



Estd:1962

"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 एकुण 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.

वित्त व लेखाधिकारी

सोबत- वरीलप्रमाणे

शिवाजी विद्यापीठ, कोल्हापूर

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

दिनांक : 16 JUN 2021

टिप :

1. 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.
2. कोव्हीड 19 संसर्गाचा प्रादुर्भाव लक्षात घेता आपल्या विभागातील सर्वांचे अर्ज एकत्रित करून ते विभागातील एकाच व्यक्तिमार्फत पगार पत्रके विभागामध्ये पोहोच करावेत.

यूको बैंक



UCO BANK

सम्मान आपके विश्वास का

Vidyanagar

Honours your trust

UCO/Vidyan/SUK/MISC/ 03 /2021-22

Date: 11/06/2021

To
The Finance and Accounts Officer
Shivaji University
Kolhapur.

Sub: Introduction of Group Personal Accidental Death Insurance cover up to Rs.20 Lakhs as add on feature in UCO Suvidha Salary Accounts of Shivaji University.

Sir,

With reference to the above captioned subject, we are pleased to inform your good office that, Our head office vide circular no CHO/IMW/07/2021-22 dated 10.06.2021 introduced Group Personal Accidental Death Insurance cover up to Rs.20 Lakhs as add on feature in UCO Suvidha Salary Accounts. Our channel partner for the above mentioned facility is "The Oriental Insurance Co.Ltd."

The salient features of the circular are as follows.

- Sum assured would be 50-100 times of Gross Salary with Maximum of cap of Rs.20 Lakhs,
- Insurance Coverage-Rs.20 Lakh Group Personal Accident (accidental death cover only, no permanent partial disability cover, no permanent total disability cover, no Air Accident death Cover)
- Master Agreement to be signed between UCO Bank and Shivaji University.

Every Individual eligible employee needs to submit Annexure-1 duly signed by the employee and to be signed by the University Officials (Proposal form for inclusion in group personal accidental death insurance cover upto Rs.20.00 Lakh as add on feature in UCO Suvidha salary Account). (Annexure -1 attached with the letter).

We request your good office to kindly inform all the employees of Shivaji University through your internal circular at the earliest. We request you to kindly submit us the eligible list of employees on or before 18-06-2021 for our onward submission to Zonal Office/Head Office, so that our Head Office can obtain Master Policy for "Group Personal Accidental Death Insurance" from The oriental Insurance co. Ltd at the earliest.

Yours Faithfully

Sr.Manager

Vidyanagar-0289



पत्राचार के विभाग

यूको बैंक , विद्यानगर शाखा

UCO BANK , VIDYANAGAR BRANCH

शिवाजी विश्वविद्यालय परिसर, विद्यानगर, कोल्हापुर, महाराष्ट्र, ४१६००४

SHIVAJI UNIVERSITY CAMPUS, VIDYANAGR, KOLHAPUR-416004

दूरभाष क्र. Tel. No. 0231-2६०६५५२, ०२३१-२६०६५५४ ई-मेल पता Email Add.-vidyan@ucobank.co.in

राजभाषा का प्रकाश - बैंक का विकास

Annexure I – PROPOSAL FORM FOR INCLUSION IN GROUP PERSONAL ACCIDENT DEATH INSURANCE COVER UP TO Rs 20.00 LAKH AS ADD ON FEATURE IN UCO SUVIDHA SALARY ACCOUNT

(To be collected from Eligible Customer; Original to be preserved at Branch)



UCO BANK
(A Govt. of India Undertaking)
HONOURS YOUR TRUST

_____ Branch (SOL ID)

_____ Zone

1	UCO Suvidha Salary Savings Bank Account No	
2	Name of Account Holder (Proposed Insured Person)	
3	Date of Birth [DD/MM/YYYY]	
4	Age as on date	
5	Gender (Male/Female/Other)	
6	Address	Address for this Policy will be the same as provided by me to the Bank for my Savings Bank Account cited above.
7	PAN Card No.	
8	Aadhaar Card No.	
9	Occupation	
10	Name of Employer	
11	Type of Organisation	Central Govt./ State Govt. / Private/ Other (please specify)
12	Monthly Basic Pay	
13	Mobile No.	



14	Email ID	
15	Nominee Name	
16	Nominee Date of Birth	
17	Nominee Relation	
18	Guardian of Nominee (In case Nominee is Minor)	
19	Address of Nominee/Guardian	

DECLARATION:

- 1) I hereby declare that the statements made by me in this proposal Form are true to the best of my knowledge and belief and complete in all respects
- 2) I agree that this proposal and the declarations shall be the basis of the contract between me and The Oriental Insurance Co. Ltd.
- 3) I declare that any changes in the information given by the above after submission of this would be conveyed to The Oriental Insurance Co. Ltd. immediately.
- 4) I understand that Bank is the Master Policy Holder in this contract. However, obligation of settlement of claims lies with The Oriental Insurance Co. Ltd.

SIGNATURE OF ACCOUNT HOLDER (Proposed Insured Person)

Place:

Date:

SIGNATURE & SEAL OF EMPLOYER ORGANISATION

Date:

SIGNATURE & SEAL OF BRANCH OFFICIAL

Date:

