



**Babu Banarasi Das
Northern India Institute of Technology,
Lucknow**



**Student Mediclaim and
Personal Accident Policy**

Affiliated to Dr. A.P.J. Abdul Kalam Technical University

(AKTU College Code: 056)

Sector II, Dr. Akhilesh Das Nagar, Faizabad Road, Lucknow (U.P.)-226028, India

The Institution's Mediclaim and Personal Accident Policy is framed with the objective to support the student in case of emergency or any severe medical complication/treatment.

This policy has insured of Rs.25000/- per student for **Mediclaim** & Rs.1,00,000/- per student for **Personal Accidents** at same rate.

Student Mediclaim policy is tailor-made for the students. The main features of the policy for students are as under:

1. Risk cover under policy of Rs.25000/- per student.
2. Room rent under this policy of Rs. 1000/- per day.
3. Nursing charges: 15% of Room rent per day.
4. ICU charges of Rs. 2000/- per day.
5. Nursing charges for ICU: 15% of ICU charges per day.
6. Ambulance charges of Rs.350/- (in case of emergency)
7. No cap in the policy like doctor's fees, surgery charges, Medicines, investigation and room halting charges etc. The reimbursement is up to the sum insured i.e. 25000/-
8. There is no waiting period under this policy, all types of claims will be payable from the very first day, even for first-year students as well.
9. Personal accident covers Rs. 1 lac per student in the unfortunate case of accidental death or permanent total disabled of the student.



Babu Banarasi Das Northern India Institute of Technology, Lucknow
Student Mediclaim and Personal Accident Policy

To,
The Dean – Student Welfare
Babu Banarasi Das Northern India Institute of Technology, Lucknow

Date: / /

Respected Sir,
 I am submitting herewith Medical Reimbursement claim of Rs.(in words) on account of Medical Expenditure incurred by me for treatment of Self duly verified by AMA/ Hospital.

Enclosures:

1. Prescriptions and Reportspages
2. Details of Receipts as given below inpages

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

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

Yours Faithfully,

Signature:

Name:

University Roll No.:

Mobile No.:

Student’s Bank Account Details:

1) Bank Name & Address:

2) Bank Account No.:

3) IFSC Code:

