

my: Optima Secure



MR JOBIN MON CLEETUS

## Communication Address:

3/407A, FIRST FLOOR  
11TH CROSS STREET, VENKATESWARA NAGAR,  
KOTTIVAKKAM  
CHENNAI, TAMIL NADU, 600041  
Contact No. 97XXXXXX1

Date :08/03/2026

Dear MR JOBIN MON CLEETUS

Thank you for choosing HDFC ERGO GENERAL INSURANCE COMPANY LTD. as your preferred insurance partner. We welcome you to be a part of our family !

Your Health insurance policy reference no 2856101428402902000 is confirmed on the basis of the information and declaration given by you. The details of coverage are mentioned in the enclosed policy schedule of insurance. Along with this policy you are also eligible for Wellness Benefits under our Add-on "HDFC ERGO Wellness Corner" -UIN: HDFHLIA24051V012324. For details of the benefits, please click on the following link <https://hdfcergo.onelink.me/ARLJ/v6t9r5kz>

**Now you can view your policy details and health card at your fingertips. Download our Mobile App now and experience convenience today!!**

As per recent directive by Insurance Regulator IRDAI, KYC verification has been mandated for all existing & new insurance customers.

To ensure that we comply with this guidelines, we are retrieving your KYC documents (Address proof and Photo) updated with Pan No from CERSAI portal. Rest assured, your KYC details will be verified or retrieved for KYC purpose only.

Proposer details have been updated basis the information present in the KYC documents. If you find any detail which needs to be corrected, request you to create/ modify the eKYC ID and place a request for endorsement.

Please note that your communication address is treated as the address for underwriting purpose, which is generally address where you would be currently and temporarily residing and is different from your permanent address. Details along with the proof for your permanent address is provided either from reference of C-KYC Registry and / or on Aadhaar. Any submission for change in address is treated as change in communication address. Please go to the self-help page or your nearest branch in case you intend to change the 'Permanent Address' provided.

Soft copy of the policy is valid for all purposes including claims.

For HDFC ERGO General Insurance Company Ltd.



Duly Constituted Attorney

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**HDFC ERGO General Insurance Company Limited**


Dear MR JOBIN MON CLEETUS,

**Subject : Certificate for the purpose of deduction under section 80 D of Income Tax Act, 1961**

This is to certify that we have received an amount of ₹ 48241 towards premium from MR JOBIN MON CLEETUS for my: Optima Secure, Policy No. 2856101428402902000 issued to MR JOBIN MON CLEETUS for the period 11/03/2026 to 10/03/2027.

Member wise premium break up is as follows:

Insured Person's Premium Details				
Name of Insured Person	Relation with policy holder	Gender	Date of Birth	Premium
Jobin Mon Cleetus	Self	Male	11/11/1996	5187.3
Keerthana S	Spouse	Female	18/04/2001	4873.56
Lissy Cleetus	Mother	Female	02/02/1976	9663.45
M Cleetus	Father	Male	14/02/1973	25378.76
Hiva Skye Kj	Daughter	Female	30/05/2025	3137.48

Note : In case any insured person's wish to generate his/her ABHA ID kindly visit link given below :

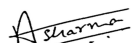
<https://healthid.ndhm.gov.in/register>

Note:

- This is subject to the provisions of Section 80D of income tax Act, 1961 as amended from time to time.
- This certificate must be surrendered to the company in case of cancellation of this policy. In event of incorrect representation of this declaration the liability shall be upon the Policyholder.

For HDFC ERGO General Insurance Company Ltd.

Date : 08/03/2026



Duly Constituted Attorney

# HDFC ERGO General Insurance Company Limited

## Policy Schedule

my: Optima Secure  
Optima Secure



2856101428402902000

MR JOBIN MON CLEETUS 3/407A, FIRST FLOOR 11TH CROSS STREET, VENKATESWARA NAGAR, KOTTIVAKKAM CHENNAI, TAMIL NADU-600041 Contact No : 97XXXXXXX1	Policy Number	: 2856 1014 2840 2902 000	Issuance Date	: 08/03/2026	
	Period of Insurance	: From 11/03/2026 00:01 hrs To 10/03/2027 Midnight			
	Invoice No.	: 101428402902000	Premium Frequency	: Single	
	Policyholder Name	: Mr Jobin Mon Cleetus	Policy Type	: FAMILY Floater	
	HSN Code	: 997133	Premium Tier	: Tier2	
Place of supply	: TAMIL NADU	Previous Policy	: 2856101428402901001	Renewal	: Yes
Customer Id	: 100462895190	Email ID : jxxxxxxx5@gxxxx.com			
EIA No.	: Not provided	Intermediary Code			
Intermediary Name		HE DIRECT_DBG DIRECT_10137		Intermediary Contact Number	0-22-62346234

### Insured Person's Details and Sum Insured - Optima Secure

Insured Person's Name	Relation with policy holder	Gender	Date of Birth	Nominee Name	Relationship with Nominee	First Policy Inception date	Base Sum Insured (₹)	Aggregate Deductible (₹)	Plus Benefit	Unlimited Restore Add on(Y/N)	Overseas Travel Secure	ABHA ID
Jobin Mon Cleetus	Self	Male	11/11/1996	Mrs. Keerthana S	Wife	11/03/2024	1000000	0	1000000	Yes	No	
Keerthana S	Spouse	Female	18/04/2001			11/03/2024					No	
Lissy Cleetus	Mother	Female	02/02/1976			11/03/2024					No	
M Cleetus	Father	Male	14/02/1973			11/03/2024					No	
Hiva Skye Kj	Daughter	Female	30/05/2025			11/03/2026					No	

Note : In case any insured person's wish to generate his/her ABHA ID kindly visit link given below :

<https://healthid.ndhm.gov.in/register>

The nominee must be an immediate relative of the policyholder. For all other Insured Persons the policy holder shall be the nominee.

Unlimited Restore UIN No: HDFHLIA22188V012122 | Optima Wellbeing UIN No:HDFHLIA24099V012324 | my: health Critical Illness - HDFHLIA22141V032122 | my:Health Hospital Cash Benefit (Add-on) - HDFHLIA21271V022021 | IPA Rider - APOPAIP19004V011920

### Insured Person's Details and Sum Insured - Add On Covers

Insured Person's Name	IPA Rider	Optima Well Being	my: health Critical illness Add on		my: health Hospital Cash Benefit Add on				
	Sum Insured		Plan	Sum Insured	Hospital Cash Benefit - Normal Room	Hospital Cash Benefit - ICU	Companion Benefit	Hospital Cash Global - Opted	Hospital Cash Global

### Special Conditions/ Exclusions

Name of Insured Person	Exclusion/Exclusion Wavier	Loading Reason	Special Condition / Declared Pre-existing Disease

### Renewal Continuity Benefits

Name of Insured Person	Sum Insured (₹)	Waiting Periods Remaining (Pre-existing Diseases)	Waiting Periods Remaining (Specific Waiting Period)	Waiting Periods Remaining: (30 Days Waiting Period)
JOBIN MON CLEETUS	1000000	1 Year	Waived	Waived
Keerthana S	1000000	1 Year	Waived	Waived
Lissy Cleetus	1000000	1 Year	Waived	Waived
M Cleetus	1000000	1 Year	Waived	Waived

### Portability Continuity Benefits

Name of Insured Person	Previous Policy Year	Sum Insured inclusive of Cumulative Bonus (₹)	Porting Benefits on Sum Insured (₹)	Waiting Periods Remaining (Pre-existing Diseases)	Waiting Periods Remaining (Specific Waiting Period)	Waiting Periods Remaining: (30 Days Waiting Period)

The Policy Wording attached herewith includes all the standard coverages offered by the Company to its customers. Your entitlement for coverage/benefits shall be restricted to the coverage/benefits as mentioned in this Policy Schedule issued to you. Please read the Policy Wording in conjunction with the Policy Schedule. For any clarification, please call our Contact number 022 6158 2020 / 022 6234 6234.

