



**Office of International Relations  
Indian Institute of Technology  
Kharagpur-721302**



Ref. No. 1877/2023/OIR

Date: 23.05.2023

**Sub: Request to authorize Dean, Outreach & AA to sign on the internship contract requested by Yelisetty Karthikeya S M (21CS30060)**

With reference to the request made by Yelisetty Karthikeya S M (21CS30060), a student from the Dept of Computer Science Engineering, to carry out internship at Nippon Koei Research and Development Centre, Japan.

The necessary NoCs in this regard have been sought by Yelisetty Karthikeya S M. As there is already an existing MoU between IIT Kharagpur and Nippon Koei Research and Development Centre, Japan, the legal advice is not required in the matter.

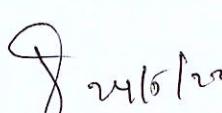
This is to request to authorize the Dean, Outreach & AA to sign on the internship contract for further proceedings.

Submitted for the consideration and approval please.

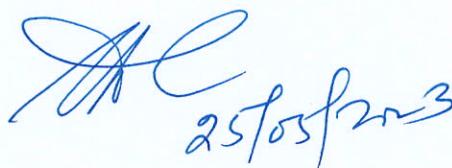
Enclosed:

1. Duly signed NOC from IIT Kharagpur
2. Internship Contract
3. Terms and conditions of the contract (flag – 1)
4. Health insurance application by the student

  
Associate Dean, IR & R

  
Dean, OR & AA

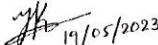
Director

  
25/05/2023



Office of International Relations  
Indian Institute of Technology Kharagpur

Request for NoC by IIT Kharagpur students for undertaking foreign internship  
(not under SAP)

Applicant details (to be filled in by student)			
Name :	Yelisetty Karthikeya S M		
Roll Number:	21CS30060	Degree enrolled in:	Dual Degree
Department/ School/ Centre:	Computer science and engineering	Expected date of graduation:	31 <sup>st</sup> June, 2026
Proposed Foreign internship details (to be filled in by student)			
Host organization (University/ Institute/ Laboratory) with full address:	Nippon Koei Center for Advanced Research and Development Ibaraki-ken Tsukuba-shi Inarihara 2304, JAPAN		
Title of Project/ activity:	Internship		
Name, title and contact of mentor/host:	Huseyin Tirtom, Researcher TEL 029-871-2179 FAX 029-871-2022, E-mail : a8699@n-koei.co.jp		
Start date of internship:	12 <sup>th</sup> June , 2023	End date of internship :	21 <sup>st</sup> July, 2023
Source of funding:	Self	Details: The company is funding the internship, additional cost is self funded	
Received/ Pending (Tick one)			
Deadline for NoC to reach host organization*:	23 <sup>rd</sup> May, 2023		
Undertaking by student:	My internship does not violate any academic schedule or policy of IIT Kharagpur. I take full responsibility for my conduct during my visit and agree to strictly follow all guidelines laid down by my host university and host country and understand that I am answerable to the Dean SA in case of any misconduct that may harm the Institute's reputation.		
Signature of student with date:	 19/05/2023		
Departmental Recommendation (to be filled in by Dept./School/ Centre)			
Recommendation:	Recommended <input checked="" type="checkbox"/> / Not Recommended		
Faculty Advisor Signature with date:	 19/05/2023		
Forwarded by Head (signature with seal and date):	  22/05/22		
Approval			
Forwarded by Chairman CDC (signature with seal and date):	 22/05/22 Prof. Rajakumar A. Chairman, CDC		
Approval by Dean IR&D (signature with date)			



## **Internship Contract**

This Contract is made on the 25<sup>th</sup> day of the month of May in the year 2023, between the Indian Institute of Technology (IIT), India (hereinafter referred to as the "IIT") and the Research & Development Center of Nippon Koei Co., Ltd., Japan (hereinafter referred to as the "NK-RDC").

### **Intern Information**

Name: Mr. Yelisetty Karthikeya S M  
Expected Graduation Date: April 2026  
University/Institute: Department of Computer Science And Engineering, Indian Institute of Technology, Kharagpur  
Contact Address: C-217, Vidyasagar Hall of Residence, IIT Kharagpur, Kharagpur, West Bengal, India - 721302  
Telephone: +91-7382547808  
Email: yelisettkarthik0@gmail.com

### **University Information**

Name of the Head: Prof. Jayanta Mukhopadhyay  
University/Institute: Indian Institute of Technology, Kharagpur  
Department/Faculty: Department of Computer Science And Engineering  
Name of the Intern's Supervisor: Prof. Dillip Kumar Swain  
Contact Address: Kharagpur, Pin-721302, West Midnapore, West Bengal, India  
Telephone: +91-3222-283170  
Email: swain@agfe.iitkgp.ac.in

### **Company Information**

Coordinator Name: Onodera Masaru  
Title: General Manager of Research and Development Center, Nippon Koei Co., Ltd  
Company: Research & Development Center of Nippon Koei Co., Ltd, Japan  
Contact Address: 2304, Inarihara, Tsukuba -Shi, Ibaraki 300-1259, Japan  
Telephone: +81-29-871-2000  
Email: ONODERA-MS@n-koei.jp

### **Schedule of the Internship**

Begins: 19<sup>th</sup> of June 2023  
Ends: 21<sup>st</sup> of July 2023  
Working hours per day: 7.5 hours  
Holidays: Saturday, Sunday and National hollydays

### **Payment by the NK-RDC**

The NK-RDC will pay the intern on hourly basis. The present rate is 2050 YEN /hour (two thousand and fifty Japanese Yen per hour). The NK-RDC will not cover the health insurance or any other type of insurance. It is the interns responsibility to arrange such insurance by himself.



**General Responsibilities of the Intern**

1. Work on the days and times agreed upon with the NK-RDC
2. Maintain confidentiality of the NK-RDC data and information
3. Except with prior written consent of the NK-RDC, the intern shall not at any time disclose to any third party any confidential information obtained during the internship period
4. Get the supervisor's approval for any planned absences
5. Complete assignments, tasks and responsibilities assigned to the intern by the supervisor
6. Obey and follow all the rules and regulations in the NK-RDC during the internship period

**General Responsibilities of the University/Institute**

1. Contact the NK-RDC and discuss the terms and conditions of the internship contract
2. Provide necessary advice to the intern regarding the confidentiality of the NK-RDC data and information

**General Responsibilities of the NK-RDC**

1. Provide working environment which allows the intern to gain experience in the activities conducted by the NK-RDC
2. Give necessary advices and guidance to the intern for his/her career development

IIT and the NK-RDC hereto have caused this Contract to be signed in their respective names as of the day and year first above written.

May 25<sup>th</sup>, 2023

<i>Name</i>	<i>Position / Organisation</i>	<i>Signature</i>
Mr. Yelisetty Karthikeya S M	Intern	
Prof. Dillip Kumar Swain	Academic Advisor, Indian Institute of Technology, Kharagpur	
Prof. Jayanta Mukhopadhyay	Dean, Outreach and Alumni Affairs, Professor, Computer Science And Engineering, Indian Institute of Technology, Kharagpur	 26/5/23
Mr. Masaru Onodera	General Manager of Research and Development Center, Nippon Koei Co., Ltd	

**RE: Internship Contract of Nippon Koei Research and Development Centre**

1 message

Tirtom Huseyin(ティルトム フセイン) &lt;a8699@n-koei.co.jp&gt;

Fri, May 19, 2023 at 12:06 PM

To: "shruti@adm.iitkgp.ac.in" &lt;shruti@adm.iitkgp.ac.in&gt;

Cc: "Masaru Onodera(小野寺 勝)" &lt;a3489@n-koei.co.jp&gt;, "Shigeru Nakamura(中村 茂)" &lt;a3765@n-koei.co.jp&gt;, "Masako Yoshinari (吉成 正子)" &lt;a6788@n-koei.co.jp&gt;, "Masaaki Nakano(中野 雅章)" &lt;a4753@n-koei.co.jp&gt;, "Itaru Morita(森田 格)" &lt;a5951@n-koei.co.jp&gt;, "koushiki@adm.iitkgp.ac.in" &lt;koushiki@adm.iitkgp.ac.in&gt;, "jay@cse.iitkgp.ac.in" &lt;jay@cse.iitkgp.ac.in&gt;, "goutam@mech.iitkgp.ac.in" &lt;goutam@mech.iitkgp.ac.in&gt;

Dear Ms. Shruti Singh Parihar,

I hope this email finds you well.

This is Tirtom Huseyin from Nippon Koei R&D Center.

Mr. Nakamura kindly forwarded your email about internship contract regarding Mr. Karthikeya to me.

By "discuss terms and conditions of the contract", it was intended to confirm "Schedule of the Internship" and "Payment by the NK-RDC" by the University/ Institute.

Therefore, please kindly check the internship dates and hourly wage indicated below (which are also included in the contract) are appropriate.

**Schedule of the Internship:**

Begins: 12th of June 2023

Ends: 21st of July 2023

Working hours per day: 7.5 hours

Holidays: Saturday, Sunday and National holidays

**Payment by the NK-RDC:**

The NK-RDC will pay the intern on hourly basis. The present rate is 1850 YEN /hour (one thousand and eight hundred and fifty Japanese Yen per hour). The NK-RDC will not cover the health insurance or any other type of insurance. It is the interns responsibility to arrange such insurance by himself.

Best regards,

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TIRTOM Huseyin

Nippon Koei Center for Advanced Research and Development

Ibaraki-ken Tsukuba-shi Inarihara 2304, JAPAN

TEL 029-871-2179 FAX 029-871-2022

E-mail : a8699@n-koei.co.jp

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**From:** Shruti Singh <shruti@adm.iitkgp.ac.in>

**Sent:** Friday, May 19, 2023 2:36 PM

**To:** Masaru Onodera(小野寺 勝) <a3489@n-koei.co.jp>

**Cc:** Shigeru Nakamura(中村 茂) <a3765@n-koei.co.jp>; Jayanta Mukhopadhyay <jay@cse.iitkgp.ac.in>; goutam <goutam@mech.iitkgp.ac.in>; Ms. Koushiki Mukherjee International Relations Office <koushiki@adm.iitkgp.ac.in>

**Subject:** Internship Contract of Nippon Koei Research and Development Centre

To,

Mr Onodera Masaru

General Manager of Research and Development Center, Nippon Koei Co., Ltd

Research & Development Center of Nippon Koei Co., Ltd., Japan

2304, Inarihara, Tsukuba –Shi, Ibaraki 300-1259, Japan

Dear Mr Masaru,

Greetings from IIT Kharagpur!

This is with reference to the enclosed internship contract provided to Mr Yelisetty Karthikeya S M, a student of IIT Kharagpur.

As per the instructions regarding the general responsibilities of the Institute, I am writing you to discuss the terms and conditions of the contract.

This is to request you to kindly share the terms and conditions of the enclosed contract.

Looking forward to hearing from you.

Thanks

Shruti

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Best Regards,  
Shruti Singh Parihar (She/Her)  
Executive Officer - International Relations  
Office of International Relations  
Indian Institute of Technology Kharagpur  
PIN-721302  
Tel: +91 3222 281068; Mobile: 9475371800  
Email: [shruti@adm.iitkgp.ac.in](mailto:shruti@adm.iitkgp.ac.in)  
Web: [www.iitkgp.ac.in](http://www.iitkgp.ac.in)

**MEMORANDUM OF UNDERSTANDING  
FOR INSTITUTIONAL COLLABORATION  
BETWEEN  
INDIAN INSTITUTE OF TECHNOLOGY KHARAGPUR  
(IITKGP), INDIA  
AND  
RESEARCH AND DEVELOPMENT CENTER OF  
NIPPON KOEI CO. LTD. (RDCNK), TSUKUBA, JAPAN**

**Preamble**

Indian Institute of Technology Kharagpur (IITKGP) is a reputed institution of higher learning situated at Kharagpur, West Bengal, India.

