

FORM 23 (See Rule 46)
REGISTRATION MAHARASHTRA STATE, INDIA

Vehicle Number: **MC1E4CAA4DP021087**
 Engine Number: **D37028604**
 Unladen Weight (Kg): **2115**
 Gross Vehicle Weight (kg): **3310**
 Colour: **White**
 Fuel Used: **74.6**
 Engine Capacity: **74.6**
 Horse Power (BHP): **4**
 Number of Cylinders: **10**
 Seating Capacity (including driver): **Person's**

Axis	Number of Tyres	Type Description	Registered Axle Weight (kg)
Front	2		1510
Rear	2		2000
Additional Trailer Particulars			
Front			
Rear			
Type of Body			
Unladen Weight (kg)			

Form : 20 (Registration-New)

Registration Number: **MP-20CT-6217**
 Registration Date: **12-MAR-2013**
 Reg. Owner's Name: **SAIL RATNAMMA SUBHAS DEVARDA HOMOEOPATHIC HOSPITAL**
 Son/Wife/Daughter of:
 Address: **77, SUBAMA NAGAR, AURANGABAD**
10, UNST. AURANGABAD

Maker: **FORGE motors ltd**
 Class of Vehicle: **Light Motor Vehicle**
 Maker's Class:
 Wheel Base (mm): **FORGE TRAVELLER AMBULANCE**
 Model & Year of Mfg.: **2013**
 Motor Vehicle is: **Original**
 Vehicle Description/Type of Body:
 Ambulance: **12-MAR-2013**
 Original Date of Reg. Certificate Valid Up to: **07-MAR-2015**
 Owner Serial No.: **1 WEY. 12-MAR-2013**

Signature of Registered owner
 (Certificate of Registration valid only if signed by Registered Owner)

Signature
 Principal
TALBHARI VAJPAYEE HOMOEOPATHIC
MEDICAL COLLEGE & HOSPITAL,
 A/P Jalke BK, Devgad Phata, Tal-newasa
 Dist Ahmednagar (MS) 414603

#12A 0002974

Registered Number
Registration Date
Reg. Owner's Name

NH-29CT-6217
12-MAR-2013

Smt. BATHAMALA SURESH DESAI
Smt./Wife/Daughter of

77, SIRAMA NAGAR, AIRANGARAO

Address

77, SIRAMA NAGAR, AIRANGARAO
10, DUST, AIRANGARAO

Address

Maker

Force Motors Ltd
Class of Vehicle
Maker's Class

Light Motor Vehicle

Wheel-Basis (mm)

Mon. & Year of Mfg.

Motor Vehicle is

Vehicle Description/Type of Body

Ambulance

Original Date of Reg.

Certificate Valid Up to

Owner Serial No.

FORCE TRAVELLER AMBULANCE

2013

Original

12-MAR-2013

07-MAR-2015

1 WBT 12-MAR-2013

Specimen Signature of Registered owner
(Certificate of Registration valid only if signed by Registered Owner)

FORM 23 (See Rule 48)
REGISTRATION MAHARASHTRA STATE, INDIA

Chassis Number

Engine Number

Unladen Weight (Kg.)

Gross Vehicle Weight (Kg.)

Colour

Fuel Used

Cubic Capacity

Number of Cylinders

Seating Capacity

(Including Driver)

MC1E4CAA4DP021087

D37028604

2315

3510

White

74.6

74.6

4

10 Persons

Passenger

Person

Registered

Age Weight

(Kg)

1510

2000

Type

Description

Number

of Tyres

Front

Rear

Random

Other

4

2

Additional Tyre Particulars

Front

Rear

Random

Other

Type of Body

Unladen Weight (Kg.)