For declared and accepted pre-existing medical conditions, waiting period (s) shall apply per policy terms and conditions from 1st policy inception date of the policy, fresh waiting period (s) shall apply on enhanced sum insured.

### Premium Details (₹)

Particulars	JOBIN MON CLEETUS	Keerthana S	Lissy Cleetus	M Cleetus	Hiva Skye Kj
Base Premium (A)	5580	5242.5	10395	27300	3375
Optional Cover Premium (B)	0	0	0	0	0
Add on Cover Premium (C)	25.8	24.24	48.07	126.26	15.6
Loading (D)	0	0	0	0	0
Total Premium (E=A+B+C+D)	5605.8	5266.74	10443.07	27426.26	3390.6
Aggregate Deductible Discount	0	0	0	0	0
Online Discount	279	262.12	519.75	1365	168.75



Particulars	JOBIN MON CLEETUS	Keerthana S	Lissy Cleetus	M Cleetus	Hiva Skye KJ
Employee Discount	0	0	0	0	0
Loyalty Discount	139.5	131.06	259.87	682.5	84.37
NRI Discount	0	0	0	0	0
Family Discount	0	0	0	0	0
Long term Policy Discount	0	0	0	0	0
Total Discount (F)	418.5	393.18	779.62	2047.5	253.12
Total Premium (E-F)	5187.3	4873.56	9663.45	25378.76	3137.48

#### Payment Details

Instrument details	OPS2572897481226	Date	08/03/2026	Bank Name	BIZDIRECT
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#### Processing Centre

HDFC ERGO General Insurance Co. Ltd., Stellar IT Park, Tower-1, Fifth Floor, C - 25, Sector 62, Noida - 0120 398 8360

For Claim/Policy related queries Please Contact us at 022 6158 2020 / 022 6234 6234 or Visit Help Section on www.hdfcergo.com for policy copy/tax certificate/make changes/register and track claims.

The stamp duty of Rs. 0/- paid vide Order No:(LOA/ENF-1/CSD/62/2025/ Validity Period Dt. 06/06/2025 to Dt. 31/12/2030, OW No. 2190 Dt 06/06/2025 GRN NO. MH001421282202526M, Dt. 03/05/2025 & DEFACE No. 0001684540202526 Dt. 28/05/2025) as prescribed by Government of Maharashtra Notification No. Mudrank 2017/C.R.97/M-1, Dt.09/01/2018. GST Registration No: 27AABCL5045N1Z8;. GST for this invoice is not payable under reverse charge basis.

The services „Individual Health Insurance Premium“ under this Bill of Supply is exempt under the notification number 16 /2025-Central Tax (Rate) dated 17-September-2025 with effect from 22-September-2025

**Branch** :leela business park, 6th flr, andheri - kurla rd, mumbai

For HDFC ERGO General Insurance Company Ltd.

*Asharna*

Duly Constituted Attorney

For detailed policy terms and conditions please visit our website <https://www.hdfcergo.com/download/policy-wordings>



SCHEDULE OF BENEFITS		
Section*	Plans	Optima Secure
All figures in (₹)	Base Sum Insured per Insured Person per Policy Year (in Lakh)	1000000
1.	Geography	India Only
1.1.	Hospitalization Expenses	Covered
1.1.a.	Room Rent	At Actuals
1.1.1.h.	Road Ambulance	Covered upto sum insured
1.1.1.i.	Dental Treatment	Covered upto sum insured
1.1.1.j.	Plastic surgery	Covered upto sum insured
1.1.1.k.	Day Care Treatment	Covered upto sum insured
1.2.	Home Healthcare	Covered upto sum insured
1.3.	Domiciliary Hospitalization	Covered upto sum insured
1.4.	Ayush Treatment	Covered upto sum insured
1.5.	Pre-Hospitalization	60 days
1.6.	Post-Hospitalization	180 days
1.7.	Organ Donor Expenses	Covered upto sum insured
2.1.	Emergency Air Ambulance	Covered Up to 500000
2.2.	Daily Cash for choosing Shared Accommodation	800 per day max up to 4800
2.3.	Protect Benefit	Covered upto sum insured
2.4.	Plus Benefit	Bonus of 50% of the Base Sum Insured, maximum upto 100%.
2.5.	Secure Benefit	Equal to 100% of Base sum insured
2.6.	Automatic Restore Benefit	Equal to 100% of Base sum insured
2.7.	Aggregate Deductible	0
2.8.	E-Opinion for Critical Illness	In India
3.	Preventive Health Check-up	
	Sum Insured	10 Lakhs
	Floater Policy*	5000

\*For Individual policy sum insured and limits mentioned in the table are applicable on per Insured Person per Policy Year basis and for Family Floater policy sum insured and limits apply on per policy per Policy Year basis

\*Claims shall be payable as per geography mentioned in the above table unless explicitly stated otherwise in a specific cover.

#Aggregate Deductible & Overseas Travel Secure are not an inbuilt feature in any of the above Plans. However, these cover can be separately opted at inception of the Policy or at subsequent Renewals. Aggregate Deductible if opted, shall apply only for claims arising in India. However, a Per Claim Deductible of Rs. 10,000 will apply separately for each and every claim arising out of India in Global plans

\*Preventive Health Check-up benefit will not be available under the policy if Aggregate Deductible of INR 5 Lakhs or more is in force



Policy No.:2856101428402902000  
Valid From: 11/03/2026 Renewal Date: 10 March

Insured Name	Member ID	Date Of Birth	Gender
JOBIN MON CLEETUS	2024410037989746	11/11/1996	Male
Keerthana S	2024410037989747	18/04/2001	Female
Lissy Cleetus	2024410037989748	02/02/1976	Female
M Cleetus	2024410037989749	14/02/1973	Male
Hiva Skye Kj	2026610059482586	30/05/2025	Female

**HDFC ERGO General Insurance Company Limited**

**This card is for identification purpose only.**

Card has to be presented to the Network Service Provider at the time of admission/ availing cashless hospitalization or any other services. Insurance claim will be processed in accordance with the policy term & conditions. Card does not guarantee cashless hospitalization or any other service. For more details and updated list of Network Service Provider please refer our website or call our call centre. This card is valid till the time policy is active.

Customer Service No : 022 6158 2020 / 022 6234 6234

Email : [healthclaims@hdfergo.com](mailto:healthclaims@hdfergo.com)  
Processing Centre : HDFC ERGO General Insurance Company Ltd. 5th floor, Tower 1, Steller IT Park, C-25, Sector-62, Noida-201301.

Website : [www.hdfergo.com](http://www.hdfergo.com)

### CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

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

S.No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product/Policy	my:Optima Secure	NA
2	Policy number	2856101428402902000	NA
3	Type of Insurance Product/ Policy	Both Indemnity and Benefit	NA
4	Sum Insured	<ul style="list-style-type: none"> <li>Individual Sum Insured -Where each member has a separate sum insured under the policy), or</li> <li>Floater Sum Insured-Where all members under the policy have a single sum insured limit which may be utilized by any or all members</li> </ul> Sum Insured opted:1000000 on FAMILY Sum Insured basis Note: For complete details of Sum Insured applicability, please refer to your Policy Schedule	NA
5	Policy Coverage (What the policy covers?)	<b>Base Covers:</b> Coverages in force for the Insured Persons shall be as per the plan opted. Expenses in respect of:	Section B.1.
		1.Hospitalization Expenses: <ul style="list-style-type: none"> <li>Admission in Hospital for minimum 24 hours</li> <li>All Day Care procedures requiring less than 24 hours of hospitalization</li> </ul>	Section B.1.1.
		2. Home Health Care : Medical Expenses incurred on availing treatment at Home	Section B.1.2.
		3. Domiciliary Hospitalization: Treatment at home due to <ul style="list-style-type: none"> <li>non-availability of room in a Hospital or</li> <li>As patient could not be removed/admitted to a Hospital</li> </ul>	Section B.1.3.
		4. AYUSH Treatment : Medical Expenses incurred for Inpatient Care under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy	Section B.1.4.
		5. Pre-hospitalisation: Upto 30/60 days (basis plan opted) prior to admission in hospital	Section B.1.5.
		6. Post-hospitalisation : Upto 60/180 days (basis plan opted) from date of discharge	Section B.1.6.
		7. Organ Donor Expenses : Cost of Organ donor's hospitalization for harvesting of the donated organ where an Insured Person is the recipient	Section B.1.7.
8. Cumulative Bonus [applicable basis plan opted]: 10% / 25% of the Basic Sum Insured maximum upto 100% post completion of each policy year irrespective of claims.	Section B.1.8.		

