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Welcome

Mr. RAGHU PRANEETH PULJARLA
HONER AQUANTIS C BLOCK - 1006,TELLAPUR, GOPANPALLY,HYDERABAD,SERI LINGAMPALLY,HYDERABAD,TELANGANA,500019,8019641866

RELIANCE Selfi
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OR
scan the QR code to download the Selfi app

From here on, you're our responsibility.

Welcome on board.
Your Reliance Health Infinity Insurance number 920222428240212967 is now live, to access your policy anytime, anywhere, download our Reliance Selfi App and enjoy a host of special features.

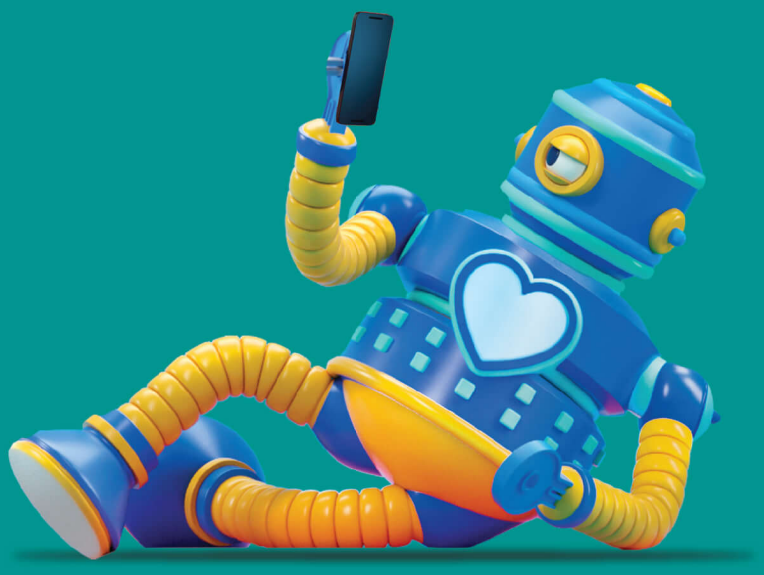
My Policy
Attach, Access, or Download your policy

My Claims
Register, Track or Submit claim documents

Hospital Locator
Go cashless, Tap and spot from amongst 8600+ network hospitals.

Wellness Solutions
Get discounts on various value-added wellness services and online solutions through our wellness programme

Now Live Smart
With Reliance General Insurance.
Tech+



reliancegeneral.co.in 022 4890 3009 (Paid) 74004 22200 (WhatsApp)

RELIANCE GENERAL INSURANCE

Digitally signed by Reliance General Insurance Company Limited
Date: 2024.02.29 15:43:33 IST

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RELIANCE HEALTH INFINITY INSURANCE- POLICY SCHEDULE

POLICYHOLDER DETAILS

Policy Number	:	920222428240212967	Proposal No	:	R29022453352
Policyholder Name	:	Mr. RAGHU PRANEETH PULJARLA	Policy Issuance Date	:	29/02/2024
Tax Invoice No. & Date	:	R29022453352 & 29/02/2024	GSTIN/UIN of Policyholder	:	
Correspondence Address & Place of Supply	:	HONER AQUANTIS C BLOCK - 1006,TELLAPUR, GOPANPALLY,HYDERABAD,SERI LINGAMPALLY,HYDERABAD,TELANGANA,500019	Policy Issuing Branch & Date	:	6th Floor, Oberoi Commerz, Oberoi Garden City, Off. Western Express Highway, Goregaon (East) MUMBAI MUMBAI MAHARASHTRA 400063
Contact No	:	8019641866	Email ID	:	PRP2610@GMAIL.COM
Date of Birth	:	26/08/1989	Business Type	:	NEW
Gender	:	Male	Zone	:	B

POLICY DETAILS

Base Sum Insured	:	1000000			
Cover Type	:	Floater	Policy Tenure	:	3 year
Policy Period Start Date & Time:	:	01/03/2024 At 00:01 Hrs	Policy Period End Date & Time	:	28/02/2027 At 23:59 Hrs.
Previous Policy No. & end Date:	:	NA	Renewable Date	:	01/03/2027
Premium Payment Frequency	:	None			
MORE OPTIONS BENEFITS OPTED:		Opt Out Free Addon			

NOMINEE DETAILS

Name of Nominee	:	ORUGANTY SURYA DEEPIKA	Relationship with Policyholder	:	Spouse
Date of Birth	:	26/08/1989	Address of Nominee	:	HONER AQUANTIS C BLOCK - 1006,TELLAPUR, GOPANPALLY,HYDERABAD,SERI LINGAMPALLY,HYDERABAD,TELANGANA,500019
Contact No. / Mobile No.	:	8019641866	Email ID	:	

INTERMEDIARY DETAILS

Intermediary Name	Intermediary Code	Intermediary Contact No	POSP ID
Direct	Direct	NA	
NA	NA		
VLE Name	VLE ID	VLE Contact No	

DETAILS OF INSURED PERSON	MEMBER 1	MEMBER 2	MEMBER 3	MEMBER 4
Name of the Insured Person	: Mr. RAGHU PRANEETH PULJARLA	Mrs. ORUGANTY SURYA DEEPIKA		
Gender	: Male	Female		
Date of Birth	: 26/08/1989	26/08/1989		
Relationship with Policyholder	: Self	Spouse		
Insured with the Company, since	: 01/03/2024	01/03/2024		
UHID	: 28242240347470	28242240347471		
Any Pre-existing Disease	: No	No		
Pre-existing Disease – Name	:			
Pre-existing Disease – Since	: NA	NA		
Permanent exclusions (if any) as agreed by the customer	:			
Special Remarks/Conditions	: NA	NA		
ABHA Number or ABHA ID	: NA	NA		

PREMIUM DETAILS	AMOUNT
Zone	B
Base Premium	39676.00
Addon Premium (If any)	29214.58
Loading (if any)	0.00
Discount (if any)	31726.86
OPD cover Premium	0
Net Premium Excluding Taxes and Levis	37164.00
IGST (18.00%)	6689.52
Total Premium including taxes and levies	43854.00

DISCOUNT DETAILS
BMI Discount/Loading
Credit Score Discount
Policy Tenure Discount
Opt Out Free Addon Discount
Zone B Optional Cover Discount
Buy Online Discount

GSTIN :27AABCR6747B1ZG, HSN : 997133, Description of services : Accident and Health Insurance Service

As per the GST regulations, the amount of GST will not be refunded if the policy / endorsement is cancelled after 30th September of the next financial year.

