



P.G.D.A.V. College

University of Delhi

Nehru Nagar, Ring Road, New Delhi – 110065

Website: <http://pgdavcollege.in>

Email: pgdavcollege.edu@gmail.com

Supporting document

for

Annual Quality Assurance Report, 2021-22

Criteria 6.3.1

Group Insurance Scheme



भारतीय जीवन बीमा निगम
Life Insurance Corporation of India

दाया प्रपत्र
CLAIM FORM

समूह बचत संबंधित बीमा योजना के अंतर्गत देय दाया लाभ
For Claiming benefits payable under the Group Savings Linked Insurance Scheme

मास्टर पालिसी संख्या जीएसएलआई/ Master Policy Number GSLI
(प्रत्याभूति द्वारा भरा जाएगा) / (To be completed by the Grantees)

1. संस्था का नाम / Name of the Institution	: PHDAR College
2. मास्टर पालिसी संख्या / Master Policy No.	: GSLV 331242 D.O.C.
3. बीमित सदस्य का नाम / Name of the Insured Member	: Mr. K.K. Srivastava Category "A"
4. सूची में क्रम सं. / कर्मचारियों की सं. / Employee No./Sl. No. in the list	: Five "5"
5. वर्ग/वेतन पदक्रम / Category / Salary Grade	: Cat "A" PS. 1,31,400 - 2,17,100
6. बीमा संरक्षण की रकम / Amount of Insurance Cover	: PS. 8,00,000/- (Rupees Eight Lakh/-)
7. जन्म तिथि / Date of Birth	: 16.03.1956
8. योजना में प्रवेश की तिथि / Date of entry into the Scheme	: October, 1985
9. बीमित सदस्य से मासिक अंशदान की रकम पुरसंरक्षित Amount of monthly contribution recovered from the Insured Member	: PS. 800/-
10. अगर सदस्यता के दौरान मासिक अंशदान में परिवर्तन तो परिवर्तन की तिथि चिह्नित और परिशोधित अंशदान If there has been a change in the monthly contribution during his Membership indicate date of change and the revised contribution.	: 31.08.2007 (PS. 800/- p.m)
11. प्रथम अंशदान के लिए देय राशि की देय तिथि (चिह्नित दिन, मास एवं वर्ष) Due date for payment of the first contribution (Indicate day, month & year	: October, 1985
12. योजना से बहिष्गमन की तिथि / Date of exit from scheme	: March, 2021
13. अन्तिम अंशदान के लिए देय राशि की देय तिथि (चिह्नित दिन, मास एवं वर्ष) Due date for payment of the last contribution (Indicate day, month & year	: March, 2021 (PS. 800/-)
14. निगम को दिए गए अन्तिम अंशदान की तिथि The date on which the last contribution was paid to the corporation.	: March, 2021
15. निर्गम की पद्धति (मृत्यु/सेवा निवृत्ति/त्यागपत्र/सेवा समाप्ति) Mode of exit (Death/retirement/resignation/termination of service)	: Retirement as on 31.03.2021
16. मृत्यु का कारण (बहिष्गमन के केस में मृत्यु द्वारा) Cause of death (In case of exit by death)	: Not Applicable
17. क्या सदस्य योजना में प्रवेश तिथि को अस्वस्थता की पृष्ठभूमि में अनुपस्थित या (अगर है, तो अवकाश का विवरण दीजिए) Was the member absent on grounds of ill-health on the date of entry into the Scheme (If so, give details of leave)	: No
18. हितधारिकारी का नाम और सदस्य के संबंध (मृत्यु केस में) Name of the beneficiary and relationship to the Member (in case of death)	: N.A.
19. मृत्यु के प्रमाण की स्वरूप (कृपया वास्तविक मृत्यु प्रमाण संलग्न करें) Nature of proof of death (Please enclose Original Death Certificate)	: N.A.
20. सदस्यता के दौरान क्या अदेय शेष किरत है? (अगर है, तो विवरण दीजिए)	: N.A.

हम घोषण करते हैं कि उपरोक्त व्योक्त सत्य और सही है और उपरोक्त सदस्य योजना के अन्तर्गत निर्दिष्ट दिनांक तक बीमित था जो उसने निगम को सभी किरतों दे दी हैं।
 We declare that the above particulars are true and correct & above Member was an Insured Member covered under the scheme of the date of his exit and that all premiums have been paid to the Corporation on his behalf.

हम सुनिश्चित करते हैं कि उपरोक्त हितधिकारी सदस्य के द्वारा संबंधित योजना के अन्तर्गत लाभप्राप्ति ले सकता है।
 We confirm that the beneficiary mentioned above is the person appointed by the Member to receive the benefit under the Scheme.

दिनांक Dated at _____ का this _____ दिन Days of 12-4- 2002

साक्षी :
 WITNESS
 हस्ताक्षर
 Signature :

नाम Name : SURENDRA KUMAR
 पता Address : Associate professor
P.G.D.A.V. College
Nehru Nagar, Puz Road
New Delhi - 110065

Knishw Sharma
 ACTING PRINCIPAL
 P.G.D.A.V. COLLEGE
 Nehru Nagar, New Delhi
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विमुक्ति प्रपत्र
 DISCHARGE RECEIPT

रुपये प्राप्त किए (रु०) _____
 Received a sum of Rs. _____ (Rupees)
 भारतीय जीवन बीमा निगम से पूरे एवं अन्तिम निश्चित हमारे दावे एवं मांग के संनवा में श्री _____
 From the Life Insurance Corporation of India in a full and final settlement of all our claims and demands in respect of _____ जो मृत्यु/सेवा त्याग/सेवा निवृत्त _____ से हुए
 श्री K.K. Srinivastava के अन्तर्गत मास्टर पालिसी संख्या _____ Assurance No. _____ under Master Policy No. 6151-33124
 who expired/left service/Retired on _____

दिनांक Dated at _____ का this _____ दिन Days of 12-4- 2002

साक्षी :
 WITNESS
 हस्ताक्षर
 Signature :

नाम Name : SURENDRA KUMAR
 पद Designation : Associate Professor
 पता Address : P.G.D.A.V. College
Nehru Nagar, Puz Road
New Delhi - 110065



Knishw Sharma
 ACTING PRINCIPAL
 P.G.D.A.V. COLLEGE
 Nehru Nagar, New Delhi
 Signature of the authorised signatory
 नाम Name Dr. Knishw Sharma
 पद Designation Acting Principal

(कार्यालय मोहर)
 (OFFICE STAMP)

निगम की लिखित वेब साईट पर उपरोक्त नाम लेना।
 कृपया अपने दिवादी में प्रत्यक्ष लिखें।

Speed post
19-4-21

O/C

PAU-2021/986
15.04.2021

The Manager, JR
LIC of India 6 Floor,
25, Kasturba Gandhi Marg,
New Delhi-110001

Subject: Claiming the benefit payable under Group Insurance Saving link Insurance Schemes under Master Policy no. GSLI 331242

Dear Sir/ Madam,

I am sending herewith the claim forms in duplicate in respect of Dr. Kusum Lata Chadda, Associate Professor in the Department of Political Science in this college, who has retired on superannuation at the age of 65 years from her post on 31.03.2021.

Please settle her claim and transfer the amount through NEFT/RTGS at the earliest.

Thanking you,

Yours sincerely,

Krishna Sharma
(Dr. Krishna Shurma)
Acting Principal

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e/e

DAV-2021/1003
28.05.2021

The Manager,
LIC of India, VI Floor,
25, Kasturba Gandhi Marg,
New Delhi-110001

Subject: Claiming the benefit payable under Group Insurance Saving
link Insurance Schemes under Master Policy no. GSLI 331242

Dear Sir/ Madam,

I am sending herewith the claim forms in duplicate in respect of Sh. -
Darshan Kumar, chowkidar in this College who has retired on
superannuation at the age of 60 years from his post on 31.03.2021.

Please settle his claim and transfer the amount to NEFT/RTGS at the
earliest.

Thanking you,

Yours sincerely,

Krishna Sharma
(Dr. Krishna Sharma)
Acting Principal
Krishna

o/c

DPV-1184/2021
27.08.2021

The Manager,
LIC of India, VI Floor,
25, Kasturba Gandhi Marg,
New Delhi-110001

Subject: Claiming the benefit payable under Group Insurance Saving
link Insurance Schemes under Master Policy no. GSLI 331242

Dear Sir/ Madam,

I am sending herewith the claim forms in duplicate in respect of Mr.
Rajiv Rattan, Associate Professor in the Department of Economics in
this college, who has retired on superannuation at the age of 65 years
from his post on 31.07.2021.

Please settle his claim and transfer the amount through NEFT/RTGS at
the earliest.

Thanking you,

Yours sincerely,

Krishna Sharma
(Dr. Krishna Shirma)
Officiating Principal
fiter

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DAV-2021/1511
16.12.2021

The Manager,
LIC of India, VI floor,
25, Kasturba Gandhi Marg,
New Delhi-110001

Subject: Claiming the benefit Payable under Group insurance saving link insurance Schemes under Master Policy no. GSLI 331242

Dear Sir/Madam,

I am sending herewith the claim forms in duplicate in respect of Dr. P.P. Ranganathan, Associate Professor in the Department of Physical Education, in our college, who has retired on superannuation at the age of 65 years from his post on 30.11.2021.

Please settle his claim and transfer the amount through NEFT/RTGS at the earliest.

Thanking you,

Yours Sincerely,

Krishna Sharma
Prof. Krishna Sharma
Officiating Principal