Research and Development Centre of Nippon Koei (RDCNK) was founded by Nippon Koei co., Ltd. (Company) in 1992 and its mission is to develop and provide high-tech engineering tools to the Company as well as outside the Company. At present 60 researchers and 40 technicians work at the Center in the fields of Hydrology, Hydraulics, Environmental Science, Structural Engineering, Geology, Soil-mechanics, Rock-mechanics, Seismology, Informatics and Social Science. Developed technologies have been applied timely to Disaster Prevention, Water Resources Management, Irrigation System, Sewer System, Public Works, Environment Preservation etc. Moreover, RDCNK conducted training courses in many countries having about seven hundred participants at present.

IITKGP and RDCNK (Parties or Party respectively) have agreed for institutional collaboration in education and research. The primary objective is to promote interaction and collaboration between faculty, scientists, staff and students of the Parties through visits and exchange programs, carry out joint academic and research programs on a reciprocal basis. The relationship also aims at enhancing the technological, social and cultural relations of both countries/states/regions. This document presents a general framework for such relationship. It also includes some specifically identified areas of cooperation, which may be updated from time to time.

**Coordination**

Mr. Shigeru Nakamura, Deputy General Manager of Research and Development Center shall be the Coordinator from RDCNK and Dr. Dillip Kumar Swain, Professor, Agricultural and

Food Engineering Department shall be the Coordinator from IITKGP. The participants and Coordinators may change from time to time as decided by appropriate authority of the respective Parties.

## Scope of Cooperation

The following areas of cooperation have been identified under this agreement.

- (i) **Faculty/Scientist exchange program:** The Parties will explore opportunities for interaction among members of faculty/scientists as well as creating Visiting Faculty/Scientist positions. The total duration of visits from each side is expected to be approximately equal. Each such visit shall require approval of the respective Parties.
- (ii) **Researcher/Intern exchange program:** The Parties agree to participate in researcher/intern exchange programs at the respective Parties. Visits under such programs may be for a short duration, such as for 8-12 weeks.
- (iii) **Joint research projects:** The Parties will explore formulation of joint collaborative research projects between faculty and/or research groups. Collaborating faculties/scientists may seek funding from external funding agencies. Each such research proposal shall require approval of the respective Parties.
- (iv) **Coordinated graduate degree programme:** Joint PhD/Masters programmes may be explored and formulated, possibly in association with other reputed academic, research or industrial organisations. A detailed document related to such programmes, including credit transfer arrangements, will be required and approved by the competent authorities of both Parties, before implementation.
- (v) **Joint academic activities and events:** The Parties may formulate joint academic activities such as short course, seminars, workshops or conferences. Examples of areas of current interest are: Modelling in food production, Information Technology in agriculture and water resources management, Climate change adaptations, Flood/drought management, Ecosystems management, and Urban development etc. with mutual interests and available expertise of both Parties. The Parties may also share and carry out joint research in the area of technology for distance and computer-based learning.

The areas of cooperation may be revised by mutual consent. However, specific programs may require separate agreements detailed out and documented as annexures to this agreement.

## **Non-discrimination**

IITKGP and RDCNK agree not to discriminate against any person because of age, sex, national origin, race, ancestry, color, religious creed disability or handicap, and sexual orientation. Neither institution shall impose criteria for the exchange of faculty, staff and students that would violate the principles of non-discrimination.

## **Code of Conduct**

Visiting student and faculty will abide by the codes of conduct of the host Party.

## **Intellectual Property**

Each Party will adhere to the intellectual laws of its nation. Intellectual property developed during the visit of an exchange student/researcher/faculty/staff will be governed by the rules of the host Party unless otherwise specified.

Any Background Intellectual Property (BGIP) shall remain the sole and exclusive property of the Party to whom it belonged prior to the commencement of this agreement. If one Party receives any BGIP from the other Party under a clearly defined non-disclosure agreement, necessary and reasonable care will be taken to protect the intellectual property received. The Parties shall jointly own results and Intellectual Property generated thereof for clearly defined collaborative projects and exchange programmes. This joint ownership of Jointly Developed Intellectual Property (JDIP) also entitles each party to explore commercialization. However, transfer or sale of JDIP and associated sharing of revenue shall be governed by a separate agreement.

## **Financing**

Both Parties will consider tuition fee waivers to the visiting students. The host Party will make arrangements for local living including accommodation, food, insurance etc. at reasonable costs to visiting students and faculty. All travel costs shall be borne by the visitors or their home Party. Additional support, if any, will be governed by separate agreements that may be drawn up for specific activities.

## **Legal Status**

This document is a statement of intent to foster genuine and mutually beneficial cooperation and is not legally binding on both the Parties. Any disputes shall be resolved through mutual discussion.

## Validity

This agreement is valid for an initial period of five years and becomes effective from the date it is signed by the Parties. The partnership period may be extended by mutual consent.

This agreement may be terminated:

- on either Party giving the other Party 6 months' prior written notice;
- on written notice by one of the Parties if the other Party has committed a breach of this agreement.

However, specific commitments made prior to such intimation shall be honoured by both the Parties including ensuring that any student at that time participating in the Programme is able to complete the term of the assignment and be assessed for it.

Masaru Onodera

Mr. Masaru Onodera  
General Manager  
Research and Development Center,  
Nippon Koei Co. Ltd.  
Tsukuba, Japan

Date : 17. 12. 2020

S. Chakraborty  
18.11.2020

Prof. Suman Chakraborty  
Dean, Sponsored Research & Industrial  
Consultancy  
Indian Institute of Technology Kharagpur,  
Kharagpur, India  
ग्रा. सुमन चक्रवर्ती  
**Prof. Suman Chakraborty**  
Date : \_\_\_\_\_  
संकायाध्यक्ष / Dean  
अनुबंधित शोध एवं औद्योगिक सलाहकारिता  
Sponsored Research & Industrial Consultancy  
ग्रा.ग्रा.सं. खडगपुर-721302/I.I.T. Kharagpur- 721302

# Travel Guard Policy - Policy Schedule



Schedule Number:	7101061486	Date Issued:	23/05/2023
Insurance Plan:	Travel Guard Platinum	Producer Code:	1916200000
Zone:	Worldwide Excluding USA/Canada	Applicant Phone No:	9291706155
Email id:	KARTHIKEYAY2003@GMAIL.COM		
Travel Dates:	From:10/06/2023 To:08/08/2023	Applicant Name:	Mr YELISETTY KARTHIKEYA S M
Duration:	60 days		
Applicant Address:	C-217 VIDYASAGAR HALL OF RESIDEN IIT KHARAGPUR,PS-KHARAGPUR WEST MEDINIPUR, MEDINIPUR, WEST BENGAL, INDIA-721302		
Customer GSTIN NO:			

PREMIUM		
Premium	INR	2,868.00
IGST (18%)	INR	516.00
<b>TOTAL PREMIUM</b>	INR	<b>3,384.00</b>

**IMPORTANT:** Any Pre-Existing Medical condition/ Ailments declared or undeclared will be excluded from the policy. The Coverage provided is subject to the details and declaration made in the proposal to the company and attached Policy Wording.

BENEFITS	MAXIMUM COVERAGE	DEDUCTIBLE
Accidental Death & Dismemberment Benefit (24 hrs)	\$25,000	
Accidental Death & Dismemberment Benefit (Common Carrier)	\$5,000	
Accident & Sickness Medical Expense Reimbursement	\$5,00,000	\$100
Sickness Dental Relief	\$1,000	\$150
Emergency Medical Evacuation Benefit	Included*	
Repatriation of Remains	Included*	
Baggage Delay Benefit (After first 12 hrs.)	\$500	
Checked Baggage Loss Benefit (Per Item 10% and Per Bag 50% Limit)	\$1,000	
Loss of Passport Benefit	\$250	\$30
Personnal Liability Benefit	\$5,00,000	\$200
Flight Delay (\$10 Per 12 hrs.)	\$100	12 Hrs.
Hijack (\$100 Per Day)	\$500	1 Day
Automatic extension of policy (upto 7 days)	Available	
Emergency cash advance	\$1,500	
Fraudulent Charges (Payment Card Security)	\$2,000	
Home Burglary (In Rs.)	Rs. 2,00,000	
Trip Cancellation	\$1,000	\$100
Trip Curtailment	\$1,000	\$100
Missed Connection / Missed Departure	\$1,000	\$100
Bounced Hotel / Airline booking	\$1,000	\$100

## NOTES

\*Included under the overall limit of Accident & sickness Medical Expenses Reimbursement.

Under annual multi-trip, entry age is up to 70 years.

Notice of a medical condition/event must be provided to your assistance contact (see below) at time of care or as soon as possible after emergency care; failure to do so may affect benefits and coverage. For details on sublimits for insured 56 years of age please see the next page of this policy schedule or refer to the policy wordings schedule of benefit Part H supplied along with this schedule.

For complete set of benefits, terms & conditions, please refer to policy wordings:  
[https://www.tataaig.com/s3/Travel\\_Guard\\_Policy\\_Policy\\_Wording\\_91e623b072.pdf](https://www.tataaig.com/s3/Travel_Guard_Policy_Policy_Wording_91e623b072.pdf)

# The benefits mentioned in this table are applicable for every single insured individually covered under this policy.

Signed for & on Behalf of Tata AIG General Insurance Company Ltd.

Agent/Broker Name: PALLA SAMATHA

Agent/Broker License Code:

AGINBQJPP6009G

Agent/Broker Contact No: 9346541667

Consolidated Stamp Duty has been paid to the State Exchequer

## Declaration:

I/We hereby declare and state that all statements and information furnished in the Proposal to the company and as captured in the above schedule of Insurance are true and complete. If found that the said statements and information furnished/stated is incorrect or untrue in any respect or manner whatsoever, I agree and acknowledge that the Insurance company shall not be liable in any manner whatsoever in respect of the insurance coverage under this policy.

Signature of the Insured /  
 Proposer: \_\_\_\_\_

Tata AIG General Insurance Company Limited

# Travel Guard Policy - Policy Schedule



<b>Schedule Number:</b>	7101061486	<b>Date Issued:</b>	23/05/2023
<b>Insurance Plan:</b>	Travel Guard Platinum	<b>Producer Code:</b>	1916200000
<b>Zone:</b>	Worldwide Excluding USA/Canada	<b>Applicant Phone No:</b>	9291706155
<b>Email id:</b>	KARTHIKEYAY2003@GMAIL.COM		
<b>Travel Dates:</b>	<b>From:</b> 10/06/2023 <b>To:</b> 08/08/2023	<b>Applicant Name:</b>	Mr YELISETTY KARTHIKEYA S M
<b>Duration:</b>	60 days		
<b>Applicant Address:</b>	C-217 VIDYASAGAR HALL OF RESIDEN IIT KHARAGPUR,PS-KHARAGPUR WEST MEDINIPUR, MEDINIPUR, WEST BENGAL, INDIA-721302		
<b>Customer GSTIN NO:</b>			

Insured #	Insured Name	Passport Number	Gender	Date of Birth	Age	Nominee
1	Mr YELISETTY KARTHIKEYA S M	Z7044861	Male	05/05/2003	20	YELISETTY SURYA SATYA RAJESWARI

Address for Reimbursement Claim (For Insured only)	Assistance Contact (For Insured only)	US Medical Claims (For Providers Only)
<b>Claims Department</b> Tata AIG General Insurance company Ltd. 7th and 8th Floor, Romell Tech Park, Cama Industrial Estate, Western Express Highway, Goregaon(E), Mumbai, Maharashtra 400063. Visit our website : <a href="http://www.tataaig.com">www.tataaig.com</a> OR Email at <a href="mailto:customersupport@tataaig.com">customersupport@tataaig.com</a> OR Call our 24x7 toll free helpline 1800-266-7780 (Accessible from all lines) OR 1800-22-9966 (Accessible from BSNL/MTNL Lines)	<b>For excluding the Americas Policies:</b> Call: +91 - 022 68227600 (Call back facility Available) Email - <a href="mailto:ea.tataclaims@europ-assistance.in">ea.tataclaims@europ-assistance.in</a> <b>For the Americas Policies:</b> Please call: +1-833-440-1575 (Tollfree within US and Canada) Email - <a href="mailto:tata.aig@europ-assistance.in">tata.aig@europ-assistance.in</a>	Plan Type: LTA Policy Certificate #: 7101061486 <b>Mail Medical Claims to:</b>  Europ Assistance India Star Hub Building number 2, floor 7, Near ITC Maratha, Andheri E Mumbai - 400 059 Please call: +1-833-440-1575 (Tollfree within US and Canada) Email id - <a href="mailto:tata.aig@europ-assistance.in">tata.aig@europ-assistance.in</a>

GSTIN: 36AABCT3518Q1ZX HYDERABAD

Service Accounting Code: 9971

## Sub-limits :

The following Maximum eligible expenses per Disease/Illness are automatically applicable to Insured Persons aged 56 years onwards, regardless of the plan/option purchased at the inception/its subsequent renewals if applicable.

Sublimits can be waived off by payment of additional premium. If waived then this will appear in Insurance Plan on Page 1. The maximum limit would be as mentioned below or upto the Sum insured whichever is lower.

I. Hospital Room Rent, Board and Hospital misc. maximum \$1500 per day up to 30 days.

II. Intensive Care Unit-Maximum \$3000 per day up to 7 days.

III. Surgical Treatment-Maximum USD \$10000

IV. Anesthetist Services-Maximum up to 25% of Surgical treatment

V. Physician's Visit-Maximum \$75 per day up to 10 visits.

VI. Diagnostic and Pre-admission testing-Maximum up to \$ 500

VII. Ambulance Services-Maximum up to \$ 400.

Signed for & on Behalf of Tata AIG General Insurance Company Ltd.



Authorized Signatory

Tata AIG General Insurance Company Limited

Policy / Schedule No: 7101061486

Date Issued: 23/05/2023

**Coverage of COVID - 19**

With reference to outbreak of COVID - 19, we wish to bring it to the notice of our Overseas Travel Insurance Customers, Intermediaries, Embassies and Consulates that this policy offers coverage towards **Medical expenses related to COVID - 19**, subject to policy terms and conditions.

Coverage for medical expenses is available up to the limits mentioned in the Policy Schedule for expenses incurred due to sudden and unexpected sickness or accident arising when insured is outside the Republic of India. Policy wordings can be referred for detailed terms and & conditions.

Sum Insured : \$5,00,000 per person (Sum Insured as per the plan opted)

Insured Name-1 : Mr YELISETTY KARTHIKEYA S M

Please get in touch with our Customer Support team at [customersupport@tataaig.com](mailto:customersupport@tataaig.com) or call us at 1800 266 7780 for any clarifications/queries



Authorized Signatory

**For Tata AIG General Insurance Company Limited**

1. This is an application for insurance and issuance of this does not amount to acceptance of proposal by us. Commencement of risk under this proposal is subject to acceptance of the risk by us and receipt of premium. 2. The information declared by you in this form is the basis for issuance of the policy. 3. Please answer all questions carefully. Any incomplete, incorrect or partially correct answers may lead to rejection of the proposal and also might lead to cancellation of policy.

POS PAN No.* (Mandatory for POS Agent)		Proposal Form Number	PR/23/7100300449
Producer Name	PALLA SAMATHA	Producer Code	1916200000

#### Proposer Details

Proposer Name Mr YELISETTY KARTHIKEYA S M

#### Personal Details of persons proposed for Insurance

Person Name	Mr YELISETTY KARTHIKEYA S M				
Date of Birth	05/05/2003	Gender	Male	Passport No.	Z7044861
PAN Card No.		In absence of Pan Card, please give details of any other authorized photo identification card Type and Number:			
Pre-existing details (if any)	No	If yes Details		Suffering since	
Residential Address	C-217 VIDYASAGAR HALL OF RESIDEN IIT KHARAGPUR,PS-KHARAGPUR WEST MEDINIPUR, MEDINIPUR, WEST BENGAL, INDIA-721302				
City	MEDINIPUR	State	WEST BENGAL	PIN	721302
Tel. with area code: In India	9291706155		While Overseas		
E-mail	KARTHIKEYAY2003@GMAIL.COM				

Sources of funds (Tick where applicable)  Salary  Business  Others please specify \_\_\_\_\_

Purpose of visit:  Leisure  Employment  Business  Study  Others

#### Nominee Details

In the event of the death of the Proposer 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. The nominee for all other Insured Persons proposed to be insured shall be the Applicant himself/ herself

Nominee Name	DOB	Relationship	Address
YELISETTI SURYA SATYA RAJESWARI		Mother	

In case nominee details are not provided, any death claim(if payable as per policy terms and conditions) shall be paid to the Legal Heir.

Appointee Name	Relationship	Address
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## Additional Insured Family members (Spouse or Dependent Children)

	Name	Sex	Date of Birth	Passport No.	Pre-existing details (if any)	Details	Suffering since
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### Travel Details

Insurance Plan Requested : Travel Guard Platinum  
(I understand that sub limits will apply on Accident and Sickness Medical Expenses  
Reimbursement Cover for Insured Person above 56 years of age, if opted for "With Sublimit Plan". Under Annual Multi Trip, entry age is up to 70 years.)

Place of Travel	-					
Departure from India	10/06/2023	Return to India	08/08/2023	Number of Days	60 days	

### Payment Details

Name of the Premium Payer			
Relationship with the proposer			Premium Amount (in Rs.) 3,384.00
Instrument type : PaymentLinkCustomer Please make a Crossed Cheque/DD/Pay Order in favour of ' <b>Tata AIG General Insurance Company Limited</b> ' only.			

### Bank Details

As per the Regulatory requirements, we can effect payment of refund/claims only through Electronic Clearing System (ECS)/National Electronic Funds Transfer(NEFT) /Real Time Gross Settlement(RTGS)/Interbank Mobile Payment Service(IMPS). For this purpose please submit the following details of the insured's bank account#			
Name of the Account Holder:			
Name of the Bank:		Branch:	
Type of Account : <input type="checkbox"/> SB Account <input type="checkbox"/> Current Account <input type="checkbox"/> Others (please specify) _____			
Account Number:		IFSC Code Bank:	
If the premium cheque is not paid from the above mentioned account then a cancelled cheque leaf of the above mentioned account is to be attached. #mandatory if annualized premium is more than Rs.10,000			

## **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 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 receipt 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 hospital who at anytime has attended on the life to be insured/ proposer or from any past or present employer concerning anything which affects the physical and mental health of the life 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 underwriting and/or claims settlement and with any Governmental and/or Regulatory Authority.
- I authorize Tata AIG General Insurance Company Limited and associate partners to contact me via e-mail, phone or SMS.

Date: 23/05/2023

Place:

Signature of Proposer

### **AML guidelines :**

1. I/we hereby confirm that all premiums paid / payable in future will be from bonafide sources and not paid out of proceeds of crime and that such premiums are not disproportionate to my/our income. I / we understand that the Company has the right to call for documents to establish sources of funds and to cancel the insurance policy in case I / we are found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering law in India.
2. I / we are not Politically Exposed Persons \* nor are their close relatives. I / we shall keep the company informed if we subsequently become a Politically Exposed Person.  
"Politically Exposed Persons" shall have the meaning assigned to it under sub clause (xii) of 3(b) of Chapter I of Master Direction – Know Your Customer (KYC) Direction, 2016 issued by Reserve Bank of India (RBI), as amended from time to time

- **Nationality :** Indian  Non-Indian  If Non-Indian, please specify Country:

### **Type of Organization :**

Corporations  Governments  Non Governmental Organizations  Society   
Trust  Partnership  International Organization  Cooperatives   
Section 25 Company

### **Additional Information**

(If there is insufficient space to provide additional relevant information, whether as requested or otherwise, please attach extra sheet duly signed.)

Date: 23/05/2023

Signature of the Insured Person / Proposer

**Declaration:** The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained to me. I/we have understood these and confirm to abide by the policy terms & conditions.

Signature of the Proposer:

## AGENT DECLARATION

I, \_\_\_\_\_ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/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 the Company and the Proposer, if this Proposal is accepted by the Company 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, the Company shall have the right to vary the benefits which may be payable 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 the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

License No.(Intermediary/Corporate : AGINBQJPP6009G  
Agent/Broker/Relationship Officer)

Name of the specified Person and code:

Place: \_\_\_\_\_ Date: 23/05/2023 Signature of  
Agent: \_\_\_\_\_

## Vernacular Declaration (Certification in case the proposer has signed in vernacular/thumb print)

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained by me in vernacular to the proposer who has understood and confirmed the same.

Signature/Thumb  
impression of the Proposer:  
Name & Signature of  
agent/ intermediary: PALLA  
SAMATHA

## 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 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 prospectus or tables of the insurer.
2. Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.

**Disclaimer:** Insurance is the subject matter of solicitation. For more details on benefits, exclusions, limitations, terms and conditions, please refer sales brochure / policy wordings carefully, before concluding a sale.

**Section 64 VB of the Insurance Act 1938:** Commencement of risk cover under the policy is subject to receipt of premium by Tata AIG General Insurance Company Limited.

## Tata AIG General Insurance Company Limited

Registered Office: Peninsula Business Park, Tower A, 15th Floor, G.K. Marg,  
Lower Parel, Mumbai - 400013

24X7 Toll Free No: 1800 266 7780 or 1800 22 9966 (For Senior Citizens) Fax: 022 6693 8170

Email: [customersupport@tataaig.com](mailto:customersupport@tataaig.com) Website: [www.tataaig.com](http://www.tataaig.com)

IRDA of India Registration No: 108 CIN:U85110MH2000PLC128425 UIN  
No:TATTIOP23097V032223

The information mentioned below is illustrative and not exhaustive. Information must be read in conjunction with the product brochures and policy document. In case of any conflict between the Key Features Document and the policy document the terms and conditions mentioned in the policy document shall prevail.

Title	Description	Refer To Policy Clause Number
Product Name	Travel Guard Policy	
What am I covered for:	1. Emergency Accident & Sickness Medical Expenses Reimbursement - coverage for Accident and/or Sickness when insured is abroad. 2. Accidental Death and Dismemberment - coverage for Death and Dismemberment arising due to an Accident while the insured is abroad. 3. Accidental Death and Dismemberment (Common Carrier) - coverage for Death and Dismemberment arising due to an Accident while riding as a passenger in or on, boarding or alighting from, a Common Carrier. 4. Sickness Dental Relief - coverage for Emergency dental sickness. 5. Emergency Medical Evacuation - Medical evacuation of insured to nearest hospital or back to India for medical treatment. 6. Repatriation of Remains - covers cost of repatriating mortal remains of the insured to India. 7. Baggage Loss - covers loss, in the case of permanent loss of an entire piece of Checked Baggage, held in the care, custody and control of a Common Carrier, due to theft or due to misdirection by a Common Carrier or due to non-delivery at its destination while insured is a ticketed passenger on the Common Carrier. 8. Baggage Delay - We will reimburse You for the expense of necessary personal effects, if Your Checked Baggage is delayed or misdirected by a Common Carrier from the time You arrive at the destination stated on Your ticket. 9. Loss of Passport - coverage for necessary and reasonable expenses for obtaining a duplicate or new passport. 10. Personal Liability - covers damages for claims legally filed on insured against property damage and medical expenses to others as a result of bodily injury caused by insured in an accident. 11. Flight Delay -coverage for additional expenses if insured trip is delayed for more than 12 hours due to inclement weather, strike with common carrier or equipment failure of the common carrier. 12. Hijack - distress allowance if insured's common carrier has been hijacked. 13. Automatic extension of policy - Automatic extension of the period of insurance is granted upto a period of 7 days, from the policy expiry date, if the extension is necessary, due to delay by the Scheduled Airlines, which is beyond the control of the Insured, and no alternative air transportation is made available to the Insured. 14. Emergency Cash Advance - the Assistance Company will arrange for cash payments to You through a variety of sources, including credit cards, hotels, banks, consulates and Western Union. Credit card transactions performed by the Assistance Company are subject to confirmed credit. 15. Trip curtailment - Converge for necessary curtailment (Shortening and / or alteration) of the insured journey and You have to directly return to the country of usual residence, where You started Your Insured Journey. 16. Trip Cancellation-In case of your trip cancellation we will reimburse You for the unused, non-refundable cancellation portion of the hotel cost and/or the Common Carrier ticket cancellation charges. 17. Missed Connections/Departure -We will reimburse Reasonable Additional Expenses due to Missed Connections, or missed departure by Your scheduled airline, on your return journey. 18. Bounced bookings of Hotel and Airline - We will reimburse you the hotel booking / airline ticket in case it is bounced due to over booking. 19. Fraudulent Charges (Payment Card Security) - We will reimburse the unauthorized charges that you are responsible for on your lost or stolen payment card. 20. Home Burglary - Coverage for damage, disappearance or destruction due to burglary at your residence during your personal trip travel time.	Benefits Covered under the Policy

Travel Guard UIN: TATTIOP23097V032223

Title	Description	Refer To Policy Clause Number
What are the major exclusions in the policy.	<p>Following is a partial list of the policy exclusions. Please refer to the policy Exclusions wording for the complete list of exclusions</p> <ol style="list-style-type: none"> <li>1. where the Insured Person is travelling against the advice of a Physician; or receiving or on a waiting list for receiving specified medical treatment; or is travelling for the purpose of obtaining treatment; or has received a terminal prognosis for a medical condition; or</li> <li>2. any Pre-existing Condition or any complication arising from it; or</li> <li>3. Any claim of Insured Person arising from: <ol style="list-style-type: none"> <li>1. suicide or attempted suicide</li> <li>2. wilful self-inflicted illness or injury except injury in self-defence or to save life</li> </ol> </li> <li>4. being under the influence of intoxicating liquor or drugs or other intoxicants except where the insured is not directly responsible for the injury / accident though under influence of intoxication; or</li> <li>5. serving in any branch of the Military or Armed Forces of any country, whether in peace or War, and in such an event We, upon written notification by You, shall return the pro rata premium for any such period of service during the Trip; or</li> <li>6. participation in an actual or attempted felony, riot, crime, misdemeanor, or civil commotion; or</li> <li>7. operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft or Scheduled Airline; or</li> <li>8. any loss arising out of War, civil war, invasion, insurrection, revolution, act of foreign enemy, hostilities (whether War be declared or not), rebellion, mutiny, use of military power or usurpation of government or military power; or</li> <li>9. any loss, damage cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any act of terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss.</li> </ol> <p>The warranty also excludes loss, damage, cost or expenses of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to action taken in respect of any act of terrorism.</p> <p>If the Company alleges that by reason of this Exclusion, any loss, damage, cost or expenses is not covered by this insurance the burden of proving the contrary shall be upon the Insured.</p> <ol style="list-style-type: none"> <li>10. any loss arising out of the intentional use of military force to intercept, prevent, or mitigate any known or suspected Act of Terrorism; or</li> <li>11. the use, release or escape of nuclear materials that directly or indirectly results in nuclear reaction or radiation or radioactive contamination; The dispersal or application of pathogenic or poisonous biological or chemical materials; The release of pathogenic or poisonous biological or chemical materials, (However, the above only applies if 50 or more persons sustain death within 90 Days of the date of the incident); or</li> <li>12. the radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment; or</li> <li>13. performance of manual work for employment or any other hazardous occupation, self exposure to needless peril (except in an attempt to save human life); or</li> <li>14. congenital anomalies or any complications or conditions arising therefrom; or</li> <li>15. participation in winter sports, skydiving/parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot-holing, hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), participation in any Professional Sports, any bodily contact sport or any other hazardous or potentially dangerous sport for which You are untrained</li> <li>16. any loss resulting directly or indirectly, contributed or aggravated or prolonged by childbirth or from pregnancy, or</li> <li>17. for any loss of which a contributing cause was Your actual or attempted commission of, or willful participation in, an illegal act or any violation or attempted violation of the law or Your resistance to arrest;</li> <li>18. This policy will not cover any loss, injury, damage or legal liability arising directly or indirectly from: Travel in, to, or through Afghanistan, Cuba or Democratic Republic of Congo.</li> <li>19. This policy will not cover any loss, injury, damage or legal liability sustained directly or indirectly by: Any terrorist or member of a terrorist organization, narcotics trafficker, or purveyor of nuclear, chemical or biological weapons.</li> </ol>	Exclusions