Consolidated Stamp duty Paid vide Letter of Authorisation "NO ENF-1/LOA/ENF-1/CSD/52/2024/(Validity Period Dt.01/02/2024 to Dt.01/12/2024)/1163 Date 31-01- 2024" at General Stamp Office, Mumbai. ** Not Applicable for the State of Jammu & Kashmir

WAITING PERIOD/COPAYMENT

- 36 Months Pre-Existing Disease waiting period (Code: Excl01)
- 24 Months of waiting period for specified disease / procedure (Code:Excl02)
- 30 Days of waiting Period for the first policy commencement date except for the claims arising due to accidents (Code:Excl03)
- 15 days initial Waiting Period for treatment of Covid-19
- 12 Months Waiting Period for Maternity Cover

- Zone wise Co-Payment: 20% Zone wise Co-payment applicable, in case of claims being administered from Delhi, New Delhi & NCR including Faridabad, Noida, Ghaziabad, Gurugram, Noida, Gautam Buddha Nagar, Mumbai & Suburbs, MMR (Mumbai Metropolitan Region), Navi Mumbai & Suburbs, Thane City & Suburbs, Mira Road, Bhayandar, Panvel, Kalyan & Dombivali, State of Gujarat, Kolkata & Suburbs

CONTACT DETAILS FOR POLICY SERVICING

Name: Reliance General Insurance Company Limited
Correspondence Address: Reliance General Insurance.
Winway Building 2nd and 3rd Floor, 11/12 Block No - 4,
Old No - 67, South Tukoganj, Indore (M.P) - 452001
Email ID : rgicl.services@relianceada.com
Contact No.: 022-4890 3009 (paid)
Website: www.reliancegeneral.co.in

CONTACT DETAILS FOR CLAIM SERVICING

Name: Reliance General Insurance Company Limited
Correspondence Address: Reliance General Insurance.
No. 1-89/3/B/40 to 42/ks/301, 3rd floor, Krishe Block
Krishe Sapphire, Madhapur, Hyderabad - 500081
Email ID : rgicl.rcarehealth@relianceada.com
Contact No.: 022-4890 3009 (paid)
Website: www.reliancegeneral.co.in

POLICY EXCLUSIONS

01. Investigation & Evaluation (Code:Excl04)
02. Rest Cure, rehabilitation and respite care (Code:Excl05
03. Obesity/ Weight Control (Code:Excl06)
04. Change-of-Gender treatments (Code:Excl07)
05. Cosmetic or Plastic Surgery (Code:Excl08)
06. Hazardous or Adventure sports (Code:Excl09)
07. Breach of law (Code:Excl10)
08. Excluded Providers (Code:Excl11)
09. Substance Abuse and Alcohol (Code:Excl12)
10. Wellness and Rejuvenation (Code:Excl13)
11. Dietary Supplements & Substances (Code:Excl14)
12. Refractive Error (Code:Excl15)
13. Unproven Treatments-Code (Code:Excl16)
14. Sterility and Infertility (Code:Excl17)
15. Maternity Expenses (Code:Excl18)
    In addition to above below mentioned are Specific Exclusions applicable to this Policy
16. Alternative Treatment
17. Circumcision
18. Convalescence or Rehabilitation
19. Dental Treatment
20. Unprescribed drugs or treatment
21. External Congenital Anomaly
22. Hearing aids
23. Hormonal therapies
24. Non-medical necessary treatment
25. Medical Supplies
26. Non-medical expenses
27. Outpatient treatment
28. Overseas treatment
29. Peritoneal Dialysis
30. Prosthetic and other devices
31. Charges other than reasonable and customary charges
32. Self-injury or suicide
33. Spinal subluxation, manipulation and muscle stimulation
34. Treatment by a family member
35. Treatment outside discipline
36. Vaccination and immunization
37. Nuclear attack
38. War

PLEASE NOTE

- The Policy has been issued based on the information provided by the Proposer in the Proposal Form or medical test reports or through Interactive Voice Response(IVR)/online web service or through any other oral or written form of communication which is the basis of evaluating the Health status of the proposed Insured Persons as on Proposed date of Insurance. *Please note that in the event of this information provided by the Proposer being found incorrect, the policy would become void and all the benefits under the policy shall stand forfeited.
- Subject otherwise to the terms and conditions of Policy Wording attached
- In case of any discrepancy, the Policyholder is requested to let us know immediately. You can write to us at rgicl.services@relianceada.com or call us at 022 4890 3009(Paid) for necessary changes/rectification.
- In the event of any incorrect representation, the liability shall be upon the Policyholder.

GRIEVANCE CLAUSE

For resolution of any query or grievance, Insured may contact the respective branch office of the Company or may call at 02248903009 or may write an email at rgicl.services@relianceada.com. In case the insured is not satisfied with the response of the office, insured may contact the Nodal Grievance Officer of the Company at rgicl.grievances@relianceada.com. In the event of unsatisfactory response from the Nodal Grievance Officer, insured may email to Head Grievance Officer at rgicl.headgrievances@relianceada.com. In the event of unsatisfactory response from the Head Grievance Officer, he/she may, subject to vested jurisdiction, approach the Insurance Ombudsman for the redressal of grievance. Details of the offices of the Insurance Ombudsman are available at IRDAI website www.irda.gov.in or on company website www.reliancegeneral.co.in or on www.gbic.co.in. The insured may also contact the following office of the Insurance Ombudsman within whose territorial jurisdiction the branch or office of the Company is located.

Details of the offices of the Insurance Ombudsman are

Office of the Insurance Ombudsman,3rd Floor,Jeevan Seva Annexe,S. V. Road,Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@cioins.co.in

IRDAI / (IGMS/Call Centre):

Through IGMS, Insured can register the complaint online and track its status. For registration please visit IRDAI website www.irdai.gov.in.
Helpline number: 022 4890 3009 (Paid)
Timings: 8 AM to 8 PM -- (Monday to Saturday)

PLEASE NOTE

- This document shall be treated as a Tax Invoice as per Rule 46 of the Central Goods and Services Tax Rules 2017.
- In the event of non-realization of premium, this policy document automatically stands cancelled from inception, irrespective of whether a separate communication is sent or not
- In witness whereof this Policy has been signed at Mumbai on policy tax invoice date in lieu of Proposal No. as mentioned in the policy

For Reliance General Insurance Co. Ltd.

Authorised Signatory

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Premium Certificate

Premium Certificate for the purpose of deduction under Section 80D of Income Tax Act, 1961.

