NEW	R-T-A Bad	Tata	Winger	Probance	2011
Licensed Carrying Capacity	Insured's declared value	Electrical Accessories	Non Electrical Accessories	CNG / LPG Kit	
Goods / Passengers	716009/-				

Engine No 483DLTC55KY719103 Lease / Hire-Purchase / Hypothecation  Private  Commercial  Farmer   
 Chassis No 560124BVK06833 Name of the Financier \_\_\_\_\_  
 Additional Risk if any Special Conditions \_\_\_\_\_

Form 52 (India)  
 SEE RULES 142 (1) OF MOTOR VEHICLE RULES 1989

1. Name of Insured DKMM HOMEOPATHIC MEDICAL COLLEGE HOSPITAL 1.a. DOB \_\_\_\_\_  
 2. Address of Insured GURUMGANESH NAGAR PAHAD BINGH PURA AURANGABAD MAHARASHTRA City/Village \_\_\_\_\_ Pin \_\_\_\_\_  
 State MAHARASHTRA 2. a. Occupation: Business  Service  Student  House wife  Retired  Other \_\_\_\_\_  
 3. Telephone Number \_\_\_\_\_  
 4. Period of Insurance From: 03-08-2011 (Time) 05:14 PM To: 04-11-2011 Midnight

NOT VALID FOR RISK STARTING BEFORE 10/10/2011 AND AFTER 15/11/2012

- Person or class of persons entitled to drive:
  - (i) STRAIGHT CARRIAGE / CONTRACT CARRIAGE / HIRE SERVICE VEHICLE: Any person including insured provided that a person holding an effective driving license may also drive the vehicle when not used for transport of the passengers at the time of the accident and that such a person satisfies requirements of Rule 3 of the Central Motor Vehicle Rules 1989.
  - (ii) GOODS CARRIAGE: Any person including insured provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license provided also that the person holding an effective Learner's License may also drive the vehicle when not used for the transport of goods at the time of the accident; and that such a person satisfies requirements of Rule 3 of the Central Motor Vehicle Rules 1989.
  - (iii) NONTRANSPORT VEHICLES: Any person including insured provided that a person driving holds a driving license issued at the time of accident and is not disqualified from holding or obtaining such a license provided also that the person holding an effective Learner's License may also drive the vehicle and such a person satisfies requirements of Rule 3 of the Central Motor Vehicle Rule 1989.

6. Date of Issue 03/11/11 Time 05:40 a/p.m.  
 7. Limitation as to use (see over leaf)  
 8. The period of this Cover Note will expire on completion of 90 days from the date of issue.  
 9. THE COVER NOTE BECOMES VOID AS INTD IN CASE OF DISHONOUR OF PREMIUM CHEQUE

10. Premium Calculation

Basic (OD Premium)	8520
Electrical Accessories	-
Non-Electrical Accessories	-
LPG/CNG Kit	-
NCB %	-
Third Party Premium	1350
Owner Driver Cover	-
Paid Driver	25
Passengers	-
Add on Package	-
Net Premium	8520 + 7765 = 16285
Service Tax as applicable	824 + 799.8 = 1623.8
Final Premium	8565/-

IMD Code: 10005415  
 Sub IMD Code: \_\_\_\_\_  
 Payment Details: Cash / Cheque / Others (Strike out which is not applicable)  
 Cheque No: 822153  
 Cheque Date: 11/11/11  
 Bank: The Cosmos Co-op Bank Ltd  
 Others: \_\_\_\_\_

Deductible: Additional Rs. \_\_\_\_\_ Voluntary Rs. \_\_\_\_\_

IMPORTANT: I/We declare that I/we have read the policy schedule and the rate of NCB claimed by me/us is correct and that no claim has arisen in the existing policy period (copy of the policy enclosed). I/We further undertake that if this declaration is found to be incorrect, the policy in respect of section 1 of the policy will stand forfeited. I/We hereby agree to confirm within 7 days from issuance of policy in case of any objection or disagreement with the above.

