



ಭಾರತೀಯ ಜೀವ ವಿಮಾ ನಿಗಮ  
भारतीय जीवन बीमा निगम  
LIFE INSURANCE CORPORATION OF INDIA

UDUPI DIVISION

LETTER OF AUTHORISATION

Designation and full Postal Address of the Paying Authority

To The PRINCIPAL  
B.B. HEGDE COLLEGE  
Kundapur

Agent's Code No.: LIC 02255-301  
Agent's Name: ASHOKA NAILKOD  
POST KAVRADY - 576 211  
KUNDAPURA TQ., UDUPI  
5482461751 ✓  
D.O./CLIA/FSE Code No.: 1186-620

Dear Sir,

Re : Policy No. 366391629

I have taken out a Life Insurance Policy with the Life Insurance Corporation of India, particulars of which are given below, and I desire to pay the premiums by deduction from my salary every month. I request you to kindly arrange to deduct the premium amount every month and arrears, if any, with interest till further advice, to the Life Insurance Corporation of India, Branch Office \_\_\_\_\_

I agree that your liability will be confined to making arrangements for deduction of premium from my salary wherever this can be made and for remitting the amount of deduction to the corporation in time upto the month and year of last instalment stated below, or till I give you and LIC of India a specific notice of withdrawal of Authorisation after a minimum period of 3 years from the date of commencement of the Policy. I shall be entirely responsible for any consequences on account of non-payment of premium on my Policy for reasons beyond your control, such as in the event of my proceedings on leave without pay or my drawing advance salary without deduction of premium per chance, or my withdrawing this authorisation for deduction of premiums by a due notice to you and to the Corporation after the initial period of 3 years as stated above, on my being transferred to an office where the salary saving scheme has not been introduced, or my leaving your employment. In any such case, or in case of withdrawal of the Salary Saving Scheme with you by the Life Insurance Corporation of India for any reason whatsoever, it will be my responsibility to make arrangements for remittance of the premium direct to the Corporation at the increased rate specified in the Policy to prevent my Policy from going into a lapsed condition.

Policy Holders Particulars

- 1. Name \_\_\_\_\_ (in block letters) 2. Designation \_\_\_\_\_
- 3. Whether you are a Gazetted Officer \_\_\_\_\_ 4. Place of Work \_\_\_\_\_  
(in case you are a Govt. Employee)
- 5. Dept. in which working \_\_\_\_\_ 6. Ticket No./Cheque No./Salary Roll No./Badge No.if any  
 9486   
Sub Code \*Sequence No.
- 7. P.A. Code No. (including suffix in case of SSS)
- 8. Name of Treasury \_\_\_\_\_  
(in case of Karnataka Govt. Employee)

*[Handwritten Signature]*

(Signature of the Proposer / Policy Holder)

Date \_\_\_\_\_

To be filled by the issuing Branch Office

BRANCH OFFICE Kundapura

Branch Code No. 301

9486

Sub Code

Sequence No.

- 1. P.A. Code No. (including suffix in case of SSS)
- 2. Policy No. 366391629 Sum Assured Rs. 500000
- 3. Monthly Installment Premium: 1944 + 87 = 2031  
(Excluding Service Tax)
- 4. Deduction to commence from 28-08-2020
- 5. Month and year of last monthly instalment due 28-5-2036
- 6. Date of Maturity 28-06-2045

To be filled by the employer (GSD Cases only)

- 1. P.A. No. \_\_\_\_\_
- 2. Sub P.A. No. (if any) \_\_\_\_\_
- 3. Sequence No. \_\_\_\_\_
- 4. Deduction Commenced from :  
(month & year) \_\_\_\_\_
- 5. Remittance Particulars \_\_\_\_\_

Signature and Seal of the Pay Drawing Authority

Date 03-07-2020

*[Handwritten Signature]*  
P.Chief/Sr. Branch Manager

Forward to the paying Authority for arranging the premium recovery as above from the Salary of the Assured  
Sequence No. should be as per the P.D.O's requirements



UDUPI DIVISION

LETTER OF AUTHORISATION

ASHOKA NAILKOD

LIC 02255-301

Agent's Code No.: POST KAVRADY - 576 211

KUNDAPURA TO., UDUPI

Agent's Name : 9482461751

D.O./CLIA/FSE Code No.: 1186-620

Designation and full Postal Address of the Paying Authority

The PRINCIPAL  
B. B. HEGDE COLLEGE  
Kundapur

Dear Sir,

Re : Policy No. 366391630

I have taken out a Life Insurance Policy with the Life Insurance Corporation of India, particulars of which are given below, and I desire to pay the premiums by deduction from my salary every month. I request you to kindly arrange to deduct the premium amount every month and arrears, if any, with interest till further advice, to the Life Insurance Corporation of India, Branch Office \_\_\_\_\_ Under SSS/GSD/Central Govt.

I agree that your liability will be confined to making arrangements for deduction of premium from my salary wherever this can be made and for remitting the amount of deduction to the corporation in time upto the month and year of last instalment stated below, or till I give you and LIC of India a specific notice of withdrawal of Authorisation after a minimum period of 3 years from the date of commencement of the Policy. I shall be entirely responsible for any consequences on account of non-payment of premium on my Policy for reasons beyond your control, such as in the event of my proceedings on leave without pay or my drawing advance salary without deduction of premium per chance, or my withdrawing this authorisation for deduction of premiums by a due notice to you and to the Corporation after the initial period of 3 years as stated above, on my being transferred to an office where the salary saving scheme has not been introduced, or my leaving your employment. In any such case, or in case of withdrawal of the Salary Saving Scheme with you by the Life Insurance Corporation of India for any reason whatsoever, it will be my responsibility to make arrangements for remittance of the premium direct to the Corporation at the increased rate specified in the Policy to prevent my Policy from going into a lapsed condition.

1. Name \_\_\_\_\_ **Policy Holders Particulars** (in block letters) 2. Designation \_\_\_\_\_

3. Whether you are a Gazetted Officer \_\_\_\_\_ 4. Place of Work \_\_\_\_\_  
(in case you are a Govt. Employee)


5. Dept. in which working \_\_\_\_\_ 6. Ticket No./Cheque No./Salary Roll No./Badge No.if any  
 9486

7. P.A. Code No. (including suffix in case of SSS) \_\_\_\_\_ Sub Code \_\_\_\_\_ \*Sequence No. \_\_\_\_\_

8. Name of Treasury \_\_\_\_\_  
(in case of Karnataka Govt. Employee)

Place Kundapur

Date \_\_\_\_\_

  
(Signature of the Proposer / Policy Holder)

To be filled by the issuing Branch Office

BRANCH OFFICE Kundapura Branch Code No. 301  
   
Sub Code Sequence No.

1. P.A. Code No. (including suffix in case of SSS) \_\_\_\_\_  
2. Policy No. 366391630 Sum Assured Rs. 2000000  
3. Monthly Installment Premium : 790+36=826  
(Excluding Service Tax)  
4. Deduction to commence from 08/2020  
5. Month and year of last monthly instalment due 28-5-2036  
6. Date of Maturity 28-06-2045

To be filled by the employer (GSD Cases only)

1. P.A. No. : \_\_\_\_\_  
2. Sub P.A. No. (if any) : \_\_\_\_\_  
3. Sequence No. : \_\_\_\_\_  
4. Deduction Commenced from : \_\_\_\_\_  
(month & year)  
5. Remittance Particulars : \_\_\_\_\_

Date 03-07-2020 P.Chief/Sr. Branch Manager

Signature and Seal of the Pay Drawing Authority

Forward to the paying Authority for arranging the premium recovery as above from the Salary of the Assured Sequence No. should be as per the P.D.O's requirements



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LIC

UDUPI DIVISION

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जीवन बीमा निगम  
LIFE INSURANCE CORPORATION OF INDIA

LETTER OF AUTHORISATION

ASHOKA NAILKOD  
LIC 02255-301

Agent's Code No.: POST KAVRADY - 576 211

KUNDAPURA TQ., UDUPI

Agent's Name : 9482461751

D.O./CLIA/FSE Code No.: 1186-620

Address and full Postal Address of the Paying Authority

The PRINCE PA  
B. B. HEGDE  
Kundapur COLLEGE

Sir,

Policy No. 366391632

Under SSS/GSD/Central Govt.

I have taken out a Life Insurance Policy with the Life Insurance Corporation of India, particulars of which are given below, and I desire to the premiums by deduction from my salary every month. I request you to kindly arrange to deduct the premium amount every month and years, if any, with interest till further advice, to the Life Insurance Corporation of India, Branch Office \_\_\_\_\_

I agree that your liability will be confined to making arrangements for deduction of premium from my salary wherever this can be made and remitting the amount of deduction to the corporation in time upto the month and year of last instalment stated below, or till I give you and C of India a specific notice of withdrawal of Authorisation after a minimum period of 3 years from the date of commencement of the Policy. shall be entirely responsible for any consequences on account of non-payment of premium on my Policy for reasons beyond your control, such in the event of my proceedings on leave without pay or my drawing advance salary without deduction of premium per chance, or my withdrawing this authorisation for deduction of premiums by a due notice to you and to the Corporation after the initial period of 3 years as stated above, my being transferred to an office where the salary saving scheme has not been introduced, or my leaving your employment. In any such case, or in case of withdrawal of the Salary Saving Scheme with you by the Life Insurance Corporation of India for any reason whatsoever, it will be my responsibility to make arrangements for remittance of the premium direct to the Corporation at the increased rate specified in the Policy prevent my Policy from going into a lapsed condition.

Policy Holders Particulars

Name \_\_\_\_\_ (in block letters) 2. Designation \_\_\_\_\_

Whether you are a Gazetted Officer \_\_\_\_\_ 4. Place of Work \_\_\_\_\_  
(in case you are a Govt. Employee)

Dept. in which working \_\_\_\_\_ 6. Ticket No./Cheque No./Salary Roll No./Badge No. if any

9486  
P.A. Code No. (including suffix in case of SSS)

Sub Code

\*Sequence No.

Name of Treasury \_\_\_\_\_  
(in case of Karnataka Govt. Employee)

Place Kundapur

Chaitra  
(Signature of the Proposer / Policy Holder)

To be filled by the issuing Branch Office

BRANCH OFFICE Kundapura

Branch Code No. 301

9486

Sub Code

Sequence No.

P.A. Code No. (including suffix in case of SSS)

Policy No. 366391632 Sum Assured Rs. 500000

Monthly Installment Premium: 1927+87 = 2014  
(Excluding Service Tax)

Deduction to commence from 08/2020

Month and year of last monthly instalment due 28-5-2036

Date of Maturity 28-06-2045

AS  
P.Chief/Sr. Branch Manager

To be filled by the employer (GSD Cases only)

1. P.A. No. :
2. Sub P.A. No. (if any) :
3. Sequence No. :
4. Deduction Commenced from: (month & year)
5. Remittance Particulars

Chaitra  
Signature and Seal of the Pay Drawing Authority

Forward to the paying Authority for arranging the premium recovery as above from the Salary of the Assured  
Sequence No. should be as per the P.D.O's requirements

**LIC**

**UDUPI DIVISION**

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जीवन बीमा निगम  
INSURANCE CORPORATION OF INDIA

**LETTER OF AUTHORISATION**

**ASHOKA NAILKOD**

LIC 02255-301

Agent's Code No.: POST KAVRADY - 576 211

KUNDAPURA TO., UDUPI

Agent's Name: 9482461751

D.O./CLIA/FSE Code No.: 1186-620

and full Postal Address of the Paying Authority  
The PRINCIPAL  
B. B. HEGDE  
Kundapur COLLEGE

Sir,  
Policy No. 366391633

I have taken out a Life Insurance Policy with the Life Insurance Corporation of India, particulars of which are given below, and I desire to pay the premiums by deduction from my salary every month. I request you to kindly arrange to deduct the premium amount every month and

I agree that your liability will be confined to the Life Insurance Corporation of India, Branch Office KUNDAPURA, remitting the amount of deduction to the Corporation in time upto the month and year of last instalment stated below, or till I give you and LIC of India a specific notice of withdrawal of Authorisation after a minimum period of 3 years from the date of commencement of the Policy. I shall be entirely responsible for any consequences on account of non-payment of premium on my Policy for reasons beyond your control, such as in the event of my proceedings on leave without pay or my drawing advance salary without deduction of premium per chance, or my withdrawing this authorisation for deduction of premiums by a due notice to you and to the Corporation after the initial period of 3 years as stated above, or my being transferred to an office where the salary saving scheme has not been introduced, or my leaving your employment. In any such case, or in case of withdrawal of the Salary Saving Scheme with you by the Life Insurance Corporation of India for any reason whatsoever, it will be my responsibility to make arrangements for remittance of the premium direct to the Corporation at the increased rate specified in the Policy to prevent my Policy from going into a lapsed condition.

1. Name \_\_\_\_\_ Policy Holders Particulars  
(in block letters) 2. Designation \_\_\_\_\_

3. Whether you are a Gazetted Officer \_\_\_\_\_ 4. Place of Work \_\_\_\_\_  
(in case you are a Govt. Employee)

5. Dept. in which working \_\_\_\_\_ 6. Ticket No./Cheque No./Salary Roll No./Badge No. if any  
 9486

7. P.A. Code No. (including suffix in case of SSS) \_\_\_\_\_ Sub Code \_\_\_\_\_ \*Sequence No. \_\_\_\_\_

8. Name of Treasury \_\_\_\_\_  
(in case of Karnataka Govt. Employee)

Place KUNDAPURA

Date \_\_\_\_\_ (Signature of the Proposer / Policy Holder)

**To be filled by the Issuing Branch Office**

BRANCH OFFICE Kundapura Branch Code No. 301  
   
Sub Code \_\_\_\_\_ Sequence No. \_\_\_\_\_

1. P.A. Code No. (including suffix in case of SSS) \_\_\_\_\_  
2. Policy No. 366391633 Sum Assured Rs. 100000  
3. Monthly Installment Premium: 339+15=354  
(Excluding Service Tax)  
4. Deduction to commence from 08/2020  
5. Month and year of last monthly instalment due 28-5-2046  
6. Date of Maturity 28-06-2046  
Date 04-07-2020 P.Chief/Sr. Branch Manager

**To be filled by the employer (GSD Cases only)**

1. P.A. No. : \_\_\_\_\_  
2. Sub P.A. No. (if any) : \_\_\_\_\_  
3. Sequence No. : \_\_\_\_\_  
4. Deduction Commenced from : \_\_\_\_\_  
(month & year)  
5. Remittance Particulars : \_\_\_\_\_  
Signature and Seal of the Pay Drawing Authority

Forward to the paying Authority for arranging the premium recovery as above from the Salary of the Assured sequence No. should be as per the P.D.O's requirements







UDUPI DIVISION

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ಲೈವ್ ಲೈಮ್ ಇನ್ಶೂರೆನ್ಸ್ ಕಾರ್ಪೊರೇಷನ್ ಆಫ್ ಇಂಡಿಯಾ

LETTER OF AUTHORISATION

Address and full Postal Address of the Paying Authority  
**PRINCIPAL**  
**B. B. HEGDE**  
**KUNDAPUR COLLEGE**  
**Kundapur**

Agent's Code No.: **ASHOKA NAILKOD**  
 LIC 02255-301  
 Agent's Name: **POST KAVRADY - 576 211**  
**KUNDAPURA TO., UDUPI**  
**9482461751**  
 D.O./CLIA/FSE Code No.: **1186-600**

Sir,  
 Policy No. **366391636**  
 I have taken out a Life Insurance Policy Under SSS/GSD/Central Govt. with the Life Insurance Corporation of India, particulars of which are given below, and I desire to deduct the premium amount every month and if any, with interest till further advice, to the Life Insurance Corporation of India, Branch Office \_\_\_\_\_

I agree that your liability will be confined to making arrangements for deduction of premium from my salary wherever this can be made and to the extent of my proceedings on leave without pay or my drawing advance salary without deduction of premium per chance, or my withdrawing my being transferred to an office where the salary saving scheme has not been introduced, or my leaving your employment. In any such case, or in case of withdrawal of the Salary Saving Scheme with you by the Life Insurance Corporation of India for any reason whatsoever, it will be my responsibility to make arrangements for remittance of the premium direct to the Corporation at the increased rate specified in the Policy to prevent my policy from going into a lapsed condition.

Policy Holders Particulars

1. Name \_\_\_\_\_ (in block letters) 2. Designation \_\_\_\_\_

3. Whether you are a Gazetted Officer \_\_\_\_\_ 4. Place of Work \_\_\_\_\_  
 (in case you are a Govt. Employee)

5. Dept. in which working \_\_\_\_\_ 6. Ticket No./Cheque No./Salary Roll No./Badge No. if any  
 **9486**           

7. P.A. Code No. (including suffix in case of SSS) \_\_\_\_\_ Sub Code \_\_\_\_\_ \*Sequence No. \_\_\_\_\_

8. Name of Treasury \_\_\_\_\_  
 (in case of Karnataka Govt. Employee)

Place **Kundapur**

Date \_\_\_\_\_ (Signature of the Proposer / Policy Holder)

To be filled by the Issuing Branch Office

BRANCH OFFICE **KUNDAPURA** Branch Code No. **301**

**9486**              
 Sub Code      Sequence No.

1. P.A. Code No. (including suffix in case of SSS) \_\_\_\_\_

2. Policy No. **366391636** Sum Assured Rs. **100000**

3. Monthly Installment Premium: **688-00+3100 (G.S.T)**  
 (Excluding Service Tax) **719-00**

4. Deduction to commence from **08/2020**

5. Month and year of last monthly instalment due **05/2035**

6. Date of Maturity **06/2040** **P. Ch. Nayal**  
 P. Chief/Sr. Branch Manager

To be filled by the employer (GSD Cases only)

1. P.A. No. \_\_\_\_\_

2. Sub P.A. No. (if any) \_\_\_\_\_

3. Sequence No. \_\_\_\_\_

4. Deduction Commenced from: \_\_\_\_\_  
 (month & year)

5. Remittance Particulars \_\_\_\_\_

Signature and Seal of the Pay Drawing Authority

Date **30-06-2020**  
 Forward to the paying Authority for arranging the premium recovery as above from the Salary of the Assured  
 Sequence No. should be as per the P.D.O's requirements

**LIC**

UDUPI DIVISION

ಜೀವ ವಿಮಾ ನಿಗಮ  
जीवन बीमा निगम  
LIFE INSURANCE CORPORATION OF INDIA**LETTER OF AUTHORISATION**

Name and full Postal Address of the Paying Authority

PRINCIPAL  
B.B. HEGDE COLLEGE  
KUNDAPURA**ASHOKA NAILKOD**

LIC 02255-301

Agent's Code No.: POST KAVRADY - 576 211

KUNDAPURA TO., UDUPI

Agent's Name: 9482461751

D.O./CLIA/FSE Code No.: 1186-620

Sir,  
Policy No. 366391637

I have taken out a Life Insurance Policy with the Life Insurance Corporation of India, particulars of which are given below, and I desire to

deduct the premiums by deduction from my salary every month. I request you to kindly arrange to deduct the premium amount every month and

if any, with interest till further advice, to the Life Insurance Corporation of India, Branch Office \_\_\_\_\_

I agree that your liability will be confined to making arrangements for deduction of premium from my salary wherever this can be made and

remitting the amount of deduction to the Corporation in time upto the month and year of last instalment stated below, or till I give you and

of India a specific notice of withdrawal of Authorisation after a minimum period of 3 years from the date of commencement of the Policy.

I shall be entirely responsible for any consequences on account of non-payment of premium on my Policy for reasons beyond your control, such

as the event of my proceedings on leave without pay or my drawing advance salary without deduction of premium per chance, or my withdrawing

this authorisation for deduction of premiums by a due notice to you and to the Corporation after the initial period of 3 years as stated above,

or in case of withdrawal of the Salary Saving Scheme with you by the Life Insurance Corporation of India for any reason whatsoever, it

shall be my responsibility to make arrangements for remittance of the premium direct to the Corporation at the increased rate specified in the Policy

to prevent my Policy from going into a lapsed condition.

**Policy Holders Particulars**

Name \_\_\_\_\_ (in block letters) 2. Designation \_\_\_\_\_

Whether you are a Gazetted Officer \_\_\_\_\_ 4. Place of Work \_\_\_\_\_  
(in case you are a Govt. Employee)

Dept. in which working \_\_\_\_\_ 6. Ticket No./Cheque No./Salary Roll No./Badge No.if any

 9486  

P.A. Code No. (including suffix in case of SSS) Sub Code \*Sequence No.

Name of Treasury \_\_\_\_\_

(in case of Karnataka Govt. Employee)

Place Kundapur \_\_\_\_\_

Date \_\_\_\_\_

(Signature of the Proposer / Policy Holder)

To be filled by the Issuing Branch Office

BRANCH OFFICE KUNDAPURA Branch Code No. 301

 9486 

P.A. Code No. (including suffix in case of SSS) Sub Code Sequence No.

Policy No. 366391637 Sum Assured Rs. 200000

Monthly Installment Premium: 802.00 + 36.00 (G.S.T.)

(Excluding Service Tax) 838.00

Deduction to commence from 08/2020

Month and year of last monthly instalment due 05/2036

Date of Maturity 06/2045

P. Chioti Sr. Branch Manager

Signature and Seal of the Pay Drawing Authority

Date 30-06-2020

Forward to the paying Authority for arranging the premium recovery as above from the Salary of the Assured

Sequence No. should be as per the P.D.O's requirements



**LIC**

**UDUPI DIVISION**

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जीवन बीमा निगम  
LIFE INSURANCE CORPORATION OF INDIA

**LETTER OF AUTHORISATION**

Position and full Postal Address of the Paying Authority

Name: PRINCIPAL  
B.B. HEGDE COLLEGE  
Kundapur

**ASHOKA NAILKOD**

Agent's Code No.: LIC 02255-301  
Agent's Name: POST KAVRADY - 576 211  
KUNDAPURA TQ., UDUPI  
9482461751  
D.O./CLIA/FSE Code No.: 1186-620

Sir,  
Policy No. 366391639 Under SSS/GSD/Central Govt.

I have taken out a Life Insurance Policy with the Life Insurance Corporation of India, particulars of which are given below, and I desire to deduct the premiums by deduction from my salary every month. I request you to kindly arrange to deduct the premium amount every month and forward the same, if any, with interest till further advice, to the Life Insurance Corporation of India, Branch Office Kundapur

I agree that your liability will be confined to making arrangements for deduction of premium from my salary wherever this can be made and remitting the amount of deduction to the corporation in time upto the month and year of last instalment stated below, or till I give you and LIC of India a specific notice of withdrawal of Authorisation after a minimum period of 3 years from the date of commencement of the Policy. I shall be entirely responsible for any consequences on account of non-payment of premium on my Policy for reasons beyond your control, such as in the event of my proceedings on leave without pay or my drawing advance salary without deduction of premium per chance, or my withdrawing this authorisation for deduction of premiums by a due notice to you and to the Corporation after the initial period of 3 years as stated above, or my being transferred to an office where the salary saving scheme has not been introduced, or my leaving your employment. In any such case, or in case of withdrawal of the Salary Saving Scheme with you by the Life Insurance Corporation of India for any reason whatsoever, it will be my responsibility to make arrangements for remittance of the premium direct to the Corporation at the increased rate specified in the Policy to prevent my Policy from going into a lapsed condition.

**Policy Holders Particulars**

1. Name \_\_\_\_\_ (in block letters) 2. Designation \_\_\_\_\_

3. Whether you are a Gazetted Officer \_\_\_\_\_ 4. Place of Work \_\_\_\_\_  
(in case you are a Govt. Employee)

5. Dept. in which working \_\_\_\_\_ 6. Ticket No./Cheque No./Salary Roll No./Badge No.if any

9486    
7. P.A. Code No. (including suffix in case of SSS) Sub Code \*Sequence No.

8. Name of Treasury \_\_\_\_\_  
(in case of Karnataka Govt. Employee)

Place Kundapur

Date \_\_\_\_\_

[Signature]  
(Signature of the Proposer / Policy Holder)

**To be filled by the Issuing Branch Office**

BRANCH OFFICE KUNDAPURA Branch Code No. 301

9486    
Sub Code Sequence No.

1. P.A. Code No. (including suffix in case of SSS) \_\_\_\_\_  
2. Policy No. 366391639 Sum Assured Rs. 100000  
3. Monthly Installment Premium: 337-00+15-00 (G.S.T)  
(Excluding Service Tax) 352-00  
4. Deduction to commence from 08/2020  
5. Month and year of last monthly instalment due 05/2046  
6. Date of Maturity 06/2046  
Date 30-06-2020 [Signature]  
P.Chief/Sr.Branch-Manager

**To be filled by the employer (GSD Cases only)**

1. P.A. No. : \_\_\_\_\_  
2. Sub P.A. No. (if any) : \_\_\_\_\_  
3. Sequence No. : \_\_\_\_\_  
4. Deduction Commenced from : \_\_\_\_\_  
(month & year)  
5. Remittance Particulars : \_\_\_\_\_  
Signature and Seal of the Pay Drawing Authority

Forward to the paying Authority for arranging the premium recovery as above from the Salary of the Assured  
Sequence No. should be as per the P.D.O's requirements



INWARD  
File No.: 04  
18/07/2020



783

LIFE INSURANCE CORPORATION OF INDIA

To:  
DR. B. B. HEGDE FIRST GRADE COLLEGE,  
VISHALAKSHI B HEGDE CAMPUS  
NH 66, SANGAM  
KUNDAPURA

From: LIC of INDIA, Br. Code: 301,  
NANA SAHEB ROAD  
VODERHOBOLI  
KUNDAPUR.

-576201

Ref: /NB/SSS

Dear Sir/Madam,

Date : 03/07/2020

Reg: Authorization Letter in respect of New Policies  
PA Code - 0000009486

\*\*\*\*\*

We have pleasure in enclosing Authorisation Letters in respect of your Employee-policy-holders who have taken up Life Insurance policies with us. You are requested to see that Premium + G.S.T. as noted in Authorisation letters and as per details given below are recovered from the salary for the month noted against the policies and remit the same to the undernoted servicing branch along with the premia for the earlier policies for which you will be getting the usual demand notice.

Servicing Branch : 301  
KUNDAPURA  
LIC OF INDIA, KUNDAPURA BRANCH  
LIC BUILDING, NANA SAHEB ROAD  
P B NO-10, KUNDAPURA,  
KARNATAKA  
PA - 576201

Yours faithfully,

Sr./Branch Manager.

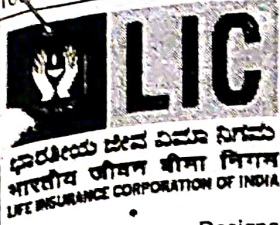
*Handwritten notes:*  
LIC Deduction  
21/07/2020  
12/07/2020

Policy No.	Short Name	Dept. No.	Employee Code
Date of Comm	Sum Assured	Premium	Deduct for month
QA-CLIA/Agency	Plan Pay-Term	G.S.T.	TOTAL AMOUNT
366391629	SOUMYA N		
28/06/2020	500000	1944.00 ✓	08/2020 ✓
1186620/02255301	936 - 16	87.00 ✓	2031.00 ✓
366391630	SWASTHI R		
28/06/2020	200000	790.00 ✓	08/2020
1186620/02255301	936 - 16	36.00 ✓	826.00 ✓
366391631	ASHA SHETTY		
28/06/2020	200000	791.00 ✓	08/2020 ✓
1186620/02255301	936 - 16	36.00 ✓	827.00 ✓
366391632	CHAITHRA KUN		
28/06/2020	500000	1927.00 ✓	08/2020 ✓
1186620/02255301	936 - 16	87.00 ✓	2014.00 ✓
366391633	SATHISHA SHE		
28/06/2020	100000	339.00 ✓	08/2020 ✓
1186620/02255301	914 - 26	15.00 ✓	354.00 ✓

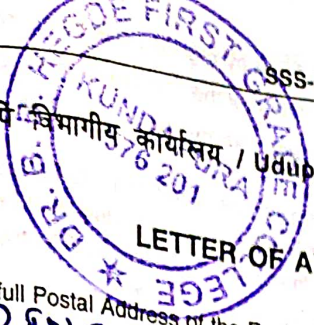
3912788

Policy No.	Short Name	Dept. No.	Employee Code
Date of Comm	Sum Assured	Premium	Deduct for month
DO-CLIA/Agency	Plan Pay-Term	G.S.T.	TOTAL AMOUNT
366391634	VANITHA G		
28/06/2020	200000	800.00 ✓	08/2020 ✓
1186620/02255301	936 - 16	36.00 ✓	836.00 ✓
366391635	CHETHANA		
28/06/2020	200000	816.00 ✓	08/2020 ✓
1186620/02255301	936 - 16	37.00 ✓	853.00 ✓
366391636	HAREESHA B		
28/06/2020	100000	688.00 ✓	08/2020 ✓
1186620/02255301	920 - 15	31.00 ✓	719.00 ✓
366391637	PRAVEEN		
28/06/2020	200000	802.00 ✓	08/2020 ✓
1186620/02255301	936 - 16	36.00 ✓	838.00 ✓
366391638	SANTHOSH		
28/06/2020	100000	330.00 ✓	08/2020 ✓
1186620/02255301	914 - 26	15.00 ✓	345.00 ✓
366391639	AVITHA MARLE		
28/06/2020	100000	337.00 ✓	08/2020 ✓
1186620/02255301	914 - 26	15.00 ✓	352.00 ✓
366391641	SATISH SHETT		
28/06/2020	200000	802.00 ✓	08/2020 ✓
1186620/02255301	936 - 16	36.00 ✓	838.00 ✓

Total Policies : 12



उदुपि विभागीय कार्यालय / Udupi Divisional Office



(INTRIPPLICATE)

To be used when the policies are converted into SSS/GSD

INWARD File No.: Inward No.: 261 Date: 14/8/2020

To: The Principal B.B. Hegde KUNDAPUR COLLEGE. Designation and full Postal Address of the Paying Authority

Dear Sir,

Re.: Policy No. 626214193

I have converted the above Life Insurance Policy issued by the Life Insurance Corporation of India, Particulars of which are given below, and I desire to pay the premiums by deduction from my salary every month. I request you to kindly arrange to deduct the premium amount every month and arrears, if any, with interest till further advice and remit the same to the Life Insurance Corporation of India, Branch Office

I agree that your liability will be confined to making arrangements for deduction of premium from my salary wherever this can be made and for remitting the amount of deduction to the Corporation in time upto the month and year of last instalment stated below, or till I gave you and LIC of India a specific notice of withdrawal of Authorisation after a minimum period of 3 years from the date of this alteration of the Policy. I shall be entirely responsible for any consequences on account of non-payment of premium on my policy for reasons beyond your control, such as in the event of proceeding on leave without pay, or my drawing advance salary without deduction of premium per chance, or my withdrawing this authorisation for deduction of premiums by a due notice to you and to the Corporation after the initial period of 3 years as stated above, or my being transferred to an office where the salary Saving Scheme has not been introduced, or my leaving your employment. In any such case, or in case of withdrawal of the salary Saving Scheme with you by the Life Insurance Corporation of India for any reason whatsoever, it will be my responsibility to make arrangements for remittance of the premium direct to the Corporation at the increased rate specified in the Policy to prevent my Policy from going into a lapsed condition.