Travel Guard UIN: TATTIOP23097V032223

Title	Description	Refer To Policy Clause Number
	20. Any non medical expenses (as per policy wordings).	
Waiting Period / Deductible / Sublimits	<ol style="list-style-type: none"> <li>1. Baggage Loss 50% of Sum Insured per bag and 10% of Sum Insured per article in the bag.</li> <li>2. Loss of Passport - \$30.</li> <li>3. Personal Liability - \$200.</li> <li>4. Flight delay - 12 hours, \$10 per every 12 hours upto maximum \$100.</li> <li>5. Hijack - Deductible of 1 day.</li> <li>6. Emergency Accident &amp; Sickness Medical Expenses Reimbursement - Deductible of \$100.</li> <li>7. Sickness Dental Relief -Deductible of \$150.</li> <li>8. Accidental Death and Dismemberment Benefit is limited to \$5000 for two wheeled motorized mode of conveyance irrespective of any Plan and age wherever applicable.</li> <li>9. Accident &amp; Sickness Medical Expense is limited to \$10000 for two wheeled motorized mode of conveyance irrespective of any Plan and age wherever applicable.</li> <li>10. Pre-existing Condition or any complication arising from it in a Life saving unforeseen emergency condition would be reimburse up to \$1500 per policy.</li> <li>11. The following Maximum eligible expenses per Disease/Illness/Injury are applicable to Insured Persons Aged 56 years onwards, regardless of the plan/option purchased. <ul style="list-style-type: none"> <li>I. Hospital Room rent,Board and Hospital misc. maximum \$1500 per day up to 30 days.</li> <li>II. Intensive Care Unit-Maximum \$3000 per day up to 7 days.</li> <li>III. Surgical Treatment-Maximum USD \$10000.</li> <li>IV. Anesthetist Services-Maximum up to 25% of Surgical treatment.</li> <li>V. Physician's Visit-Maximum \$75 per day up to 10 visits.</li> <li>VI. Diagnostic and Pre-admission testing-Maximum up to \$ 500.</li> <li>VII. Ambulance Services-Maximum up to \$ 400.</li> </ul> </li> </ol>	Other Terms and Conditions
Payout basis	<ol style="list-style-type: none"> <li>1. Cashless Settlements for Inpatient Treatment abroad.</li> <li>2. Reimbursement for outpatient medical expenses and travel emergencies.</li> </ol>	
Cost Sharing	Not Applicable	
Renewal Conditions	<ol style="list-style-type: none"> <li>1. The Single Trip Insurance - The single trip Insurance is non-renewable, not cancelable and not refundable while effective. Cancellation of the Policy may be done only prior to the Effective Date stated in the Policy Schedule and will be subject to deduction of cancellation charge by Us.</li> </ol> <p>Accidental Death and Dismemberment Benefit is limited to 10% of Principal Sum Insured for Insured Person with age 17 years or below.</p>	General Terms and Clauses
Renewal Benefits	<ul style="list-style-type: none"> <li>• No Renewable benefits</li> </ul>	
Free Look Period	<ol style="list-style-type: none"> <li>a. Single Trip Insurance - Free look period is not applicable.</li> <li>b. Annual Multi Trip Insurance - You have a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy provided no trip has been commenced. If You have any objections to any of the terms and conditions, You have the option of cancelling the Policy stating the reasons for cancellation and You will be refunded the premium paid by You after adjusting the amounts spent on stamp duty charges and proportionate risk premium. You can cancel Your Policy only if You have not made any claims under the Policy. All Your rights under this Policy will immediately stand extinguished on the free look cancellation of the Policy. Free look provision is not applicable and available at the time of renewal of the Policy.</li> </ol>	General Terms and Clauses
Portability of benefits	<ul style="list-style-type: none"> <li>• No portability of benefits.</li> </ul>	
Cancellation	<p>This policy would be cancelled on grounds of mis-representation, fraud, nondisclosure of material facts or non-cooperation by any Insured Person by giving 15 Days notice. In such a case the policy shall stand cancelled ab-initio and there will be no refund of premium.</p> <p>In the event the policy is cancelled for non-cooperation of the insured or If you cancel the Policy, the premium shall be computed in accordance with Our short rate table for the period the Policy has been in force, provided no claim/no trip has occurred up to the date of cancellation. In the event a claim has occurred in which case there shall be no return of premium.</p>	General Terms and Clauses

Travel Guard UIN: TATTIOP23097V032223

Title	Description	Refer To Policy Clause Number
How to Claim	<p><b>PI Contact While Abroad:</b>  <b>For Rest of the world policies excluding the Americas:</b>  Call:+603-8991-2013 or +603-8991-2014 (Toll Worldwide)  Email (assistance): TGAP.TATAmedical@travelguard.com  Email (claims): TGAP.TATAclaims@travelguard.com</p>	
	<p><b>For the Americas Policies:</b>  Please Call:+1-866-866-2620 (Toll Free within US &amp; Canada)  +1-817-826-7018(Reverse Charge/Collect from other places)    Email: tata.aig@aig.com  0800 169 9884 (Toll free from UK);  0120-593700 (Toll free from Japan)    While abroad pl contact the above no.s depending on your location for any assistance.    If you have returned back to India intimation may be given at below numbers\ e-mail id  While In India:    Toll Free No 1800 266 7780 / 1800 119966 from BSNL/MTNL Landline or 1800 22 9966 (only for senior citizen policy holders)    Call these local helpline numbers in your respective cities from any other line:  Mumbai - 66939500, Delhi - 66603500, Bangalore - 66500001, Pune - 66014156, Chennai - 66841050, Hyderabad - 66629882, Ahmedabad - 66610201    <b>Email:</b>general.claims@tataaig.com    <b>Write to:</b> A&amp;H Claims Department, Tata AIG General Insurance Co. Ltd.  7 and 8 Floor, Romell Tech Park, Cama Industrial Estate, Western Express Highway, Goregaon(E), Mumbai, Maharashtra 400063</p>	
	<p><b>Visit the Website:</b><a href="http://www.tataaiginsurance.in">www.tataaiginsurance.in</a></p> <ul style="list-style-type: none"> <li>Claims for which prior intimation has not been given to the Assistance Companies must be lodged with Tata AIG within 30 days. However it is advisable to register a claim abroad by informing the assistance companies on the applicable numbers (refer the policy certificate or the numbers as given above for the same).Pl note that issuance of claim reference number and claim form is not an admission of liability for any claim</li> </ul>	

**Tata AIG General Insurance Company Limited**

Registered Office: Peninsula Business Park Tower A 15th Floor G K Marg, Lower Parel, Mumbai - 400013