

DISHA COLLEGE OF MANAGEMENT AND TECHNOLOGY

Office: RC Church Road, Beside LIC Office, Berhampur – 760001, Odisha

Campus: Biswanathpur Rd, Jagannathpur, Dist.-Ganjam, Odisha, Pin – 761008.

Ph-0680 2233466, Website – www.dishacollege.in, E-mail – disha.berhampur@gmail.com

Letter No. *DCMT/PG/46/2026*

Date. *25/05/2026*

CERTIFICATE

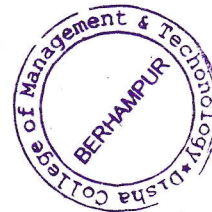
I hereby certify that the affiliating university (Biju Patnaik University of Technology) is

providing insurance cover to all registered students for the whole period of the course

Prabella Kumar Padhi

PRINCIPAL

Principal
Disha College of Management
and Technology (389)





ଓଡ଼ିଶା ओड़िशा ODISHA

M 593009

MEMORANDUM OF UNDERSTANDING

The Memorandum of understanding executed at Rourkela/Bhubaneswar on this 29th day of December, 2021, between Biju Patnaik University of Technology, Odisha having its headquarters at Rourkela-769015 (hereinafter called 'University') and referred to as the First Party and The Oriental Insurance Company Ltd., having its City Divisional Office –II, 75, Budhanagar, 2nd Floor, Bhubaneswar-751006 (hereinafter called 'Company') and referred to as the Second Party.

Whereas :-

- (i) By virtue of this MOU, the Company agrees to issue a Tailor-made Comprehensive Student Insurance Policy as per coverage given in Table-I, in respect of all the students admitted in 2020-21 academic session in the following courses.
- Students admitted during 2020-21 under 5 yr Program (B.Arch),
 - Students admitted during 2020-21 under 5 yr Program (Int. MBA),
 - Students admitted during 2020-21 under 5 yr Program (Int. M.Sc),
 - Students admitted during 2020-21 under 2 yr Program (M.Arch),
 - Students admitted during 2020-21 under 4 yr Program (B.Pharm),
 - Students admitted during 2020-21 under 4 yr Program (B.Plan),
 - Students admitted during 2020-21 under 4 yr Program (B.Tech),
 - Students admitted during 2020-21 under 2 yr Program (MBA),
 - Students admitted during 2020-21 under 2 yr Program (M.Sc),
 - Students admitted during 2020-21 under 3 yr Program (M.Arch(P)),
 - Students admitted during 2020-21 under 3 yr Program (B.Pharm(Lateral Entry)),
 - Students admitted during 2020-21 under 2 yr Program (M.Plan),
 - Students admitted during 2020-21 under 3 yr Program (B.Tech(Lateral Entry)),
 - Students admitted during 2020-21 under 2 yr Program (M. Tech),
 - Students admitted during 2020-21 under 2 yr Program (M. Pharm),
 - Students admitted during 2020-21 under 3 yr Program (MBA(P)), And
 - Students admitted during 2020-21 under 2 yr Program (MCA)


Registrar
Biju Patnaik University
of Technology, Odisha,
Rourkela -15



of constituent and affiliated colleges of Biju Patnaik University of Technology, Odisha, Rourkela.

Period of Insurance: The Tailor-made Comprehensive Student Insurance Policy as per Table-I hereunder is valid for the session 2020-21 admitted students of programmes with the annual premium of Rs. 35/- per student per year inclusive of all taxes and this will cover to their entire period of study as per Clause (i) and the same shall be automatically renewed on annual basis for the students during the entire tenure of the course by remitting the annual premium per student as agreed at the time of commencement of this first policy and as specified in financial bid of Tender No-BPUT/CS&P/54/20/3982 Dt.30.09.2021 for the respective students. However, the contract period may be extended for further period at the discretion of the BPUT authority subject to satisfactory performance.

Premium: The policy will commence from the commencement from 08/09.12.2021 (midnight) to 30th June 2022 (midnight). Initially, the subsequent year, yearly renewal premium basing on rate as specified in financial bid of tender will be provided by Company before expiry of the existing policy for continuation of the insurance coverage @ Rs. 35/- as specified in financial bid of tender shall be provided by the Company before expiry of existing policy for continuation of the insurance coverage on an yearly basis. However the company shall intimate the expiry of the existing policy before 30 days.

Details of Insured Persons: The University shall provide the details of the students to be covered under the policy. The personal details to be provided would include name, address, course of study & registration number of student, name of the institution along with the names of earning parents/guardian of each student. The disbursement of the settled claim amount will be paid through the college to the student / student's parents/guardians as the case may be with intimation to the University.

The coverage of the scheme and sum insured is as per Table –I mentioned as below:

Table –I

Part –A:

SI	Type of Insurance Cover	Sum insured per Student-Rs.	Beneficiary
(i)	Death of the student continuing in University due to accident	2,00,000/-	Parent of the student concerned
(ii)	Accident resulting total irrecoverable loss of sight of one eye or loss of use of one limb of the student insured	1,00,000/-	Student himself (through college)
(iii)	Accident resulting in grievous injury to any limbs of the student insured	1,00,000/-	Student himself (through college)
(iv)	Accident resulting in total irrecoverable loss of sight of both eyes or loss of use of both limbs or loss of sight of one eye and loss of use of one limb of the insured student	2,00,000/-	Student himself (through college)
(v)	The student or earning parent / guardian becoming permanent total disabled because of	2,00,000/-	Student himself (through college)

	an accident		
(vi)	Death of earning parent/ guardian (as per University record) resulting from injury caused by an accident	2,00,000/-	Student himself (through college)
(vii)	Reimbursement of the cost of hospitalization to the student as an inpatient due to illness/disease/injury. Such cost will include the cost of room rent/ boarding expenses provided by hospital/ nursing home expenses, fees of surgeries, doctors, and specialist fees. It will also include OT charges, cost of blood, anesthesia, oxygen, surgical appliances, medicines, x-ray, any testing fees, the cost of chemotherapy, dialysis, pacemaker, artificial limbs, artificial organs, cost and all related expenses	50,000/-	Student himself (through college)
(viii)	Theft of laptop/study materials of the student	30,000/-	Student himself (through college)
Part –B			
A Buffer stock of Rs. 10,00,000/- (Ten Lakh rupees) for each year to be kept as reserve for students to meet the expenses arising out of extreme medical cases and to be sanctioned as per the decision of the competent authority of the University.			

- (ii) This MOU also covers mid-term inclusion of students in the Tailor-made Comprehensive Student Insurance as per Table-I. The University shall pay the premium as per pro-rata rate for the period i.e. from the date of inclusion of the student till the expiry of the policy. Further this MoU shall continue till expiry of the programme as stipulated in Clause (I).

Insurance Cover: Tailor-made Comprehensive Student Insurance Scheme for the student admitted in 2020-21 session and for entire year of study as specified in clause (i)

Personal Accident Insurance – Students [Sl. (i) to (iv) of Table –I]

It is agreed that the Company shall pay to the Insured Person or the nominee, if any of the Insured Person sustains any bodily injury resulting solely and directly from accident caused by external, violent and visible means, the sum hereinafter set forth in respect of any of the insured persons:-

1. If such injury shall, within twelve calendar months of its occurrence be the sole and direct cause of the death or permanent total disablement of the insured student, the capital sum insured of Rs.2,00,000/- (two lakhs only).
2. If the accident results in total irrecoverable loss of sight of one eye or loss of use of one limb of the student, the capital sum insured of Rs.1,00,000/- (one lakh only).
3. If the accident results in grievous injury to any limbs of the student insured, the capital sum insured of Rs.1,00,000/- (one lakh only)
4. If the accident resulting in injury shall within twelve calendar months of its occurrence be the sole and direct cause of loss of total sight of both eyes or loss of use of two limbs or total loss of sight of one eye and loss of use of one limb of the student, then a sum of Rs.2,00,000 (two lakhs only).