This is to certify that Reliance General Insurance Company Limited has received an amount of 43854.00 from Mr. RAGHU PRANEETH PULJARLA towards payment of health insurance premium for policy 920222428240212967 for the period 01/03/2024 to 28/02/2027 issued on 29/02/2024.

The premium paid for this policy is eligible for applicable benefits under section 80D of the Income Tax Act, 1961 and amendments thereof.

Note :

- Any amount paid in cash towards the premium would not qualify for tax benefits as mentioned above.
- Health insurance premium for multiple year policy is eligible for proportionate deduction in the years in which the health insurance continues to be effective. For your eligibility and deductions, please refer to provisions of Income Tax Act 1961 and/or consult your tax consultant.
- The Policy Schedule in original must be surrendered to the Company in case of cancellation of the Policy.

For Reliance General Insurance Co. Ltd.

Authorised Signatory

Coverage Summary:		
Sum Insured (in lakhs)	1000000 lakhs	
Benefit No(Reference Policy Wordings)	Cover Name	Limits
3.1: Basic Benefits		
3.1.1	Inpatient Care	Covered
3.1.2	Special Treatment	Sum Insured (in Rs) >=10lakhs; Special Treatment limits (in Rs) 100% of S.I
3.1.3	Day Care Procedures	Within Sum Insured
3.1.4	Domiciliary Hospitalisation	Within Sum Insured
3.1.5	Organ Donor	Within Sum Insured
3.1.6	AYUSH Benefit	Within Sum Insured
3.1.7	Pre-Hospitalisation Medical Expenses	Covered upto 90 days, Within Sum Insured
3.1.8	Post-Hospitalisation Medical Expenses	Covered, upto 180 days, Within Sum Insured
3.1.9	Emergency Ambulance	Within Sum Insured
3.1.10	Transportation Benefit	Maximum upto Rs. 500 per Hospitalization(Within Sum Insured)
3.1.11	Restore Benefit	On subsequent claim, one restore up to 100% of Sum Insured for unrelated illness/injury
3.3 Renewal Benefit – Stay Healthy Discount		
3.3	Renewal Benefit Stay Healthy Discount	Upto 10% discount on renewal premium
3.4 Add Ons Covers*		
3.4.2 Limitless Cover		
3.4.2.1	Consumables Cover	Within Sum Insured
3.4.2.2	Unlimited Restore Benefit	On subsequent claim. Policies with Sum Insured 5 lakhs: Unlimited restore of S.I on unrelated illness or injury, sub-limit of 100% of Sum Insured for related illness/injury. Policies with Sum Insured >=10lakhs Unlimited restore of S.I on related or unrelated illness or injury This benefit supersedes Basic Benefit 3.1.11 Restore Benefit

<table>
<tr><td colspan="4">3.4.4 Mother and Child Care</td></tr>
<tr><td>3.4.4.1</td><td>Maternity Cover</td><td colspan="2"><table><tr><td>Sum Insured</td><td>Maternity Limits (Normal C-Section)</td></tr><tr><td>>=10 lakhs</td><td>Option 1- 1 lakh</td></tr></table>
Maternity Waiting Period Option:12 Months

Cover is available only to 3 year Policy Period. (Within Sum Insured)</td></tr>
<tr><td>3.4.4.2</td><td>Newborn baby and Vaccination Cover</td><td colspan="2">1lac (Within Sum Insured)</td></tr>
</table>

3.4.11	Reduction in Room Rent	Room Category Options: Single Private AC Room

Note-

The maximum liability of the Company to pay the claims under this Policy is limited to

i. Sum Insured
ii. Double Cover (if applicable)
iii. More Cover (if applicable)
iv. Super Charger (if applicable)
v. Restore Benefit or Unlimited Restore Benefit
vi. OPD Cover (if applicable)

Please refer the policy wordings for detailed information and understanding of the coverages.

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RELIANCE HEALTH INFINITY INSURANCE- PROPOSAL FORM

Proposal Form No : R29022453352

PLEASE NOTE:

1. To be filled and signed by Proposer and all fields are mandatory to be filled.
2. This proposal shall be the basis of contract for Policy issuance
3. Reliance General Insurance Company Ltd. (the Company) is under no obligation to accept any proposal for insurance. The liability of the Company does not commence until the proposal is accepted and underwritten by the Company and premium is received. If the Company accepts a proposal for insurance, it shall be subject to the Policy Terms and Conditions

ABOUT INTERMEDIARY

Intermediary Name	: Direct	Intermediary Code	: Direct
Branch Name	: Corporate Office(Servicing)	Branch Code	: 9202
Sales Manage Name	: Hyd Telesales	Sales Manager Code	:

ABOUT YOU (PROPOSER)

Name of the Proposer	: Mr. RAGHU PRANEETH PULJARLA		:
Date of Birth	: 26/08/1989	Gender	: Male
Email id	: PRP2610@GMAIL.COM	Alternative Email id	:
Mobile No.	: 8019641866	Alternative Mobile No.	:
Contact Number	:	Occupation	: Doctor
Annual Income	: 1000000.00		
Current Address	: HONER AQUANTIS C BLOCK - 1006,TELLAPUR, GOPANPALLY,HYDERABAD,SERI LINGAMPALLY,HYDERABAD,TELANGANA,500019		
City	: SERI LINGAMPALLY	State	: TELANGANA
Pin code	: 500019		

AVAIL FOR ZONE B DISCOUNT?

☑ Yes: Discount of 20% shall apply. Copay of 20% shall apply if treatment is taken in Zone A: Delhi, New Delhi & NCR including Faridabad, Noida, Ghaziabad, Gurugram, Noida, Gautam Buddha Nagar, Mumbai & Suburbs, MMR (Mumbai Metropolitan Region), Navi Mumbai & Suburbs, Thane City & Suburbs, Mira Road, Bhayandar, Panvel, Kalyan & Dombivali, State of Gujarat, Kolkata & Suburbs.

