



Estd. 1962

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शिवाजी विद्यापीठ, कोल्हापूर

परिपत्रक

३६/२०२४

विषय - युको बँकेमार्फत युको सुविधा पगार खातेधारकांना पुरविल्या जाणाऱ्या सुविधांची माहिती

संदर्भ - १) शिवाजी विद्या/पगारपत्रके/डी.वाय./युको अपघात विमा/१४६ दि.१६/०६/२०२१

२) युको बँक यांचे VIDYA/SUK/१२/२०२३-२०२४ Date २१/०३/२०२४

सर्व अधिविभागप्रमुख, संचालक, समन्वयक, शिक्षक, प्रशासकीय अधिकारी व सेवकांना कळविण्यात येते की, युको बँकेमार्फत युको सुविधा पगार खातेधारकांना पुरविल्या जाणाऱ्या सुविधां/फायदा यामध्ये वाढ केलेली असल्याचे युको बँक यांनी कळविलेले आहे. त्याची माहिती सोबत जोडलेली आहे. सदर सुविधामध्ये विद्यापीठातील कायमस्वरुपातील शिक्षक, प्रशासकीय अधिकारी व सेवकांना वैयक्तिक अपघात विमा योजना आहे. सदर योजनेकरिता नावनोंदणी करण्यासाठी सोबतचा विहित नमुन्यातील अर्ज भरून देणे आवश्यक आहे. सदर अर्जामध्ये खातेधारकांची माहिती व स्वाक्षरी तसेच, नामनिर्देशित व्यक्तीची संपूर्ण माहिती अचुक भरण्यात यावी.

अधिविभाग व प्रशासकीय विभागांनी शिक्षक संवर्गाचे अर्ज आस्थापना पी. जी. विभागात व प्रशासकीय अधिकारी व सेवकांचे अर्ज आस्थापना १ विभागामध्ये दि. 15 APR 2024 पर्यंत दोन प्रतीमध्ये जमा करावेत.

(डॉ. व्ही. एन. शिंदे)
कुलसचिव

जा.क्र. आस्थापना/589 .

दि. 06 APR 2024

प्रति,

- १) मा. कुलगुरु, मा. प्र-कुलगुरु, मा. कुलसचिव, मा. अधिष्ठाता, मा. संचालक परीक्षा व मुल्यमापन मंडळ, मा. वित्त व लेखा अधिकारी, संचालक, यांचे कार्यालयास.
- २) सर्व अधिविभागप्रमुख, संचालक, समन्वयक, शिक्षक, रेक्टर, प्रशासकीय अधिकारी, सेवक
- ३) आस्थापना पी. जी. विभाग व आस्थापना १ विभाग - यांनी जमा झालेल्या अर्जांची एक प्रत यादी करून पगारपत्रके विभागास देण्यात यावी. व एक प्रत संबंधितांच्या वैयक्तिक नस्ती फाईला लावण्यात यावी.
- ४) इंटरनेट विभाग - सदरचे परिपत्रक विद्यापीठाच्या संकेतस्थळावर प्रसिध्द करावे.

विभागप्रमुख यांनी सदरचे परिपत्रक सर्व शिक्षक व सर्व प्रशासकीय अधिकारी/सेवकांच्या निदर्शनास आणावे.

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITEDRegistered Office: 2nd Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: customercare@cholams.murugappa.com; website: www.cholainsurance.com

IRDA Regn. No.123 PAN AABCC6633K CIN U66030TN2001PLC047977

**Enrolment Form****Enrolment form Ref. No. Chola-UCO-ComGPA-197-2024****Chola Comprehensive Group Personal Accident Insurance**

UIN : CHOPAGP21424V022021

UCO Bank Branch:		Application No.			
The group constitutes customers of UCO Bank who have agreed to enrol under Chola Comprehensive Group Personal Accident Insurance and make payment of premium in this regard to Cholamandalam MS General Insurance Company Limited (Chola MS).					
Details of the Insured					
Account No.					
Full Name: Mr./Ms./Mrs./Dr.					
Date of Birth: DD/MM/YYYY		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others	
Occupation:		Annual Income:			
Mobile No:		E mail ID:		GSTIN:	
PAN No:					
E-Insurance Account No:					
E-Repository Name		<input type="checkbox"/> NSDL National Insurance Repository (NIR) <input type="checkbox"/> CDSL Insurance Repository Limited		<input type="checkbox"/> Karvy Insurance Repository Limited <input type="checkbox"/> CAMS Insurance Repository Services Limited	
Communication Address:					
City:		District:		PIN: State:	
Nominee Details					
*Nominee Name :			Nominee Relationship:		
Nominee Address:					
*Nominee details are mandatory. We do not get any separate nomination form signed. In case the nominee is a minor, the guardian details will have to be provided.					
Coverage and premium (Please tick as applicable)					
Members Covered : Self Only (Account Holder)		Entry age : 18-60 Years		Policy Tenure: 1 year	
Scheme Type	Coverage/ Plan	Sum Insured (in Rs.)			
		<input type="checkbox"/> Classic	<input type="checkbox"/> Silver	<input type="checkbox"/> Gold	<input type="checkbox"/> Platinum
UCO Suvidha Salary Accounts	a. Accidental Death, b. Permanent Total Disability Benefit, c. Permanent Partial Disablement, d. Double death benefit due to air carrier (scheduled / unscheduled flights)	Up to 20 Lakhs	Up to 40 Lakhs	Up to 50 Lakhs	Up to 100 Lakhs
UCO Privilege Saving Scheme	a. Accidental Death, b. Permanent Total Disability Benefit, c. Permanent Partial Disablement, d. Double death benefit due to air carrier (scheduled / unscheduled flights)	Up to 20 Lakhs	Up to 20 Lakhs	Up to 20 Lakhs	Up to 20 Lakhs
Premium per person in Rs. (Incl. GST)					
Medical Declaration					

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**Enrolment Form****Enrolment form Ref. No. Chola-UCO-ComGPA-197-2024****Chola Comprehensive Group Personal Accident Insurance**

- UIN : CHOPAGP21424V022021

I confirm that I am in good health and / or not suffering from any mental / physical impairment and / or deformity and / or disablement since or after birth ☐ Yes ☐ No

Declaration

- I hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and / or particulars given by me or true and complete in all respects to the best of my knowledge and that I am authorized to propose on behalf of these other persons.
- I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurer and that the policy will come into force only after full payment of the premium chargeable.
- I further declare that I will notify in writing any change occurring in the occupation or general health of life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
- I declare that I consent to the company seeking medical information from any doctor or from a hospital who/which at any time has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured / proposer and seeking information from any insurer to whom an application for insurance on the person to be insured/ proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
- I authorize the Company to share information pertaining to my proposal including the medical records of the Insured/Proposer for the sole purpose of underwriting the Proposal and/or claims settlement and with Governmental and/or Regulatory Authority.
- I understand that once I cease to be a member of the group or the policy is cancelled by UCO Bank or otherwise for any reason whatsoever, the cover will automatically stand cancelled.
- I understand and agree that UCO Bank Will share my details as provided herein with Cholamandalam MS General Insurance Company Limited for issuance of insurance cover.
- I understand that liability of Cholamandalam MS General Insurance Company Limited does not commence until my/our a/c mentioned above is debited, the premium is received and my/our name is included in the Group.
- The Insurance Agent/Intermediary has explained Product Features and Suitability clearly and in the language understandable to me.
- I/We hereby authorize and give my/our consent to Company to collect my/our personal and medical information/data available in my/ our Ayushman Bharat Health Account (ABHA). Further I/we hereby authorise Company to use/share the information/data, pertaining to my proposal and/or collected from my/our ABHA, with reinsurer, Service Provider and or with any Governmental and/or Regulatory authority, for the sole purpose of proposal underwriting and/or claims settlement and or to comply with applicable laws/regulations.
- I/We confirm that I/We have provided personal data for the purpose of securing insurance policy/policies of the Insurer and I /We hereby provide express consent under Sec 6 of DPDP act, 2023 for the use and processing of such personal data by the Insurer for the purpose of the insurance.