Personal Accident Insurance – Parents [Sl. (v) & (vi) of Table –I]

It is agreed that the Company shall pay a sum of Rs.2,00,000/- (two lakhs only) to the insured student, if the named earning Parent/Guardian of the insured student (as per University records) shall sustain any bodily injury resulting solely and directly from an accident caused by external, violent and visible means, and if such injury shall be the sole and direct cause of the death or permanent total disablement of the named earning parent/guardian.

It is understood that the terms, conditions and exceptions, i.e. the situations/contingencies under which the Company shall not be liable under the policy, are as per the terms and conditions of **Group Personal Accident Insurance Policy of Company.**

Hospitalization Benefits – Students [(Sl. (vii) of Table –I]

The Policy covers reimbursement of Hospitalization expenses incurred by the student as an inpatient due to disease/illness/injury sustained by him/her. This being tailor made policy, exclusion clause 4.1, 4.2 & 4.3 of standard Group Medclaim policy stands deleted. In the event of any claim becoming admissible under this policy, the Company will pay to the insured student through the college/institution the amount of such expenses as would fall under different heads mentioned below, and as are reasonably and necessarily incurred thereof by or on behalf of such insured students, but not exceeding the sum insured of Rs.50,000/- (fifty thousand) during the policy period.

1. Room, Boarding and Nursing Expenses as provided by the Hospital/Nursing home.
2. I.C. Unit expenses.
3. Surgeon, Anesthetists, Medical Practitioner, Consultants, Specialists fees.
4. Anesthesia, Blood, Oxygen, Operation Theater charges, Surgical Appliances, Medicines and Drugs, Diagnostic Materials, and X-ray, Dialysis, Chemotherapy, Cost of Pace maker, Artificial limbs and Cost of Organs and similar expenses.
5. Ambulance expenses.

*The sublimit is applicable to all the above (Sl. No 1 to 5) is as per **Standard Individual Medclaim Policy of the Company.**

Company's Liability in respect of all claims admitted during the period of insurance shall not exceed Rs.50,000/- per student.

It is understood that, the terms, conditions, definitions & exclusions etc. of the **Individual Medclaim Policy of Company** shall apply in the settlement of the claims.

Insurance Cover for Laptops/Study Materials [Sl. (viii) of Table –I]

It is agreed that the company shall pay to the insured student a maximum up to Rs.30,000/- in case of loss of Laptop/Study materials due to theft. It is understood that, the terms conditions definitions exclusions etc. of the **Standard Burglary Policy of Company** shall apply in the settlement of the claims.

Buffer Sum Insured [Part –B of Table –I]

It is agreed that, in case of an admissible claim if the medical expenses of the insured student exceeds the covered amount of Rs.50,000/- as per Part- B of Table-I then the excess amount is to be paid by the Company to the student out of the Buffer Sum Insured of Rs.10,00,000/- per year as per the decision of the competent authority of BPUT on case to case basis.

Claim Procedure: Upon the happening of any event which may give rise to claim under the policy, written claim intimation with full particulars to be given to the Company immediately preferably within 7 days by either the insured student, parents/guardian of student or by the college with intimation to the University. All supporting claim documents (as detailed below) will be submitted to the company within 60 days of discharge from the hospital/nursing home, in case of hospitalization claims. As regards to personal accident claims, the supporting claim documents must be submitted to the company at the earliest. The Company shall not be liable to make any payment in respect of any claim if such claim be in any manner fraudulent or supported by any fraudulent statement or device for intimation and submission of the claim documents. The company shall not be liable to accept any liability under any claim which is intimated after 6 months from the date of loss. Contact Authority of the Company and his/her address is as under:-

Authority	Postal address	Telephone (Office)	E-mail
Sr. Divisional Manager, Oriental Insurance Company Ltd.	City Divisional Office-II, 2 nd Floor, Budha Nagar, Bhubaneswar-6	0674-2311437, 2311226	gyasuddin.khan@orientalinsurance.co.in

Tailor-made Comprehensive Student Insurance

The following documents would be submitted to the company in support of the claim (as per Table -I).