Form : 20 (Registration-New)

Sandeep
Principal
ATALBHARI VAJPAYEE HOMOEOPATHIC
MEDICAL COLLEGE & HOSPITAL,
AP Jalgaon BK, Devgad Phata, Tal-narasara
Dist Ahmednagar (MS) 414603



POLICY SCHEDULE CUM CERTIFICATE OF INSURANCE
Commercial Vehicle Package Policy

Insured's Details		Policy Details	
Insured's Name:	ARJUN RANGNATH GHUGE	Policy number:	16040031160100000609
Customer ID:	PO20067140	Period of cover:	13/04/2016 01:13:51 PM to 12/04/2017 11:59:59 PM
Insureds Address:	A/P ADGAON TQ. DIST. AURANGABAD,,, AURANGABAD(MA) ,MAHARASHTRA, 431003	Registration no.	MH-20-CT-6217
Prev. Policy no.	1604001510062130	Make/Model:	FORCE MOTO/Traveller26
Email:		Receipt no.	16040081160000000853 - 13/04/16
Phone Number :	8888889632 / 9860895132 /	Fax Number :	NA / NA

Issuing office		New India Contact	
Address	AURANGABAD DO-160400 (160400), AJAY ENGINEERING COMPOUND, , ADALAT ROAD, AURANGABAD , MAHARASHTRA , 431005.	Agent / Corp. Agent / Broker / Banc Assurance/ Referral Code - Name	Mr. Nandkishor Rameshwarji Charkha - (NIA2D12510603)
Phone no	02402333572 / 02402333361	Phone no	0240.2344794 / / 9422214794
Fax no.	02402331226 / NA	Fax no.	/
Email	nia.160400@newindia.co.in	Email	nrcharkha@gmail.com /
Claim Contact	AURANGABAD (160002)	Development officer level Name/Code	HEMANT MADHUKAR MARATHE - (2D10753301)
		Claim Contact Detail	1st floor, J.K.Tower, Adalat Road, Aurangabad 431005,,02402345715//

Policy Details					
Geographical Area / Zone:	India/C	Year of manufacture:	2013		
Type of Commercial Vehicles:	D - Misc-Special Type	Sub Type:	AMBULANCE		
Name of the Financier:	DEOGIRI NAGARI SHAKARI BANK LTD	Chassis no./Engine no.:	MC1E4CAA4DP021087/D370286 04		
Type of fuel:	Diesel	Cubic capacity (cc):	0		
Type of body:	Ambulance	Gross Vehicle Weight (GVW):	0		
Seating capacity including Driver:	3	Variant:	Traveller		
Automobile Association membership:		Colour:	OTHER COLOR		
Cover Note No/Cover Note Issue Date:	/	Name of registration authority:	Aurangabad		
Transit From	NA	Transit To	NA	Distance Covered	NA

IDV(In `) Based on annexure-I

Vehicle	Trailer	Non-Elec Acc	Electrical Acc	Bi-fuel kit	Total Value
480814	0	0	0	0	480814



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Policy No. : 16040031160100000609 Document generated by 37937 at 13/04/2016 13:50:39 Hours.

Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.

For redressal of your grievance, if any, you may approach any one of the following offices- 1. Policy issuing office 2. Regional office 3. Head office. In case you are not satisfied with our own grievance redressal mechanism, you may also approach Insurance Ombudsman. For details of our office locations and addresses, please refer to our website.

Sd/-
Principal
TALBHARI VAJPAYEE HOMOEOPATHIC
MEDICAL COLLEGE & HOSPITAL
V/P Jalke BK, Devgad Phata. Tal. newa
Dist. Ahmednagar MS 414001



Schedule of Premium

Own Damage		Liability	
Basic OD Cover		Basic TP Cover	
		Compulsory PA cover for Owner Driver, LL to paid driver conductor cleaner employed for oprn	
OD Premium in `	3945	TP Premium in `	4202
Net Premium in `:		8147	
Service Tax in `:		1182	
Total Payable in `:		9329	

Limitations as to use	Limits of Liability
The Policy covers use only under a permit within the meaning of the Motor Vehicles Act, 1988 or such a carriage falling under Sub-section 3 of Section 66 of the Motor Vehicles Act, 1988. The Policy does not cover use FOR a) Organised racing b) Pace Making c) Reliability Trials d) Speed Testing	Limit of the amount the Company's Liability Under Section II 1(i) in respect of any one accident: as per the Motor Vehicles Act, 1988. Limit of the amount of the Company's Liability Under Section II 1(ii) in respect of any one claim or series of claims arising out of one event: Up to ` 7,50,000
	For individual covers (OD) in `:
	480814
	Imposed excess in `:
	0
	Voluntary excess in `:
	0
	Compulsory excess in `:
	2404

Persons or classes of persons entitled to drive

Any person including the 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 and that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicles Rules, 1989.

PA cover for Owner Driver

Name of Nominee	Age of Nominee	Relationship with the Insured	Name of the Appointee (if Nominee is a minor)	Relationship to the Nominee
NA	NA	NA	NM	NM

PA cover for named persons

Name	CSI Opted()	Nominee	Relationship
NA	NA	MRS GHUGE	WIFE

In witness where of this policy has been signed at Mumbai on this 13/04/2016
WARRANTED THAT IN CASE OF DISHONOUR OF THE PREMIUM CHEQUE, THIS DOCUMENT STANDS AUTOMATICALLY CANCELLED ABINITIO
This policy is subject to the Terms, conditions and exceptions applicable to Package/Liability policy attached/available on the web site <http://newindia.co.in>; IMT Endorsement Number(s) printed herewith attached 40.7.

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 Vehicles Act, 1988 is recoverable from the insured: see clause headed "AVOIDANCE OF CERTAIN TERMS AND RIGHTS OF RECOVERY". It is clarified that in case the declaration regarding the ncb or other previous policy details made by the insured, is found to be incorrect, all the benefits (including claim) under section-1 of this policy, will stand forfeited.

I/We hereby certify that the policy to which this Certificate relates as well as this Certificate of Insurance are issued in accordance with the provisions of Chapter X and XI of M.V. Act, 1988. NIA S.T.REGN No: AAACN4165CST178.

For and on behalf of The New India Assurance Company Limited.

Phamme
Duly Constituted
Attorney(s)



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विकास अधिकारी
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COLLECTION RECEIPT CUM ADJUSTMENT VOUCHER

Issuing Office : AURANGABAD DO-160400 (160400)
Address : AJAY ENGINEERING COMPOUND,
ADALAT ROAD, AURANGABAD
.431005
KRANTI CHOWK (AUANGABAD)
Phone : 02402333572
Email : nia.160400@newindia.co.in
Fax : 02402331226
Collection Number : 16040081160000000853
Collection Date : 13/04/2016
Business Source Code : 2D10753301

Received with thanks from ARJUN RANGNATH GHUGE.

The amount received/Adjusted is towards -

Policy No.	A/C Description	Amount*	A/C Code	Sub A/C Code
16040031160100000609	Bank-160400	9329.00	9100.160400	BA00007850-160400-9100

Total = ₹ 9329.00

Your Payment/Adjustment Details are as under -

Mode	Amount*	Cheque No.	Cheque Date	Drawee Bank	Drawee Branch	Reference No.	Scroll/BG/ APD Balance
Cash	9329.00	N.A.	N.A.	N.A.	N.A.	1604001610004487	N.A.

Total = ₹ 9329.00

Utilization details of the Collected Amount :

Premium	Service Tax	Stamp Duty	Excess Amount
8147.00	1182.00	0.00	0
Sl no.	Agency Code	Agency Name	Department Code
1	NIA2D12510603	MR. NANDKISHOR CHARKHA	31

For The New India Assurance Company Limited

Revenue Stamp

Date of Issue: 13/04/2016



Signature

Authorized Signatory

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NIA S.T.REGN No: AAACN4165CST17B.

Note -

1. Please quote the Policy Number, Collection Number and date in all future correspondence.
2. NIA shall not be liable for any claim arising out of sales made during the period between the due date and date of payment of the installment if the premium paid has been exhausted by turnover declarations/if there is insufficient premium balance.

Policy No. : 16040031160100000609 Document generated by 37937 at 13/04/2016 13:50:39 Hours.

Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.

Page No. 1

Principal
DR. BIHARI VAJPAYEE HOMOEOPATHIC
MEDICAL COLLEGE & HOSPITAL
A/P Jalke BK, Devgad Phata, Tal-newasa
Dist Ahmednagar (MS) 414607

#12A 0002974

Registered Number : MH-20CT-6217
Registration Date : 12-MAR-2013
Reg. Owner's Name :

ARJUN RANGNATH GHUGE
Son/Wife/Daughter of
Address

321 ADGAON BK TO:-KHULTABAD
DIST:-AURANGABAD
Address (Permanent)

Maker's Name

force motors ltd
Class of Vehicle
Maker's Class

Light Motor Vehicle

FORCE TRAVELLER AMBULANCE
Wheel-base (mm)

Mon. & Year of Mfg. : 2013

Motor Vehicle is : Original

Vehicle Description/Type of Body :

Ambulance

Original Date of Reg. : 12-MAR-2013

Certificate Valid Upto : 07-MAR-2015

Owner Serial No. : 1 WEF. 12-MAR-2013

Specimen Signature of Registered owner

(Certificate of Registration valid only if signed by Registered Owner)

FORM 23 (See Rule 48)
REGISTRATION MAHARASHTRA STATE, INDIA

CERTIFICATE OF REGISTRATION
Chassis Number : MC1E4CAA4DP021087
Engine Number : D37028604
Unladen Weight (Kg.) : 2115
Gross Vehicle Weight (Kg.) : 3510
Colour : White
Fuel Used : Diesel
Cubic Capacity : 74.6
Horse Power (B.H.P.) : 74.6
Number of Cylinders : 4
Seating Capacity (Including Driver) : 10 Passengers
per person

Axle	Number of Tyres	Tyre Description	Registered Axle Weight (Kg.)
Front	2		1510
Rear	2		2000
Tandem			
Other			

Additional Trailer Particulars

Type of Body	Unladen Weight (Kg.)
Front	
Rear	
Tandem	
Other	

Signature of Principal

Form : 20 (Registration-New)

TALBHARI VAJPAYEE HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL, AP, Jalite BK, Devgad Phata, Tal-newasa Dist. Ahmednagar (MS) 414603

S-272170

Subject to HPA/HYP/Lease Agreement with

DEOGIRI NAGARI SAHAKARI BANK LTD
KRANI CHAUK AURANGABAD

Specimen Signature of Financer

Date: 08-MAR-13

The Certificate is renewed

Validity of the certificate

8. The certificate of Registration is valid throughout the State of India by payment of the tax due under the provision of any legislation in force.
9. If the vehicle to which the certificate refers is a transport vehicle used for the carriage of the goods or passengers for hire or reward, a permit is required under the provisions of section 66 of the Act. The certificate of Registration is effective so long as there is in force a Certificate of Fitness issued under section 56, and permit under section 66.

Cessation of validity of the certificate

10. If the Vehicle described in the certificate is destroyed or becomes permanently unfit for use, or is permanently removed out of India, the registered owner should return the certificate of the registration to the authority with whom the vehicle was registered. This should be done within 14 days. Failure to do so renders the owner liable for prosecution.
11. Using a overloaded goods or passenger vehicle is an offense, wherein, the excess goods can be offloaded in addition to the penal action as per the law.

BSERVE SAFETY RULES ON ROAD. DRIVE DEFENSIVELY AND AVOID ACCIDENTS.

Date:

12-MAR-2013

Signature


M Registrar
AURANGABAD
(P.T.O.)