



VIDYASAGAR UNIVERSITY

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

Date: 19.12.2024

NOTIFICATION

This is to notify for general information of all the University employees (*Officers, Faculty Members, Non-teaching staffs*) who are purely on contractual basis that the UCO Bank has proposed to include the contractual employees of this University in the *Suvidha Salary Group Accident Death Insurance Policy*.

Interested employees, purely on contractual basis, are requested to express their willingness by filling up the form (*Annexure-I*) along with the checklist enclosed herewith this notification and submit the same to office of 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./1866/2024 Dated: 19.12.2024

Copy forwarded for information and necessary action to:

1. Deans of the Faculty concerned,
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,


19/12/24
(Dr. J. K. Nandi)
Registrar

Registrar
Vidyasagar University
Midnapore - 721102
West Bengal, India



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

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(SOLID)
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	

Annexure-I

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: