



VIDYASAGAR UNIVERSITY

P.O.: Vidyasagar University, Midnapore-721102, Dist.: Paschim Medinipur,
West Bengal, INDIA.

Date: 15.04.2024

NOTIFICATION

This is to notify for general information that as informed by the UCO Bank, Vidyasagar University Branch, concerned employees (86 employees) whose names are listed in the enclosed list, are requested to renew their *Suvidha Salary Group Accident Death Insurance Policy* by filling up the form (*Annexure-I*) along with the checklist enclosed herewith this notification and submit the same to the concerned bank and a copy to the undersigned.

All concerned are being informed accordingly.
This is issued with the approval of the competent authority.


Sd/-
Registrar

Memo No. VU/R/Noti./558/2024 Dated: 15.04.2024

Copy forwarded for information and necessary action to:

1. Office of the Deans,
2. All Academic and Administrative Heads to circulate among all,
3. The Director (Officiating), CDOE to circulate among all,
4. The Secretary to the Vice-Chancellor for kind information to the Hon'ble Vice-Chancellor,
5. The Office Superintendent. Office of the Registrar,
- ✓ 6. The Senior Information Scientist to upload on the University website,
7. The System Analyst,
8. The Establishment Section,




(Dr. J. K. Nandi)

Registrar

Registrar
VIDYASAGAR UNIVERSITY
Midnapore - 721102, W.B.

Tele-Fax (03222) 298220, Fax: (03222) 275329,
E-mail: registrar@mail.vidyasagar.ac.in

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/Transgender)	
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 Net Pay	
13	Monthly Gross Pay	
14	Mobile No	
15	Email ID	
16	Nominee Name	
17	Nominee Date of Birth	

18	Nominee relation	
19	Guardian of Nominee (In case Nominee is minor)	
20	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. If at any point of time it was found that the information given by me is false/incorrect the insurance company can reject my claim.
- 2) I agree that this proposal and the declarations shall be the basis of the contract between UCO Bank and the Oriental Insurance Co. Ltd. I understand that Bank is the Master Policy Holder in this contract. I agree and bound with the terms and conditions of the master policy. However, obligation of settlement of claims lies with the Oriental Insurance Co. Ltd.
- 3) I declare that any change in the information given above would be conveyed to UCO Bank immediately.

SIGNATURE OF ACCOUNT HOLDER (proposed Insured Person)

Place:

Date:

SIGNATURE & SEAL OF BRANCH OFFICIAL

Date:

UCO SUVIDHA SALARY GROUP
PERSONAL
ACCIDENT DEATH INSURANCE COVER

CHECKLIST

- 1. ANNEXURE – I (completely filled)**
- 2. EMPLOYEE IDENTITY CARD (self attested)**
- 3. AADHAAR CARD (self attested)**
- 4. PAN CARD (self attested)**
- 5. LAST THREE MONTHS SALARY SLIP (self attested)**

NAME
SUSANTA KUMAR CHAKRABORTI
GAUTAM PAL
JAYANTA KISHORE NANDI
TAPAN KUMAR DUTTA
ASOK KUMAR
JAYANTA KUMAR KUNDU
KRISHNA KANTA OJHA
SUBHABRATA PAL
DIGANTA BHUNIA
ASHIS BANSI
AMRITA MUKHERJEE
NANDAN MONDAL
RATAN HEMBRAM
PROLOY KUMAR GHOSH
RANJIT BOSE
MD FARUK KHAN
FATIK CHANDRA PATAR
PARTHA SARTHI DAS
SAJAL DAS
KHUDIRAM MURMU
SAGAR ACHARYA
ANIMESH MAJEE
TUSAR KANTI GOSWAMI
DEBAYAN NANDA
ANUPAM ADHIKARY
SORIFUL ISLAM
SOUDEEP KUMAR SAU
TARAKNATH SAHU
DEBASIS PATRA
SRIKRISHNA DINDA
SUJIT KUMAR PAL
BIPLAB CHAKRABORTY
SUBHASIS KHAN
ATANU SARKAR
GOUTAM BADHUK
TARA PRASAD MITRA
PINKU KHATUA
PRABIR DAS
TAPAS KUMAR ROUT
BIVASH MAHAPATRA
ARNAB SADHU
MANAS KUMAR BARIK
KALI CHARAN HANSDA
SANKAR KARMAKAR
NANDA CHANDRA BERA
SUSANTA KUMAR GHORAI
JITENDRA NATH MURMU
PABITRA DE
BIKASH BISAI
SUROJIT DAS
BALARAM MANDAL
AMAL KUMAR BHUNIA
SAHADEB PATRA
SHEWLI DUTTA
ARINDAM BHATTACHARYA
ASHIMAVA PRAHARAJ
SUDIPTA DALAI
SWADESH SARKAR
BABLU HEMROM
SOVANJAN SARKAR
KOUSHIK PAUL
SANJU OJHA
SUJIT BOSE
KESHAB CHANDRA MONDAL
NIVEDITA BHATTACHARYA SAHU
MADHUMANGAL PAL
SUROJIT SANYAL
RINKU MUKHI
RATNAKAR KUNDU
SUTANU DUTTA
BUDDHADEV ROY
SANDIP CHATTOPADHYAY
SOURAV KUMAR RATH
DULEE HEMBROM
KAUSHIK SANKAR BOSE
SURAJIT GHOSH
JHARESWAR CHALAK
ABHIJIT SINHA
DEBASISH BISWAS
TARUN KANTI MANDAL
NABAB ABDUL ZABIR
DEBASISH SHARMA
AMIT KUMAR KISKU
KUNTAL CHATTERJEE
RABINDRA NATH DAS
SURATHA KUMAR MALLIK