



# **Babu Banarasi Das Institute of Technology & Management, Lucknow**

## **Student Mediclaim and Personal Accident Policy**

The institution Mediclaim and personal accident policy framed with an objective to support the student in case of emergency or any severe medical complication/treatment.

This policy has insured of Rs.25000/- per student for Mediclaim & Rs.1,00,000/- per student for personal accident on same rate.

Rs.189/- per student and GST @18%= Rs. 233.02

The main features of the policy for students are as under:

1. Student Mediclaim policy tailor-made for the students.
2. Risk cover under policy of Rs.25000/- per student.
3. Room rent under this policy of Rs. 1000/- per day.
4. Nursing charges of Rs 100/-per day.
5. ICU charges of Rs. 2000/- per day.
6. Nursing charges for ICU of Rs. 2000/- per day.
7. Ambulance charges of Rs.350/- (in case of emergency)
8. No cap in the policy like doctor's fee, surgery charges, Medicines, investigation and room halting charges etc. The reimbursement is up to sum insured i.e. 25000/-
9. There is no waiting period under this policy, all type of claim will be payable from very first day, even for first year students as well.
10. Personal accident covers for Rs. 1 lac per student in the unfortunate case of accidental death or permanent total disabled of the student.

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## Student Mediclaim and Personal Accident Policy

To,

Date: / /

**The Dean – Student Welfare  
Babu Banarasi Das Institute of Tech. & Mgmt.,  
Lucknow**

Respected Sir,

I am submitting herewith Medical Reimbursement claim of Rs. ....

(in words ..... ) on account of Medical Expenditure incurred by me for treatment of Self duly verified by AMA/ Hospital.

Enclosures:

1. Prescriptions and Reports .....pages
2. Details of Receipts as given below in .....pages:

S.No.	Cash Memo / Bill Receipt No.	Amount (inRs.)
<b>Total :</b>		

Declaration: I hereby certify that the amount claimed by me as detailed above has been paid by me and not claimed from any other organization.

**Yours Faithfully,**

**Signature:** .....

**Name:** .....

**Admission No.:** .....

**Mobile No.:**.....

**Student's Bank Account Details:**

**1) Bank Name & Address:**

**2) Bank Account No. :**

**3) IFSC Code:**