1. Name SATHISH H. SHETTY Policy Holder's Particulars 2. Designation ATTENDER 3. Whether you are a Gazetted Officer (In case you are a Govt. Employee) 4. Place of work 5. Dept. in which working 6. Ticket No./Check No./Salary Roll No./Badge No. if any 7. P. A. Code No. (including suffix in case of SSS) 9486 8. Name of Treasury (In case of Karnataka Govt. Employees) Place KUNDAPUR Date 06.08.2020 Signature of the Policy Holder

To be filled in by Issuing Branch Office BRANCH OFFICE Kundapur Branch Code No. 307 1. P. A. No. (including suffix in case of SSS) 2. Policy No. 626214193 Sum Assured Rs. 100000/- 3. Monthly Premium Rs. 417/- 4. Deduction to commence from 21-08-2020 5. Month and year of last monthly instalment due 7/2030 6. Date of maturity 21/08/2032 Date 06/08/2020 P. Sr. Branch Manager Signature & Seal of the Pay Drawing Authority

To be filled by the Employer (GSD cases only) 1. P. A. No. : 2. Sub P. A. No. (if any) : 3. Sequence No.: 4. Deduction commenced from : (month & year) 5. Remittance Particulars : Signature & Seal of the Pay Drawing Authority

Forward to the paying Authority for the arranging the premium recovery as above from the Salary of the Assured. \*Sequence No. should be as per P.B.O.'s requirements.

Copy to: (i) Employer (ii) Policy holder along with the Policy Bond (iii) Policy File

ADDENDUM TO THE APPLICATION FOR CONVERSION TO SSS MODE

ANNEXURE-1(B)

(Name) Son/Daughter of Sri (Name) holder of the above Policy No. issued by the Life Insurance Corporation of India (hereinafter called the "Corporation") request the said Corporation to convert the said policy from mode of premium payment to the Salary Savings Scheme (hereinafter called the "Scheme") maintained with my Employer (hereinafter called the "Employer") on the under mentioned terms and conditions.

- 1. The instalment premium as mentioned in the endorsement of conversion of the policy to Salary Savings Scheme should be payable on the due dates during the term of the policy or earlier death so long as I continue to be the employee of the present employer. If the premium is not paid during days of grace, the policy will lapse.

Handwritten signature and date: 13/8/2020

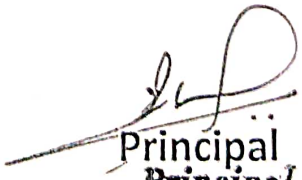
**Dr. B. B. HEGDE FIRST GRADE COLLEGE, KUNDAPURA.**

LIC Policy Premium deduction list for the month of July - 2020

PA Code - 0000009486

SL. No.	Name of the Policy Holder	Policy No.	Premium Amount (Rs.)
1.	Sowmya N	366391629	2031.00
2.	Swasthi R	366391630	826.00
3.	Asha Shetty	366391631	827.00
4.	Chaithra Kundar	366391632	2014.00
5.	Sathisha Shetty	366391633	354.00
6.	Vanitha G	366391634	836.00
7.	Chethana	366391635	853.00
8.	Hareesha B	366391636	719.00
9.	Praveen	366391637	838.00
10.	Santhosh	366391638	345.00
11.	Avitha Marle	366391639	352.00
12.	Satish Shetty	366391641	838.00
13.	Sudhindra K.S	626877948	671.00
<b>Total</b>			<b>11,504.00</b>

ch.no - 737989, dtd - 07/09/20

  
Principal  
Principal  
Dr. B.B. Hegde First Grade College  
Kundapura -576201



UDUPI DIVISION

LETTER OF AUTHORISATION

Designation and full Postal Address of the Paying Authority  
Dr. B. B. Hegde, First grade  
College NH-66  
Kudupura- 576201

Agent's Code No.: 3744301  
Agent's Name: Sudhishna  
D.O./CLIA/FSE Code No.: 1320620

Dear Sir,  
Re: Policy No. 366391650 Under SSS/GSD/Central Govt.  
I have taken out a Life Insurance Policy with the Life Insurance Corporation of India, particulars of which are given below, and I desire to pay the premiums by deduction from my salary every month. I request you to kindly arrange to deduct the premium amount every month and arrears, if any, with interest till further advice, to the Life Insurance Corporation of India, Branch Office 301  
I agree that your liability will be confined to making arrangements for deduction of premium from my salary wherever this can be made and for remitting the amount of deduction to the corporation in time upto the month and year of last instalment stated below, or till I give you and LIC of India a specific notice of withdrawal of Authorisation after a minimum period of 3 years from the date of commencement of the Policy. I shall be entirely responsible for any consequences on account of non-payment of premium on my Policy for reasons beyond your control, such as in the event of my proceedings on leave without pay or my drawing advance salary without deduction of premium per chance, or my withdrawing this authorisation for deduction of premiums by a due notice to you and to the Corporation after the initial period of 3 years as stated above, on my being transferred to an office where the salary saving scheme has not been introduced, or my leaving your employment. In any such case, or in case of withdrawal of the Salary Saving Scheme with you by the Life Insurance Corporation of India for any reason whatsoever, it will be my responsibility to make arrangements for remittance of the premium direct to the Corporation at the increased rate specified in the Policy to prevent my Policy from going into a lapsed condition.

1. Name JAYALAKSHMI Policy Holders Particulars (in block letters) 2. Designation Sub-staff  
3. Whether you are a Gazetted Officer no 4. Place of Work Kudupura  
5. Dept. in which working Education 6. Ticket No./Cheque No./Salary Roll No./Badge No. if any  
0 0 0 0 9 4 8 6  
7. P.A. Code No. (including suffix in case of SSS) Sub Code \*Sequence No.  
8. Name of Treasury (in case of Karnataka Govt. Employee)

Place Kundapur  
Date 10/7/2020

(Signature of the Proposer / Policy Holder)

To be filled by the Issuing Branch Office  
BRANCH OFFICE Kundapur  
0 0 0 0 9 4 8 6  
1. P.A. Code No. (including suffix in case of SSS)  
2. Policy No. 366391650 Sum Assured Rs. 100000  
3. Monthly Installment Premium: 464 + 21 = 485 (Excluding Service Tax)  
4. Deduction to commence from 09/2020  
5. Month and year of last monthly instalment due 13-6-2040  
6. Date of Maturity 13-07-2040  
Date 21-07-2020 P.Chief/Sr. Branch Manager

Branch Code No. 301  
0 0 0 Sub Code  
0 0 0 0 Sequence No.  
To be filled by the employer (GSD Cases only)  
1. P.A. No. :  
2. Sub P.A. No. (if any) :  
3. Sequence No. :  
4. Deduction Commenced from (month & year) :  
5. Remittance Particulars :  
Signature and Seal of the Pay Drawing Authority

Forward to the paying Authority for arranging the premium recovery as above from the Salary of the Assured  
Sequence No. should be as per the P.D.O's requirements







UDUPI DIVISION

LETTER OF AUTHORISATION

Information and full Postal Address of the Paying Authority  
Dr B B Hojale First grade  
College, N.H. 66, Kundapur  
576 201

Agent's Code No.: 37411301  
 Agent's Name: Sudhakar  
 D.O./CLIA/FSE Code No.: 1320670

Sir,  
 Policy No. 366391659 Under SSS/GSD/Central Govt.

I have taken out a Life Insurance Policy with the Life Insurance Corporation of India, particulars of which are given below, and I desire to deduct the premiums by deduction from my salary every month. I request you to kindly arrange to deduct the premium amount every month and if any, with interest till further advice, to the Life Insurance Corporation of India, Branch Office 301

I agree that your liability will be confined to making arrangements for deduction of premium from my salary wherever this can be made and for remitting the amount of deduction to the corporation in time upto the month and year of last instalment stated below, or till I give you and LIC of India a specific notice of withdrawal of Authorisation after a minimum period of 3 years from the date of commencement of the Policy. I shall be entirely responsible for any consequences on account of non-payment of premium on my Policy for reasons beyond your control, such as in the event of my proceedings on leave without pay or my drawing advance salary without deduction of premium per chance, or my withdrawing this authorisation for deduction of premiums by a due notice to you and to the Corporation after the initial period of 3 years as stated above, or on my being transferred to an office where the salary saving scheme has not been introduced, or my leaving your employment. In any such case, or in case of withdrawal of the Salary Saving Scheme with you by the Life Insurance Corporation of India for any reason whatsoever, it will be my responsibility to make arrangements for remittance of the premium direct to the Corporation at the increased rate specified in the Policy to prevent my Policy from going into a lapsed condition.

Policy Holders Particulars

1. Name RAJESH D (in block letters) 2. Designation Teacher  
 3. Whether you are a Gazetted Officer NO (in case you are a Govt. Employee) 4. Place of Work Kundapur  
 5. Dept. in which working \_\_\_\_\_ 6. Ticket No./Cheque No./Salary Roll No./Badge No. if any  
0009486    
 7. P.A. Code No. (including suffix in case of SSS) Sub Code \*Sequence No.  
 8. Name of Treasury \_\_\_\_\_ (in case of Karnataka Govt. Employee)  
 Place Kundapur (Signature of the Proposer / Policy Holder)  
 Date 17/7/2020

To be filled by the issuing Branch Office  
 BRANCH OFFICE KUNDAPURA

Branch Code No. 301  
   
 Sub Code Sequence No.