Signature/Thumb Impression of Insured

Date: DD/MM/YYYY

Place:

Insured for the purpose of this enrolment form is the Account Holder of UCO Bank

Statutory Warning: Section 41. Of Insurance Act, 1938-Prohibition of Rebates: No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.

Please read the Sales Brochure clearly before signing the Enrolment Form

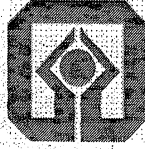
UCO SUVIDHA SALARY ACCOUNT SCHEME

Benefits	Classic	Silver	Gold	Platinum
Gross Monthly Salary	Up to Rs. 25000	Above 25000 to 50000	Above Rs. 50000 to 100000	Above Rs. 100000
Personal Accidental Insurance	Rs 20 Lakhs	Rs 40 Lakhs	Rs 50 Lakhs	Rs 100 Lakhs
Air Accidental Insurance	-	Rs 40 Lakhs	Rs 50 Lakhs	Rs 100 Lakhs
Debit Card Variants	Personalised Rupay Platinum		Rupay Select /Personalised VISA Platinum	Rupay Select /Personalised VISA Signature
RTGS/NEFT /IMPS/ SMS CHARGES	Free in Online Modes-Through m-Banking, e-Banking, SMS Free			
DD/PO CHARGES	Free unlimited upto Rs 25000			
Processing Charges on Home Loan & Car Loan	100 % waiver in processing charge on Home loan & Car loan.*			
Concession in Rate of Interest	-	-	-	0.10% in Home Loan, Car Loan*
Lockers Fee	25 % discount small Lockers			
Transactions through UCO Bank ATM	Unlimited Free			
Auto Sweep Facility	Minimum amount for auto sweep – 25000 in trenches of Rs 10000 for Maximum for 180 days.			
Overdraft Facility	Up to Rs 2 Lakhs		Up to Rs 3 Lakhs	
UCO Rupay on the go Key Fob	Chargeable		Free	
Cheque Facility	25 Cheque leaves free per annum (Personalised)			
Domestic Lounge Access	1 Per Quarter	1 Per Quarter	2 Per Quarter	2 Per Quarter
International Lounge Access	-	-	2 Per Quarter	2 Per Quarter
Complementary Health Check-up	-	-	Once in a Year	Once in a Year
Complementary SPA Services	-	-	Once in a Year	Once in a Year
Gym Access Programme	-	-	Once in a Year	Once in a Year
Other Banking Benefits	1. Zero Balance Account (No Minimum Balance Required). 2. Zero Balance Account for Spouse & Children. 3. Demat Account Opening Free, AMC 50% Discount. 4. Credit Card Facility Available			
1. TERMS AND CONDITIONS APPLY 2. ALL RELATED OFFER IS SUBJECT TO REGULAR SALARY CREDIT IN UCO SUVIDHA SALARY ACCOUNTS. 3. OFFERS MENTIONED ABOVE ARE SUBJECT TO CHANGE TIME TO TIME.				



यूको बैंक

सम्मान आपके विश्वास का



UCO BANK

Honours Your Trust

VIDYANAGR BRANCH

REF: VIDYA/SUK/ 12 /2023-24

Date: 21/03/2024

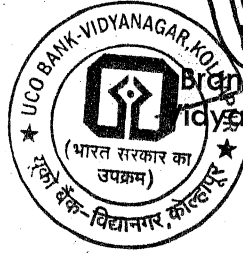
To,
Finance & Accounts Officer,
Shivaji University Kolhapur.

Subject: New benefits/features in Salary accounts of Shivaji University Kolhapur.

Respected Madam,

Our UCO Suvidha salary account is now have new added benefits/features like personal accident insurance up to Rs.1 CR , concessions in interest rates, in processing/documentation etc. To enable all the benefits we want to update each employees account scheme code as per their Gross monthly salary. In this regard we request your office to provide us the salary account holders list with their gross monthly salary. Also we are sharing you enrolment form for personal accident insurance which every UCO Suvidha salary account holder to fill and submit to the bank.

Your patronage is very much appreciated and we look forward to continue our successful relationship and we assure you our best services.



PAY BILLS SECTION

Inward No.. 72

Date 27.3.24

Supdt.

Assistant Registrar

Dy. Registrar,
(Accounts)

Shivaji University, Kolhapur

UCO BANK, VIDYANAGAR BRANCH

SHIVAJI UNIVERSITY AREA, OFF OLD PUNE-BANGALORE HIGHWAY, KOLHAPUR, MAHARASHTRA - 416004

TEL: 0231-2606552/54

EMAIL: VIDYAN@UCOBANK.CO.IN



"A++" Accredited by NAAC (2021)
With CGPA 3.52

शिवाजी विद्यापीठ, कोल्हापूर


परिपत्रक

शिवाजी विद्यापीठातील सर्व शिक्षक, प्रशासकीय अधिकारी/सेवक यांना आदेशान्वये कळविण्यात येते की, शासकीय / निमशासकीय सेवकांना State Government Salary Package (SGSP) या वेतन खात्याशी संलग्न अपघात विमा योजना व इतर लाभ अन्य राष्ट्रीयकृत बँकाकडून दिले जातात. त्यानुसार युको बँकेकडून सदर योजनेच्या अनुषंगाने आवश्यक लाभ विद्यापीठातील शिक्षक, प्रशासकीय अधिकारी/ सेवक यांना देणेबाबत या कार्यालयामार्फत कळविण्यात आले होते.

विद्यापीठाच्या सदर पत्राच्या अनुषंगाने युको बँकेमार्फत याबाबत आवश्यक कार्यवाही पूर्ण करून सोबतच्या युको/विद्यान/एसयुके/एमआयसीएस/03/2021-22 दिनांक 11/06/2021 रोजीच्या पत्रानुसार युको बँकेने विद्यापीठाचे वेतन खातेसाठी कर्मचा-याच्या एकूण वेतनाच्या 50 ते 100 पट अथवा जास्तीत जास्त रु. 20 लाखापर्यंत अपघात विमा योजना सुरू केली असलेबाबत कळविले आहे. सोबत बँकेचे पत्र जोडले आहे.

सदरची योजना लागू करणेसाठी विद्यापीठाच्या कायमस्वरूपी सेवेतील सर्व शिक्षक, प्रशासकीय अधिकारी/ सेवक यांनी सोबतचा विहीत नमुन्यातील अर्ज भरून दिनांक 18 जून, 2021 पर्यंत पगार पत्रके विभागामध्ये जमा करावेत.

सोबत- वरीलप्रमाणे


वित्त व लेखाधिकारी
शिवाजी विद्यापीठ, कोल्हापूर

शिवाजीविद्या./पगारपत्रके/डि.वाय/युको अपघात विमा/146

दिनांक : 16 JUN 2021

टिप :

- सर्व अधिविभागप्रमुख तसेच सर्व उपकुलसचिव/सहा.कुलसचिव प्रशासकीय विभागप्रमुख यांनी सदरचे परिपत्रक आपल्या विभागातील सर्वांच्या निदर्शनास आणावे. तसेच पत्रासोबतचा विहीत नमुन्यातील अर्ज भरणेबाबत सर्वांना सहकार्य करावे.
- कोव्हीड 19 संसर्गाचा प्रादुर्भाव लक्षात घेता आपल्या विभागातील सर्वांचे अर्ज एकत्रित करून ते विभागातील एकाच व्यक्तिमार्फत पगार पत्रके विभागामध्ये पोहोच करावेत.