IMPORTANT: I/We hereby agree and undertake to receive one page policy document, without enclosing the terms and conditions of policy, and I/we hereby authorise company that all terms and conditions of policy can be displayed in the website of company. The salient features of the policy, terms and conditions of the cover note have been explained to me/us in vernacular language, and I/we agree is the same.

Bajaj Allianz General Insurance Co. Ltd.  
 Near L.I.C. Building  
 Aurangabad-431 001  
 (Authorised Insurer) Duty Constituted Agent(s)  
 IF YOU DON'T RECEIVE YOUR POLICY CONTRACT WITHIN 7 (SEVEN) DAYS FROM ISSUANCE OF THIS COVERNOTE / THERE IS ANY OTHER DISCREPANCY IN THE POLICY CONTRACT, PLEASE DIRECTLY CALL 1800225858 FOR ASSISTANCE AND NUMBERS ARE 18001025858

Signature of the Insured  
 Dr. Mohanrao Bhambhani  
 ORIGINAL INSURED

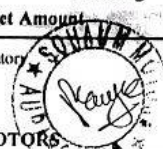
2  
106/116

TAX INVOICE

<b>SOHAMM MOTORS</b> PLOT NO. C-28, MIDC AREA, CHIKALTHANA  AURANGABAD - 431006 0240-2474345 / 9326043612 / Email Id:-sohamm.ws@gmail.com	Doc No	873	Dated	15/06/2016
	Booklet No.		Terms Of Payment	
<b>Customer</b> <b>D.K.M.M. HOMEOPATHIC &amp; HOSPITAL</b> AURANGABAD.  9823176431	Job Card No.	908	Dated	15/6/2016
	Requisition No.	4651	Dated	15/6/2016
	Vehicle No.	MH12CT1269	K . M.	
	Vehicle Model	TATA WINGER		
Item Code PAID SERVICE DONE.				

Sr.	Description of Goods	Quantity	Rate/Unit	Tax	Amount
1	OIL FILTER.	1.00	311.11 Nos	12.50 %	311.11
2	OIL FILTER I.	2.00	133.33 Nos	12.50 %	266.66
3	GENUINE DIESEL ENG. OIL	6.50	222.22 Nos	12.50 %	1,444.43
4	PAID SERVICE CHARGES	1.00	800.00 Nos	15.00 %	800.00

rk  
②

Qty	10.50	Total	2822.20
I /We hereby certify that my/our registration certificate under the Maharashtra Value Added Tax Act 2005 is in force on the date on which the sale of goods specified in this Tax Invoice made by me/us and that the transaction of sale covered by this tax invoice has been effected by me/us and it shall be accounted for in the turnover of sales while filling of return and the due tax. If any, payable on the sale has been paid or shall be paid.		VAT 4 % on	
Subject to Aurangabad jurisdiction Service Tax No.:-AALPZ5779LSD001 27021086240-V 24% interest p. a. after due date. Warranty void if cheque bounces or signature removed from our product.		VAT 5 % on	
Received in good condition		VAT 12.5 % on	2,022.20 252.77
		Service TAX 15%	800.00 120.00
		Rounding	0.03
		<b>Net Amount</b>	<b>3,195.00</b>
		Authorised signatory	
		SOHAMM MOTORS	

*M. Yusuf*  
 Dr. Mohd. Furqan Mohd. Yusuf  
 DEAN/ PRINCIPAL  
 DKMM Homoeopathic Medical  
 College & Hospital, Aurangabad

**ADNAT TYRE SERVICE. C/O ADNAT TYRE HOUSE**

NR. YASHODEEP HOTEL, SEVEN HILLS FLY OVER,  
JALNA ROAD,  
AURANGABAD

Phone Number: 0240-6629111, 2337221

Fax Number: EMAIL - ATHABAD@YAHOO.COM

Customer:	Date: 19-01-2016 19:11
Company:	VIN
License NO: MH20CT1269	Technician:
Odometer: 28330	Order NO:

*WAWST*  
*(2)*

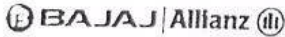
**VEHICLE ALIGNMENT REPORT**  
TATA, 2005, WINGER (Customized)

Primary Angles			Initial	Specifications		Final
				Min.	Max.	
Front	Caster	Left	1°09'	2°30'	4°30'	1°10'
		Right	1°21'	2°30'	4°30'	1°21'
	Camber	Left	0°06'	-0°40'	1°20'	0°03'
		Right	0°16'	-0°40'	1°20'	0°16'
	Toe	Left	-4.8mm	0.6mm	0.9mm	0.7mm
		Right	7.5mm	0.6mm	0.9mm	0.8mm
Total						
Rear	Camber	Left				
		Right				
	Toe	Left				
		Right				
		Total				
Thrust Angle						
Secondary Angles			Initial	Specifications		Final
				Min.	Max.	
SAI	Left		8°59'	----	----	8°59'
	Right		9°52'	----	----	9°52'
Included Angle	Left		9°05'	----	----	9°02'
	Right		10°08'	----	----	10°08'
Toe Out On Turns	Left					
	Right					
Max Turn Inside	Left		----	----	----	----
	Right		----	----	----	----
Toe Curve Change	Left					
	Right					
Setback	Front					
	Rear					
Track Width Diff.						
Wheel Base Diff.						
Front Ride Height	Left					
	Right					
Rear Ride Height	Left					
	Right					
Frame Angle						

NOTÉ - ENTITLED FOR 2 ALIGNMENT CHECKUP WITHIN 60 DAYS

*M. F. Y.*  
**Dr. Furgan Mohd. Yusr**  
DEAN/ PRINCIPAL  
DKMM Homoeopathic Medical  
College & Hospital, Aurangabad





Bajaj Allianz General Insurance Company Ltd.  
GE Plaza, Airport Road, Yerwada, Pune - 411006 (India)  
CERTIFICATE CUM POLICY SCHEDULE

Policy Servicing Off: 1st and 2nd floor, Rajendra Bhawan, Next To LIC Building, Adalat Road, Aurangabad 431001 Phoni No 0240 6610921

Policy Number: OG-16-2006-1811-00000190      Product: Commercial Vehicle - Class D

Vehicle Type: Miscellaneous & Special Types Of Vehicles

Period Of Insurance: From: 20-Nov-2015 16:50      Policy Issued on: 24-Nov-2015  
To: 19-Nov-2016 Midnight      Cover Note No: /

Application No:      Scrutiny No: 50122859

Insured Name: DKMM HOMEOPATHIC MED COLLEGE AND HOSPITAL      Zone: C

Insured Address: GURUGANESH NAGAR, PAHADSINGH PURA, AURANGABAD, AURANGABAD - 431001

Customer ID: 41489670      Premium Payer ID: 41489670

Transaction Id:      Policy Status: ISSUED

Registration No.	Make	SubType	Model	CC	Mfg year	Seat Cap	Vehicle/Trailer Chassis No	Engine Number
MH20CT1269	TATA	AMBULANCE BS-III (9 STR)	WINGER LUXURY	0	2011	1	460124BUK0683 3	483DLTC55KYY 719103

Vehicle IDV	Elec Acc	Non Elec Acc	Trailer	Trailer Reg No	CNG/LPG Unit	Total Sum Insured
373761	0	0	0		0	373761

OWN DAMAGE		LIABILITY	
Total Own Damage Premium:	2423.266	Basic Thrd Party Liability	2790
		LL For Operation/Maintenance For 1 Person	50
		Total Liability Premium:	2840
Total premium	5263.266		
Special Discount	0		
Not Premium	5263		
Service Tax	737		
Swachh Bharat/Edu. Cess	26		
Final Premium Rs.	6026	***All premium figures are in Rupees	

Geographical Area : INDIA      No Claim Bonus : -45%      Voluntary Excess : Nil

Compulsory Deductible : Rs.2000      Additional Compulsory Deductible : Rs.0

Previous Insurer - Bajaj Allianz General Insurance Co Ltd. Previous Policy No - OG-15-2006-1811-00000287

Expiry On - 14-NOV-15

The above Total OD Premium is inclusive of all applicable Loading/Discounts viz (Automobile Association Membership, Voluntary Excess, Anti-Theft, Handicap Person, Driver Tuition, Fibre Glass, Cng/Lpg Unit, Geographical Extn, Imported Vehicle etc wherever applicable)

LIMITS OF LIABILITY: Under Section II-1(i) of the policy -> Death or bodily injury : Such amount as is necessary to meet there requirements of the Motor Vehicles Act, 1988. Under Section II-1(ii) of the policy -> Damage to Third Party Property : Rs.7500000.

LIMITATION AS TO USE: The Policy covers use only under a permit within the meaning of the Motor Vehicle Act, 1988 or such a carriage falling under Sub-section 3 of Section 66 of the Motor Vehicle's Act 1988. The Policy does not cover use for: Organised racing, Pace Making, Reliability Trials, Speed Testing

DRIVER : Any person including the insured : Provided that a person driving holds an effective driving licence at the time of the accident and is not disqualified from holding or obtaining such a licence. Provided also that the person holding an effective Learner's licence may also drive the vehicle when not used for the transport of goods/passengers at the time of the accident and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicles Rules, 1989.

IMPORTANT NOTICE: The Insured is not indemnified if the vehicle is used or driven otherwise than in accordance with this Schedule. Any payment made by the Company by reason of wider terms appearing in the Certificate in order to comply with the Motor Vehicle Act, 1988 is recoverable from the Insured. See the clause headed "AVOIDANCE OF CERTAIN TERMS AND RIGHT OF RECOVERY".

Subject To IMT Endorsement Nos : 21, 39, & Policy wordings attached herewith

Agency Code BAGI0005415      Channel Name : ML

Agency Name : Kapil Ashok Chordiya

Contact No : 0/9422210378

Email - kapil.chordiya@general.bajajallianz.co.in

Stamp Duty as per Annexure I

Premium Collection Details : [Receipt Nil/Collection Nil/Annexure] 2006-00204504 / 50122859 / Rs. 0026.

\*\*\* If premium paid through cheque, the policy is void ab-initio in case of dishonour of cheque.

This certificate of insurance is issued in accordance with the provision of Chapter X and Chapter XI of M.V. Act, 1988.

Damage Details Annexure : RIGHT BODY-DENIED, LEFT BODY-DENIED.      Preinspection No : 2015JRM6126

Remarks:

In case of any claim, please contact our 24 Hour Call centre at 1800-22-5858, 1800-102-5858 (Toll Free) / 91-020-30305858 (chargeable, add area code before this number in case of mobile call) or email us at 'customerscare@bajajallianz.co.in'.

50122859/-10005415/0/-

This is a Group Policy endorsement, including the Terms and Conditions (T&C) of the Policy, which shall be subject to the authority of Insured to display the T&C of the Policy on its website (www.bajajallianz.co.in) and access by the Insured. The T&C of the Policy are available on the Company's website and can be accessed through the link provided on the Policy document.

For & On Behalf of Bajaj Allianz General Insurance Company

*Aashu God*      112

Authorized Signatory  
Printed, Signed and Executed at Pune

*Dr. Mohd. Furqan Mohd. Yusuf*  
DEAN/ PRINCIPAL  
DKMM Homeopathic Medical College & Hospital, Aurangabad

Consolidated stamp Duty paid vide Receipt No: 28 dated 23-OCT-15

Regd. Office : GE Plaza, Airport Road, Yerwada, Pune - 411006 (India). A Company incorporated under Indian Companies Act, 1956 and licensed by Insurance Regulatory and Development Authority of India (IRDAI) vide Reg No. 113, Corporate Identification Number U66010PN2000PLC015329. Service Tax Reg. No. AABCBS730G-ST-001. Latest Schedule - 25-Nov-2015 12:25:42 PM (Web)

