

**INSURANCE CONFIRMATION LETTER**

**15-01-2021**

**To,**

DR. RAJENDRA GODE INSTITUTE OF TECHNOLOGY AND RESEARCH, AMRAVATI  
MARDI ROAD, AMRAVATI, MAHARASHTRA-444602

**Policy Name:** Group Personal Accident Insurance

Dear Sir / Madam,

We would like to thank you for having preferred us for your Insurance requirements and hereby confirm acceptance of below captioned risk, basis the details given below:

<b>Name of the Client</b>	DR. RAJENDRA GODE INSTITUTE OF TECHNOLOGY AND RESEARCH, AMRAVATI
<b>Type of Policy</b>	Group Personal Accident Insurance
<b>ADDRESS</b>	MARDI ROAD, AMRAVATI, MAHARASHTRA-444602
<b>Policy Period</b>	14/01/2021 00:01 hrs To 13/01/2022
<b>Transaction Ref. No.</b>	1344044244
<b>Renewal Policy No.</b>	-

Note:

1. This letter is being issued in interim till Policy is issued by the Company in due course. Terms and conditions of the coverage shall be as per the policy document issued.

Authorized Signatory



**For HDFC ERGO General Insurance Co. Ltd,**

**PAN No. : AABCH0738E**

**Service Tax Registration No.: ST/MUM/DIVIII/GIB/05, Category of Service: General Insurance Business**