


INDO-SWISS TRAINING CENTRE  
CSIR-CSIO CHANDIGARH

Dated: 25/02/2021

**Comprehensive Insurance Policy Cover for ISTC Students**

The competent Authority has desired that all the ISTC students must be covered under a Comprehensive Insurance Policy (Including both the Accidental and Medical Cover) to protect the students from any untoward incident that may occur during their course at CSIO-ISTC. Presently the students are insured only for accidental insurance. The comprehensive policy will enhance the coverage in terms of the medical cover also. The premium to be paid by each student amounts to Rs. 2400/- per annum (approx).

The existing students of ISTC are required to give their option for the comprehensive insurance policy coverage by selecting the suitable option in the enclosed form available on ISTC website. The dully filled form must be submitted to the respective class incharges latest by March 5, 2021.

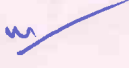
  
Registrar 25/02/2021

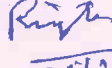
  
Principal 25/02/2021

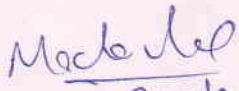
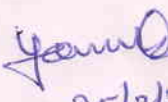
Encl:  
Option form for students

CC:

- Principal Office
- Registrar Office
- HOD- Electronics
- HOD-Mechanical
- All Class Incharges
- Notice Board -ISTC
- Website -ISTC

  
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**INDO-SWISS TRAINING CENTRE  
CSIR-CSIO CHANDIGARH**

**Option Form - Comprehensive Insurance Policy Cover for ISTC Students**

Students are required to put their signatures on the desired option and also get it signed by their Parents/ Guardian and submit the duly signed form to your class incharge positively by March 5, 2021.

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**Option 1:** I, \_\_\_\_\_ ISTC Roll No. \_\_\_\_\_ opt for the comprehensive policy cover, and I agree to pay Rs. 2400/- per annum (approx.) for the premium. I shall deposit the same by 15<sup>th</sup> March 2021.

Signature of the Student

Signature of the Parent/Guardian

Name of the Student

Name of the Parent Parent/Guardian

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**Option 2:** I, \_\_\_\_\_ ISTC Roll No. \_\_\_\_\_ not interested in the comprehensive policy cover, and incase of any untoward incident CSIO-ISTC will not be liable for any consequences.

Signature of the Student

Signature of the Parent

Name of the Student

Name of the Parent Parent/Guardian

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