1. P.A. Code No. (including suffix in case of SSS)  
 2. Policy No. 366391659 Sum Assured Rs. 200000  
 3. Monthly Installment Premium: 942-00 + 4200 (G.S.T)  
 (Excluding Service Tax) 985-00  
09/2020  
 4. Deduction to commence from \_\_\_\_\_  
 5. Month and year of last monthly instalment due 06/2035  
 6. Date of Maturity 07/2041  
P. Chitambar  
 P.Chief/Sr. Branch Manager

To be filled by the employer (GSD Cases only)  
 1. P.A. No. :  
 2. Sub P.A. No. (if any) :  
 3. Sequence No. :  
 4. Deduction Commenced from :  
 (month & year)  
 5. Remittance Particulars :  
 Signature and Seal of the Pay Drawing Authority

Date 17-07-2020  
 Forward to the paying Authority for arranging the premium recovery as above from the Salary of the Assured  
 Sequence No. should be as per the P.D.O's requirements

**LIC**

**UDUPI DIVISION**

**LETTER OF AUTHORISATION**

ಜೀವ ವಿಮಾ ನಿಗಮ  
जीवन बीमा निगम  
LIFE INSURANCE CORPORATION OF INDIA

Information and full Postal Address of the Paying Authority

Dr. B. B. Hegde. First grade  
College, N.H-66.  
Kundapur. 576201

Agent's Code No.: 3744301  
Agent's Name: Sudheer  
D.O./CLIA/FSE Code No.: 1370

Sir,  
Policy No. 366391661 Under SSS/GSD/Central Govt.

I have taken out a Life Insurance Policy with the Life Insurance Corporation of India, particulars of which are given below, and I desire to pay the premiums by deduction from my salary every month. I request you to kindly arrange to deduct the premium amount every month and if any, with interest till further advice, to the Life Insurance Corporation of India, Branch Office 301

I agree that your liability will be confined to making arrangements for deduction of premium from my salary wherever this can be made and remitting the amount of deduction to the corporation in time upto the month and year of last instalment stated below, or till I give you and LIC of India a specific notice of withdrawal of Authorisation after a minimum period of 3 years from the date of commencement of the Policy. I shall be entirely responsible for any consequences on account of non-payment of premium on my Policy for reasons beyond your control, such as in the event of my proceedings on leave without pay or my drawing advance salary without deduction of premium per chance, or my withdrawing this authorisation for deduction of premiums by a due notice to you and to the Corporation after the initial period of 3 years as stated above, or my being transferred to an office where the salary saving scheme has not been introduced, or my leaving your employment. In any such case, or in case of withdrawal of the Salary Saving Scheme with you by the Life Insurance Corporation of India for any reason whatsoever, it will be my responsibility to make arrangements for remittance of the premium direct to the Corporation at the increased rate specified in the Policy to prevent my Policy from going into a lapsed condition.

**Policy Holders Particulars**

1. Name NUTHAN S (in block letters) 2. Designation Teacher  
3. Whether you are a Gazetted Officer NO 4. Place of Work Kundapur  
(in case you are a Govt. Employee)  
5. Dept. in which working \_\_\_\_\_ 6. Ticket No./Cheque No./Salary Roll No./Badge No.if any  
00009486    
7. P.A. Code No. (including suffix in case of SSS) Sub Code \*Sequence No.  
8. Name of Treasury \_\_\_\_\_  
(in case of Karnataka Govt. Employee)

Place Kundapur (Signature of the Proposer / Policy Holder) Nuthan  
Date 17/12/2020

**To be filled by the Issuing Branch Office**

BRANCH OFFICE KUNDAPURA Branch Code No. 301  
00009486    
Sub Code Sequence No.

1. P.A. Code No. (including suffix in case of SSS)  
2. Policy No. 366391661 Sum Assured Rs. 100000  
3. Monthly Installment Premium: 455.00 + 2000 (G.S.T)  
(Excluding Service Tax) 475.00  
4. Deduction to commence from 09/2020  
5. Month and year of last monthly instalment due 06/2020  
6. Date of Maturity 07/2040  
Date 23-07-2020  
Kundapur  
P.Chief/Gr. Branch Manager

**To be filled by the employer (GSD Cases only)**

1. P.A. No. :  
2. Sub P.A. No. (if any) :  
3. Sequence No. :  
4. Deduction Commenced from :  
(month & year)  
5. Remittance Particulars :  
Signature and Seal of the Pay Drawing Authority

Forward to the paying Authority for arranging the premium recovery as above from the Salary of the Assured  
Sequence No. should be as per the P.D.O's requirements



UDUPI DIVISION

LETTER OF AUTHORISATION

Registration and full Postal Address of the Paying Authority  
Dr. B.B. Hegde First grade  
College NH. 66.  
Kudapura 576201

Agent's Code No.: 3744301  
 Agent's Name: Sudheendra  
 D.O./CLIA/FSE Code No.: 13067

Sir,  
 Policy No. 366391662 Under SSS/GSD/Central Govt.

I have taken out a Life Insurance Policy with the Life Insurance Corporation of India, particulars of which are given below, and I desire to pay the premiums by deduction from my salary every month. I request you to kindly arrange to deduct the premium amount every month and to remit the same, if any, with interest till further advice, to the Life Insurance Corporation of India, Branch Office 301

I agree that your liability will be confined to making arrangements for deduction of premium from my salary wherever this can be made and for remitting the amount of deduction to the corporation in time upto the month and year of last instalment stated below, or till I give you and LIC of India a specific notice of withdrawal of Authorisation after a minimum period of 3 years from the date of commencement of the Policy. I shall be entirely responsible for any consequences on account of non-payment of premium on my Policy for reasons beyond your control, such as in the event of my proceedings on leave without pay or my drawing advance salary without deduction of premium per chance, or my withdrawing this authorisation for deduction of premiums by a due notice to you and to the Corporation after the initial period of 3 years as stated above, or on my being transferred to an office where the salary saving scheme has not been introduced, or my leaving your employment. In any such case, or in case of withdrawal of the Salary Saving Scheme with you by the Life Insurance Corporation of India for any reason whatsoever, it will be my responsibility to make arrangements for remittance of the premium direct to the Corporation at the increased rate specified in the Policy to prevent my Policy from going into a lapsed condition.

**Policy Holders Particulars**

1. Name RESHMA (in block letters) 2. Designation Teacher

3. Whether you are a Gazetted Officer no (in case you are a Govt. Employee) 4. Place of Work Kudapura

5. Dept. in which working Education 6. Ticket No./Cheque No./Salary Roll No./Badge No. if any  
   
 Sub Code \*Sequence No.

7. P.A. Code No. (including suffix in case of SSS) 0009486

8. Name of Treasury \_\_\_\_\_ (in case of Karnataka Govt. Employee)

Place Kudapura  
 Date 23/7/2020

(Signature of the Proposer / Policy Holder)

**To be filled by the issuing Branch Office**

BRANCH OFFICE KUNDAPURA Branch Code No. 301  
   
 Sub Code Sequence No.

1. P.A. Code No. (including suffix in case of SSS) \_\_\_\_\_

2. Policy No. 366391662 Sum Assured Rs. 100000

3. Monthly Installment Premium: 421.00 + 19.00 (G.S.T)  
 (Excluding Service Tax) 440.00

4. Deduction to commence from 09/2020

5. Month and year of last monthly instalment due 06/2041

6. Date of Maturity 07/2041

Date 24.07.2020

*[Signature]*  
 P.Chief/Gr. Branch Manager

**To be filled by the employer (GSD Cases only)**

1. P.A. No. \_\_\_\_\_

2. Sub P.A. No. (if any) \_\_\_\_\_

3. Sequence No. \_\_\_\_\_

4. Deduction Commenced from: \_\_\_\_\_  
 (month & year)

5. Remittance Particulars \_\_\_\_\_

Signature and Seal of the Pay Drawing Authority

Forward to the paying Authority for arranging the premium recovery as above from the Salary of the Assured  
 Sequence No. should be as per the P.D.O's requirements

To:

DR. B. B. HEGDE FIRST GRADE COLLEGE,  
VISHALAKSHI B HEGDE CAMPUS  
NH 66, SANGAM  
KUNDAPURA

-576201

From: LIC of INDIA, Br. Code: 301,  
NANA SAHEB ROAD  
VODERHOBOLI  
KUNDAPUR.

Ref: NB/SSS

Date: 03/08/2020

Dear Sir/Madam,

Reg: Authorization Letter in respect of New Policies  
PA Code - 0000009486

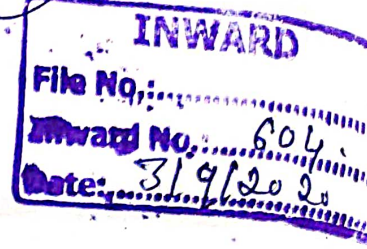
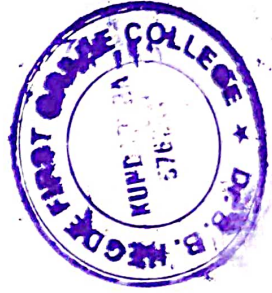
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We have pleasure in enclosing Authorisation Letters in respect of your Employee-policy-holders who have taken up Life Insurance policies with us. You are requested to see that Premium + G.S.T. as noted in Authorisation letters and as per details given below are recovered from the salary for the month noted against the policies and remit the same to the undernoted servicing branch along with the premia for the earlier policies for which you will be getting the usual demand notice.

Servicing Branch : 301  
KUNDAPURA  
LIC OF INDIA, KUNDAPURA BRANCH  
LIC BUILDING, NANA SAHEB ROAD  
P B NO-19, KUNDAPURA.  
KARNATAKA  
PIN - 576201

Yours faithfully,

p. Sr. Branch Manager.



