

**IFFCO-TOKIO GENERAL INSURANCE CO. LTD**

Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017

Jan Swasthya Beema Yojana

UIN: IFFHLGP09003V010809

This POLICY is evidence of the contract between YOU and US. The proposal along with any written statement(s), declaration(s) of YOURS for purpose of this POLICY forms part of this contract.

This POLICY witnessed that in consideration of YOUR having paid the premium for the period stated in the schedule or for any further period for which WE may accept the payment for renewal of this policy, WE will insure the Insured Person(s) and accordingly WE will pay to YOU or to insured person(s) or their legal representatives, as the case may be in respect of events occurring during the period of insurance in the manner and to the extent set-forth in the policy including endorsements provided that all the terms, conditions, provisions, and exceptions of this policy in so far as they relate to anything to be done or complied with by YOU and/or Insured Person(s) have been met.

The Schedule shall form part of this POLICY and the term 'POLICY' whenever used shall be read as including the Schedule.

Any word or expression to which a specific meaning has been attached in any part of this POLICY or of Schedule shall bear such meaning whenever it may appear.

THE POLICY is based on information which have been given to US about Insured Person(s) pertaining to risk insured under the policy and the truth of this information shall be condition precedent to YOUR or the Insured Person(s) right to recover under this POLICY.

Definition of Words

1. **Proposal** It means any signed proposal by filing up the questionnaires and declarations, written statements and any information in addition thereto supplied to US by YOU.
2. **Policy** It means the policy booklet, the Schedule and any applicable endorsement or memoranda. The policy contains details of the extent of cover available to Insured person (s), what is excluded from the cover and the conditions on which the policy is issued.
3. **Schedule** It means latest Schedule issued by US as part of the policy. It provides details of the policy of Insured person(s) which are in force and the level of cover Insured Person(s) have.
4. **Sum Insured** It means the monetary amount shown against Insured Person.

5. **WE/OUR/US** It means **IFFCO-TOKIO GENERAL INSURANCE COMPANY LIMITED.**
6. **YOU/YOUR** It means the person(s)/the company/the entity named as Insured in the Schedule
7. **Insured Person** The person named as Insured person(s) in the Schedule lodged with US by YOU.

8. **Period of Insurance** It means the duration of this policy as shown in the Schedule.
9. **Injury** It shall mean accidental bodily injury solely and directly caused by external, violent and visible cause. This definition includes accidental bodily injury resulting from exposure to element of the cause.
10. **Disease** It means an illness which Medical Practitioner or Surgeon will certify as Insured Person is suffering from and unable to feel as Normal.
11. **Hospital/Nursing Home** It means any institution with in India established for indoor care and treatment of sickness, injuries and which is either Registered as a Hospital or Nursing Home with the local authorities and is under the supervision of a registered and qualified Medical Practitioner, OR Complying with following criteria
 - a) It should have atleast 15 in-patient Beds. However, in Class 'C' cities, the institution should have atleast 10 in-patient Beds.
 - b) It is having fully equipped operation theatre of its own for carrying out surgical operation.
 - c) It is having fully qualified Nursing Staff under its employment round the clock.
 - d) It is under charge of fully qualified Doctor(s) round the clock.

In the event of hospitalisation of Insured Person requiring Ayurvedic and psychiatric treatment, which do not involve operative/Surgical procedure, WE may waive the condition (ii) stated above requiring Operation Theatre depending upon the merit of the case.

The term "HOSPITAL/NURSING HOME" shall not include an establishment, which is a place of rest, a place for the aged, drug-addicts, alcoholics, a hotel or a similar place.

12. **Surgical Operation** It means manual and/or operative procedures for correction of deformities and defects, repair of injuries, diagnosis and cure of diseases, relief of suffering and prolonging of life.
13. **Hospitalisation** It means treatment of Insured Person as Inpatient in the Hospital/Nursing Home for a minimum period of 24 hours. However for specific treatment i.e. Dialysis, Chemotherapy, Radiotherapy, Eye Surgery, Lithotripsy (Kidney stone removal), Tonsillectomy, D&C, undertaken by Insured Person in the Hospital/Nursing Home, the above time limit of 24 hours will not be mandatory. Further the treatment will be considered to be taken under Hospitalisation Benefit. In case of other specified treatments, the minimum stay of 24 hours will not be mandatory provided that the following conditions are fulfilled:

- a) The treatment is such that it necessitates Hospitalisation and Procedure involved requires specialised infrastructure facilities available in the Hospitals.
- b) Due to technological advances, the period of Hospitalisation is less than 24 hours.
14. **Any One illness** It means continuous period of illness including relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment may have been taken. Occurrence of same illness after a lapse of 45 days as stated above will be considered as fresh illness for the purpose of this Policy.
15. **Pre-Hospitalisation** Relevant medical expenses incurred up to 30 days prior to hospitalisation on disease/illness/injury sustained will be part of Hospitalisation Expenses claim.
16. **Post Hospitalisation** Relevant medical expenses incurred during period up to 60 days after Hospitalisation on disease/illness/injury sustained will be part of Hospitalisation Expenses claim.
17. **Medical Practitioner** It means a person holding a degree/diploma of a recognised institution and registered by Medical Council of respective State of India. The term Medical Practitioner would include Physician, Surgeon and Specialist.
18. **Qualified Nurse** It means a person holding a certificate of a recognised Nursing Council and who is employed on recommendations of the attending Medical Practitioner.
19. **Domiciliary Hospitalisation** It means a Medical treatment for a period of more than 3 days for such type of illness, disease or injury which in the normal course would require hospitalisation of Insured Person, but actually taken at home under any of the following circumstances.
- a) The condition of the patient is such that he/she cannot be moved to the hospital/nursing home
- OR
- b) The patient cannot be moved to hospital/nursing home for lack of accommodation therein.
20. **Pre-existing Conditions** It means an injury and /or any sickness and/or its symptoms, which exists when the cover incepts for the first time. Complication arising from pre-existing disease will be considered part of pre-existing condition.
21. **Maternity Expenses Benefit** It means treatment taken in Hospital/Nursing Home arising from or traceable to pregnancy, childbirth including normal Caesarean Section and this benefit is available on payment of additional premium.

22. **Coverage**

WHAT IS COVERED	WHAT IS NOT COVERED
If the Insured Person sustains injury or contracts any disease and upon advice of Medical Practitioner, he/she has to incur Hospitalisation Expenses then WE will pay	WE will not pay for 1. Such Disease(s) which are in pre-existing condition.

<p>for the following in Hospitalisation Expenses:</p> <ol style="list-style-type: none"> 1 Room, Boarding Expenses as provided by the Hospital/Nursing Home. 2 Nursing Expense. 3 Medical Practitioner/Anaesthetist, Consultant fees. 4 Expense on Anaesthesia, Blood, Oxygen, Operation Theatre charges, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, Cost of pacemaker, Artificial Limbs, Cost of organs and similar expenses. 5 Expenses on Vitamins and Tonics forming part of treatment as certified by the attending Medical Practitioner. 6 WE will also pay for those of above relevant expenses in Domiciliary Hospitalisation. 	<ol style="list-style-type: none"> 2. Any Expense on Hospitalisation/Domiciliary Hospitalisation for any diseases other than those stated in Clause 3. Of "What is not covered" during first 30 days of commencement of this Insurance cover. This exclusion shall not however apply if in the opinion of Panel of Medical Practitioners constituted by US, the Insured Person could not have known of the existence of the Disease or any symptoms or complaints thereof at the time of making the proposal for Insurance to US. This exclusion shall not, however, apply in case of the Insured Person having been covered under this Scheme or Group Insurance Scheme with any of Indian Insurance Companies for a continuous period of preceding 12 months without any break. 3. In the first year of operation of Insurance Cover on treatment of disease such as: <ul style="list-style-type: none"> ● Cataract, Benign, Prostatic Hypertrophy, Hysterectomy for Menorrhagia or Fibromyoma ● Hernia, Hydrocele, Congenital Internal Disease. ● Fistula in anus, Piles, Sinusitis and related disorders. <p>If the above mentioned diseases are pre-existing at the time of proposal, they will not be covered even during subsequent period of renewal too.</p> 4. Circumcision except for disease not excluded here or Injury, Vaccination or Inoculation or change of life or cosmetic or aesthetic treatment of any description, plastic surgery except for relating to treatment of injury or illness. 5. Cost of Spectacles and contact lens, hearing aids. 6. Convalescence, General Debility, Run down condition or rest cure, congenital External Disease or defects or anomalies, sterility, venereal disease, intentional self injury and use of Intoxicating drugs/alcohols. 7. Any Expense of any treatment related to Human T.Cell Lymphotropic viruses Types III (11TLB-III) or Lymphadinspathy Associated viruses (LAV) or the Mutant derivatives or
---	---

