



Office of the Dean of Students Welfare
Indian Institute of Engineering Science and Technology, Shibpur
(Formerly BESU, Shibpur, Estd. In 1856)

No. DSW/Int/ 495 / 19

Dated: August 13, 2019

CIRCULAR

It has been decided by the competent authority to implement Group Health Insurance Policy & Group Personal Accident Policy for the 1st Year B.Tech students admitted in current academic session, i.e. 2019-20. The said policy will cover medical expenses for a sum insured of Rs. 100,000/- on hospitalization due to all diseases. Cashless Access Service will also be extended from the insurer apart from 100% reimbursement of admissible claim. The facility of above mediclaim policy will also be applicable International students, but claim will be paid in Indian Rupees only. The Accidental benefits under the said policy are as follows. All B.Tech. 1st Year students have already paid a sum of Rs. 1000/- (Rupees Thousand Only) during their Semester Registration for availing the above policy.

Sl. No.	Incidence	Group Personal Accident (GPA) Policy
1	Accidental Death of the paying parents/guardian	Rs. 3.0 Lakh and cost of study (total fee and mess charges for the balance period i.e. 50,000 per semester approx.) in the event of accidental death of the paying parent/guardian.
2	Accidental Death or incapacitation /permanent disability of the student	Rs. 2.0 Lakh for the family of the student in case of his/her accidental death or incapacitation/ permanent disability.
3.	Loss of one limb or one eye	50% of the sum insured.
4.	Loss of two limbs or two eyes	100% of the insured amount.

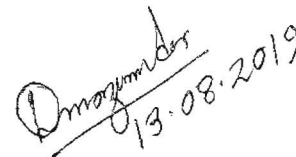
In view of emergent need of medical facility, the competent authority is pleased to extend the above Mediclaim cum Accidental Policy to all 2nd, 3rd and 4th Year UG students as well as 1st and 2nd Year PG students with age maximum 25 years. Therefore, all the concerned students are advised to exercise their willingness to participate in the above policy by filling in an OPTION Form available from the Office of Dean (Students Welfare). They are also to give their consent (as mentioned in the Form) to deduct the requisite premium amount (Maximum Rs. 1000/-) from their respective Bank A/c. The last date of exercising such option is set to 27th August, 2019.

Sd/-

(Prof. Debabrata Mazumder)
Dean of Students Welfare, IEST, Shibpur

Copy to:

- 1) All Heads of Departments, Schools and Centres
- 2) All Deans and Associate Dean (S/W)
- 3) Registrar and Dy. Registrar (Finance)
- 4) P.S. to Director
- 5) All Hostel Wardens
- 6) Office Copy


13.08.2019

(Prof. Debabrata Mazumder)
Dean of Students Welfare, IEST, Shibpur

To
The Dean (Student Welfare)
IEST, Shibpur

Sub: Option for Student Group Medclaim and Personal Accident Policy

Sir,

I _____ (Name in BLOCK letter), S/D of _____ (Father/Mother name) am studying in the department of _____ (Department name) in Undergraduate/Post-graduate course. My registration number is _____.

After going through the terms and conditions of the Student Medclaim Policy, I hereby exercise my option to accept the newly introduced Student Group Medclaim and Personal Accident Policy from this semester. I also agree to pay the amount of Rs. _____ towards the semi-annual premium of the above policy. Now, I would request you arrange for deducting the aforesaid amount from my Bank A/c No. _____, lying with UCO Bank in I.I.E.S.T., Shibpur Campus.

Yours faithfully

Signature: _____

Date: _____

Name of the Student: _____

Permanent Address _____

❖ To be submitted to the Office of Dean (Student Welfare)