1317

Policy No.	Short Name	Dept. No.	Employee Code
Date of Comm	Sum Assured	Premium	Deduct for month
DO-CLIA/Agency	Plan Pay-Term	G.S.T.	TOTAL AMOUNT

366391650	JAYALAKSHMI		
13/07/2020	100000	454.00 ✓	09/2020 ✓
1320620/03744301	914 - 20	21.00 ✓	485.00 ✓

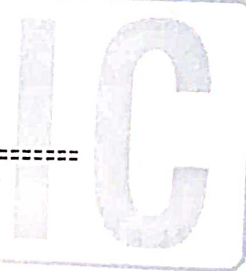
366391651	BHAGYALAKSHM		
13/07/2020	100000	455.00 ✓	09/2020 ✓
1320620/03744301	914 - 20	20.00 ✓	475.00 ✓

366391658	RATHNA		
17/07/2020	100000	481.00 ✓	09/2020 ✓
1320620/03744301	914 - 20	22.00 ✓	503.00 ✓

366391659	RAJESHA		
17/07/2020	200000	942.00 ✓	09/2020 ✓
1320620/03744301	936 - 15	42.00 ✓	984.00 ✓

366391661	S NUTHAN		
23/07/2020	100000	455.00 ✓	09/2020 ✓
1320620/03744301	914 - 20	20.00 ✓	475.00 ✓

24/08/2020



X

Policy No.	Short Name	Dept. No.	Employee Code
Date of Comm	Sum Assured	Premium	Deduct for month
DO-CLIA/Agency	Plan Pay-Term	G.S.T.	TOTAL AMOUNT
366391662 ✓	RESHMA		
24/07/2020	1000000	421.00 ✓	09/2020 ✓
1320620/03744301	914 - 21	19.00 ✓	440.00 ✓

Total Policies : 06

LIC

No: BBHC/LIC -01/2020-21

To,  
The Branch Manager  
Life Insurance Corporation of India  
Nana Saheb Road  
Vaderhobli  
Kundapura

10<sup>th</sup> August, 2020

Sir,

**Sub: Transfer of Policy No: 626877948 of Sudheendra K. S.**

\*\*\*\*\*

With reference to the subject cited above , Please transfer the Policy No: 626877948 of Sudheendra K.S. registered under Coondapur Education Society (R) Kundapura PA Code 8440 to Dr. B.B. Hegde First Grade College, Kundapura PA Code -0000009486.

Please do the needful and oblige

Thanking you,

Sincerely,

  
(Prof. K. Umesh Shetty)

Principal  
**PRINCIPAL**  
Dr. B. B. Hegde First Grade College  
Kundapura

**Dr. B. B. HEGDE FIRST GRADE COLLEGE, KUNDAPURA.**

LIC Policy Premium deduction list for the month of August – 2020

PA Code - 0000009486

SL. No.	Name of the Policy Holder	Policy No.	Premium Amount (Rs.)
1.	Rajेशha	366391659	984.00
2.	Sowmya N	366391629	2031.00
3.	Swasthi R	366391630	826.00
4.	Asha Shetty	366391631	827.00
5.	Chaithra Kundar	366391632	2014.00
6.	Vanitha G	366391634	836.00
7.	Chethana	366391635	853.00
8.	Hareesha B	366391636	719.00
9.	Praveen	366391637	838.00
10.	Santhosh	366391638	345.00
11.	Avitha Marle	366391639	352.00
12.	Satish Shetty	366391641	838.00
13.	Reshma	366391662	440.00
14.	Sudhindra K.S	626877948	671.00
15.	Sathisha Shetty	366391633	354.00
16.	Sathisha Shetty	626214193	417.00
17.	Rathna	366391658	503.00
18.	Bhagyalakshmi	366391651	475.00
19.	Jayalakshmi	366391650	485.00
Total .			14,808.00

ch.no - 737993 , dtd - 07/09/20.

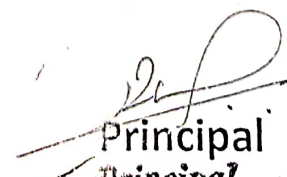
  
Principal  
Principal  
Dr. B.B. Hegde First Grade College  
Kundapura -576201

**Dr. B. B. HEGDE FIRST GRADE COLLEGE, KUNDAPURA.**

C Policy Preimum deduction list for the month of September – 2020

PA Code - 0000009486

SL. No.	Name of the Policy Holder	Policy No.	Premium Amount (Rs.)
1.	Rajasha		
2.	Sowmya N	366391659	984.00
3.	Swasthi R	366391629	2031.00
4.	Asha Shetty	366391630	826.00
5.	Chaithra Kundar	366391631	827.00
6.	Vanitha G	366391632	2014.00
7.	Chethana	366391634	836.00
8.	Hareesha B	366391635	853.00
9.	Praveen	366391636	719.00
10.	Santhosh	366391637	838.00
11.	Santhosh	366391638	345.00
12.	Avitha Marle	366391639	352.00
13.	Satish Shetty	366391641	838.00
14.	Reshma	366391662	440.00
15.	Sudhindra K.S	626877948	671.00
16.	Sathisha Shetty	366391633	354.00
17.	Sathisha Shetty	626214193	417.00
18.	Rathna	366391658	503.00
19.	Bhagyalakshmi	366391651	475.00
20.	Jayalakshmi	366391650	485.00
	Vidyavathi	366391736	543.00
<b>Total</b>			<b>15,351.00</b>

  
**Principal**  
**Principal**  
Dr. B.B. Hegde First Grade College  
Kundapura - 576201



UDUPI DIVISION

ಲಿವಿಮಾ ನಿಗಮ  
ಲಿವಿಮಾ ನಿಗಮ  
CORPORATION OF INDIA

LETTER OF AUTHORISATION

and full Postal Address of the Paying Authority

B.B. Hegde, First Grade  
College, N. H. 66,  
Kundapura 576201

Agent's Code No.: 228.AACM334002

Agent's Name: SUDHEENDRA K'S

D.O./CLIA/FSE Code No.: 1320620

Policy No. 366391805 Under SSS/GSD/Central Govt.  
I have taken out a Life Insurance Policy with the Life Insurance Corporation of India, particulars of which are given below, and I desire to  
pay premiums by deduction from my salary every month. I request you to kindly arrange to deduct the premium amount every month-and  
if any, with interest till further advice, to the Life Insurance Corporation of India, Branch Office KUNDAPURA - 301

I agree that your liability will be confined to making arrangements for deduction of premium from my salary wherever this can be made and  
limiting the amount of deduction to the corporation in time upto the month and year of last instalment stated below, or till I give you and  
the Life Insurance Corporation of India a specific notice of withdrawal of Authorisation after a minimum period of 3 years from the date of commencement of the Policy.  
I shall be entirely responsible for any consequences on account of non-payment of premium on my Policy for reasons beyond your control, such  
as the event of my proceedings on leave without pay or my drawing advance salary without deduction of premium per chance, or my withdrawing  
the authorisation for deduction of premiums by a due notice to you and to the Corporation after the initial period of 3 years as stated above,  
or my being transferred to an office where the salary saving scheme has not been introduced, or my leaving your employment. In any such  
case, or in case of withdrawal of the Salary Saving Scheme with you by the Life Insurance Corporation of India for any reason whatsoever, it  
shall be my responsibility to make arrangements for remittance of the premium direct to the Corporation at the increased rate specified in the Policy  
to prevent my Policy from going into a lapsed condition.

Name SUDHEENDRA K'S Policy Holders Particulars (in block letters) 2. Designation Accountant (CASAK)

Whether you are a Gazetted Officer NO 4. Place of Work KUNDAPURA  
(in case you are a Govt. Employee)

Dept. in which working office 6. Ticket No./Cheque No./Salary Roll No./Badge No. if any  
 Sub Code \*Sequence No.

Name of Treasury  
(in case of Karnataka Govt. Employee)

Place KUNDAPURA

Date 10/7/2020

*Sudheendra K'S*  
(Signature of the Proposer / Policy Holder)

To be filled by the Issuing Branch Office

BRANCH OFFICE KUNDAPURA Branch Code No. 301  
 Sub Code  Sequence No.

- P.A. Code No. (including suffix in case of SSS)
- Policy No. 366391805 Sum Assured Rs. 130000
- Monthly Installment Premium: 528.00+24.00 (G.S.T.)  
(Excluding Service Tax) 552.00
- Deduction to commence from 11/2020
- Month and year of last monthly instalment due 08/2012
- Date of Maturity 09/2045

To be filled by the employer (GSD Cases only)

- P.A. No.
- Sub P.A. No. (if any)
- Sequence No.
- Deduction Commenced from:  
(month & year)
- Remittance Particulars

Signature and Seal of  
the Pay Drawing Authority

Date 14.09.2020 P.Chief/Sr. Branch Manager


Forward to the Paying Authority for arranging the premium recovery as above from the Salary of the Assured  
Sequence No. should be as per the P.D.O's requirements

**Dr. B. B. HEGDE FIRST GRADE COLLEGE, KUNDAPURA.**

IC Policy Preimum deduction list for the month of October – 2020

PA Code - 0000009486

SL. No.	Name of the Policy Holder	Policy No.	Premium Amount (Rs.)
1.	Rajेशha	366391659	984.00
2.	Sowmya N	366391629	2031.00
3.	Swasthi R	366391630	826.00
4.	Asha Shetty	366391631	827.00
5.	Chaithra Kundar	366391632	2014.00
6.	Vanitha G	366391634	836.00
7.	Chethana	366391635	853.00
8.	Hareesha B	366391636	719.00
9.	Praveen	366391637	838.00
10.	Santhosh	366391638	345.00
11.	Avitha Marle	366391639	352.00
12.	Satish Shetty	366391641	838.00
13.	Reshma	366391662	440.00
14.	Sudhindra K.S	626877948	671.00
15.	Sathisha Shetty	366391633	354.00
16.	Sathisha Shetty	626214193	417.00
17.	Rathna	366391658	503.00
18.	Bhagyalakshmi	366391651	475.00
19.	Jayalakshmi	366391650	485.00
20.	Vidyavathi	366391736	543.00
<b>Total</b>			<b>15,351.00</b>


  
**Principal**  
**Principal**  
Dr. B.B. Hegde First Grade College  
Kundapura -576201

Dr. B. B. HEGDE FIRST GRADE COLLEGE, KUNDAPURA.

