



POLICY SCHEDULE FOR FIDELITY GUARANTEE (Unnamed(Floating)) INSURANCE

UIN NUMBER - IRDAN190P0105100001

Insured's Name	NARAYANA HRUDAYALAYA LTD (NHL				
Insured's Details			Issuing Office Details		
Customer ID:	PO08083297	Office Code	CDU VIII,YESHWANTPUR. (671600)		
Insured's Address:	# 258/A, BOMMASANDRA INDL. ANEKAL AREA, ANEKAL TQ. BANGALORE BANGALORE ,KARNATAKA, 560100	Office Address:	CDU VIII, KARNATAKA LABOUR WELFARE BOARD, KARMIKA KALYANA BHAVANA #48 GROUND FLOOR MATHIKERE MAIN ROAD YASHWANTHAPURA (NEAR RTO OFFICE),560022		
Phone No	XXXXXXX5000, XXXXXX7954	Phone No	08023375618 / 08023378778		
E-mail/Fax	vijaykumar@compositeinsurance.in, ravindra.ks@nhhospitals.org	E-mail/Fax	nia.671600@newindia.co.in		
PAN No	AABCN1685J	S.Tax Regn. No	AAACN4165CST178		
GSTIN/UIN	29AAJFM6816B1Z9 / NA	GSTIN	29AAACN4165C2ZM		
		SAC	997139 (Other non-life insurance services excl RI)		

Policy Details

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Policy Number	67160046240900000001	Business Source Code		
Period of Insurance	From: 30/04/2024 05:07:55 PM To: 29/04/2025 11:59:59 PM	Dev.Off. level/Broker/Corp. Agent/Web Aggregator/CPSC User	Composite Insurance Brokers And Advisors Pvt (BR00000065) Composite Brokers - Do-671600 - (SI00061522),	
Date of Proposal	30-Apr-24	Agent/Bancassurance/Spe cified Person		
Prev. Policy no.	67160046230900000001	Phone No	08041531916, 08023613918, / NA	
Client Type	Corporate	E-mail/Fax	help@compositeinsurance.in, help@compositeinsurance.in	

Premium(₹)	GST(₹)	Total(₹)	Total:(₹ in words)	Receipt No. & Date
202,505	36,450	2,38,955	RUPEES TWO LAC THIRTY-EIGHT THOUSAND NINE HUNDRED FIFTY-FIVE ONLY	67160081240000000406 - 30/04/24

Details of the Insured covered under the policy:

SI. No.	No of Persons	Guarantee Limit per person	Total Guarantee Amount
1	578	4000000	202505455

SI.No	Cadre	
1	Narayana Institute of Cardiac Science, Bangalore Health City 38 EMPS RS.60000000	
2	Mazumdar Shaw Medical Center 60 EMPS RS.40000000	
3	Mazumdar Shaw Medical Center NH Rehab Centre 1 EMP RS.500000	
4	RL Jalappa Narayana Heart Centre, Kolar 11 EMPS RS. 5000000	
5	SDM Narayana Heart Centre, Dharwad. 9 EMPS RS. 5000000	
6	Sahyadri Narayana Multispeciality Hospital,Shimoga	
	21 EMPS RS.6000000	
7	S S Narayana Heart Center, Davangere 10 EMPS RS. 6000000	
8	Narayana Multispeciality Hospital, HSR Bangalore 23 EMPS RS.3700000	
9	NH Health City- International Wing 7 EMPS RS.2500000	
10	Narayana Multispecial Hospital, Ahmedabad 19 EMPS RS.7500000	
11	SRCC Children's Hospital(Managed by Narayana Health), Mumbai 39 EMPS RS.6000000	



SI.No	Cadre
12	Narayana Multispeciality Hospital, Jaipur 40 EMPS RS.7500000
13	NH-Superspeciality Hospital, Gurugram 34 EMPS RS.11350000
14	MMI Narayana Multispecial Hospital, Raipur 48 EMPS RS.7500000
15	Narayana Multispeciality Hospital, Barasat 24 EMPS RS.6860455
17	Narayana Multispeciality Clinic, Shimoga 7 EMPS RS.100000
18	MSMC OPD,Bangalore Healthcity 34 EMPS RS.5500000
19	Mazumdar Shaw Medical Center - Orthopaedic division 12 EMPS RS.10000000
20	MSMC OPD,Bangalore Healthcity - Orthopaedic division 3 EMPS RS.800000
21	Narayana Superspeciality Hospital, Gurugram- OPD 3 EMPS RS.600000
22	Brahmananda Narayana Multispeciality Hospital, Jamshedpur 20 EMPS RS.1500000
23	BNMH Dialysis Centre, Jamshedpur 2 EMPS RS.100000
24	Narayana Multispeciality Clinic, Sakchi Jamshedpur 2 EMPS RS.100000
25	Narayana Superspecialit Hospital,Guwahati 21 EMPS RS.2200000
26	NH Multispeciality Clinic, Guwahati 1 EMPS RS.50000
27	Narayana Health Speciality Clinic, Kasba, Kolkata 3 EMPS RS.65000
28	Narayana Multispeciality Clinic, Lansdowne Kolkata 2 EMPS RS.180000
29	RTIIC Sciences, Kolkata 84 EMPS RS.6000000
30	RTIIC Sciences, Kolkata Admin block 1 EMP RS.150000

Excess	0
Special Conditions	POLICY CONDITIONS

Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 2,02,505
SGST	9	18225
CGST	9	18225
IGST	0	0

The policy shall be subject to FIDELITY GUARANTEE INSURANCE policy clauses attached herewith. In witness whereof the undersigned being duly authorized by the Insurers and on behalf of the Insurers has (have) hereunder set his (their) hand(s) on this

For and on behalf of The New India Assurance Company Limited

Date of Issue: 30/04/2024

Duly Constituted Attorney(s)

Mudrank	Dt.	consolidated Stamp Fees Paid by Pay Order Number	vide receipt
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We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

Tax Invoice No: 67160024E0000732

THE NEW INDIA ASSURANCE CO. LTD. (Government of India Undertaking)



IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C