

**GROUP HEALTH INSURANCE POLICY - CERTIFICATE OF INSURANCE**

This Certificate of Insurance is subject to the terms and conditions of the **Master Policy No. 170734-0000-02** issued to **State Bank of India** and is based on the Proposal Form duly filled and signed by the Primary Insured and payment of the Premium for the same. This Certificate records the agreement between Insured and SBI General Insurance Company and sets out the terms of insurance and the obligations of each party as below:

Certificate No.:	Servicing Branch Office:	Issue Date:
0000000009349349-01	1st Floor, Rukmini Plaza, 1A, Srirampura Main road, Vivekananda Circle, 80 Ft road, Madhuvana Layout Srirampura, Mysore, Mysore, Karnataka - 570023, India	15/06/2019

Intermediary Details :

Intermediary Name & Code	SBI YADAVAGIRI EXTN, MYSORE 40272	0016078
Intermediary Contact Details	Mobile No :	Landline No : +91-821-514036

Policy Holder (Primary Insured) Name	Sharath Chandra S
Saving A/C No.	64088404198
Address	934 MIG House, 2nd Main, Vivekananda nagar, Sri Rampura 2Nd Stage, Mysore, Mysore, Karnataka - 570023 ,India.
Policy Period	From: 19/06/2019 00:00 Hrs To: Midnight of 18/06/2020
Date of inception first insurance policy	
Product Type	Individual
Plan Opted	1 Adult
Previous Policy No.	
No. of Renewals	Renewal1
Nominee (Name & Relationship)	SHANKAR C P, Father
Guardian (Name), if any	NA
Total Sum Insured	100,000

Name	Relationship with Primary Insured	Gender	Date of Member entry	Date of Birth	Age	Height (in cm)	Weight (in Kg)
Sharath Chandra S	Self	Male		03/03/2000	19	NA	NA
NA	NA	NA		NA	NA	NA	NA
NA	NA	NA		NA	NA	NA	NA