☐ No

Permanent address

City : SERI LINGAMPALLY State : TELANGANA Pin code : 500019

OTHER DETAILS

Pan No	: CJOPP2654J	GST in (if any)	:
Source of Funds	:	Annual Income	: 1000000.00

Do you have an e-Insurance Account (e-IA)? : ☐ Yes ☑ No

☐ if No, I hereby declare that "I would like to receive my insurance policy and all the information related to the proposed insurance policy through insurance repository"

☐ if Yes, e-Insurance Account (eIA) No

Reliance General Insurance Company Limited Existing Policy No (if applicable):

Reliance Group Shareholder (1) Folio Number or (2) DP Id & Client Id No. (if applicable):

☐ I would like to share my Consumer Credit Information with Reliance General Insurance for evaluation of additional discount on my policy. (If Yes, please sign the consent form attached)

☐ No, I would not like additional discount on my policy

PREMIUM DETAILS

Payment frequency	: None		
Payment by:	: Online		
Payer Name:	: Mr. RAGHU PRANEETH PULJARLA	Bank Name	:
Cheque/DD/Card Number	:	Cheque/DD Date	:
Amount in figures (Rs.)	:	Amount in words: Rupees	:

Note- In case the payment is made through Cheque/DD then please issue an a/c payee instrument in favour of "Reliance General Insurance Limited". In case the payment is made through Credit/Debit Card the Card needs to be in the name of Proposer

PRODUCT DETAILS (Tick/ Fill the required option) (All fields are mandatory)

Cover Type	: Floater
Sum Insured (Rs)	: 1000000
Policy Term	: 3
More Options Benefit(s) opted*	: Opt Out Free Addon

ADD ON COVERS (Tick the required option)

LIMITLESS COVER: Consumables Covers, Unlimited Restore Benefit	: Yes
SMART PROTECTOR: Super Charger, Air Ambulance If Yes, limit required for Super Charger	: No
MOTHER AND CHILD Maternity Cover, New-born Baby and Vaccination Cover If Yes, choose the Maternity limit: (Note: 2 lakhs option not available for Sum Insured 5 lakhs) MATERNITY WAITING PERIOD REQUIRED:	: Yes 100000 12 Months
OPD COVER If yes, Choose any one limit:	: No
MEDICAL EQUIPMENT COVER	: No
DOUBLE COVER	: No
HOME CARE TREATMENT	: No
CHANGE IN PRE-EXISTING WAITING PERIOD If Yes, choose the required option:	: 36 Months
REDUCTION IN SPECIFIC WAITING PERIOD	: No 24 Months
REDUCTION IN ROOM RENT* If Yes, choose one:	: Yes Single Private AC Room
VOLUNTARY COPAYMENT*	: No

VOLUNTARY AGGREGATE DEDUCTIBLE*	:	No

Note*

More Options and Add On Covers marked * are available for S.I Rs 3 lakhs. All other Add On Covers are available for Sum Insured 5 lakhs and above OPD Cover can be purchased for Insured Persons up to age 60 years (for floater policies, age of the eldest member shall be considered).

NOMINEE DETAILS

In the event of the death of an Insured Person any payment due under the Policy shall become payable to the Nominee in accordance with the Policy terms and conditions. The Nominee must be an immediate relative of the Proposer. Nominee for any of the persons proposed to be insured shall be the Proposer.

Name	: ORUGANTY SURYA DEEPIKA		
Email	:	Mobile No	: 8019641866
Date of Birth	: 26/08/1989	Relationship with proposer	: Spouse

DETAILS OF PERSON(S) PROPOSED TO BE INSURED

PERSONAL DETAILS		MEMBER 1	MEMBER 2	MEMBER 3	MEMBER 4
Name of insurance person	:	Mr. RAGHU PRANEETH PULJARLA	Mrs. ORUGANTY SURYA DEEPIKA		
Gender (M/F/Others)	:	Male	Female		
Date of Birth (DD/MM/YYYY)	:	26/08/1989	26/08/1989		
Email	:	PRP2610@GMAIL.COM	PRP2610@GMAIL.COM		
Relation with Proposer	:	Self	Spouse		
Occupation	:	Doctor			
ABHA Number or ABHA ID	:	NA	NA		

PED Questions		MEMBER 1	MEMBER 2	MEMBER 3	MEMBER 4
1) Was any person proposed to be insured diagnosed with any of these medical conditions OR has any pre existing disease	:	No	No		
Diseases name	:	NA	NA		
Diseases Since	:	NA	NA		
Treatment Taken	:	NA	NA		
Exact diagnosis	:	NA	NA		
Diagnosis Date	:	NA	NA		
Consulting Date	:	NA	NA		
Hospital Name	:	NA	NA		
2) Has planned a surgery If Yes, please provide the below details	:	No	No		
a) Please share details for your surgery					
Exact diagnosis	:	No	No		
Diagnosis Date	:	No	No		
Consulting Date	:	No	No		
Hospital Name	:	No	No		
3) Takes medicines regularly If Yes, please provide the below details	:	No	No		
a) Please share details for your current medication					
Exact diagnosis	:	No	No		
Diagnosis Date	:	No	No		
Consulting Date	:	No	No		
Hospital Name	:	No	No		
4) Has been advised investigation or further tests If Yes, please provide the below details	:	No	No		
a) Please provide details about investigation suggested by your doctor					
Date of tests	:	No	No		
Type of tests	:	No	No		
Findings of tests	:	No	No		
5) Was hospitalized in past If Yes, please provide the below details	:	No	No		
a) Please share details for your past medical condition					
Exact diagnosis	:	No	No		
Diagnosis Date	:	No	No		
Consulting Date	:	No	No		
Hospital Name	:	No	No		
b) Please share details of your past medical condition	:	No	No		
6) Is expecting a baby If Yes, please provide the below details	:	No	No		
a) Please share your expected delivery date with us	:	No	No		
7) Does any of the persons proposed to be insured use tobacco products/cigarettes or drink alcohol?	:	No	No		
8) Has any of the persons to be insured ever filed a claim with their current / previous Insurer ?	:	No	No		
Please Describe		No	No		
9) Has any proposal of life insurance, Critical illness or health insurance been declined, cancelled or charged a higher premium ?	:	No	No		
Please Describe	:	No	No		

Note: The Company may apply a risk loading upto 150% on the premium payable (based upon the declarations made in the Proposal form and the health status of the members proposed to be insured). These loadings would be applied from the first policy and its subsequent renewals with the Company.

Attending Physician's Detail

Name of Family Physician: :

Contact Number : E-mail ID :

DECLARATION & WARRANTY ON BEHALF OF ALL PERSONS PROPOSED TO BE INSURED

- I/We 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 are true and complete in all respects to the best of my knowledge and that I/We am/are 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 insurance company and that the policy will come into force only after full payment of the premium chargeable
- I/We further declare that I/We will notify in writing any change occurring in the occupation or general health of the life to be insured / proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
- I/We declare and consent to the company seeking medical information from any doctor or hospital who 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 assured /proposer and seeking information from any insurance company to which an application for insurance on the life to be assured / proposer has been made for the purpose of underwriting the proposal and / or claim settlement.
- I/We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal under writing and / or claims settlement and with any Governmental and / or Regulatory authority.

OTHER DECLARATIONS & AUTHORIZATIONS

- I consent to receive information from the Company through physical, electronic or telecommunication means from time to time
- I hereby state that the above-mentioned address shall be taken as address on record for the purpose of GST.
- I hereby confirm that the contents of the proposal form and connected documents have been fully explained to me/us and I have fully understood the significance of the proposed contract.
- I understand that the Policy shall become void at the Company's option, in the event of misrepresentation, mis-description or non-disclosure of any material fact in the Proposal form/personal statement, declaration and connected documents or any material information having been withheld by me or anyone acting on my behalf.
- I hereby declare that the person(s) proposed to be insured would submit to medical examinations, before the nominated doctors of the Company, or undergo diagnostic or other medical tests, as suggested by the Company for its underwriting.
- I consent to provide a valid age proof and identity proof at the time of claims or any other time when required by the Company.
- I agree and undertake to convey to the Company any change/alterations carried out in the risk proposed for insurance after submission of this Proposal form.
- I authorize the Company to auto renew the policy issued against this proposal form for 2024 years. I understand and agree that the renewal would be effective subject to receipt of applicable premium before the due date. The premium applicable would be as per age and premium rates on the due date of renewal
- I hereby submit my Aadhaar number or Virtual ID and give my consent for use of my Aadhaar details to authenticate me from UIDAI and link my Aadhar with all the policies of Reliance General Insurance Company Limited that I am associated with. I hereby warrant and represent that I have been duly authorised to submit the Aadhaar number or Virtual ID of the insured, nominees and appointees (as the case may be), and consent to the linkage of such Aadhaar details with all policies of Reliance General Insurance Company Limited that they are associated with.
- I hereby permit/authorise Reliance General Insurance Company Limited to collect, store, communicate and process information relating to the Policy(ies) and all transactions related therewith, including sharing and disclosing to public authorities, of any confidential information as required by law and to send me information in relation to the Policy and General Insurance products & services, irrespective of whether I am registered with the National Customer Preference Register (NCPR) [formerly the National Do Not Call Registry (NDNC)] or not.
- To protect the environment and save paper, I hereby give my consent to Reliance General Insurance Company Limited to send me the executed Policy copy and all related documents and other communications in electronic form by way of email to the aforesaid email id instead of physical form and also to share all such documents and any updates & alerts via Whatsapp on my registered mobile number with the Company.
- I hereby authorise Reliance General Insurance Company Limited to collect, store and share the information provided by me for the purposes as detailed under the Reliance General Insurance Company Limited Privacy Policy [Link to the policy] and the Terms of Use [Link to terms of use] which I acknowledge to have been read and understood by me and shall be bound by the same, subject to the understanding that use and transmission of such personal information shall be done in a secure and confidential manner and that I shall have the right to withdraw such consent at any given time by intimating as such to Reliance General Insurance Company Limited.

AML GUIDELINES

- I/We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been /will be paid out of proceeds of crime related to any of the offense listed in Prevention of Money Laundering Act,2002
- I understand that the Company has the right to call for document to established sources of funds
- The Insurance Company has right to cancel the insurance contract in case I am/have been found guilty by competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India

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YOUR SIGNATURE (PROPOSER)*	DATE & TIME	PLACE
	29/02/2024 03:39:32	Corporate Office(Servicing)

AGENT / INTERMEDIARY'S DECLARATION [IN CASE BUSINESS IS SOURCED THROUGH AN AGENT / INTERMEDIARY] [AGENT / INTERMEDIARY CONFIRMED USING A TICK BOX PROVIDED FOR RECORDING FOLLOWING CONSENT].

☐ I, Direct In my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Insurance Web Aggregator/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between Reliance General Insurance Company Limited and the Proposer, if this Proposal is accepted by Reliance General Insurance Company Limited for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished and furthermore if there has been a non-disclosure of any material fact, the policy issued to his/her favor pursuant to this Proposal may be treated by Reliance General Insurance Company Limitedas null and void and all premiums paid under the Policy may be forfeited to Reliance General Insurance Company Limited. The content of this form and its particulars have been explained by me in vernacular to the proposer who has understood and confirmed the same. I confirm that to the best of my knowledge all the material facts about the prospect and the insured relevant to insurance underwriting, including any adverse habits or income inconsistency has been disclosed herewith

Agent / Intermediary Name:	Agent / Intermediary Code:	License No.
Direct	Direct	
Signature of Agent / Intermediary:	Date: 29/02/2024	
Date & Time: 29/02/2024 03:39:32	Place: Corporate Office(Servicing)	Signature of Proposer:

PROHIBITION OF REBATES - SECTION 41 OF THE INSURANCE ACT, 1938 AS AMENDED BY INSURANCE LAWS (AMENDMENT) ACT, 2015

1.No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out 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.

2.Any person making default in complying with the provision of this section shall be liable for a penalty which may extend to ten lakh rupees.

FOR OFFICE USE ONLY

Channel Name	:	SP Code (For Bancassurance Channel)	
Branch Code	: 9202	Customer Relationship Number (For Bancassurance Channel)	
Campaign Code	:	Business Type	NEW
Reliance General Insurance SAP Id		Urban/Social/Rural	

CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your policy document.

SI NO	TITLE	DESCRIPTION	POLICY CLAUSE NUMBER
1.	**Name of Insurance Product / Policy**	Reliance Health Infinity Insurance	
2.	**Policy number**	920222428240212967	
3.	**Type of Insurance Product / Policy**	Indemnity (Where insured losses are covered up to the Sum Insured under the policy)	
4.	**Sum Insured (Basis)**	Floater Sum Insured - 1000000 (Where all members under the policy have a single sum insured limit which may be utilized by any or all members	
5.	**Policy Coverage (What the policy covers?)**	**A. Basic Benefits:**	3.1
		a. Inpatient Care: Covers medical expenses incurred during Hospitalization due to an illness or accident for period more than 24 hours.	3.1.1
		b. Special Treatment: Covers for the medical expenses incurred during the Policy Year on Inpatient Treatment or Daycare Treatment or Domiciliary Treatment of listed Special Treatments.	3.1.2
		c. Day Care Procedures: Medical expenses incurred for Day Care Treatment which is surgical procedure, chemotherapy or radiotherapy or hemodialysis taken by an Insured person during the Policy Period at a Hospital or Day Care Centre.	3.1.3
		d. Domiciliary Hospitalisation: Medical expenses for medical treatment at home for a period exceeding 3 consecutive days which would otherwise have necessitated hospitalisation.	3.1.4
		e. Organ Donor: Medical expenses on harvesting the organ from the donor for organ transplantation.	3.1.5
		f. AYUSH Benefit: The Medical Expenses for In-patient Treatment taken under Ayurveda, Unani, Sidha and Homeopathy	3.1.6
		g. Pre-Hospitalisation Medical Expenses: Covers expenses incurred 90 days prior to the date of hospitalisation.	3.1.7

		h. Post-Hospitalisation Medical Expenses: Covers expenses incurred up to 180 days from the date of discharge	3.1.8
		i. Emergency Ambulance: Actual expenses incurred per Hospitalization for utilizing ambulance service for transporting the Insured Person to the nearest Hospital with adequate facilities in case of an emergency or from one hospital to another for medically necessary treatment.	3.1.9
		j. Transportation Benefit: Reasonable expenses incurred upto Rs 500 per Hospitalization for utilizing a registered radio cab operator's services for transporting the Insured Person to and/or from the Hospital.	3.1.10
		k. Restore Benefit: On subsequent claim, one reinstatement up to 100% of Sum Insured for unrelated illness/ injury.	3.1.11
		B. More Options Benefits The insured may choose one of the following More Options Benefits, which will be applied to the policy with no additional premium. If policy is renewed without any break, such More option benefit with no additional premium will be offered for the next Policy period. The insured can also choose any of the other More options benefits by paying an additional premium.	3.2
		C. Renewal Benefit-Stay Healthy Discount The Insured Person will be "get upto" 10% discount at the time of Renewal for carrying out an annual health check-up and sharing the results of the same with the Company.	3.3
		D. Add On Covers	3.4
		p. Limitless Cover: **i. Consumables Cover:** This benefit pays the Reasonable and Customary expenses which are listed in Annexure -A List I as Optional Items. **ii. Unlimited Restore Benefit:** On subsequent claim.	3.4.2
		Policies with Sum Insured>=10lakhs Unlimited restore of S.I on related or unrelated illness/injury This benefit supersedes Basic Benefit - Restore Benefit	3.4.2.1 3.4.2.2
		r. Mother and Child Care:	3.4.4
		i. Maternity Cover: This Cover indemnifies the Insured Person up 1lakh/2lakhs(S.I-5L-1lakh and S.I >=10L- 1or 2lakhs) towards the maternity expenses including pre-natal and post-natal medical expenses. Cover is available only to 3 years Policy Period.	3.4.4.1
		ii. Newborn baby and Vaccination Cover: This Cover indemnifies the Insured upto Rs 1lakh during the Policy Year, towards the Hospitalization Expenses incurred towards treatment of Newborn baby and it also includes the cost of mandatory New-born baby immunization vaccination up to 90 days of birth.	3.4.4.2
		v. Home Care Treatment: This benefit indemnifies the Insured for	3.4.8

		the medical expenses incurred towards Home Care Treatment for any of the treatments (listed in the Policy wordings)under the Policy.	
		y. Reduction in Room Rent: This benefit gives an option to Policyholder to change the allowable Room Category.	3.4.11

6.	**Exclusions**	The following is a partial list of the policy exclusions (Please refer to the policy wording for the complete list of exclusions): a. Investigation & Evaluation (Code:Excl04) b. Rest Cure, rehabilitation and respite care (Code:Excl05) c. Obesity/ Weight Control (Code:Excl06) d. Change-of-Gender treatments (Code:Excl07) e. Cosmetic or Plastic Surgery (Code: Excl08) f. Hazardous or Adventure sports(Code:Excl09) g. Breach of law (Code: Excl10) h. Excluded Providers (Code:Excl11) i. Substance Abuse and Alcohol (Code: Excl12) j. Wellness and Rejuvenation (Code:Excl13) k. Dietary Supplements & Substances (Code: Excl14) l. Refractive Error (Code: Excl15) m. Unproven Treatments (Code: Excl16) n. Sterility and Infertility (Code: Excl17) o. Maternity Expenses (Code: Excl 18) Specific Exclusions p. Alternative Treatments q. Circumcision r. Convalescence or Rehabilitation s. Dental Treatments t. Unprescribed Drugs or treatments u. External Congenital Anomaly v. Hearing aids w. Hormonal therapies x. Non-Medically necessary treatment y. Medical Supplies aa. Non-medical expenses ab. Outpatient Treatment (OPD) ac. Overseas Treatment ad. Peritoneal Dialysis ae. Prosthetic and other devices af. Charges other than Reasonable and Customary ag. Self-Injury or suicide ah. Spinal subluxation, manipulation and muscle stimulation ai. Treatment by a family member aj. Treatment Outside discipline ak. Vaccination and immunization al. Nuclear Attack am. War (whether declared or not)	4

7.	**Waiting period** • Time period during which specified diseases / treatments are not covered • It is counted from the beginning of the policy coverage.	Initial waiting Period: 30 days for all illnesses (not applicable in case of continuous renewal or accidents) Specific Waiting periods (Not applicable for claims arising due to an accident):24 Months for 4 diseases/procedures Pre-existing diseases: Covered after 36 Months 15 days Waiting Period for treatment of Covid-19 4.2.2	4.1 4.1.2 4.1.1 4.2.1 4.2.2
8.	**Financial limits of coverage**	In case of a claim, this policy requires you to share the following costs: Expenses exceeding the following Sub-Limits a. Special Treatment:a. Special Treatment:	3.1.1
	i. Sub-limit (It is a predefined limit and the insurance company will not pay any amount in excess of this limit)	S.I>=10L-100% of S.I	
		b. More Cover	
		Sum Insured (in Rs) / **More Cover Sum Insured (in Rs)** 1000000 / 3,00,000	
		c. Transportation Benefit: Rs 500 per Hospitalization	3.1.10
		e. Air Ambulance: S.I 1crores: 7.5% of Sum Insured or Rs 5 Lakhs whichever is higher	3.4.3.2
		g. Newborn baby and Vaccination Cover: 1lakh	3.4.4.1
	ii.Co-payment (It is a specified amount /percentage of the admissible claim amount to be paid by policyholder/ insured).	**Co-Payments/Deductible** **m. Zone wise Co-Payment:** 20% Zone wise Co-payment applicable, in case of claims being administered from a zone different from the policy pricing zone	
	iii. Deductible (It is a specified	**Not Applicable**	

