



MAHARASHTRA INSTITUTE OF PHYSIOTHERAPY, LATUR

NATIONAL INSURANCE COMPANY LTD.
(DIVISIONAL INSURANCE CO.LTD)

205, 8-2, e-Ward, Cosmos Commercial Complex, Station Road, Kolhapur.
AMARTYA SIKSHA YOJANA POLICY-2023-2024.
(For Medical & Paramedical students in the state of Maharashtra)

UNDERTAKING

Only the earning Parent/Legal Guardian if any is authorized to claim the AMARTYA SIKSHA YOJANA POLICY.

I read the Terms and Conditions of Insurance policy.

The claim will be effective from the date of Demand Draft received by National

Insurance Co. Ltd. at Kolhapur. I am admitted in BPTth (UG) course in the academic year 2023-2024 and I am fully understood and agreed to the above undertaking given by us.

(Signature of Student)

Student Name: _____
(Full Name in Capital Letter)

(Signature of Earning Parents/Legal Guardian)

Earning Parents/Legal Guardian age: _____

Name of Earning Parents/ _____

Legal Guardian (Full Name in Capital Letter)

Relationship with Student: _____

Address: _____

Student Mobile No.1) _____ 2) _____

Date: / /2023

Place:-Latur