LIC Policy Premium deduction list for the month of November – 2020

PA Code - 0000009486

Sl. No.	Name of the Policy Holder	Policy No.	Premium Amount (Rs.)
1.	Rajेशha	366391659	984.00
2.	Sowmya N	366391629	2031.00
3.	Swasthi R	366391630	826.00
4.	Asha Shetty	366391631	827.00
5.	Chaithra Kundar	366391632	2014.00
6.	Vanitha G	366391634	836.00
7.	Chethana	366391635	853.00
8.	Hareesha B	366391636	719.00
9.	Praveen	366391637	838.00
10.	Santhosh	366391638	345.00
11.	Avitha Marle	366391639	352.00
12.	Satish Shetty	366391641	838.00
13.	Reshma	366391662	440.00
14.	Sudhindra K.S	626877948	671.00
15.	Sathisha Shetty	366391633	354.00
16.	Sathisha Shetty	626214193	417.00
17.	Rathna	366391658	503.00
18.	Bhagyalakshmi	366391651	475.00
19.	Jayalakshmi	366391650	485.00
20.	Vidyavathi	366391736	543.00
21.	Deepa	366391883	1,011.00
22.	KS Sudheendra October 2020	366391805	552.00
23.	KS Sudheendra November 2020	366391805	552.00
Total			17,466.00

  
**Principal**  
**Principal**  
Dr. B.B. Hegde First Grade College  
Kundapura -576201

Dr. B. B. HEGDE FIRST GRADE COLLEGE, KUNDAPURA.

LIC Policy Premium deduction list for the month of January – 2021

PA Code - 0000009486

Sl. No.	Name of the Policy Holder	Policy No.	Premium Amount (Rs.)
23.	Rajasha	366391659	984.00
24.	Sowmya N	366391629	2031.00
25.	Swasthi R	366391630	826.00
26.	Asha Shetty	366391631	827.00
27.	Chaithra Kundar	366391632	2014.00
28.	Vanitha G	366391634	836.00
29.	Chethana	366391635	853.00
30.	Hareesha B	366391636	719.00
31.	Praveen	366391637	838.00
32.	Santhosh	366391638	345.00
33.	Avitha Marle	366391639	352.00
34.	Satish Shetty	366391641	838.00
35.	Reshma	366391662	440.00
36.	Sudhindra K.S	626877948	671.00
37.	Sathisha Shetty	366391633	354.00
38.	Sathisha Shetty	626214193	417.00
39.	Rathna	366391658	503.00
40.	Bhagyalakshmi	366391651	475.00
41.	Jayalakshmi	366391650	485.00
42.	Vidyavathi	366391736	543.00
43.	Deepa	366391883	1,011.00
44.	KS Sudheendra	366391805	552.00
Total			16,914.00

Ch. No. 378444  
Date. 06/02/21

  
Principal

Principal  
Dr. B.B. Hegde First Grade College  
Kundapura -576201

**Dr. B. B. HEGDE FIRST GRADE COLLEGE, KUNDAPURA.**


LIC Policy Preimum deduction list for the month of March – 2021

PA Code - 0000009486

Sl. No.	Name of the Policy Holder	Policy No.	Premium Amount (Rs.)
1.	Rajasha	366391659	984.00
2.	Sowmya N	366391629	2031.00
3.	Swasthi R	366391630	826.00
4.	Asha Shetty	366391631	827.00
5.	Chaithra Kundar	366391632	2014.00
6.	Vanitha G	366391634	836.00
7.	Chethana	366391635	853.00
8.	Hareesha B	366391636	719.00
9.	Praveen	366391637	838.00
10.	Santhosh	366391638	345.00
11.	Avitha Marle	366391639	352.00
12.	Satish Shetty	366391641	838.00
13.	Reshma	366391662	440.00
14.	Sudhindra K.S	626877948	671.00
15.	Sathisha Shetty	366391633	354.00
16.	Sathisha Shetty	626214193	417.00
17.	Rathna	366391658	503.00
18.	Bhagyalakshmi	366391651	475.00
19.	Jayalakshmi	366391650	485.00
20.	Vidyavathi	366391736	543.00
21.	Deepa	366391883	1,011.00
22.	KS Sudheendra	366391805	552.00
Total			16,914.00

(RUPEES SIXTEEN THOUSAND NINE HUNDRED FORTEEN ONLY)

Ch. No. 378458, dtd. 05/04/2021

  
**Principal**  
**Principal**  
Dr. B.B. Hegde First Grade College  
Kundapura -576201

**Dr. B. B. HEGDE FIRST GRADE COLLEGE, KUNDAPURA.**

LIC Policy Premium deduction list for the month of May – 2021

PA Code - 0000009486

Sl. No.	Name of the Policy Holder	Policy No.	Premium Amount (Rs.)
1.	Rajesha	366391659	984.00
2.	Sowmya N	366391629	2031.00
3.	Swasthi R	366391630	826.00
4.	Asha Shetty	366391631	827.00
5.	Chaithra Kundar	366391632	2014.00
6.	Vanitha G	366391634	836.00
7.	Chethana	366391635	853.00
8.	Hareesha B	366391636	719.00
9.	Praveen	366391637	838.00
10.	Santhosh	366391638	345.00
11.	Avitha Marle	366391639	352.00
12.	Satish Shetty	366391641	838.00
13.	Reshma	366391662	440.00
14.	Sudhindra K.S	626877948	671.00
15.	Sathisha Shetty	366391633	354.00
16.	Sathisha Shetty	626214193	417.00
17.	Rathna	366391658	503.00
18.	Bhagyalakshmi	366391651	475.00
19.	Jayalakshmi	366391650	485.00
20.	Vidyavathi	366391736	543.00
21.	Deepa	366391883	1,011.00
22.	KS Sudheendra	366391805	552.00
	<b>Total</b>		<b>16,914.00</b>

(RUPEES SIXTEEN THOUSAND NINE HUNDRED FORTEEN ONLY)

  
**Principal**  
**Principal**  
Dr. B.B. Hegde First Grade College  
Kundapura -576201

Dr. B. B. HEGDE FIRST GRADE COLLEGE, KUNDAPURA.


LIC Policy Premium deduction list for the month of July – 2021

PA Code - 0000009486

Sl. No.	Name of the Policy Holder	Policy No.	Premium Amount (Rs.)
1.	Rajasha	366391659	984.00
2.	Sowmya N	366391629	2031.00
3.	Swasthi R	366391630	826.00
4.	Asha Shetty	366391631	827.00
5.	Chaithra Kundar	366391632	2014.00
6.	Vanitha G	366391634	836.00
7.	Chethana	366391635	853.00
8.	Hareesha B	366391636	719.00
9.	Praveen	366391637	838.00
10.	Santhosh	366391638	345.00
11.	Avitha Marle	366391639	352.00
12.	Satish Shetty	366391641	838.00
13.	Reshma	366391662	440.00
14.	Sudhindra K.S	626877948	671.00
15.	Sathisha Shetty	366391633	354.00
16.	Sathisha Shetty	626214193	417.00
17.	Rathna	366391658	1006.00
18.	Bhagyalakshmi	366391651	475.00
19.	Jayalakshmi	366391650	970.00
20.	Vidyavathi	366391736	543.00
21.	Deepa	366391883	1,011.00
22.	KS Sudheendra	366391805	552.00
Total			17902.00

(RUPEES SEVENTEEN THOUSAND NINE HUNDRED TWO ONLY)

Ch. No. 278472, dtd. 06/08/21

  
Principal

Principal  
Dr. B.B. Hegde First Grade College


**Dr. B. B. HEGDE FIRST GRADE COLLEGE, KUNDAPURA.**  
**LIC Policy Premium deduction list for the month of August – 2021**

PA Code - 0000009486

Sl. No.	Name of the Policy Holder	Policy No.	Premium Amount (Rs.)
1.	Rajasha	366391659	984.00
2.	Sowmya N	366391629	2031.00
3.	Swasthi R	366391630	826.00
4.	Asha Shetty	366391631	827.00
5.	Chaithra Kundar	366391632	2014.00
6.	Vanitha G	366391634	836.00
7.	Chethana	366391635	853.00
8.	Hareesha B	366391636	719.00
9.	Praveen	366391637	838.00
10.	Santhosh	366391638	345.00
11.	Avitha Marle	366391639	352.00
12.	Satish Shetty	366391641	838.00
13.	Reshma	366391662	440.00
14.	Sudhindra K.S	626877948	671.00
15.	Sathisha Shetty	366391633	354.00
16.	Sathisha Shetty	626214193	417.00
17.	Rathna	366391658	503.00
18.	Bhagyalakshmi	366391651	475.00
19.	Vidyavathi	366391736	543.00
20.	Deepa	366391883	1,011.00
21.	KS Sudheendra	366391805	552.00
22.	Sudhakar P	366392542	1023.00
23.	Nithyananda	366392572	974.00
24.	Reshma	366392581	849.00
	<b>Total</b>		<b>19,275.00</b>

(RUPEES NINETEEN THOUSAND TWO HUNDRED SEVENTY FIVE ONLY)

Paid by Ch. No. 278477, dtd. 04/09/21

  
**Principal**  
**Principal**  
Dr. B.B. Hegde First Grade College  
Kundapura -576201

# Dr. B. B. HEGDE FIRST GRADE COLLEGE, KUNDAPURA.

LIC Policy Premium deduction list for the month of October – 2021

PA Code - 0000009486

Sl. No.	Name of the Policy Holder	Policy No.	Premium Amount (Rs.)
1.	Rajasha	366391659	984.00
2.	Sowmya N	366391629	2031.00
3.	Swasthi R	366391630	826.00
4.	Asha Shetty	366391631	827.00
5.	Chaithra Kundar	366391632	2014.00
6.	Vanitha G	366391634	836.00
7.	Chethana	366391635	853.00
8.	Hareesha B	366391636	719.00
9.	Praveen	366391637	838.00
11.	Avitha Marle	366391639	352.00
12.	Satish Shetty	366391641	838.00
13.	Reshma	366391662	440.00
14.	Sudhindra K.S	626877948	671.00
15.	Sathisha Shetty	366391633	354.00
16.	Sathisha Shetty	626214193	417.00
17.	Rathna	366391658	503.00
18.	Bhagyalakshmi	366391651	475.00
19.	Vidyavathi	366391736	543.00
20.	Deepa	366391883	1,011.00
21.	KS Sudheendra	366391805	552.00
22.	Sudhakar P	366392542	1023.00
23.	Nithyananda	366392572	974.00
24.	Reshma	366392581	849.00
	<b>Total</b>		<b>18,930.00</b>

(RUPEES EIGHTEEN THOUSAND NINE HUNDRED THIRTY ONLY)

Ch. No. 378488, dtd. 29/10/21

  
Principal  
Principal

Dr. B.B. Hegde First Grade College  
Kundapura -576201

# Dr. B. B. HEGDE FIRST GRADE COLLEGE, KUNDAPURA.


LIC Policy Premium deduction list for the month of November- 2021

PA Code - 0000009486

Sl. No.	Name of the Policy Holder	Policy No.	Premium Amount (Rs.)
1.	Rajasha	366391659	984.00
2.	Sowmya N	366391629	2031.00
3.	Swasthi R	366391630	826.00
4.	Asha Shetty	366391631	827.00
5.	Chaithra Kundar	366391632	2014.00
6.	Vanitha G	366391634	836.00
7.	Chethana	366391635	853.00
8.	Hareesha B	366391636	719.00
9.	Praveen	366391637	838.00
11.	Avitha Marle	366391639	352.00
12.	Satish Shetty	366391641	838.00
13.	Reshma	366391662	440.00
14.	Sudhindra K.S	626877948	671.00
15.	Sathisha Shetty	366391633	354.00
16.	Sathisha Shetty	626214193	417.00
17.	Rathna	366391658	503.00
18.	Bhagyalakshmi	366391651	475.00
19.	Vidyavathi	366391736	543.00
20.	Deepa	366391883	1,011.00
21.	KS Sudheendra	366391805	552.00
22.	Sudhakar P	366392542	1023.00
23.	Nithyananda	366392572	974.00
24.	Reshma	366392581	849.00
	<b>Total</b>		<b>18,930.00</b>

(RUPEES EIGHTEEN THOUSAND NINE HUNDRED THIRTY ONLY)

Paid by ch. no. 378493, dtd. 01/12/21

  
30/11/21  
**Principal**  
**Principal**

Dr. B.B. Hegde First Grade College  
Kundapura -576201

To,

**The Branch Manager,  
LIC of India,  
LIC Building,  
Nana Saheb Road,  
P. B. No.-19,  
Kundapura - 576201.**

2021, December 24

Dear Sir,

**Sub: Policy No: 366391638 Santhosh A Shetty - reg.  
Ref. No. PA Code No. 0000009486**

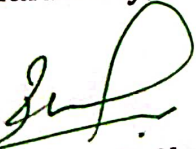
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With reference to the above, Mr. Santhosh A Shetty, bearing Policy No. 366391638, Assistant Professor in Commerce of our College has left the services in our College from 01/10/2021.

This is for your kind information.

Thanking you,

Your's faithfully,



(Prof. K. Umesh Shetty)

**Principal**  
*Principal*

Dr. B.B. Hegde First Grade College  
Kundapura -576201

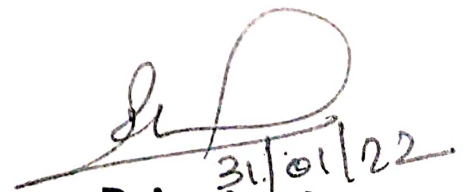
**Dr. B. B. HEGDE FIRST GRADE COLLEGE, KUNDAPURA.**  
LIC Policy Premium deduction list for the month of January-2022

PA Code - 0000009486

Sl. No.	Name of the Policy Holder	Policy No.	Premium Amount (Rs.)
1.	Rajेशha	366391659	963.00
2.	Sowmya N	366391629	1988.00
3.	Swasthi R	366391630	808.00
4.	Asha Shetty	366391631	809.00
5.	Chaithra Kundar	366391632	1970.00
6.	Chethana	366391635	834.00
7.	Hareesha B	366391636	703.00
8.	Praveen	366391637	820.00
9.	Avitha Marle	366391639	345.00
10.	Satish Shetty	366391641	820.00
11.	Reshma	366391662	430.00
12.	Sudhindra K.S	626877948	671.00
13.	Sathisha Shetty	366391633	347.00
14.	Rathna	366391658	492.00
15.	Bhagyalakshmi	366391651	465.00
16.	Deepa	366391883	989.00
17.	KS Sudheendra	366391805	540.00
18.	Sudhakar P	366392542	1023.00
19.	Nithyananda	366392572	974.00
20.	Reshma	366392581	849.00
	<b>Total</b>		<b>16,840.00</b>

(RUPEES SIXTEEN THOUSAND EIGHT HUNDRED FOURTY ONLY)

Ch. No. 378505, dtd. 03/02/22

  
31/01/22  
**Principal**  
**Principal**

Dr. B.B. Hegde First Grade College  
Kundapura -576201

# Dr. B. B. Hege First Grade College, Kundapura

## Group Mediclaim Insurance (Monthly Deductions) January- 2022

S.I No.	Emp. No.	Name	Gender	D.O.B.	D.O.Appt.	Amount
1	BBHC-T/01	Prof. K Umesh Shetty	Male	18-07-1971	10-06-2019	390.00
2	BBHC-T/02	Mr. Chethan Shetty	Male	15-10-1984	01-06-2011	390.00
3	BBHC-T/03	Mr. Rajesh Shetty	MALE	22-06-1987	07-06-2010	390.00
4	BBHC-T/05	Dr. Deepa	FEMALE	22-07-1980	01-07-2010	390.00
5	BBHC-T/08	Mr. Praveen Mogaveera	MALE	04-10-1988	01-06-2013	390.00
6	BBHC-T/09	Mr. Rakshith Rao	MALE	19-12-1990	01-06-2013	390.00
7	BBHC-T/10	Mr. Satish Shetty	MALE	01-06-1988	17-06-2013	390.00
8	BBHC-T/11	Mrs. Preeti Hegde	FEMALE	22-11-1989	14-06-2014	390.00
9	BBHC-T/12	Mrs. Avitha Correa	FEMALE	04-06-1988	14-06-2014	390.00
10	BBHC-T/14	Mrs. Nanda Rai	FEMALE	23-03-1981	15-06-2015	390.00
11	BBHC-T/15	Mrs. Reshma Shetty	FEMALE	27-07-1986	16-06-2015	390.00
12	BBHC-T/16	Mr. Hareesha B	MALE	01-06-1983	11-01-2016	390.00
13	BBHC-T/18	Mr. Shivaraj C	MALE	12-02-1991	01-07-2016	390.00
14	BBHC-T/20	Mr. Sudhir Kumar	MALE	28-06-1993	12-06-2017	390.00
15	BBHC-T/23	Mr. Sukumar Shetty	MALE	06-06-1983	15-06-2017	390.00
16	BBHC-T/24	Mrs. Deepika G	FEMALE	23-09-1991	03-07-2017	390.00
17	BBHC-T/26	Mr. Sathish Kanchan	MALE	25-07-1991	13-12-2017	390.00
18	BBHC-T/27	Mr. Yogeesh	MALE	08-05-1994	18-06-2018	390.00
19	BBHC-T/28	Ms. Amratha	FEMALE	24-11-1995	18-06-2018	390.00
20	BBHC-T/32	Ms. Dhanashree M. Kini	FEMALE	29-12-1995	17-06-2019	390.00
21	BBHC-T/42	Mr. Ranjith T N	MALE	16-04-1985	20-06-2011	390.00
22	BBHC-NT/01	Mr. Mahesh Naik	MALE	01-01-1986	07-06-2010	390.00
23	BBHC-NT/03	Ms. Nagaraj Shetty	MALE	17-04-1990	05-04-2021	390.00
24	BBHC-NT/05	Mr. Sudheendra K S	MALE	18-08-1982	01-07-2013	390.00
25	BBHC-NT/09	Mr. Sandeepa Kumar	MALE	12-16-1984	01-01-2021	390.00
26	BBHC-NT/17	Mrs. Savithri	FEMALE	01-01-1978	11-06-2021	390.00
27	BBHC-NT/18	Mr. Jayanth	MALE	04-03-1993	01-10-2018	390.00
28	BBHC-T/36	Ms. Praveena Mahabala	FEMALE	28-07-1992	25-06-2018	390.00
29	BBHC-NT/19	Mrs. Tara	Female	01-05-1989	01-09-2021	390.00
Total Rs. =						11310.00

(Rs. Eleven Thousand Three Hundred Ten only)

  
PRINCIPAL

Principal

Dr. B. B. Hegde First Grade College  
Kundapura -576201

  
CORRESPONDENT  
CORRESPONDENT

Dr. B. B. Hegde First Grade College  
Kundapura

**Dr. B. B. HEGDE FIRST GRADE COLLEGE, KUNDAPURA.**

LIC Policy Premium deduction list for the month of January-2022

PA Code - 000009486

Sl. No.	Name of the Policy Holder	Policy No.	Premium Amount (Rs.)
1.	Rajasha	366391659	963.00
2.	Sowmya N	366391629	1988.00
3.	Swasthi R	366391630	808.00
4.	Asha Shetty	366391631	809.00
5.	Chaithra Kundar	366391632	1970.00
6.	Chethana	366391635	834.00
7.	Hareesha B	366391636	703.00
8.	Praveen	366391637	820.00
9.	Avitha Marle	366391639	345.00
10.	Satish Shetty	366391641	820.00
11.	Reshma	366391662	430.00
12.	Sudhindra K.S	626877948	671.00
13.	Sathisha Shetty	366391633	347.00
14.	Rathna	366391658	492.00
15.	Bhagyalakshmi	366391651	465.00
16.	Deepa	366391883	989.00
17.	KS Sudheendra	366391805	540.00
18.	Sudhakar P	366392542	1023.00
19.	Nithyananda	366392572	974.00
20.	Reshma	366392581	849.00
Total			16,840.00

(RUPEES SIXTEEN THOUSAND EIGHT HUNDRED FOURTY ONLY)

Ch. No. 37855, dtd, 03/02/2022.

*Rundat*

*[Signature]*  
31/01/22  
**Principal**  
**Principal**  
Dr. B.B. Hegde First Grade College  
Kundapura -576201