	amount: • up to which an insurance company will not pay any claim, and • which will be deducted from total claim amount (if claim amount is more than the specified amount)		
	iv. Any other limit (as applicable)	**Not Applicable**	
9.	**Claims / Claims Procedure**	Please contact Company at least 48 hrs prior to an event which might give rise to a claim. For any emergency situations, kindly contact the Company within 24 hours of the event. For any claim related query, information or assistance You can also contact Our Help Line at 022 4890 3009(Paid) or visit Our website www.reliancegeneral.co.in or e-mail Us at rgicl.rcarehealth@relianceada.com Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.Turn Around Time (TAT) for claims settlement: TAT for preauthorization of cashless facility - 2 hours TAT for cashless final bill authorization: 1 hour. Provide the details /web link for following: Network Hospital details Reliance General Insurance Locator rgi-locator.appspot.com Helpline number : +91 22 4890 3009 (Paid number) Hospitals which are blacklisted or from where no claims will be accepted by insurer https://www.reliancegeneral.co.in/downloads/Black_List_Hospital.pdf Downloading/getting claim form https://www.reliancegeneral.co.in/insurance/claims/claim-page-health	Annexure-III
10.	**Policy servicing**	Any issues related with respect to policy, kindly E-mail us at rgicl.services@relianceada.com	Annexure-II

		and for correspondence contact us Reliance General Insurance Company Limited Correspondence Address – Reliance General Insurance., Winway Building 2nd & 3rd Floor, 11/12 Block No-4, Old no-67, South Tukoganj, Indore (M.P) - 452001 Contact No.- 022- 41112600	
11.	**Grievances/ Complaints**	Details of Grievance redressal officer refer the link "http://www.reliancegeneral.co.in/"https://www.reliancegeneral.co.in/Insurance/About-Us/Grievance-Redressal.aspx IRDAI Integrated Grievance Management System - https://igms.irda.gov.in/ Insurance Ombudsman - The contact details of the Insurance Ombudsman offices have been provided as Annexure-B of Policy document	5.1.17
12.	**Things to remember**	**Free Look Period:-**The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy. The Insured Person shall be allowed free look period of fifteen days(30 days if the policy is sold through distance marketing or if the Policy Period is 3 years)from date of receipt of the policy document to review the terms and conditions of the Policy, and to return the same if not acceptable. If the Insured has not made any claim during the Free Look Period,the Insured shall be entitled to i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period	5.1.15
		Policy Renewal: Except on grounds of fraud, moral hazard or misrepresentation or non- cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.	
		When your policy is due for renewal, you may migrate to another policy with us (subject to underwriting guidelines of company) or port your policy to another insurer. **Migration:-** The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the Company by applying for migration of the Policy atleast 30 days before the Policy	5.1.8 5.1.9

		renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the Company, the Insured Person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration. **Portability:-** The Insured Person will have the option to port the Policy to other insurers by applying to such insurer to port the entire Policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the Policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed Insured Person will get the accrued continuity benefits in Waiting Periods as per IRDAI guidelines on portability.	
		Change in Sum Insured: Sum Insured can be changed (increased/decreased) only at the time of renewal, subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured.	5.1.13
		Moratorium Period: After completion of eight continuous years under the Policy no look back to be applied. This period of eight years is called as Moratorium Period. The moratorium would be applicable for the Sums Insured of the first policy and subsequently completion of 8 continuous years would be applicable from date of enhancement of Sums Insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, copayments, deductibles as per the policy contract.	5.1.12
13.	**Your obligations**	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement. Disclosure of other material information during the policy period.) Insurer to specify the material information	5.1.1

The enclosed Customer Information Sheet bearing reference number "CIS\920222428240212967" is essential part of your policy schedule, Kindly review it carefully.

Declaration by the Policy Holder

I have read the above and confirm having noted the details.

Place: SERI LINGAMPALLY , TELANGANA

Date: 29/02/2024 03:39:32

_____

(Signature of the Policy Holder)

Note:

In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.

Premium Illustration

Benefit Illustration in respect of policies offered on Individual and Family Floater basis										
Age of the members insured	**Coverage opted on individual basis covering each member of the family separately (at a single point in time)**		**Coverage opted on individual basis covering multiple members of the family under a single policy (Sum insured is available for each member of the family)**				**Coverage opted on family floater basis with overall Sum insured (Only one sum insured is available for the entire family)**			
	Premium (Rs.)	Sum insured (Rs.)	Premium (Rs.)	Discount, if any	Premium after discount (Rs.)	Sum insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater discount, if any	Premium after discount (Rs.)	Sum insured (Rs.)
51	12907	5,00,000	12907	10%	11,616	5,00,000	23,897	0%	23,897	500,000
44	8501	5,00,000	8501		7,651	5,00,000				
23	6299	5,00,000	6299		5,669	5,00,000				
18	5199	5,00,000	5199		4,679	5,00,000				
Total Premium for all members of the family is Rs.32,906 when each member is covered separately.			Total Premium for all members of the family is Rs. 29,616 when they are covered under a single policy.				Total Premium when policy is opted on floater basis is Rs. 23,897			
Sum insured available for each individual is Rs.5 lakhs			Sum insured available for each family member is Rs.5 lakhs				Sum insured of Rs 5 lakhs is available for the entire family.			
Note: Premium rates specified in the above illustration are standard premium rates without any discount for Rest of India zone. Also, the premium rates are exclusive of taxes applicable.										

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POLICY NO :920222428240212967 VALID UPTO: 28/02/2027 REG. MOBILE NO:8019641866

Insured Name	Date Of Birth	UHID
Mr. RAGHU PRANEETH PULJARLA	26/08/1989	28242240347470
Mrs. ORUGANTY SURYA DEEPIKA	26/08/1989	28242240347471

022 4890 3009 (Paid) 74004 22200 (WhatsApp)

rgicl.rcarehealth@relianceada.com

Please quote your UHID No. for assistance

- This card is invalid if the policy is cancelled
- Immediate intimation to RCare is a must in case of hospitalization
- To avail cashless facility at our Network Hospitals, please carry your Health Card & Photo ID proof at the Hospital Helpdesk
- Updated list of Network Hospitals is available on www.reliancegeneral.co.in

RCare Health:
Reliance General Insurance, No.1-89/3/B/40 to 42/ks/301, 3rd floor, Krishe Block, Krishe Sapphire, Madhapur, Hyderabad - 500081.

IRDAI Reg. No. 103. Reliance General Insurance Company Limited
Registered & Corporate Office: 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai-400063. Trade Logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited and used by Reliance General Insurance Company Limited under License.