		9. Preventive Health Check-up [applicable only if chosen OR basis plan opted]: Cost of a Preventive Health Check-up for the Insured Person will be paid	Section B.3.
		<b>Optional Covers:</b> Optional coverages for the Insured Persons shall be in force only if the same is available under the plan and/or is opted	
		1. Emergency Air Ambulance: Cost incurred by the Insured Person towards Ambulatory transportation in an airplane or helicopter to the nearest hospital for Emergency Care	Section B.2.1.
		2. Daily Cash for Shared Room: Daily cash amount for each continuous and completed 24 hours of Hospitalization if the Insured Person is Hospitalized in shared accommodation in a Network Provider Hospital and such Hospitalization exceeds 48 consecutive hours	Section B.2.2.
		3. Protect Benefit: Payment towards Non-Medical Expenses listed under Annexure B of Policy Wordings	Section B.2.3.
		4. Plus Benefit: 50% of the Base Sum Insured of the expiring Policy will be added to the Sum Insured and made available under the Renewed Policy	Section B.2.4.
		5. Secure Benefit: An additional amount will be available to the Insured Person as Sum Insured for all admissible claims	Section B.2.5.
		6. Automatic Restore Benefit: Restoration of Sum Insured in the event of complete or partial utilization of the Base Sum Insured due to any claim admitted during the Policy Year	Section B.2.6.
		7. Aggregate Deductible: Aggregate Deductible is an amount as specified in the Policy Schedule that Insured Person shall bear post which the coverage kicks in	Section B.2.7.
		8. E-Opinion for Critical Illness: Expenses towards E-Opinion for Critical Illness availed from a Medical Practitioner in respect of any Major Medical Illness	Section B.2.8.
		9. Global Health Cover (Emergency Treatments Only): Emergency Medical Expenses which are diagnosed and incurred outside India.	Section B.2.9.
		10. Global Health Cover (Emergency & Planned Treatments): Emergency & Planned Medical Expenses which are incurred & paid outside India.	Section B.2.10.
		11. Overseas Travel Secure: Covers overseas travel & accommodation expenses	Section B.2.11.
		12. PED wait period modification: On availing this option, Pre-existing Disease Waiting Period shall stand modified and will be as stipulated in the Policy Schedule.	Section B.2.12.
		13. Modification of Room Rent: On availing this option, Room Rent category shall stand modified and will be as stipulated in the Policy Schedule.	Section B.2.13.
6	Exclusions (what the policy does not cover)	<b>List of Exclusions</b>	Section C



	<b>Standard Exclusions</b> (applicable to all benefits under the policy)	Section C
	<p><b>1.Investigation &amp; Evaluation: Code Excl04:</b></p> <p>i.Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.</p> <p>ii.Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.</p>	Section C
	<p><b>2.Rest Cure, rehabilitation and respite care: Code – Excl05:</b></p> <p>Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:</p> <p>i.Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.</p> <p>ii.Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.</p>	Section C
	<p><b>3.Obesity/Weight control: Code – Excl06:</b></p> <p>Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:</p> <p>i. Surgery to be conducted is upon the advice of the Doctor</p> <p>ii. The surgery/Procedure conducted should be supported by clinical protocols</p> <p>iii. The member has to be 18 years of age or older and</p> <p>iv.Body Mass Index (BMI)</p> <p>A.greater than or equal to 40 or</p> <p>B.greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:</p> <ol style="list-style-type: none"> <li>1) Obesity-related cardiomyopathy</li> <li>2) Coronary heart disease</li> <li>3) Severe sleep apnea</li> <li>4) Uncontrolled type2 diabetes</li> </ol>	Section C
	<p><b>4.Change-of-Gender treatments: Code – Excl07:</b></p> <p>Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex</p>	Section C
	<p><b>5.Cosmetic or plastic Surgery: Code – Excl08:</b></p> <p>Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident,</p>	Section C

	<p>Burn(s) or Cancer or as part of Medically Necessary Treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner</p>	
	<p><b>6. Hazardous or Adventure Sports: Code – Excl09: Expenses</b> related to any treatment necessitated due to participation as a professional in Hazardous or Adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.</p>	Section C
	<p><b>7. Breach of Law: Code – Excl10:</b> Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.</p>	Section C
	<p><b>8. Excluded Providers: Code – Excl11:</b> Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website/notified to the Policyholders are not admissible. However, in case of Life Threatening Situations or following an Accident, expenses up to the stage of stabilization are payable but not the complete claim.</p>	Section C
	<p><b>9. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code – Excl12.</b></p>	Section C
	<p><b>10. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. Code – Excl13.</b></p>	Section C
	<p><b>11. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a Medical Practitioner as part of Hospitalization claim or Day Care procedure. Code – Excl14.</b></p>	Section C
	<p><b>12. Refractive Error: Code – Excl15:</b> Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.</p>	Section C
	<p><b>13. Unproven Treatments: Code – Excl16:</b> Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.</p>	Section C

	<p><b>14. Sterility and Infertility: Code – Excl17:</b> Expenses related to sterility and infertility. This includes:</p> <ul style="list-style-type: none"> <li>i. Any type of contraception, sterilization</li> <li>ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI</li> <li>iii. Gestational Surrogacy</li> <li>iv. Reversal of sterilization</li> </ul>	Section C
	<p><b>15. Maternity: Code – Excl18</b></p> <ul style="list-style-type: none"> <li>i. Medical treatment expenses traceable to childbirth(including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;</li> <li>ii. Expenses towards miscarriage (unless due to an accident)and lawful medical termination of pregnancy during the Policy Period.</li> </ul>	Section C
	<p><b>Specific Exclusions</b> (applicable to all benefits under the policy)</p>	Section C
	<p>a) War or any act of war, invasion, act of foreign enemy, (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, Nuclear, Chemical or Biological attack or weapons, radiation of any kind.</p>	Section C
	<p>b) Aggregate Deductible - Claims/claim amount falling within Aggregate Deductible limit if opted and in force, as specified in the Policy Schedule.</p>	Section C
	<p>c) Any Insured Person committing or attempting to commit intentional self-injury or attempted suicide or suicide.</p>	Section C
	<p>d) Any Insured Person’s participation or involvement in naval,military or air force operation.</p>	Section C
	<p>e) Investigative treatment for sleep-apnoea, general debility or exhaustion (“run-down condition”).</p>	Section C
	<p>f) Congenital external diseases, defects or anomalies.</p>	Section C
	<p>g) Stem cell harvesting.</p>	Section C
	<p>h. Investigative treatments for analysis and adjustments of spinal sub luxation, diagnosis and treatment by manipulation of the skeletal structure or for muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities.</p>	Section C
	<p>i) Circumcisions (unless necessitated by illness or injury and forming part of treatment).</p>	Section C
	<p>j) Vaccination including inoculation and immunisations (except post animal bite treatment).</p>	Section C