## Bajaj Allianz General Insurance Company Ltd.

1st and 2nd floor, Rajendra Bhavan, Next To LIC Building, Adalat Road, Aurangabad - 431001 Contact  
No: 0240-6610921,9503019983; Fax No: 0240-2324254

### RECEIPT

**Receipt Number** 2006-00264594  
**Receipt Date** 24/11/2015  
**Business Channel** ML

Received with thanks from DKMM HOMEOPATHIC MED COLLEGE AND HOSPITAL  
(Customer ID : 41489670 ) a total sum of Rupees Six Thousand Twenty Six Only by,

Instrument Type	Inst./Ref No	Instrument Date	Bank Name	Branch Name	Amount
Cheque	062294	16/11/2015	BANK OF MAHA-RASHTRA	UNIVERSITY BR., AURANGABAD - 431 004	6,026

**Total Amount** Rs. **6,026.00**

Note : SCR NO 50122859

Issuance of this receipt does not amount to acceptance of the risk by Bajaj Allianz General Insurance Company Limited. The insurance cover for the risk shall be as per the terms and conditions of the Insurance Policy if and when issued.

\* Cheque/DD/PO receipt is valid subject to realisation of the instrument.

For & on behalf of  
Bajaj Allianz General Insurance Company Ltd.

Authorised Signatory



Regd. Office: GE Plaza, Airport Road, Yerwada, Pune - 411006

CIN:U66010PN2000PLC015329; E-mail: customercare@bajajallianz.co.in; Website:www.bajajallianz.com

  
Dr. Mohd. Furqan Mohd. Yusuf  
DEAN/ PRINCIPAL  
DKMM Homeopathic Medical  
College & Hospital, Aurangabad

MC1002260673

Important Notice\*

- In the event of a claim, please make sure to call our 24 hours Call Center (from BSNL Lines) : 1800225858, (from Airtel / Bharti lines) 18001025858 or 30305858 (RIM) or email at : [callcenter@bajajallianz.co.in](mailto:callcenter@bajajallianz.co.in)
  - to get your claim registered in our records and the claim number issued for future reference.
  - to know about the claim process and the necessary requirements for faster settlement of claim.
  - to know the approved garage where vehicle is to be taken for quality repair, cashless settlement and other value added services.
- Please refer to the Claim Guide copy supplied by your agent for more details on claim settlement process, requirements and the Bajaj Allianz Preferred Workshops list. In case you have not received, please contact our nearest office or the agent.
- Should you decide on garage of your choice, company cannot assure the services such as cashless settlement facility, quality of job or avoid excess or wrong billing by the garage.

MOTOR VEHICLE COVER NOTE

The insured described in Form No. "32" referred to below having proposed for insurance in respect of the motor vehicle (s) described therein and having paid the sum of Rs. 8565/- as premium, the risk is hereby held covered under the terms of the Company's usual form of COMPO Policy applicable thereto (subject to any special condition mentioned below) unless the cover be terminated by the Company by notice in writing in which case the insurance will terminate on the date and a proportionate part of the premium otherwise payable for such insurance shall be charged for the time the Company had been on risk.

Registration Number	Registration Authority	PS	Make	Model	Sub Type	Year	Cubic Capacity
<u>NEW</u>	<u>R.T.O. A. bad.</u>		<u>Tata</u>	<u>winjet</u>	<u>Ambulance</u>	<u>2011</u>	<u>1348</u>
Licensed Carriage Capacity:							
Goods	Passengers						
		<u>716009/-</u>					

Engine No 483DLTC55KY719103 Lease / Hire-Purchase / Hypothecation  Private  Commercial  Farmer   
 Chassis No 460124BUK06833 Additional Risk if any Special Conditions \_\_\_\_\_ Name of the Financier \_\_\_\_\_  
 Add on Package \_\_\_\_\_

Form 33 (India)  
 REG. NO. 142 (1) OF MOTOR VEHICLE RULE 1989

1. Name of Insured DKMM HOMIOPATHIC MEDICAL COLLEGE & HOSPITAL 1.4 DOB DUMHNY  
 2. Address of Insured GURUGANESHNAGAR PAHADSEINOH PURA  
AURANGABAD  
 State MAHARASHTRA 2. Occupation: Business  Service  Student  Housewife  Retired  Other   
 3. Telephone Number \_\_\_\_\_  
 4. Period of Insurance From: 03/10/11 To: 04/11/12

NOT VALID FOR RISK STARTING ON 03/10/11 AND 04/11/12

5. Person or class of person entitled to drive  
 (i) GOODS CARRIAGE: Any person including himself provided that a person holding a valid driving license at the time of the accident and is not disqualified from holding or obtaining such a license provided also that the person holding an effective learner's license at the time of the accident and is not disqualified from holding or obtaining such a license provided also that the person holding an effective learner's license may also drive the vehicle when not used for the transport of goods at the time of the accident and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicle Rules 1989.  
 (ii) NONTRANSPORT VEHICLES: Any person including himself provided that a person holding a valid driving license at the time of the accident and is not disqualified from holding or obtaining such a license provided also that the person holding an effective learner's license may also drive the vehicle and such a person satisfies requirements of Rule 3 of the Central Motor Vehicle Rules 1989.

6. Date of Issue 05/11/11 7. Limitation as to use (see over leaf)  
 8. The period of this Cover Note will expire on completion of 90 days from the date of issue.  
 9. THE COVER NOTE BECOMES VOID AS BEING IN OBTAIN OR NON-OBTAIN OF PREMIUM CALCULATED

10. Premium Calculation

Basic (OD Premium)	<u>8520</u>
Electrical Accessories	<u>-</u>
Non-Electrical Accessories	<u>-</u>
LPG/CNG IOR	<u>-</u>
NCB %	<u>-</u>
Third Party Premium	<u>1350</u>
Owner Driver Cover	<u>-</u>
Paid Driver	<u>25</u>
Passengers	<u>-</u>
Add on Package	<u>-</u>
Net Premium	<u>7765</u>
Service Tax as applicable	<u>798</u>
Final Premium	<u>8565/-</u>
Address of Issuing Office	<u>8565/-</u>

IMD Code: 10005415  
 Sub IMD Code: \_\_\_\_\_  
 Payment:  Cash /  Cheque /  Others (Particular which is not applicable)  
 Cheque No: 822153  
 Cheque Date: 5/11/11  
 Bank: The Cosmos Co-op Bank Ltd  
 Branch: \_\_\_\_\_  
 Deductions: Additional Rs. \_\_\_\_\_ Voluntary Rs. \_\_\_\_\_

I, the Insured, hereby declare that I have read the policy schedule and the rate of premium and that I have not been insured by any other company for the same risk and that the declaration is true and correct. I have not been insured by any other company for the same risk and that the declaration is true and correct. I have not been insured by any other company for the same risk and that the declaration is true and correct.

I, the Insured, hereby declare that I have read the policy schedule and the rate of premium and that I have not been insured by any other company for the same risk and that the declaration is true and correct. I have not been insured by any other company for the same risk and that the declaration is true and correct. I have not been insured by any other company for the same risk and that the declaration is true and correct.

Bajaj Allianz General Insurance Co. Ltd.  
 We hereby certify that this Cover Note is issued in accordance with the provisions of chapter XI of the Motor Vehicle Act, 1988.

(Authorised Insurer) Duty Counter (Rimex) Aurangabad-431 001  
 CONTRACT, PLEASE DIRECTLY TO THE AGENT OR TO THE COMPANY.  
 This Cover Note is issued based on information and declaration provided by you and the transcript whereof is being dispatched to you.

Please see overleaf for conditions

Signature of the Insured  
 Dr. Mohd. Furgan Mohd. Yusuf  
 DEAN PRINCIPAL  
 DKMM Homeopathic Medical  
 College & Hospital, Aurangabad

A526068