RGI/MCOM/CO/RHII-PS/Ver. 2.0/050922

భారత ప్రభుత్వం
Government of India

భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
Unique Identification Authority of India

ఎన్‌రోల్‌మెంట్/ Enrolment No.: 0000/00695/75254

To
సూర్యదీపిక ఓరుగంటి
Suryadeepika Oruganty
PULIARLA RAGHU PRANEETH,
301 / Sri Sai nandanavanam apartment,
Lane opp Kfc / Rajarajeshwari nagar,
Kfc,
Kondapur,
VTC: Kondapur,
PO: Kondapur,
District: K.v. Rangareddy,
State: Telangana,
PIN Code: 500084,
Mobile: 9611227645

మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

4208 8461 7511

VID : 9180 1954 7623 8036

నా ఆధార్, నా గుర్తింపు

Government of India

Aadhaar no. issued: 04/06/2018

సూర్యదీపిక ఓరుగంటి
Suryadeepika Oruganty
పుట్టిన తేదీ/DOB: 26/06/1989
స్త్రీ/FEMALE

ఆధార్ అనేది గుర్తింపు రుజువు మాత్రమే, పౌరసత్వం లేదా పుట్టిన తేదీ కి కాదు. ఇది ధృవీకరణతో మాత్రమే ఉపయోగించాలి (ఆఫ్‌లైన్ ధృవీకరణ లేదా QR కోడ్ / ఆఫ్‌లైన్ XML యొక్క స్కానింగ్).

Aadhaar is proof of identity, not of citizenship or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML).

4208 8461 7511

నా ఆధార్, నా గుర్తింపు

Government of India

AADHAAR

ఉపకారము / INFORMATION

- ఆధార్ అనేది గుర్తింపు రుజువు, పౌరసత్వం లేదా పుట్టిన తేది కి కాదు. పుట్టిన తేది అనేది ఆధార్ నంబర్ హోల్డర్ సమర్పించిన రికార్డులలో పేర్కొన్న పుట్టిన తేది పత్రం యొక్క రుజువు ఆధారం ద్వారా ఇచ్చే సమాచారపై ఆధారపడి ఉంటుంది.
- ఈ ఆధార్ లేఖను UIDAI నియమించిన ప్రామాణీకరణ ఏజెన్సీ ద్వారా ఆఫ్‌లైన్ ప్రామాణీకరణ ద్వారా లేదా యూ ట్యూబ్‌లో అందుబాటులో ఉన్న mAadhaar లేదా ఆధార్ QR స్కానర్ యాప్‌ని ఉపయోగించి లేదా www.uidai.gov.in లో అందుబాటులో ఉన్న సురక్షిత QR కోడ్ రీడర్ యాప్‌ని ఉపయోగించి QR కోడ్ స్కానింగ్ ద్వారా ధృవీకరించాలి.
- ఆధార్ ప్రత్యేకమైనది మరియు సురక్షితమైనది.
- ఆధార్ నమోదు చేసిన తేదీ నుండి ప్రతి 10 సంవత్సరాల తర్వాత గుర్తింపు మరియు చిరునామాకు సంబంధించిన పత్రాలతో ఆధార్ ను నవీకరించాలి.
- వివిధ ప్రభుత్వ మరియు ప్రభుత్వేతర ప్రయోజనాలు/సేవలను పొందడంలో ఆధార్ మీకు సహాయపడుతుంది.
- మీ మొబైల్ నంబర్ మరియు ఈ-మెయిల్ ఐడి ఆధార్ లో అనుసంధానం చేయండి.
- ఆధార్ సేవలను పొందేందుకు mAadhaar యాప్‌ను డౌన్‌లోడ్ చేసుకోండి.
- ఆధార్/బయోమెట్రిక్‌లను ఉపయోగించనప్పుడు భద్రతను నిర్ధారించడానికి లాక్/అన్‌లాక్ ఆధార్/బయోమెట్రిక్స్ ఫీచర్‌ని ఉపయోగించండి.
- ఆధార్‌ను కోరే సంస్థలు తప్పనిసరిగా సమ్మతి పొందవలసి ఉంటుంది

- Aadhaar is proof of identity, not of citizenship or date of birth (DOB). DOB is based on information supported by proof of DOB document specified in regulations, submitted by Aadhaar number holder.
- This Aadhaar letter should be verified through either online authentication by UIDAI-appointed authentication agency or QR code scanning using mAadhaar or Aadhaar QR Scanner app available in app stores or using secure QR code reader app available on www.uidai.gov.in.
- Aadhaar is unique and secure.
- Documents to support identity and address should be updated in Aadhaar after every 10 years from date of enrolment for Aadhaar.
- Aadhaar helps you avail of various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app to avail of Aadhaar services.
- Use the feature of Lock/Unlock Aadhaar/biometrics to ensure security when not using Aadhaar/biometrics.
- Entities seeking Aadhaar are obligated to seek consent.

భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
Unique Identification Authority of India

Details as on: 03/12/2020

చిరునామా:
పులిగార్ల రఘు ప్రనీత్, 301 / శ్రీ సాయి నందనవనం అపార్ట్‌మెంట్, లేన్ ఆఫ్ కెఎఫ్‌సి / రాజరాజేశ్వరి నగర్, కెఎఫ్‌సి, కొండాపూర్, కొండాపూర్, కొండాపూర్, కె.వి. రంగారెడ్డి, తెలంగాణ - 500084

Address:
PULIARLA RAGHU PRANEETH, 301 / Sri Sai nandanavanam apartment, Lane opp Kfc, Rajarajeshwari nagar, Kfc, Kondapur, Kondapur, PO: Kondapur, DIST: K.v Rangareddy, Telangana - 500084

4208 8461 7511

VID : 9180 1954 7623 8036

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భారత ప్రభుత్వం
Government of India
పుల్లర్ల రఘు ప్రణీత్
Puljarla Raghu Praneeth
పుట్టిన తేదీ/DOB: 26/08/1989
పురుషుడు/ MALE
4804 3154 3582
VID : 9169 3053 3069 1672
నా ఆధార్, నా గుర్తింపు
ఆధార్
భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
Unique Identification Authority of India
చిరునామా:
S/O: పుల్లర్ల ఎల్లా గౌడ్, 42-271/18, నంది హిల్,
వనపర్తి, సాయిగుడెం, మహబూబ్‌నగర్,
తెలంగాణ - 509103
Address:
S/O: Puljarla Yella Goud, 42-271/18,
nandi hills, wnp, Savaigudem,
Mahabubnagar,
Telangana - 509103
QR Code with Photograph
4804 3154 3582
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आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

RAGHUPRANEETH PULJARLA

YELLAGOUD PULJARLA

26/08/1989

Permanent Account Number

CJOPP2654J

Signature

23082013