		k) Non-Medical expenses such as food charges (other than patient's diet provided by hospital), laundry charges, attendant charges, ambulance collar, ambulance equipment, baby food, baby utility charges and other such items. Full list of Non-Medical Expenses is attached as Annexure B of policy document and also available at <a href="http://www.hdfcergo.com">www.hdfcergo.com</a> .	Section C
		l) Treatment taken on outpatient basis.	Section C
		m) The provision or fitting of hearing aids, spectacles or contact lenses.	Section C
		n) Any treatment and associated expenses for alopecia, baldness including corticosteroids and topical immunotherapy wigs, toupees, hair pieces, any non-surgical hair replacement methods, optometric therapy.	Section C
		o) Expenses for Artificial limbs and/or device used for diagnosis or treatment (except when used intra-operatively), prosthesis, corrective devices external durable medical equipment of any kind, wheelchairs, crutches, and oxygen concentrator for bronchial asthma/ COPD conditions, cost of cochlear implant(s) unless necessitated by an Accident.	Section C
		p) Any treatment or part of a treatment that is not of a reasonable charge and not Medically Necessary. Drugs or treatments which are not supported by a prescription.	Section C
		q) Any permanent exclusion applied on any medical or physical condition or treatment of an Insured Person as specifically mentioned in the Policy Schedule and as specifically accepted by Policyholder/Insured Person. Such exclusions shall be applied for the condition(s) or treatment(s) that otherwise would have resulted in rejection of insurance coverage under this Policy to such Insured Person as per Company's Underwriting Policy	Section C
7	Waiting period • Time period during which specified diseases/treatments are not covered. • It is counted from the beginning of the policy coverage.	Pre-existing diseases waiting period (Code-Excl01): 36 / 24 / 12 months [as stipulated in Policy Schedule]	Section C
		Specified Disease/Procedure waiting period (Code-Excl02): 24 months	Section C
		Initial waiting Period (Code-Excl03): 30 days for all illnesses except accidents	Section C
8	Financial limits coverage of	The policy will pay only up to the limits as per plan opted:	

<p>Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)</p>	<p>Base Cover:</p>	
	<p>1. Preventive Health Check-up [applicable only if chosen OR basis plan opted]:</p> <ul style="list-style-type: none"> <li>Individual Policies: Upto INR 1,500 / 2,000 / 4,000 / 5,000 / 8,000</li> <li>Family Floater Policies: Upto INR 2,500 / 5,000 / 8,000 / 10,000 / 15,000</li> </ul>	Section B.3.
	<p>2.Room Rent limits (basis plan and optional cover chosen)</p> <ul style="list-style-type: none"> <li>At Actuals</li> <li>Single Private Room</li> <li>Shared Room</li> <li>Upto 1% of Base Sum Insured per day</li> </ul>	Section B.1.1.
	<p>3. ICU limits</p> <ul style="list-style-type: none"> <li>At Actuals</li> <li>Upto 2% of Base Sum Insured per day</li> </ul>	Section B.1.1.
	<p>Optional Covers:</p>	
	<p>1.Emergency Air Ambulance: Up to 5 L</p>	Section B.2.1.
	<p>1.Daily Cash for Shared Room (basis plan chosen):</p> <ul style="list-style-type: none"> <li>INR 800 per day max upto 4,800 or</li> <li>INR 1,000 per day max up to 6,000</li> </ul>	Section B.2.2.
	<p>2.Overseas Travel Secure: Accommodation Expenses: upto INR 15,000 per day max upto 30 days</p>	Section B.2.11.
	<p>Deductible - It is a specified amount</p> <ul style="list-style-type: none"> <li>up to which an insurance company will not pay any claim, and</li> <li>which will be deducted from total claim amount (if claim amount is more than the specified amount)</li> </ul>	
	<p>Deductibles:</p> <p>1.Aggregate Deductible (Optional Cover on Annual Aggregate basis in INR:</p> <ul style="list-style-type: none"> <li>10,000 / 25,000 / 50,000 / 1,00,000 / 2,00,000 / 3,00,000 / 5,00,000 / 10,00,000 /20,00,000 / 25,00,000</li> </ul> <p>2.Per Claim Deductible (Applicable for each and every claim arising out of India in Global plans):</p> <ul style="list-style-type: none"> <li>INR 10,000 per claim</li> </ul>	Section B.2.9. and Section B.2.10.



10	Policy Servicing	<p>Call center number :</p> <ul style="list-style-type: none"> <li>• Contact Us at: 022 6158 2020 / 022 6234 6234</li> <li>• visit help section on <a href="http://www.hdfcergo.com">www.hdfcergo.com</a></li> </ul> <p>Details of Company officials:                  Customer Happiness Center: D-301, 3rd Floor, Eastern Business District LBS Marg, Bhandup (West), Mumbai - 400 078.</p>	Section E.2.
11	Grievances/Complaints	<p>In case of any grievance the insured person may contact the Company through:</p> <ul style="list-style-type: none"> <li>- Website: <a href="http://www.hdfcergo.com">www.hdfcergo.com</a></li> <li>- Contact Us: 022 6158 2020 / 022 6234 6234</li> <li>- E-mail: <a href="mailto:grievance@hdfcergo.com">grievance@hdfcergo.com</a></li> <li>- Contact Details for Senior Citizen:022 6158 2026</li> <li>- E-mail specific for Senior citizens : <a href="mailto:seniorcitizen@hdfcergo.com">seniorcitizen@hdfcergo.com</a></li> </ul> <p>- Insured Person may contact the Grievance officer at <a href="mailto:atcgo@hdfcergo.com">atcgo@hdfcergo.com</a></p> <p>- For updated details of grievance officer, kindly refer the link: <a href="https://www.hdfcergo.com/customer-voice/grievances">https://www.hdfcergo.com/customer-voice/grievances</a></p> <p>- Ombudsman: <a href="https://bimabharosa.irdai.gov.in/">https://bimabharosa.irdai.gov.in/</a></p>	<p>Section D.1.17. Section D.1.17.</p> <p>Section D.1.17.</p> <p>Section D.1.17.</p> <p>Section D.1.17.</p>
12	Things to remember	<p><b>Free Look cancellation:</b>                  You may cancel the insurance policy if you do not want it, within 30 days from the beginning of the policy.                  Process for free look cancellation:                  1. 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.                  2. The insured person shall be allowed free look period of 30 days 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.</p> <p><b>Policy renewal:</b>                  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.</p> <p><b>Migration and Portability:</b>                  When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer.</p> <p><b>Process for migration:</b>                  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 renewal date as per IRDAI guidelines on Migration.</p>	<p>Section D.1.8.</p> <p>Section D.1.9.</p> <p>Section D.1.10. and Section D.1.11.</p> <p>Section D.1.11.</p>

		<p><b>Process for portability:</b> 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.</p>	Section D.1.10.
		<p><b>Change in Sum Insured:</b> 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.</p> <p><b>Moratorium Period:</b> After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract.</p>	Not Applicable  Section D.1.6.
13	Your Obligations	Please disclose all pre-existing disease/s or condition/s and fill in the complete details in the proposal form before buying a policy. Non-disclosure may affect the claim settlement.	Not Applicable

**Note:**

1. Web-link of the product documents: [>>](https://www.hdfcergo.com/download)
2. In case of any conflict, the terms and conditions mention in the policy document shall prevail.

Declaration by the Policy Holder:

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

Place:

(Signature of the Policyholder)

Date:

### CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

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

S.No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product/Policy	Unlimited Restore	NA
2	Policy number	2856101428402902000	NA
3	Type of Insurance Product/ Policy	Indemnity	NA
4	Sum Insured	<ul style="list-style-type: none"> <li>Individual Sum Insured - Where each member has a separate sum insured under the policy), or</li> <li>Floater Sum Insured-Where all members under the policy have a single sum insured limit which may be utilized by any or all members</li> </ul> Sum Insured opted:0	NA
5	Policy Coverage (What the policy covers?)	<b>Base Covers:</b> Coverages in force for the Insured Persons shall be as per the plan opted.  Expenses in respect of: 1. Unlimited Restore - Instant addition of 100% Basic Sum Insured on complete or partial utilization of Your Sum Insured rebound or Restore benefit (as applicable)	A
6	Exclusions (what the policy does not cover)	All exclusions applicable to the base product will apply to this Add-on as well	As per base product
7	Waiting period  <ul style="list-style-type: none"> <li>Time period during which specified diseases/treatments are not covered.</li> <li>It is counted from the beginning of the policy coverage.</li> </ul>	All waiting period applicable to the base product will apply to this Add-on as well	As per base product
8	Financial limits coverage of Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)	NA	NA