	<p>Variations Deficiency Syndrome or any syndrome or a Condition of a similar kind referred to as AIDS.</p> <p>8. Expenses on Diagnostic, X-Ray, or Laboratory examinations unless related to the treatment of sickness or injury falling within ambit of Hospitalisation or Domiciliary hospitalisation.</p> <p>9. (a) Expenses on treatment as a consequence of pregnancy childbirth including caesarean section. (This exclusion will stand deleted where policy is extended to cover Maternity Benefits). (b) Voluntary Medical termination of pregnancy during the first 12 (twelve) weeks from the date of conception.</p> <p>10. Any Expenses on treatment of Insured person as outpatient in the Hospital.</p> <p>11. Any Expenses on Naturopathy</p> <p>12. Any Expenses under Domiciliary Hospitalisation for</p> <ul style="list-style-type: none"> ● Pre and Post Hospitalisation treatment ● Treatment of following diseases: <ul style="list-style-type: none"> I. Asthma II. Bronchitis III. Chronic Nephritis and Nephritic Syndrome IV. Diarrhoea and all type of Dysenteries including Gastro-enteritis V. Diabetes Mellitus and Insipidus VI. Epilepsy VII. Hypertension VIII. Influenza, Cough and Cold IX. All types of Psychiatric or Psychosomatic Disorders X. Pyrexia of unknown Origin for less than 20 days XI. Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis XII. Arthritis, Gout and Rheumatism XIII. Dental Treatment or Surgery
--	--

General Conditions

1. **Reasonable Precautions** YOU/Insured Person shall take all reasonable precautions to prevent injury, illness, disease in order to minimize claims.

2. **Notice** YOU/Insured Person will give every notice and communication in writing to our office through which this insurance is effected.
3. **Misdescription** The Policy shall be void and all premium paid by YOU to US be forfeited in the event of misrepresentation or concealment of any material information.
4. **Changes in Circumstances** YOU must inform US, as soon as reasonably possible of any change in information YOU have provided to US about Insured person(s) which may affect the Insurance cover provided e.g. duty, business, occupation.
5. **Claim Procedure and Requirements** An event which might become a claim under the policy must be reported to US as soon as possible, but not later than 7 days from the date of Hospitalisation. A written statement of the claim will be required and a claim form will be provided and the claim must be filed within 30 days from the date of discharge from the Hospital except for in extreme cases of hardship where it is proved to our satisfaction that under the circumstances, in which YOU, the Insured Person or his/her personal representative were placed, it was not possible for any one of YOU to give notice or file claim within the prescribed time limit.

The Insured Person must give all bills, receipts, certificates, information and evidences from a Medical Attendant or otherwise required by US in the manner and form as WE may prescribe. In such claims our representative shall be allowed to carry out examination and obtain information in case of alleged injury or disease requiring Hospitalisation if and when WE may reasonably require.

6. **Fraud** If a claim is fraudulent in any respect or supported by any fraudulent statement or device with or without YOUR knowledge or that of Insured Person, all benefit(s) under this Policy shall be forfeited.
7. **Contribution** If, when any claim arises, there is in existence any other Insurance (other than Cancer Insurance Policy) covering the same loss/liability, compensation, costs or expenses, WE will pay only our rateable proportion. The benefits under this Policy shall be in excess of the benefits available under Cancer Insurance Policy.
8. **Renewal** The Policy may be renewed by mutual consent every year and in such event, the renewal premium shall be paid to US on or before the date of expiry of the Policy or of the subsequent renewal thereof. However, WE shall not be bound to give notice that such renewal premium is due.
9. **Cancellation** WE may cancel this policy by sending 30(Thirty) days notice by registered post to YOUR last known address. YOU will then be entitled to a pro-rata refund of premium for unexpired period of this policy in respect of such insured person(s) in respect whom no claim has arisen.

YOU may cancel the policy by sending written notice to US under Regd. Post WE will then allow a refund on following scale, except for those Insured Person(s) where claim has been preferred on US under the current policy:

<u>Period of Cover upto</u>	<u>Refund of Annual Premium rate(%)</u>
1 Month	75%
3 Month	50%

6 Month
Exceeding Six Months

25%
NIL

10. Automatic Termination of Insurance The coverage for the Insured Person(s) shall automatically terminate in the case of his/ her (Insured Person) demise or exhaustion of Sum Insured. However, the cover shall continue for the remaining Insured Persons till the end of Policy Period, unless otherwise advised by the Group policy holder. Provided no claim has been made, and termination takes place on account of death of the insured person, due to reasons apart from what stands covered under the policy, pro-rata refund of premium of the deceased insured person for the balance period of the policy will be effective.

11. WE will not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealings with or relating to this policy. YOUR receipt or receipt of Insured Person shall in all cases be an effective discharge to US.

12. Arbitration Should any dispute arise between US and YOU on quantum of Amount payable (liability being admitted by US), such dispute will be referred to Arbitrator to be appointed in accordance with statutory provisions of the country in force at that time. Further, if when any dispute is referable or referred to arbitration, the making of an award by arbitration, shall be a condition precedent to any right of action by YOU against US.

13. Disclaimer Clause If WE shall disclaim our liability in any claim and such claim shall not have been made subject matter of suit in a court of law within 12(twelve) months from date of disclaimer, then the claim shall for all purpose be deemed to have been abandoned and shall not thereafter be recoverable under this Policy.

14. No sum payable under this **policy** shall carry any interest/ penalty.

15. The geographical scope of this **policy** will be **India**.

16. MATERNITY EXPENSES BENEFIT (Wherever applicable) This is an optional cover, which can be obtained on payment of additional premium for all the Insured Persons under the Policy.

a. Option for Maternity Benefits has to be exercised at the inception of the policy period and no refund is allowable in case of Insured's cancellation of this option during currency of the policy.

b. The maximum benefit allowable under this clause will be upto Rs.50,000/- or 20% of the Sum Insured opted by the member of the group whichever is lower.

c. Special conditions applicable to Maternity Expenses Benefit Extension

1. These benefits are admissible only if the expenses are incurred in Hospital/Nursing Home as in-patients in India.

2. A waiting period of 9 months is applicable for payment of any claim relating to normal delivery or caesarean section or abdominal operation for extra uterine Pregnancy. The

waiting period may be relaxed only in case of delivery, miscarriage or abortion induced by accident or other medical emergency.

3. Claim in respect of only first two children and/or operations associated therewith will be considered in respect of any one Insured Person covered under the Policy or any renewal thereof. Those Insured Persons who are already having two or more living children will not be eligible for this benefit.
4. Pre-natal and post-natal expenses are not covered unless admitted in Hospital/Nursing Home and treatment is taken there.

Grievances

In case of any grievance the insured person may contact the company through

1. Website : <https://www.iffcotokio.co.in/customer-services/grievance-redressa>
2. Toll Free : 18001035499
3. E-mail : support@iffcotokio.co.in
4. Fax : -
5. Courier : Chief Grievance Officer
IFFCO-Tokio General Insurance Company Limited
IFFCO TOWER – II
Plot No.3, Sector-29, Gurgaon
Haryana-122001

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance

If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer atchiefgrievanceofficer@iffcotokio.co.in

For updated details of grievance officer, kindly refer the link <https://www.iffcotokio.co.in/customer-services/grievance-redressal>.

Grievance may also be lodged at IRDAI Integrated Grievance Management System - <https://igms.irda.gov.in/>.

Insurance Ombudsman –

The insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance.

The contact details of the **Insurance Ombudsman** offices are as below-

Office Details	Jurisdiction of Office Union Territory, District)
-----------------------	--

<p>AHMEDABAD - Shri Kuldip Singh Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in</p>	<p>Gujarat, Dadra & Nagar Haveli, Daman and Diu.</p>
<p>BENGALURU - Smt. Neerja Shah Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in</p>	<p>Karnataka.</p>
<p>BHOPAL - Shri Guru Saran Shrivastava Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202, Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in</p>	<p>Madhya Pradesh Chattisgarh.</p>
<p>BHUBANESHWAR - Shri Suresh Chandra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455, Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in</p>	<p>Orissa.</p>
<p>CHANDIGARH - Dr. Dinesh Kumar Verma Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468, Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in</p>	<p>Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.</p>

<p>CHENNAI - Shri M. Vasantha Krishna Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284, Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in</p>	<p>Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).</p>
<p>DELHI - Shri Sudhir Krishna Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@ecoi.co.in</p>	<p>Delhi.</p>
<p>GUWAHATI - Shri Kiriti .B. Saha Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@ecoi.co.in</p>	<p>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>
<p>HYDERABAD - Shri I. Suresh Babu Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 67504123 / 23312122, Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in</p>	<p>Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.</p>
<p>JAIPUR - Smt. Sandhya Baliga Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 – 2740363, Email: Bimalokpal.jaipur@ecoi.co.in</p>	<p>Rajasthan</p>
<p>ERNAKULAM - Ms. Poonam Bodra Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road,</p>	<p>Kerala, Lakshadweep, Mahe-a part of Pondicherry.</p>

<p>Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338, Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in</p>	
<p>KOLKATA - Shri P. K. Rath Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340, Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in</p>	<p>West Bengal, Sikkim, Andaman & Nicobar Islands.</p>
<p>LUCKNOW -Shri Justice Anil Kumar Srivastava Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331, Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in</p>	<p>Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.</p>

<p>MUMBAI - Shri Milind A. Kharat Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in</p>	<p>Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.</p>
<p>NOIDA - Shri Chandra Shekhar Prasad Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in</p>	<p>State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanoorj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar , Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>
<p>PATNA - Shri N. K. Singh Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in</p>	<p>Bihar, Jharkhand.</p>

PUNE - Shri Vinay Sah

Office of the Insurance Ombudsman,
Jeevan Darshan Bldg., 3rd Floor,
C.T.S. No.s. 195 to 198, N.C. Kelkar Road,
Narayan Peth, Pune – 411 030. Tel.:
020-41312555
Email: bimalokpal.pune@ecoi.co.in

Maharashtra,
Area of Navi
Mumbai and Thane
excluding Mumbai
Metropolitan
Region.