1. (Sl. (i) to (vi) as per Table- I)

Death claims:

1. Claim form duly completed and signed
2. Death certificate
3. Certified Copy of Police Final Report/Charge sheet
4. Certified copy of Post-mortem Report and Viscera.
5. Statement of the official of the College regarding the continuity of the student course with supporting documents issued by college.
6. Copy of BPUT Regn. Card.
7. Copy of College/Institution ID Card
8. Voter ID/Aadhar copy

Injury Claims:

1. Claim form duly completed and signed
2. Certified Copy of Police reports wherever applicable
3. Medical Report of the attending doctor
4. Injury/Disability certificate issued by Competent Authority
5. Investigation Report like laboratory tests, X-ray and reports essential for confirmation of the injury.
6. Copy of BPUT Regn. Card
7. Copy of College/Institution ID Card.
8. Statement of the official of the College regarding the continuity of the student course with supporting documents issued by college.
9. Voter ID Card/ Aadhar Card or any other Identification of earning parent

2. Hospitalization: (Section (vii) as per Table-I)

1. Claim form A & B duly completed.
2. Doctor's advice for hospitalization in original.
3. Original Bills from chemist(s) supported by proper prescription.
4. Bills, receipts and discharge certificate from the hospital. (All Originals)
5. Receipts and Pathological test reports from Pathologists (All Originals)
6. Nature of operation performed and surgeon's bill and receipt.(All Originals)
7. Copy of BPUT Regn. Card
8. Copy of College/Institution ID Card.

3. Theft of Laptop & Study Material : (Section (viii) as per Table-I)

1. Claim form duly completed
2. Proof of Original purchase/purchase bill.
3. Certified copy of FIR, Police final report/Charge sheet and court acceptance report
4. Letter of subrogation & undertaking.
5. Copy of BPUT Regn. Card
6. Copy of College/Institution ID Card.

Time Limit for Settlement of Claims:

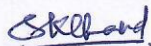

The disposal of the claims will be done within 15 working days from the date of receipt of the last relevant documents as stated above. In cases where a claim would require an investigation, the same will be done with promptitude, and in any case their disposal will not be delayed beyond 15 working days from the receipt of Investigation report. Only in extreme cases where the genuineness (or otherwise) of a claim cannot be established within the aforesaid time frame for reasons beyond the control of the Company, the matter shall be brought to the notice of the University/College, and further action as deemed fit would be taken after mutual consent and to be disposed of within 15 days. **It is also agreed that the company shall communicate the status of claims reported, processed, and settled to the University on quarterly basis during the period of insurance without fail.** It is also agreed that the company shall intimate the end of policy before 30 days for remittance of premium by the University within due date.

**FOR AND ON BEHALF OF
ORIENTAL INSURANCE COMPANY LTD.**



Sr. Divisional Manager
City Divisional Office-II, Bhubaneswar
वरीष्ठ मण्डलय प्रबंधक
Sr. Divisional Manager
दि ओरिएण्टल इन्स्योरेंस कम्पनी लि.
The Oriental Insurance Co. Ltd.
सि.डि.ओ.-II, भुवनेश्वर
CDO-II, BHUBANESWAR

Witness:



1. 
2. 

**FOR AND ON BEHALF OF
BIJU PATNAIK UNIVERSITY OF TECHNOLOGY,
ODISHA, ROURKELA**



Registrar,
B.P.U.T. Odisha, Rourkela
**Biju Patnaik University
of Technology, Odisha,**

Witness: Rourkela -15

1.  Bani Prasad Das, ALO, BPUT
2.  , Dy. Registrar, BPUT



ISSUING OFFICE

The Oriental Insurance Company Limited
 Head Office, A-25/27, Asaf Ali Road, New Delhi-110 002

PERSONAL ACCIDENT POLICY (INDIVIDUAL)
 CLAIM FORM

This form is issued without admission of liability and must be completed and returned within 7 days after its receipt. No claim can be admitted unless a medical overleaf be furnished at the expense of the claimant.

Claim No. _____	Policy No. _____
1. Name in Full _____ Residence _____ Business Address _____ Permanent Business or Occupation if more than one state all _____	Present Age _____ Year Height _____ ft. _____ Inc _____ Wt. _____ st _____ lbs
2. a) When did the accident occur? State day, date and hour b) Where did it occur? c) Give full particulars of the cause and the injuries sustained.	
3. Give name and address of the witness of the accident.	
4. a) Give name and address of the Doctors who attended you. b) Name and address of your ordinary Medical Attendant.	
5. State where and when a Medical or other officer of the Company can visit you, if necessary.	
6.(a) State the number of days you have been necessarily and entirely confined to Bed, Room or House as the sole and direct result of the Injuries	6. (a) confined for ...day..... Fromto (b).....

sustained.	(b)
(b) If still confined, state probable duration of confinement.	(c)
(c) Have you in any way attended to business or work during the above period?	(d)
(d) Have you been able to attend to any portion of you	
7. Have you previously claimed or received compensation under an Accident and/or Sickness Policy? If so, give Particulars.	
8. a) Are you insured elsewhere?	(a)
b) If so give the name of each Company or Insurer and the amount you are entitled to Claim.	(b)

I HEREBY DECLARE that I have received the injuries above described and warrant the truth of the foregoing particulars in every respect, and I agree that if I have made, or if shall make false or untrue statement, suppression or concealment, my right to compensate shall be absolutely forfeited.

I claim to be paid sum of.....per week, or the total sum ofwhich I agree to accept in full settlement of my claim on the company.

Dated _____ Signature _____



The Oriental Insurance Company Limited
Head Office, A-25/27, Asaf Ali Road, New Delhi-110 002

Note: this form is to be completed by the claimant’s Medical Attendant whose replies should be as full as possible.

Policy No.	Claim No.
1. CLAIMANT Name in full _____	Age _____
2. The nature and extent of injuries (if to a limb, state whether right or left)	
3. The cause of the accident, so far as known to you.	
4. a) Details of your first attendance upon him in consequence of the injuries sustained? b) Are you still in attendance	a) b)
5. Are you his usual Medical Attendant and if so, how far have you known him and for what have you attended him?	
6. a) Are his symptoms (i) due exclusively to the accident or (ii) traceable to disease, infirmity or any other cause? (b) Has he ever suffered from Gout, Rheumatism, diabetes or fits? (c) Is there anything in his medical history which may have contributed directly or indirectly to the accident or which may be likely to retard his recovery. (d) Have you any reason to suppose that he was under the influence of intoxicants at the time of accident?	(a) (i) (ii) (b) (c) (d)

<p>7. (a) State the time within your own knowledge that the Claimant has been, as the direct and sole consequence of the injuries sustained, necessarily confined to his house.</p> <p>(b) If still so confined state the probable duration of confinement too.</p>	<p>7. (a) confined fordays</p> <p>From.....(both inclusive)</p> <p>(b)</p>
<p>8. (a) Has he been able to attend any portion of his business or occupation?</p> <p>(b) If so from what date?</p> <p>(c) If not, please state probable date</p> <p>(i) Of his being so able</p> <p>(ii) Of his complete recovery</p>	<p>(a)</p> <p>(b)</p> <p>(c)</p> <p>i.</p> <p>ii.</p>
<p>9. Is there now any disability? If not, please give date of recovery.</p>	
<p>10. Any further remarks</p>	

I hereby certify that the above named met with accident referred to and that the foregoing statement are correct.

Signature_____

Qualification_____

Address_____

Date_____

TOTAL DISABLEMENT occurs when the Insured is wholly prevented from attending to his business/occupation. PARTIAL DISABLEMENT when prevented from attending to a substantial portion thereof.