9	Claims/Claims Procedure	<p>Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.</p> <p>Turn Around Time (TAT) for claims settlement:</p> <p><u>For Cashless Process :</u></p> <p>i. TAT for preauthorization of cashless facility: Decision on cashless authorization to be provided within 1 hour from the time of receipt of request..</p> <p>ii. TAT for cashless final bill authorization :Within 3 hours of the receipt of discharge authorization request from the hospital.</p> <p><u>For Reimbursement Process :</u></p> <p>i. TAT for Claim settlement – 30 days from the time the last necessary document is received. (Note: In case of internal verification, the final stand will be confirmed within 45 days from the time the last necessary document is received by us)</p> <p>Provide the details /web link for following:</p> <p>i. Network Hospital details : <a href="https://www.hdfcergo.com/locators/cashless-hospitals-networks">https://www.hdfcergo.com/locators/cashless-hospitals-networks</a></p> <p>ii. Helpline number : <a href="https://www.hdfcergo.com/customercare/grievances">https://www.hdfcergo.com/customercare/grievances</a> Call - : 022 6158 2020 / 022 6234 6234</p> <p>iii. Hospitals which are excluded or from where no claims will be accepted by insurer <a href="http://www.hdfcergo.com/docs/default-source/documents/excluded-hospital1.pdf">http://www.hdfcergo.com/docs/default-source/documents/excluded-hospital1.pdf</a></p> <p>iv. Downloading/getting claim form <a href="https://www.hdfcergo.com/download/claim-form">https://www.hdfcergo.com/download/claim-form</a></p>	As per base product
10	Policy Servicing	<p>Call center number :</p> <p>022 6158 2020 / 022 6234 6234 Or visit help section on <a href="http://www.hdfcergo.com">www.hdfcergo.com</a></p> <p>Details of Company officials: Customer Happiness Center: D-301, 3rd Floor, Eastern Business District LBS Marg, Bhandup (West), Mumbai - 400 078.</p>	As per base product
11	Grievances/Complaints	<p>In case of any grievance the insured person may contact the Company through:</p> <p>- Website: <a href="http://www.hdfcergo.com">www.hdfcergo.com</a></p>	As per base product

		<p>- Contact us: 022 6158 2020 / 022 6234 6234</p> <p>- E-mail specific for Senior citizens : <a href="mailto:seniorcitizen@hdfcergo.com">seniorcitizen@hdfcergo.com</a></p> <p>- Contact Details for Senior Citizen: 022 6158 2026</p> <p>- E-mail: <a href="mailto:grievance@hdfcergo.com">grievance@hdfcergo.com</a></p> <p>Insured Person may contact the Grievance officer at <a href="mailto:cgo@hdfcergo.com">cgo@hdfcergo.com</a></p> <p>For updated details of grievance officer, kindly refer the link: <a href="https://www.hdfcergo.com/customer-voice/grievances">https://www.hdfcergo.com/customer-voice/grievances</a></p> <p>Ombudsman: <a href="https://bimabharosa.irdai.gov.in/">https://bimabharosa.irdai.gov.in/</a></p>	
12	Things to remember	<p><b>Free Look cancellation:</b> You may cancel the insurance policy if you do not want it, within 30 days from the beginning of the policy.</p> <p>Process for free look cancellation:</p> <ol style="list-style-type: none"> <li>1. 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.</li> <li>2. The insured person shall be allowed free look period of 30 days 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.</li> </ol> <p><b>Policy renewal:</b> 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.</p> <p><b>Migration and Portability:</b> When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer.</p> <p><u>Process for migration:</u> 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 renewal date as per IRDAI guidelines on Migration.</p> <p><u>Process for portability:</u> 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.</p> <p><b>Change in Sum Insured:</b> 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.</p>	<p>As per base product</p> <p>NA</p>

		<p><b>Moratorium Period:</b> After completion of five continuous years under the policy no look back to be applied. This period of five years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and applicable for the sums insured of the first policy and subsequently completion of five continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits.</p> <p>After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract.</p>	
13	Your Obligations	Please disclose all pre-existing disease/s or condition/s and fill in the complete details in the proposal form before buying a policy. Non-disclosure may affect the claim settlement.	

Note:

1. Web-link of the product documents: <https://www.hdfcergo.com/download>
2. In case of any conflict, the terms and conditions mention in the policy document shall prevail.

Declaration by the Policy Holder:

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

Place:

Date:

(Signature of the Policyholder)



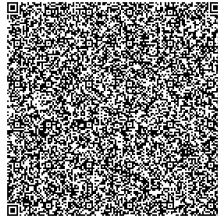
இந்திய அரசாங்கம்  
Government of India

இந்திய தனிப்பட்ட அடையாள ஆணைய அமைப்பு  
Unique Identification Authority of India

பதிவேட்டு எண்/ Enrolment No.: 0000/00405/63725

To  
ஜோபின் மோன் கிளிட்டஸ்  
Jobin Mon Cleetus  
3/407 A,  
11th Cross Street, Venkateswara Nagar,  
Kottivakkam,  
VTC: Kottivakkam,  
PO: Tiruvanniyur.,  
District: Chennai,  
State: Tamil Nadu,  
PIN Code: 600041,  
Mobile: 9840630006

Signature Not Verified  
Digitally signed by JS Unique  
Identification Authority of India  
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Date: 2025.11.11 12:44:53  
IST



உங்கள் ஆதார் எண் / Your Aadhaar No. :  
**8249 2932 4607**  
VID : 9185 4394 0275 4489

எனது ஆதார், எனது அடையாளம்



இந்திய அரசாங்கம்  
Government of India



Aadhaar no. issued: 31/10/2013



ஜோபின் மோன் கிளிட்டஸ்  
Jobin Mon Cleetus  
பிறந்த நாள்/DOB: 11/11/1996  
ஆண்/ MALE

ஆதார் என்பது அடையாளத்திற்கான சான்றாகும். குடியரிமை, அல்லது பிறந்த தேதிக்கான சான்றல்ல. இது சரிபார்க்கப்படும் மட்டுமே பயன்படுத்தப்பட வேண்டும் (ஆன்லைன் அங்கீகாரம் அல்லது QR குறியீட்டை ஸ்கேன் செய்தல்/ஆஃப்லைன் XML)  
**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).**

**8249 2932 4607**

எனது ஆதார், எனது அடையாளம்



Government of India



தகவல் / INFORMATION

- ஆதார் என்பது அடையாளத்திற்கான சான்றாகும். குடியரிமை அல்லது பிறந்த தேதிக்கான சான்றல்ல. பிறந்த தேதி என்பது ஆதார் எண் வைத்திருப்பவரால் சமர்ப்பிக்கப்பட்ட விதிமுறைகளில் குறிப்பிடப்பட்டுள்ள பிறந்த தேதி ஆவணத்தின் ஆதாரம் மூலம் ஆதரிக்கப்படும் தகவலின் அடிப்படையில் அமைந்துள்ளது.
- இந்த ஆதார் கடிதத்தை UIDAI நியமித்த அங்கீகார நிறுவனத்தால் ஆன்லைன் அங்கீகாரம் அல்லது ஆப் ஸ்டோர்களில் கிடைக்கும் எம் ஆதார் அல்லது ஆதார் QR ஸ்கேனர் செயலியை பயன்படுத்தி QR குறியீடு ஸ்கேனிங் அல்லது www.uidai.gov.in ல் கிடைக்கும் பாதுகாப்பான QR குறியீடு ரீடர் செயலியை பயன்படுத்தி சரிபார்க்க வேண்டும்.
- ஆதார் தனித்துவமானது மற்றும் பாதுகாப்பானது.
- ஆதார் பதிவு செய்யப்பட்ட நாளிலிருந்து ஒவ்வொரு 10 வருடங்களுக்குப் பிறகும் ஆதாரில் அடையாளம் மற்றும் முகவரிக்கான ஆவணங்கள் புதுப்பிக்கப்பட வேண்டும்.
- பல்வேறு அரசு மற்றும் அரசு சாரா பலன்கள் / சேவைகளைப் பெற ஆதார் உங்களுக்கு உதவுகிறது
- உங்கள் மொபைல் எண் மற்றும் மின்னஞ்சல் ஐடியை ஆதாரில் புதுப்பிக்கவும்.
- ஆதார் சேவைகளைப் பெற mAadhaar செயலியை பதிவிறக்கவும்.
- ஆதார்/யோமெட்ரிக்ஸைப் பயன்படுத்தாதபோது பாதுகாப்பை உறுதிசெய்ய, ஆதார்/யோமெட்ரிக்ஸ் லாக்/அன்லாக் அம்சத்தைப் பயன்படுத்தவும்.
- ஆதார் கோரும் நிறுவனங்கள் ஒப்புதலைப் பெற வேண்டிய கட்டாயம் உள்ளது.
- 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.



இந்திய தனிப்பட்ட அடையாள ஆணைய அமைப்பு

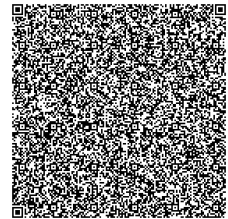
Unique Identification Authority of India



Details as on: 25/11/2025

(முகவரி:  
3/407 அ, 11th கிராஸ் ஸ்ட்ரீட்,  
வெங்கடேஸ்வர நகர், கொட்டிவக்கம்,  
கொட்டிவக்கம், திருவான்மியூர்,  
சென்னை,  
தமிழ் நாடு - 600041

Address:  
3/407 A, 11th Cross Street, Venkateswara Nagar,  
Kottivakkam, Kottivakkam, PO: Tiruvanniyur.,  
DIST: Chennai,  
Tamil Nadu - 600041



**8249 2932 4607**

VID : 9185 4394 0275 4489

1947 | help@uidai.gov.in | www.uidai.gov.in



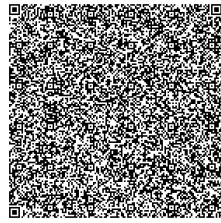
இந்திய அரசாங்கம்  
Government of India

இந்திய தனிப்பட்ட அடையாள ஆணைய அமைப்பு  
Unique Identification Authority of India

பதிவேட்டு எண்/ Enrolment No.: 2986/53011/00317

To  
Hiva Skye Kj  
Hiva Skye Kj  
D/O Jobin Mon Cleetus,  
3/407 A,  
11th Cross Street, Venkateswara Nagar,  
Kottivakkam,  
VTC: Kottivakkam,  
PO: Tiruvanmiyur.,  
District: Chennai,  
State: Tamil Nadu,  
PIN Code: 600041,  
Mobile: 9840630006

Signature Not Verified  
Digitally signed by Hiva Skye Kj  
Unique Identification Authority of India  
Date: 2025.11.19 19:10:03  
IST



உங்கள் ஆதார் எண் / Your Aadhaar No. :  
**8039 4585 5105**  
VID : 9159 1091 8701 9809

எனது ஆதார், எனது அடையாளம்



இந்திய அரசாங்கம்  
Government of India



Aadhaar no. issued: 28/11/2025



Hiva Skye Kj  
Hiva Skye Kj  
பிறந்த நாள்/DOB: 30/05/2025  
பெண்/ FEMALE

இந்த ஆதார் 5 வயது வரை  
மட்டுமே செல்லுபடியாகும்.

ஆதார் என்பது அடையாளத்திற்கான சான்றாகும். குடியரிமை, அல்லது பிறந்த தேதிக்கான சான்றல்ல. இது சரிபார்க்கப்படும் மட்டுமே பயன்படுத்தப்பட வேண்டும் (ஆன்லைன் அங்கீகாரம் அல்லது QR குறியீட்டை ஸ்கேன் செய்தல்/ஆஃப்லைன் XML).  
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).

**8039 4585 5105**

எனது ஆதார், எனது அடையாளம்



தகவல் / INFORMATION

ஆதார் 5 வயது வரை மட்டுமே செல்லுபடியாகும். 5 வயதை எட்டும்போது பயோமெட்ரிக்ஸ் புதுப்பிக்கப்பட வேண்டும், இல்லையெனில் அது செயலிழக்கப்படும்.

Aadhaar is valid till 5 years of age only. Biometrics are required to be updated on attaining 5 years of age, failing which, it will be deactivated.

- ஆதார் என்பது அடையாளத்திற்கான சான்றாகும். குடியரிமை அல்லது பிறந்த தேதிக்கான சான்றல்ல. பிறந்த தேதி என்பது ஆதார் என வைத்திருப்பவரால் சமர்ப்பிக்கப்பட்ட சமர்ப்பிக்கப்பட்ட குறிப்பிடப்பட்டுள்ள பிறந்த தேதி ஆவணத்தின் ஆதாரம் மூலம் ஆதரிக்கப்படும் தகவலின் அடிப்படையில் அமைந்துள்ளது.
- இந்த ஆதார் கடிதத்தை UIDAI நியமித்த அங்கீகார நிறுவனத்தால் ஆன்லைன் அங்கீகாரம் அல்லது ஆஃப் ஸ்டோர்களில் கிடைக்கும் எம் ஆதார் அல்லது ஆதார் QR ஸ்கேனர் செயலியை பயன்படுத்தி QR குறியீட்டு ஸ்கேனிங் அல்லது www.uidai.gov.in ல் கிடைக்கும் பாதுகாப்பான QR குறியீட்டு ரீட்டர் செயலியை பயன்படுத்தி சரிபார்க்க வேண்டும்.
- ஆதார் தனித்துவமானது மற்றும் பாதுகாப்பானது.
- ஆதார் பதிவு செய்யப்பட்ட நாளிலிருந்து ஒவ்வொரு 10 வருடங்களுக்குப் பிறகும் ஆதாரில் அடையாளம் மற்றும் முகவரிக்கான ஆவணங்கள் புதுப்பிக்கப்பட வேண்டும்.
- பல்வேறு அரசு மற்றும் அரசு சாரா பலன்கள் / சேவைகளைப் பெற ஆதார் உங்களுக்கு உதவுகிறது.
- உங்கள் மொபைல் எண் மற்றும் மின்னஞ்சல் ஐடியை ஆதாரில் புதுப்பிக்கவும்.
- ஆதார் சேவைகளைப் பெற mAadhaar செயலியை பதிவிறக்கவும்.
- ஆதார்பயோமெட்ரிக்ஸைப் பயன்படுத்தாதபோது பாதுகாப்பை உறுதிசெய்ய, ஆதார்பயோமெட்ரிக்ஸ் லாக்/அன்லாக் அம்சத்தைப் பயன்படுத்தவும்.
- ஆதார் கோரும் நிறுவனங்கள் ஒப்புதலைப் பெற வேண்டிய கட்டாயம் உள்ளது.
- 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.



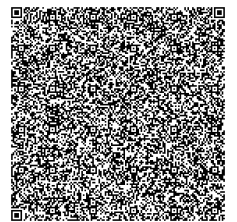
இந்திய தனிப்பட்ட அடையாள ஆணைய அமைப்பு  
Unique Identification Authority of India



Details as on: 28/11/2025

முகவரி:  
D/O ஜோபின் மோன் கிளிட்டஸ், 3/407 அ,  
11th கிராஸ் ஸ்ட்ரீட், வெங்கடேஸ்வர  
நகர், கொட்டிவக்கம், கொட்டிவக்கம்,  
திருவான்மியூர்., சென்னை,  
தமிழ் நாடு - 600041

Address:  
D/O Jobin Mon Cleetus, 3/407 A, 11th Cross Street,  
Venkateswara Nagar, Kottivakkam, Kottivakkam, PO:  
Tiruvanmiyur., DIST: Chennai,  
Tamil Nadu - 600041



**8039 4585 5105**

VID : 9159 1091 8701 9809

1947 | help@uidai.gov.in | www.uidai.gov.in

आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

**BPEPJ6248D**



नाम / Name  
JOBIN MON CLEETUS

पिता का नाम / Father's Name  
CLEETUS

जन्म की तारीख / Date of Birth  
11/11/1996

*C. Jobin Mon*  
हस्ताक्षर / Signature



08012018

Annexure A1

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Related Person

Important Instructions:

- A) Fields marked with "\*" are mandatory fields.
- B) Tick "✓" wherever applicable.
- C) Please fill the form in English and in BLOCK letters.
- D) Please fill the date in DD-MM-YYYY format.
- E) For particular section update, please tick (✓) in the box section number and strike off the sections not required to be updated
- F) Please read section wise detailed guidelines / instructions at the end.
- G) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- H) List of two character ISO 3166 country codes is available at the end.
- I) KYC number of applicant is mandatory for update application.



