

देवरूख शिक्षण प्रसारक मंडळाचे.

न्या. तात्यासाहेब आठल्ये कला, वेद. शं.रा. सप्रे वाणिज्य आणि विधिज्ञ दादासाहेब पित्रे विज्ञान महाविद्यालय,

के.काकासाहेब पंडीत शैक्षणिक संकुल. वेवैरुख. ४९५ ८०४ (जि. रत्नागिरी) मुंबई विद्यापीठ सर्वोत्कृष्ट महाविद्यालय पुरस्कार २००९-१०

Reaccredited by NAAC with 'A' Grade-3rd Cycle

डॉ.नरेंद्र पर्शुराम तेंडोलकर एम.एस्सी.पीएच.डी.

प्राचार्य

दिनांक: १०/०९/२०२५

सूचना

संदर्भ : मुंबई विद्यापीठ परिपत्रक क्र.७/२०२५ दिनांक १२ जुलै २०२५

शैक्षणिक वर्ष २०२५-२६ करिता महाविद्यालयात प्रवेशित सर्व विद्यार्थ्यांकरीता "स्वामी विवेकानंद युवा सुरक्षा योजना" राबविण्यात येत आहे. योजनेअंतर्गत विद्यार्थ्यांसाठी ऐच्छिक स्वरुपाची विद्यार्थी वैयक्तीक अपघात विमा तसेच विद्यार्थी वैद्यकीय विमा खालीलप्रमाणे लागू करण्यात येत आहे.

अ.क्र.	विमा कंपनीचे कंपनीचे नाव	विद्यार्थी वैयक्तीक अपघात विमा १ लाख रुपये	विद्यार्थी वैयक्तिक अपघात विमा ५ लाख रुपये	विद्यार्थी वैद्यकीय विमा रुपये २ लाख रुपये
१.	ICICI Lombard Insurance Company Ltd.	रु.२०		
٦.	National Insurance Co.Ltd.		रु.६२	
з.	ICICI Lombard Insurance Company Ltd.		3	रु.४२२

विद्यार्थी वैयक्तीक अपघात विमा :

- १. शै.वर्ष २०२५-२६ मध्ये विद्यार्थी प्रवेशित असावा.
- २. या योजनेमध्ये पात्र लाभार्थी विद्यार्थ्यांना २० टक्के आणि पालकांना ८० टक्के परतावा देय्य असेल.

• विद्यार्थी वैद्यकीय विमा :

- १. शै.वर्ष २०२५-२६ मध्ये विद्यार्थी प्रवेशित असावा.
- २. या योजनेमध्ये पात्र लाभार्थी विद्यार्थ्यांना रुपये २ लाख परतावा देय्य असेल.

योजनेच्या अटी व नियम सोबत जोडण्यात येत आहेत. अधिक माहितीसाठी महाविद्यालयाच्या कार्यालयाशी संपर्क साधावा.

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प्रीचार्य



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(शासन निर्णय क्रमांक :- क्र. संकीर्ण २०२१/प्र.क्र. १४ / वि शि ५, दिनांक १६ ऑक्टोबर , २०२३ सोबतचे सहपत्र)

-- प्रपत्र अ --

1. Insurance Eligibility

PLAN A: MANDATORY COVERAGE (PERSONAL ACCIDENT INSURANCE)				
Particulars	Deliverables			
Insured Details	Primary Insured Member: The Student studying under the colleges, institutions, universities which are affiliated, associated,			
	administered, categorized under The Higher & Technical			
	Education, Government of Maharashtra			
	Secondary Insured Member: One Parent or the Guardian as mentioned in the college enrolment / admission form			
	The Unit Comprises of ONE (01) Primary Insured Member + ONE (01)			
	Secondary Insured Member			
Sum Insured Ratio	Primary Member Secondary Member (Guardian): 80%			
Cam modrod resid	(Student): 20%			
Sum Insured Bifurcation (PER	Primary Member (Student): Rs. 1,00,000 (Rupees One Lac only)			
UNIT)	Secondary Member (Parent or Guardian): Rs. 4,00,000 (Rupees			
,	Four Lac only)			
Relationship Type	Non Employer-Employee			
Policy Type	The Policy shall be on the 'Named' basis for ONE (01) Student as			
	well as ONE (01) Parent or Guardian mentioned in the enrollment			
	form of the respective educational institution			
	The Insurance Company may ask the respective 'Educational			
	Institution' to provide the data of the primary insured member			
	and/or the secondary insured member during the enrolmen			
	and/or before the inception of the Insurance Policy. The Insurance			
	company may also, at its discretion issue an 'Unnamed' polic			
· ·	based on the declaration provided by the respective educations			
	institution			
Enrollment Type	Non-Selection. The educational institution to provide a declaration			
	(online or offline) for the coverage of 'All-students'. No selection			
	shall be permissible by the respective educational institution. Th			
	coverage is mandatory for all student(s) and their respective ON			
	(01) parent/ guardian			

Total Sum Insured PER U	JNIT Rs. 5 Lac (Rupees Five Lac)	
(Primary Insured Member	•+	
Secondary Insured Memb		
Mid-Term Addition Deletic	ons Permissible only to the students & their respective Parent/	
	Guardian by the means of 'New Admission'. Deletion by the	
•	means of opting out of the educational institution	
Waiting Period	No Waiting Period. All Insured members are covered from Day	
	One (01) in the policy	
Group Administrator	The educational institution shall be the Master Policy Holder of the	
	Policy	
Geographical Boundary	The Policyshall be 24 x 7 World-wide cover	
PLAN	B: OPTIONAL COVERAGE (MEDICLAIM POLICY)	
Particulars	Deliverables	
Insured Details	Primary Insured Member: The Student studying under the colleges,	
	institutions, universities which are affiliated, associated, administered,	
	categorized under The Higher & Technical Education, Government of	
	Maharashtra	
Sum Insured	The total sum insured per student is INR 2 Lacs (Rupees two lacs only)	
Relationship Type	Non Employer-Employee	
Policy Type	The Policy shall be on Named basis for ONE (01) student only. The	
	Insurance company may ask the respective Educational Institution to	
	provide the data of the primary insured member during the enrolment and	
	or before the inception of the insurance policy.	
Enrollment Type	Non-Selection. The educational institution to provide a declaration for the	
	coverage of 'All-students'. No selection shall be permissible by the	
	respective educational institution. The coverage is mandatory for al	
	student(s) and their respective ONE (01) parent/ guardian	
Mid-Term Addition	m Addition Permissible only to the students by the means of 'New Admission	
Deletions	Deletion by the means of opting out of the educational institution.	
Waiting Period	No Waiting Period. All Insured members are covered from Day One (01) ir	
	the policy	
Group Administrator	The educational institution shall be the Master Policy Holder of the Policy	
Geographical Boundary	The coverage shall be restricted to the Geographical Limits within the	
	boundaries of Republic of India (National Coverage)	

2. Benefits. (Accidental Coverage)

Accidental Coverage	Benefits	Comp	Compensation as % of the	
		1 '	al Sum Insured	
	Death Only/ Permanent Total Disability	100%)	
	Loss of One Limb or One Eye	50%		
	Loss of Sight on Both Eyes	100%)	
	Loss of Both Hands and Or Loss of Both Fed	et 100%)	
	Loss of one hand and Loss of One foot	100%)	
	Loss of One Eye and One Hand)	
	Child Education Grant	10%	of Capital Sum	
		Insure	ed T	
Partial Disablement				
due to Accident	Loss Covered		Percentage of Sum	
			Insured	
	•			
•	Loss of Use/ Physical Separation: One e	ntire hand	150%	
•	One entire foot		50%	
	Loss of Sight of one eye		50%	
	1. Loss of toes – all		20%	
	Great both phalanges		5%	
	Great – one phalanx		2%	
	Other than great if more than one toe los	t	1%	
	2. Loss of Use of both ears		50%	
	3. Loss of Use of one ear		20%	
	4. Loss of four fingers and thumb of one ha	nd	40%	
	5. Loss of four fingers		35%	
	Loss of thumb		25%	
	6. Loss of both phalanges - one phalanx		10%	
	Loss of Index finger - three phalanges		10%	
	7. Loss of two phalanges		8%	
•	Loss of one phalanx		4%	

	Loss of middle finger – thr	ee nhalanges	6%
		50 p	4%
	Loss of two phalanges		2%
	Loss of one phalanx	huo	5%
	Loss of ring finger - three	phalanges two	4%
	. phalanges		
	one phalanx		2%
	Loss of little finger		4%
	0. three phalanges two pha	anges	3%
	one phalanx		2%
	Loss of metacarpus -first	or second (additional)	3%
	11. third, fourth or fifth (addit		2%
			Percentage as
· .		•	assessed by the
			independent
	12. Any other permanent pa	rtial disablement	Registered Medical
			Practitioner
		- Danofit The navme	nt of Lumpsum amount
	l. Accidental Deal	in the event of an a	accidental death of the
Coverage		escribed in the table abo	
Specifications	II Accidental Per	manent Disability Bene	efit - The payment of
Оробинович	Lumpsum amou	ınt to the nominee in th	e event of an accidental
	permanent disa	bility of the beneficiary a	as described in the table
	above	•	
	III. Accidental Part	ial Disability Benefit- Th	ne payment of Lumpsum
	amount to the	nominee in the event	of an accidental partial
	disability of the	beneficiary as describe	d in the table above
	IV. Child Educatio	n Welfare / Children L	ducation Grant - In the ablement of the Insured
	event of death	or permanent total and	as defined, the Insurance
	Company sha	Il pay 'Child Education	Grant' for the Student
	enrolled in the	policy an additional cor	mpensation of a lumpsum
·	pay out of10%	of the Capital Sum Ins	sured once per event, per
	policy period		
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Accidental Hospitalisation Benefit: A cashless hospitalisation
benefit across the network of empanelled hospitals (Pan-India)
in case of bodily injuries to the primary insured member or the
secondary insured member the expenses towards the
treatment during the hospitalization for up the maximum of INR
50,000/-(Primary Plus Secondary insured) floater amount Per
policy period. In case of the hospitalization event at the non-
network/ non-empanelled hospital, the insured can claim for the
reimbursement of expenses from the Insurance Company
towards the treatment undertaken at the hospitalisation due to
accident. The policy shall cover only medicinal expenses
including (not limited to); Room/ ICU Charges, Doctor's Fees,
Cost of Investigation, Pharmacy Charges, Nursing Charges. All
non-medical expenses, consumables shall not be payable
under the policy

PLAN B: OPTIONAL COVERAGE (MEDICLAIM POLICY)

. Lat bit of the double (MEDIOD MINIT OFFOT)				
Nature of Coverage	Pure Hospitalization Cover only. The proximate cause of hospitalization			
	should be 'Emergency' in Nature. Any planned procedures, treatm			
	surgeries shall NOT be under the scope of cover under this policy			
Coverage	I. Cover Type: Hospitalization Only			
Specifications	II. Admissibility: Cashless in Network Hospitals, Reimbursement in			
	Non-Network Hospitals & Pre & Post Hospitalization Claims			
	III. In-patient Hospitalization for Covid_19: Covered			
	IV. Pre-Existing Conditions: Covered from Day One			
	V. Waiver of 30 days, 1st Year Exclusion, 2nd Year Exclusion & 4th			
	Year Exclusion			
	VI. Class of Treatment: Private Room (subject to Clause VII)			
	VII. Room Rent Restriction: 2% of Sum Insured for Normal & 4% fo			
	· ICU			
	VIII. Pre & Post Hospitalization: Medical Expenses arising 30 days Prior			
	to Hospitalization & 60 days post hospitalization shall be payable			
IX. Ambulance Charges of INR 2000/- Per Hospitalizati				
	be payable			
	X. Dental Treatment: Payable only in case of an accident			
	XI. Vision: LASIX, LASER Procedure, Corrective Treatments shall be			
	payable for up to Rs. 25,000/- per eye in case if the corrective			

- procedure is necessitated for the Insured with reciprocal length / corrective index of + 7 Diopter
- XII. AYUSH Treatment: In-patient hospitalization for AYUSH Treatment shall be payable up to the base sum insured
- XIII. Claim Intimation: Not exceeding 7 days post hospitalization

3. Important Terms and Conditions

General Terms & I. The Terms & Conditions of the Tailor-made Personal Accident Conditions Insurance Policy under 'Student Accident Insurance Scheme' shall be governed by this Tender Document and 'To-Be-Issued' G.R, Tripartite Agreement and/or the 'Work Order' issued to the shortlisted

Insurance Company/ Insurance Companies.

- II. The Insurance Company shall issue the Insurance Policy in total conformity with the terms & conditions of this Tender Document.

 The Terms & Conditions which are not expressly agreed to in this document will not be binding on the insured.
- III. The claims shall be settled whether Approved, Repudiated or Shortfall within 21 days of the receipt of the Duly Completed Claim Form with the relevant documents. If there is any additional requirement in the insurance claim, the letter should be forwarded to the concerned claimant or the representative of the claimant along with the copy to the representative of the Integrated Risk Insurance Brokers Limited
- IV. The Claim Intimation shall be provided to the Insurance Company favorably within 15 days of the occurrence of the incident/ accident & No Later than 120 days of the occurrence of the incident/ accident. The Insurance Company shall NOT be responsible for payment of claims to the beneficiary for any claims submitted after 120 days from the date of Occurrence of Accident/ Incident
- V. After sanctioning the claim amount, the Insurance Company shall deposit the 'Compensation' in INR (Indian Rupees) within 15 days via NEFT/ RTGS/ IMPS or any other electronic mode of payment as permissible by the Banking Regulations.
- VI. In case of the Non-availability of the nominee as the Parent/ Guardian (Secondary Insured Member) on the Admission / Enrollment form, the benefit of insurance shall be provided upon

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·	the receipt of the 'Legal Heir Certificate' from the respective
	tahsildar / taluka-office/ district court or as deemed appropriate&
	amended by the relevant authority.
	VII. The extent of disability, whether Permanent Total, Partial,
	Temporary or any other shall be determined & validated by the Civil
	Surgeon of the Government which shall be final & binding upon the
	Insurance Company as well as the insured/ claimant. The
	entitlement of the compensation, benefit shall be in accordance
	with the certification by the Civil Surgeon of the Government.
	Any violations to the Claim Settlement methodology, timelines, dispute
	shall be resolved by the Nodal Agency (Integrated Risk Insurance Brokers
	Limited). The Nodal Agency shall take up the 'unresolved disputes' with
	the IRDA and/or the Ombudsman as deemed appropriate and necessary.
Policy Exclusions	l. Suicide or Attempt of Suicide
	II. Intentional Self Injury
	III. Pregnancy or Childbirth
	IV. Bleedings from the inner organs
	V. Aviation, other than as a passenger
	VI. Participation in Motor Rallies, Adventure Sports
	VII. War, including civil war
	VIII. Natural Death
	IX. Terrorism, except attack by Naxalites
	X. Any Accidental Event Under the influence of alcohol, drugs,
	psychotropic substances
	XI. Accidents Arising out of event of misfeasance
	XII. Nuclear Radiation or Nuclear Weapons Materials
	XIII. Murder by immediate beneficiary.
	,°.