For office use only Application Type\*  New  Update  Delete  
 (To be filled by financial institution) KYC Number \_\_\_\_\_ (Mandatory for KYC update request)

1. DETAILS OF RELATED PERSON (Please refer instruction D & E at the end)

Addition of Related Person  Deletion of Related Person  Updation KYC Number of Related Person (if available\*) \_\_\_\_\_

Related Person Type\*  Guardian of Minor  Assignee  Authorized Representative

Name\* Prefix \_\_\_\_\_ First Name JOBIN Middle Name MON Last Name CLEETUS  
 (If KYC number and name are provided, below details are optional)

Maiden Name \_\_\_\_\_

Father / Spouse Name KEERTHANA S

Mother Name LISSY CLEETUS

Date of Birth\* 11-11-1996

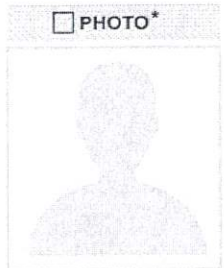
Gender\*  M- Male  F- Female  T-Transgender

PAN\* BPEPJ6248D  Form 60 furnished

2. PROOF OF IDENTITY AND ADDRESS\*

I Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- A- Passport Number \_\_\_\_\_
- B-Voter ID Card \_\_\_\_\_
- C- Driving Licence \_\_\_\_\_
- D-NREGA Job Card \_\_\_\_\_
- E- National Population Register Letter \_\_\_\_\_
- F - Proof of Possession of Aadhaar \_\_\_\_\_ 4607
- II  E-KYC Authentication \_\_\_\_\_
- III  Offline verification of Aadhaar \_\_\_\_\_



Address

Line 1\* 3/407, 11th cross St,

Line 2 venkateswar Nagar,

Line 3 Kottivakkam City / Town / Village\* \_\_\_\_\_

District\* Chennai Pin / Post Code\* 600041 State / U.T Code\* TN ISO 3166 Country Code\* \_\_\_\_\_

3. CURRENT ADDRESS DETAILS (Please refer instruction B at the end)

Same as above mentioned address (In such cases address details as below need not be provided)

I Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- A- Passport Number \_\_\_\_\_
- B-Voter ID Card \_\_\_\_\_
- C- Driving Licence \_\_\_\_\_
- D-NREGA Job Card \_\_\_\_\_
- E- National Population Register Letter \_\_\_\_\_
- F - Proof of Possession of Aadhaar \_\_\_\_\_
- II  E-KYC Authentication \_\_\_\_\_
- III  Offline verification of Aadhaar \_\_\_\_\_
- IV  Deemed Proof of Address - Document Type code \_\_\_\_\_
- V  Self Declaration \_\_\_\_\_

Address  
 Line 1\*  
 Line 2\*  
 Line 3  
 District\* Pin / Post Code\* City / Town / Village\* State / U.T Code\* ISO 3166 Country Code\*

4. CONTACT DETAILS

Tel. (Off) Tel. (Res) Mobile  
 Email ID

5. REMARKS (If any)

6. APPLICANT DECLARATION

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

*S. Keerthana*

Date: 26 - 06 - 2026 Place: CHENNAI

Signature / Thumb Impression of Applicant

7. ATTESTATION / FOR OFFICE USE ONLY

Documents Received  Certified Copies  E-KYC data received from UIDAI  Data received from Offline verification  Digital KYC Process  
 Equivalent e-document  Video Based KYC

KYC VERIFICATION CARRIED OUT BY

INSTITUTION DETAILS

Date  
 Emp. Name  
 Emp. Code  
 Emp. Designation  
 Emp. Branch

Name  
 Code

[Institution Stamp]

[Institution Stamp]



# Rainbow<sup>®</sup> Children's Hospital

It takes a lot to treat the little.

## PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: \_\_\_\_\_

UHID ID: \_\_\_\_\_

Department: \_\_\_\_\_

Consultant: \_\_\_\_\_

GUC-00083875 IP18-00036198  
Baby HIVA SKYE KJ  
30-05-2025 1 Y 0 M 27 D (F)  
Dr. GANESH R



Patient Sticker

# Pediatric Multiorgan History & Physical Examination

Name: \_\_\_\_\_

Age/Sex \_\_\_\_\_

Information given by: \_\_\_\_\_

Relationship \_\_\_\_\_

Chief Presenting Complaints & Duration (Chronologically)

History of present illness:

C/O: fever for past 3 days settled now

H/O: vomiting



↳ 1 episode 2 days back settled

C/O: ↓ food intake for 2 days  
↓ urine output x (1d)

initially treated as OPD &  
oral antibiotic & urine routine showing



leucocyte (+)  
pus cells 6-8 HPF

Past History : (Including details of any previous investigation or treatment)

Admitted for Dysentery at 6 months of life

AFT at 8 months of life

Birth & Neonatal History:

LSCS / TERM

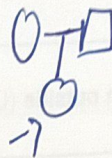
NOT cried immediately  
↓  
after stimulation cried

NICU

↓  
2 days  
POS

→ Respiratory distress  
→ Jaundice

Family Chart



Birth & Socio Economic History:

About Father :

Ⓜ

About Mother :

Ⓜ

Any additional information :

Developmental History :

Ⓜ

Immunization History :

update IAP schedule

Anthropometry :

Head Circum (cms) \_\_\_\_\_ (Centile \_\_\_\_\_ ) Height (cms): \_\_\_\_\_ (Centile \_\_\_\_\_ )

Weight (kgs) 9.1 kg (Centile \_\_\_\_\_ )

On Examination :

Temperature : 98.0 F Pulse Rate : 107 / min B.P. 91/66 (C76) SPO2 100.1 ↓ PA

Resp. rate and type of breathing : Ⓜ

Rash : Ⓜ

Lymphadenopathy : Ⓜ

Oedema : Ⓜ

Allergies (if any): Ⓜ

Reflexes :

DTR



Plantars

Superficials:

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

Asw: VTZ

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

CBC

CRP

RFT

Blood Cls

To trace urine clg  
given as IPD

Planned Management

IVF · 0.9% NS  
3 + 0 ml/h

Signature of the Doctor:

Name of the Doctor:

C. D. GPM

Date & Time:

26/6/20.A 12:30 AM

Signature of the Consultant:

Name of the Consultant:

Date & Time:

(P.T.O.)



①



### PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/6/26 3:00 AM	SIB DR. DEEPAK	
	Dx: UTI	
	Child reviewed child has no fevers/piles Able to tolerate food	
	Ok: child is alert, afebrile	
	CVR: $1.1 \times 10^9$	
	R: $1.1 \times 10^9$	
	PLA: sept	
	CBC: NFRD	
	TC - 5,080	
	CRP - 45	
	To trace urine c/s Blood c/s	To monitor <sup>Rg</sup> vitals / sensory Strict V/O monitoring IVF 0.9% NaCl 36ml/h
		C. J.

Patient Sticker

# PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/6/21	SIB DR. DEFFAK	Lena
9:20 AM	ASMR. P VTR	
	Child reviewed	
	child has no fever spikes	
	Oral intake better	
	Wrine passed	
	OIF: child is active, alert, afebrile	
	CVS: SIB @	
	R: VTR @	vitals
	P/A: SIB	Stable
	CNC: NEM @	
<del>Also</del>	<del>serum</del>	
<del>to</del>	<del>serum 18h, P, M, E</del>	
<del>to</del>	<del>on 27/6/21 @ GA</del>	to continue <sup>R</sup> IV fluids 30ml/h
<del>to</del>	<del>on 27/6/21 @ GA</del>	0.9% DNS
<del>to</del>	<del>on 27/6/21 @ GA</del>	- STO Monitor Strict I/O chart
<del>to</del>	<del>on 27/6/21 @ GA</del>	- STO Monitor Cns / vitals / renal
<del>to</del>	<del>on 27/6/21 @ GA</del>	C

GUC-00083875 IP18-00036198  
 Baby HIVA SKYE KJ  
 30-05-2025 1 Y 0 M 27 D (F)  
 Dr. GANESH R



## RESULT SHEET

Date					
Time					
Hb					
PCV	12.2				
RBC	36				
WBC	4.39				
N/L	5,080				
Platelets	24167				
CRP					
ESR	<5				
PCT					
RBS					
Na	73				
K	135				
Cl	4.4				
	102				
Ca/Mg					
Phosphate					
Urea	29				
Creatinine	0.28				
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					



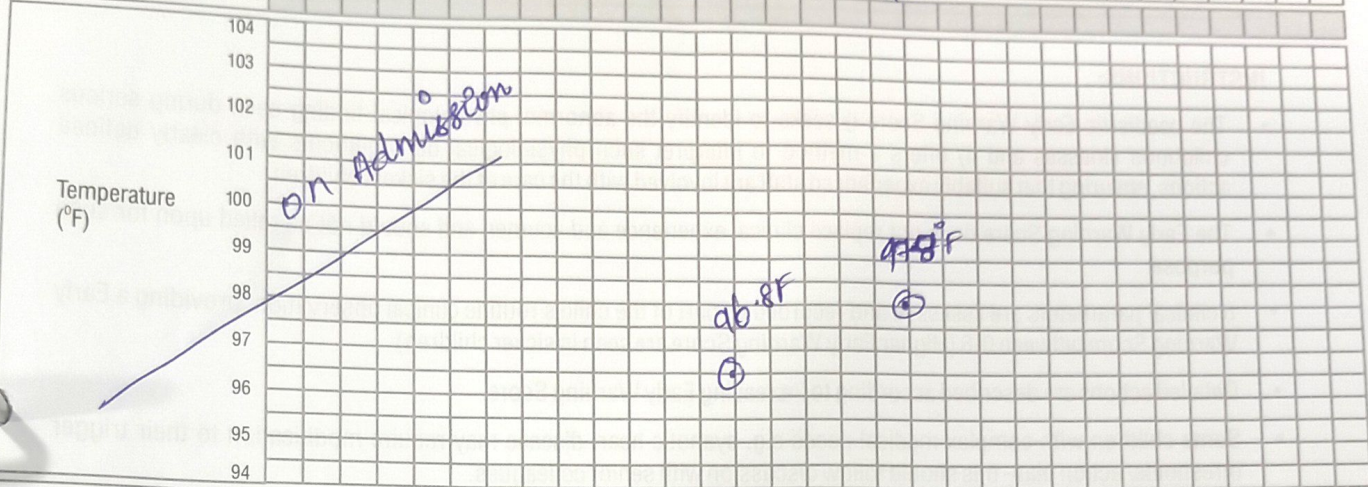


EARLY WARNING SCORE: CHILDREN'S UNIT

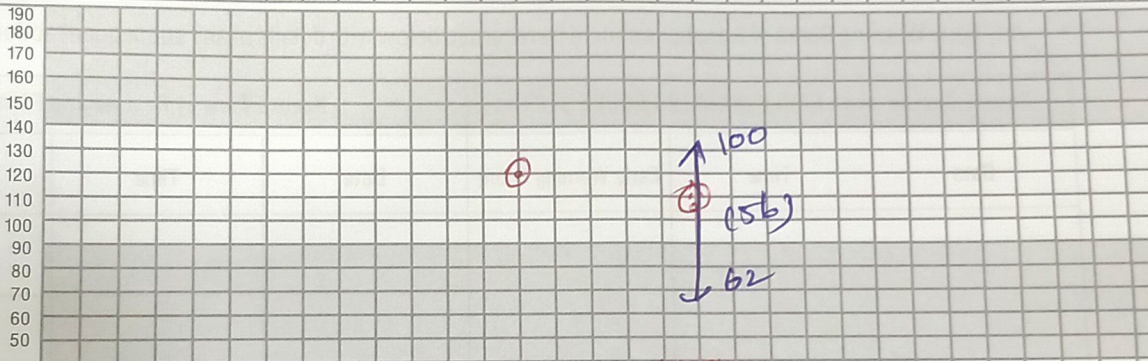
Date: 25/6/2025 Time: MB

1:30 AM 4pm

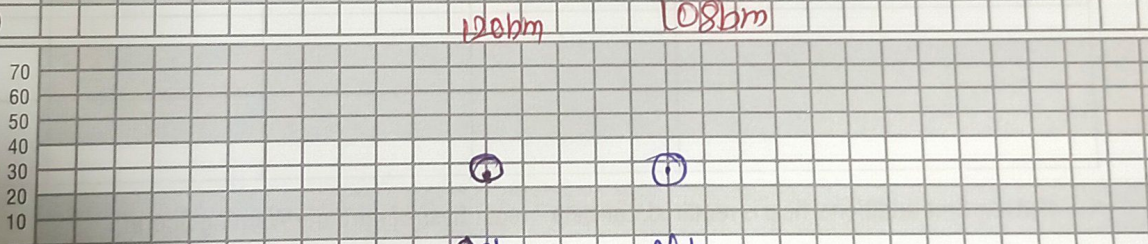
Doctor / Nurse / Family Concern?



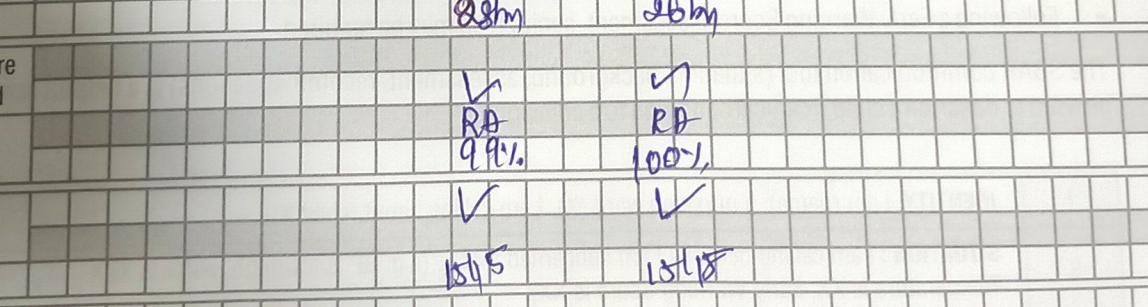
Heart Rate (bpm)  
 and  
 Blood Pressure (mmHg) \*  
 Note:  
 BP does not score  
 in early  
 warning scoring



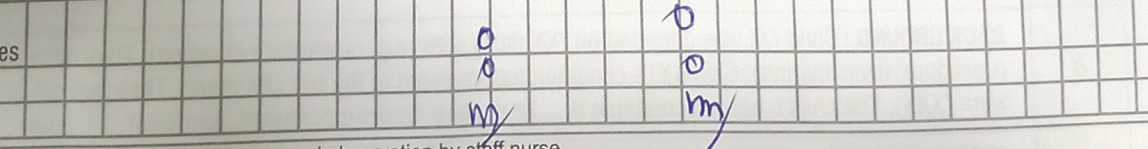
Heart Rate (Number)  
 Resp. Rate (bpm)  
 (Over 1 Minute) \*



Resp Mod/ Severe Distress None / Mild  
 Receiving O<sub>2</sub> (l/min)  
 O<sub>2</sub> Saturations (%)  
 Conscious Normal Level Altered  
 GCS \*



TOTAL SCORE  
 Number of shaded boxes  
 Pain Score  
 Observer's Initials



- ACTIONS**
- Score 1 : Continue normal observation by staff nurse
  - Score 2 : Shift in charge nurse to be informed and continue hourly observations
  - Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
  - Score 4 : Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
  - Score 5 & 6 : Shift in charge AND PICU fellow or PICU consultant to be informed.

\* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.