

11.INSURANCE

1.ACCIDENTAL INSURANCE



Star Health and Allied Insurance Company Limited

No.1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai - 600034.

Phone : 044-28288800, Telefax : 044-28260062,

Website : www.starhealth.in and Email:info@starhealth.in

IRDA Regn.No.129

Corporate Identity Number : L66010TN2005PLC056649

Group School Student Care/ Group College Student Care

Approved date : 03/06/2023

Date:03/06/2023

Insured Name :	MESHAR DIOCESAN EDUCATIONAL TRUST
Address of the insured :	VIMAL JYOTHI ENGG. COLLEGE,, JYOTHI NAGAR, CHEMPERI P O, TALIPARAMBA, KANNUR DT., TALIPARAMBA, KERALA, 670632 0
Branch Name :	Branch Office - Taliparamba (181322)
Quotation No :	IND-2024-04719-GSC-02

Cover	Scope of Cover	Persons Covered :			
		Students No.Of Persons Covered :	Teaching Staffs	Non Teaching Staffs	Earning Parents
		Sum Insured(Rs.)	Sum Insured(Rs.)	Sum Insured(Rs.)	Sum Insured(Rs.)
1.Personal Accident	Accident Death only	1912	141	55	-
2.Medical Expenses	Hospitalisation Medical Expenses for Grievous injuries due to Accidents and Incurred as inpatient only.	20000	20000	20000	-
3.OPD due to accidental grievous injuries only	Within the limit of Hospitalisation Medical Expenses for Grievous injuries due to Accidents	20000	20000	20000	-

Final Premium :

Premium

Add : GST at 18%

Total Premium

Premium Per Student :	54	10	64
Premium Per Teaching Staff :	90	16	106
Premium Per Non Teaching Staff :	90	16	106

Name of the Branch / Area /Zonal office details

Name	Branch Office - Taliparamba
Address	Second Floor,Ajru Tower Bank Street, National Highway
Contact No	0460220 2393

* All other terms and conditions as per our group accident care policy clause

Valid of the quote : The above quote valid for a period of 30 Days



Star Health and Allied Insurance Company Limited

Branch Office - Taliparamba Second Floor, Ajru Tower Bank Street, National Highway, Taliparamba-670141, CALICUT, 670141

Collection Receipt

Customer Code	CB0000128200	Collection No	11-01/1403003328
Received from	MESHAR DIOCESAN EDUCATIONAL TRUST	Collection Date	16/06/2023
Customer Address	VIMAL JYOTHI ENGG COLLEGE, JYOTHI NAGAR CHEMPERI P O, TALIPARAMBA KANNUR DT, Eruvassy Kerala-670632	Office Code	181322 - Branch Office - Taliparamba
Mobile No	94XXXXX863	Supplier GSTIN	32AAJCS4517L1Z7
Customer GSTIN		Place of Supply	- State Code -
Amount Collected	Rs. 143144/-	Inclusive of tax	
Amount in words	Indian Rupees One Lakh Forty-Three Thousand One Hundred Forty-Four Only	Business Type	New Business
Towards the Following	PREMIUM RECEIPT PREMIUM		

S. No.	Proposal Ref. No	Fulfiller Code	Intermediary Code	Amount Collected	Mode of Pay	Bank Name	CHQ/CC/DD No	CHQ/DD/BC Dt
1		SH6453	BA0000546662	143144	BC	HDFC Bank Ltd.	316715845617	16/06/2023

Note: Receipt Subject to realization of Cheque / DD
This is only an evidence of receipt of money by the company
Risk will commence once the proposal is examined and accepted
Available modes of payment of Premium: Cash, Cheque, DD, Net Banking, RTGS/NEFT, Credit Card,
Debit card, UPI, Customer Portal and Star website.

For Star Health and Allied Insurance Co. Ltd


Authorized Signatory

IRDA Regn. No 129

Corporate Identity Number L66010TN2005PLC056649

Email id : info@starhealth.in



Star Health and Allied Insurance Company Limited

No.1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai - 600034.

Phone : 044-28288800, Telefax : 044-28260062,

Website : www.starhealth.in and Email: info@starhealth.in

IRDA Regn.No.129

Corporate Identity Number : L66010TN2005PLC056649

Group School Student Care/ Group College Student Care

Approved date : 03/06/2023

Date:03/06/2023

Insured Name :	MESHAR DIOCESAN EDUCATIONAL TRUST
Address of the insured :	VIMAL JYOTHI ENGG. COLLEGE,, JYOTHI NAGAR, CHEMPERI P O, TALIPARAMBA, KANNUR DT., TALIPARAMBA, KERALA, 670632 0
Branch Name :	Branch Office - Taliparamba (181322)
Quotation No :	IND-2024-04719-GSC-02

Cover	Scope of Cover	Persons Covered :				
		Students	Teaching Staffs	Non Teaching Staffs	Earning Parents	
		No.Of Persons Covered :	Sum Insured(Rs.)	Sum Insured(Rs.)	Sum Insured(Rs.)	Sum Insured(Rs.)
		1912	141	55	-	
1.Personal Accident	Accident Death only	100000	100000	100000	-	
2.Medical Expenses	Hospitalisation Medical Expenses for Greivous injuries due to Accidents and Incurred as inpatient only.	20000	20000	20000	-	
3.OPD due to accidental greivous injuries only	Within the limit of Hospitalisation Medical Expenses for Greivous injuries due to Accidents	20000	20000	20000	-	

Final Premium : Premium Add : GST at 18% Total Premium

Premium Per Student :	54	10	64
Premium Per Teaching Staff :	90	16	106
Premium Per Non Teaching Staff :	90	16	106

Name of the Branch / Area /Zonal office details	
Name	Branch Office - Taliparamba
Address	Second Floor,Ajru Tower Bank Street,
	National Highway
Contact No	0460220 2393

* All other terms and conditions as per our group accident care policy clause

Valid of the quote : The above quote valid for a period of 30 Days



Star Health and Allied Insurance Company Limited

Branch Office - Taliparamba Second Floor, Ajru Tower Bank Street, National Highway, Taliparamba-670141, CALICUT, 670141

Collection Receipt

Customer Code : CB0000128200

Received from : MESHAR DIOCESAN EDUCATIONAL TRUST

Customer Address : VIMAL JYOTHI ENGG. COLLEGE, JYOTHI NAGAR
CHEMPERI P O, TALIPARAMBA KANNUR DT. Eruvassy
Kerala-670632

Mobile No : 94XXXXX863

Customer GSTIN : -

Amount Collected : Rs. 143144 /-

Amount in words : Indian Rupees One Lakh Forty-Three Thousand One Hundred Forty-Four Only

Collection No : 11-01/1403003328

Collection Date : 16/06/2023

Office Code : 181322 - Branch Office - Taliparamba

Supplier GSTIN : 32AAJCS4517L1Z7

Place of Supply : - State Code : -

Inclusive of tax : -

Business Type : New Business

Towards the Following : PREMIUM RECEIPT PREMIUM

S. No.	Proposal Ref. No	Fulfiller Code	Intermediary Code	Amount Collected	Mode of Pay	Bank Name	CHQ/CC/DD No	CHQ/DD/BC Dt
1		SH6453	BA0000546662	143144	BC	HDFC Bank Ltd.	316715845617	16/06/2023

Note: Receipt Subject to realization of Cheque / DD
This is only an evidence of receipt of money by the company
Risk will commence once the proposal is examined and accepted
Available modes of payment of Premium: Cash, Cheque, DD, Net Banking, RTGS/NEFT, Credit Card,
Debit card, UPI, Customer Portal and Star website.

For Star Health and Allied Insurance Co. Ltd


Authorized Signatory

IRDA Regn. No 129

Corporate Identity Number L66010TN2005PLC056649

Email id : info@starhealth.in

2.MEDICAL INSURANCE

Star Group Health Insurance
Unique id : SHAHLGP19028V011819
Policy Schedule

Policy No. : P/181322/01/2019/006077	Previous Policy No. : P/181322/01/2018/005007
Proposer's Code : 11115627 Proposer's Name : CHAIRMAN Address : MESHAR DIOCESAN EDUCATIONAL TRUST, ARCH DIOCESE OF THALASSERY, VIMAL JYOTHI ENGINEERING COLLEGE, VIMAL JYOTHI NAGAR, CHEMPERI P.O., KANNUR Dt Eruvassy,Kannur,Kerala-670632 Phone No : 04602213399/9061940282/ Email id : insurance@vjec.ac.in Proposer GSTIN : -	GSTIN : 32AAJCS4517L1Z7 SAC Code : 997133/Accident and Health Insurance Services Issuing Office Code : 181322 Issue Office Name : Branch Office - Taliparamba Address : Second Floor,Ajru Tower Bank Street, National Highway, Taliparamba, Kannur-670141 Phone No : 0460220 2393 Email id : taliparamba.bo@starhealth.in Place of Supply : -
Collection Number : 1403006750 Receipt Date : 31/03/2019	Fulfiller Code : SH6453
Premium : Rs. 18,26,272 CGST @9% : 164,364 /- SGST/UTGST@9% : 164,364 /- Stamp Duty : Re. 1 Total Premium : Rs. 21,55,000	Intermediary Code : BA0000043640 Name : BEENA T K Phone : /9946621511 Email id : beenascaria10@gmail.com

Total Premium in words	: Indian Rupees Twenty One Lakhs Fifty Five Thousand Only
Period Of Insurance From	: 31/03/2019 00:00:00 Hrs To Midnight Of : 30/03/2020 23:59:59
Co-insurance	

Risk Coverage Details

No. of Employees / Members Covered	153
No. of Dependents Covered	563
Total No. of Persons covered	716
Sum Insured Slab	Rs. 5,00,000/- only
Total Sum Insured	Rs. 7,65,00,000/- only
Total Sum Insured (in words)	Indian Rupees Seven Crores Sixty-Five Lakhs Only

Extensions Offered

Delivery Expenses	Covered subject to limits provided in the special conditions
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Entered by : SH41810
 Approved by : BACKDATE
 Place : CALICUT
 Date : 03/04/2019

For and on behalf of
 Star Health and Allied Insurance Company Ltd.


 Authorised Signatory
 Please see overleaf

IRDAI Regn. No 129
Corporate Identity Number U66010TN2005PLC056649
Email ID : info@starhealth.in



Star Health and Allied Insurance Company Limited

Branch Office - Taliparamba Second Floor, Ajru Tower Bank Street, National Highway, Taliparamba. Kannur-670141, ,
CALICUT, 670141


Advance Premium Receipt

Customer Code :	CB0000012047	Receipt No :	32L403Y19R000911
Received from :	Mr. CHAIRMAN	Receipt Date :	31/03/2019
Customer Address :	MESHAR DIOCESAN EDUCATIONAL TRUST, ARCH DIOCESE OF THALASSERY, VIMAL JYOTHI ENGINEERING COLLEGE, VIMAL JYOTHI NAGAR, CHEMPERI P.O., KANNUR Dt	Collection No :	11-01/1403006750
Customer GSTIN :	-	Collection Date :	31/03/2019
Amount Collected :	Rs. 2155000/-	Office Code :	181322 - Branch Office - Taliparamba
Amount in words :	Indian Rupees Twenty-One Lakhs Fifty-Five Thousand Only	Supplier GSTIN :	32AAJCS4517L1Z7
Towards the Following :	PREMIUM RECEIPT PREMIUM DEPOSITED	Place of Supply :	-
		State Code :	-
		Inclusive of tax :	CGST @9%- Rs. 164364/- SGST/UTGST @9%- Rs. 164364
		SAC code :	997133

S. No.	Proposal Ref. No	Fulfiller Code	Intermediary Code	Amount Collected	Mode of Pay	Bank Name	CHQ/CC/DD No	CHQ/DD/BC Dt
1		SH6453	BA0000043640	2155000	CHQ	Syndicate Bank (SYB)	149318	30/03/2019

For Star Health and Allied Insurance Co. Ltd

Note : Receipt Subject to realization of Cheque / DD
This is only an evidence of receipt of money by the company
Risk will commence once the proposal is examined and accepted


Authorised Signatory

Amount of Tax Subject to reverse Charge : No

IRDA Regn. No 129

Corporate Identity Number U66010TN2005PLC056649

Email id : info@starhealth.in

Regd.&Corporate Office:1,New Tank Street,Valluvar Kottam High Road,Nungambakkam,Chennai - 600034,Phone : 044 -28302700 / 28288800 Toll Free Fax No:1800-425-5522 Toll Free No:1800-425-2255 / 1800-102-4477,CIN :U66010TN2005PLC056649 Email :support@starhealth.in Website :www.starhealth.in IRDAI Regn.no: 129

Star Group Health Insurance
Unique id : SHAHLGP19028V011819
Policy Schedule

Policy No. : P/181322/01/2020/007451	Previous Policy No. : P/181322/01/2019/006077
Proposer's Code : 14509641	GSTIN : 32AAJCS4517L1Z7
Proposer's Name : Mr.CHAIRMAN	SAC Code : 997133/Accident and Health Insurance Services
Address : MESHAR DIOCESAN EDUCATIONAL TRUST, ARCH DIOCESE OF THALASSERY, VIMAL JYOTHI ENGINEERING COLLEGE, VIMAL JYOTHI NAGAR, CHEMPERI P.O., KANNUR Dt Eruvassy,Kannur,Kerala-670632	Issuing Office Code : 181322
Phone No : 04602213399/9447373415/	Issue Office Name : Branch Office - Taliparamba
Email id : admin@vjec.ac.in	Address : Second Floor,Ajru Tower Bank Street, National Highway, Taliparamba. Kannur-670141
Proposer GSTIN : -	Phone No : 0460220 2393
Receipt No : 1403000982,1403001625,1403004549	Email id : taliparamba.bo@starhealth.in
Receipt Date : 09/01/2020,12/06/2019,28/11/2019	Place of Supply : -
Premium : Rs. 21,42,857	Fulfiller Code : SH6453
CGST @9% : 192,857 /- SGST/UTGST@9%: 192,857 /- Kerala Flood Cess @1% : 21,429/-	Intermediary Code : BA0000043640
Stamp Duty : Re. 1	Name : BEENA T K
Total Premium : Rs. 25,50,000	Phone : /9946621511
	Email id : beenascaria10@gmail.com

Total Premium in words	: Indian Rupees Twenty Five Lakhs Fifty Thousand Only
Period Of Insurance From	: 31/03/2020 00:00:00 Hrs To Midnight Of : 30/03/2021 23:59:59
Co-insurance	

Risk Coverage Details

No. of Employees / Members Covered	154
No. of Dependents Covered	589
Total No. of Persons covered	743
Sum Insured Slab	Rs. 5,00,000/- only
Total Sum Insured	Rs. 7,70,00,000/- only
Total Sum Insured (in words)	Indian Rupees Seven Crores Seventy Lakhs Only

Extensions Offered

Delivery Expenses	Covered subject to limits provided in the special conditions
New Born Baby cover	New born baby is covered from day one up to the end of the policy

Entered by : SH41810
Approved by : BACKDATE
Place : CALICUT
Date : 04/04/2020

For and on behalf of
Star Health and Allied Insurance Company Ltd.


Authorised Signatory
Please see overleaf

IRDAI Regn. No 129
Corporate Identity Number U66010TN2005PLC056649
Email ID : info@starhealth.in

Star Group Health Insurance
Unique id : SHAHLGP21214V022021
Policy Schedule

Policy No. : P/181322/01/2021/011574	Previous Policy No. : P/181322/01/2020/007451
Proposer's Code : 21128666	GSTIN : 32AAJCS4517L1Z7
Proposer's Name : Mr.CHAIRMAN	SAC Code : 997133/Accident and Health Insurance Services
Address : MESHAR DIOCESAN EDUCATIONAL TRUST, ARCH DIOCESE OF THALASSERY, VIMAL JYOTHI ENGINEERING COLLEGE, VIMAL JYOTHI NAGAR, CHEMPERI P.O., KANNUR Dt Eruvassy,Kannur,Kerala-670632	Issuing Office Code : 181322
Phone No : 04602213399/9447373415/	Issue Office Name : Branch Office - Taliparamba
Email id : insurance@vjec.ac.in	Address : Second Floor,Ajru Tower Bank Street, National Highway, Taliparamba. Kannur-670141
Proposer GSTIN : -	Phone No : 0460220 2393
	Email id : taliparamba.bo@starhealth.in
	Place of Supply : -
	Fulfiller Code : SH6453
Collection No : 1403003044,1403006486,1403008076	Intermediary Code : BA0000043640
Collection Date : 04/11/2020,25/01/2021,31/03/2020	Name : BEENA T K
Premium : Rs. 22,02,795	Phone : /9946621511
CGST @9% : 198,252 /- SGST/UTGST@9%: 198,252 /-	Email id : beenascaria10@gmail.com
Kerala Flood Cess @1% : 22,028/-	
Stamp Duty : Re. 1	
Total Premium : Rs. 26,21,327	

Total Premium in words	: Indian Rupees Twenty Six Lakhs Twenty One Thousand Three Hundred Twenty Seven Only
Period Of Insurance From	: 31/03/2021 00:00 Hrs To Midnight Of : 30/03/2022 23:59:59
Co-insurance	

Risk Coverage Details

No. of Employees / Members Covered	154
No. of Dependents Covered	605
Total No. of Persons covered	759
Sum Insured Slab	Rs. 3,00,000/- only
Total Sum Insured	Rs. 4,72,00,000/- only
Total Sum Insured (in words)	Indian Rupees Four Crores Seventy-Two Lakhs Only

Extensions Offered

Delivery Expenses	Covered subject to limits provided in the special conditions
New Born Baby cover	New born baby is covered from day one up to the end of the policy

Entered by : SH41810
Approved by : BACKDATE
Place : CALICUT
Date : 03/04/2021

For and on behalf of
Star Health and Allied Insurance Company Ltd.


Authorised Signatory
Please see overleaf

IRDAI Regn. No 129
Corporate Identity Number U66010TN2005PLC056649
Email ID : info@starhealth.in

Annexure 1

Vimal Jyothi Group Insurance Guidelines

1. Vimal Jyothi Group Insurance scheme covers employee, spouse, dependent Children and two parents/parents in law.
2. Group insurance members shall be the employees presently working in Vimal Jyothi institutions.
3. Only unmarried Sons/Daughters are considered as Dependent children.
4. Only two parents shall be covered in basic scheme of insurance. Employees should pay proportionate incremented amount than previous year premium for additional parents. At present the charge is Rs. 12000 / - per person per year.
5. The sum assured is fixed to 3 lakhs and corporate buffer of 10 Lakh. Corporate buffer amount shall be claimed based on the first come first serve basis. The corporate buffer amount can be claimed by an employee up to a maximum of Rs 2 lakh. In case the employee needs more than Rs 5 lakh for treatment, the management will have the power to sanction more amount subject to conditions.
6. 'No claim bonus' shall be fixed to 10% of total premium. NCB will be considered only if the employee and dependents are not claimed any amount for past two years. Those who are eligible for the No Claim Bonus must apply to the Insurance Committee by March 20, 2022.
7. 10% discount on total premium may be considered if total number of dependents is 2 and age of employee and dependents are below 40. Employees falling into this category must also apply to the Insurance Committee by March 20, 2022.
8. Cashless payment facility is available but not a right always.
9. Admissions can be made even in unlisted hospitals also.
10. Unmarried employees can add their siblings of age below 18 under this scheme.
11. As the college pays the full amount of the insurance policy at the beginning of the financial year, the employee who leaves the institution is liable to pay the amount for the remaining insurance period.

DETAILS OF MEMBERS									
SL.NO.	Branch	Name	Age	Designation	Gender	Gr Contribution(Monthly)	Management Contribution (Yearly)	ESI Member	Add.in laws
1	ASH	SHIJITH THOMAS	34	Asst. Professor	M	1083	250	N	
2	ASH	JOMY JOSE	38	Asso. Professor	M	1083	250	N	
3	AEI	THOMAS M S	34	Lab Technician		2333		Y	Y
4	MBA	SHAJI SCARIA	45	Office Assistant	M	1000	333	N	
5	OFF	JAISON GEORGE	42	Office Assistant	M	1000	333	N	
6	OFF	DEEPA MOL JOSE	37	Office Assistant	F	3000	333	N	Y
7	CSE	JEETHU V DEVASIA	39	Professor	F	1083	250	N	
8	ASH	VASUDEVAN M	54	Asst. Professor	M	1083	250	N	
9	ASH	DOMINIC N THOMAS	42	Asst. Professor	M	1083	250	N	
10	ECE	GRACE JOHN M	32	Asst. Professor	F	1083	250	N	
11	OFF	SIBICHAN MATHEW	50	Office Assistant	M	1000	333	N	
12	ECE	BINDU SEBASTIAN	39	Asst. Professor	F	1083	250	N	
13	OFF	JOSTEEN J PUTHUMANA	56	Legal Welfare Officer	M	1000	333	N	
14	ECE	JOSY FRANCIS	35	Lab Technician	M	1333		Y	
15	LIB	JOMY JOSEPH	52	Library Assistant	M	1000	333	N	
16	LIB	STANLY KURIAN	52	Librarian	M	1000	333	N	
17	OFF	VINU MATHEW	46	Office Assistant	F	1000	333	N	
18	ECE	SINI DEVASSIA	43	Lab Technician	F	1333		Y	
19	CE	PETER JOBE	28	Asst. Professor	M	1083	250	N	
20	MBA	BINDU JOSEPH M	46	Library Assistant	F	1333		Y	
21	LIB	DIPIN JOHNS	40	Library Assistant	M	1000	333	N	
22	EEE	LALY JAMES	57	Asso. Professor	F	1083	250	N	
23	EEE	SHELMA GEORGE	30	Asst. Professor	F	1083	250	N	
24	ASH	JANCY JOSEPH	52	Coach	F	1000	333	N	
25	ECE	JOBY JOSEPH	36	Lab Technician	M	1333		Y	
26	ASH	SHAJI M A	54	Asso. Professor	M	1083	250	N	
27	ECE	Dr. JAYESH GEORGE M	33	Asso. Professor	M	1083	250	N	
28	ME	MIDHUN MUKUNDAN MK	38	Asst. Professor	M	1083	250	N	
29	ME	RYNE P M	44	Asso. Professor	M	1083	250	N	
30	ASH	SUDHEEP MK	29	Lab Technician	M	1333		Y	
31	OFF	SEBASTIAN P J	49	Office Assistant	M	1000	333	N	
32	OFF	JITTO JOHN	41	Office Assistant	M	2000	333	N	Y
33	ECE	ADARSH K S	35	Asst. Professor	M	1083	250	N	
34	MGT	FR. PIOUS P JOHN	45	Asst. Manager	M	1000	333	N	
35	ME	STENIL JOSEPH	32	Lab Technician	M	1333		Y	
36	OFF	RAJU K	53	Maintenance In Charge	M	1000	333	N	
37	LIB	BEENA JOSEPH	53	Asst. Librarian	F	1000	333	N	
38	MGT	FR. GENIMON V JOSEPH	47	Vice Principal	M	1083	250	N	
39	AEI	JOLLYKUTTY SEBASTIAN	44	Instructor	M	2000	333	N	Y
40	EEE	TEENA GEORGE	34	Asst. Professor	F	1083	250	N	
41	ECE	ANN MATHEW	32	Asst. Professor	F	1083	250	N	
42	ME	ROBIN C R	35	Lab Technician	M	1333		Y	
43	MBA	IVY GEORGE	36	Asst. Librarian	F	1000	333	N	
44	ME	SHAJI GEORGE	50	Asst. Professor	M	1083	250	N	
45	ME	SAJI JOSEPH	51	Lab Technician	M	1333		Y	
46	ME	JIMMY MATHEW	42	Lab Technician	M	1333		Y	
47	ME	SAJU AUGUSTINE	51	Lab Technician	M	2333		Y	Y
48	OFF	K J SEBASTIAN	75	PRO	M	1000	333	N	
49	ME	MEJO M FRANCIS	35	Asst. Professor	M	1083	250	N	
50	ME	APPU C KURIAN	32	Asst. Professor	M	1083	250	N	
51	ME	IGNATIUS C A	48	Lab Technician	M	1333		Y	
52	ME	JAYACHANDRAN A M	53	Instructor	M	1000	333	N	
53	ME	SHAJI VARGHESE	32	Lab Technician	M	1333		Y	
54	OFF	JUSTINE M AUGUSTINE	40	Placement Officer	M	1083	250	N	
55	MGT	SONY VARGHESE	39	Asst. Professor	M	1083	250	N	
56	OFF	VINEESH K M	35	Lab Technician	M	1000	333	N	
57	OFF	MANU FRANCIS	30	Peon	M	1333		Y	
58	MGT	FR. LAZAR VARAMBAKATH	51	Bursar	M	1000	333	N	
59	ME	Dr P. SRIDHARAN	41	Professor	M	2083	250	N	Y

60	OFF	SUNIL AUGUSTHY	42	Driver	M	1333		Y	
61	AEI	DR.G.GLAN DEVADHAS	43	Professor	M	1083	250	N	
62	OFF	AUGUSTINE C A	30	Electrician	M	1000	333	N	
63	ME	ANIL JOHNEY	30	Lab Technician	M	1333		Y	
64	OFF	SEBASTIAN GEORGE	53	Office Assistant	M	1333		Y	
65	ECE	JYOTHISH FRANCIS	30	Lab Technician	M	1333		Y	
66	MGT	FR.VIPIN THOMAS	33	Warden	M	1333		N	NA
67	CSE	JJO JOSE MATHEW	38	Lab Technician	M	1333		Y	
68	MGT	JINS THOMAS	34	Administrator	M	1000	333	N	
69	ASH	VINEETHAMOL ABRAHAM	31	Asst. Professor	F	1083	250	N	
70	EEE	PRAKASH JAMES	46	Lab Technician	M	1333		Y	
71	EEE	TINTU GEORGE T	37	Asst. Professor	F	1083	250	N	
72	CE	ANURAGI P	27	Asst. Professor	F	1083	250	N	
73	OFF	DEEPA WILSON	42	Office Assistant	F	1333		Y	
74	CE	LOGI N BOBY	31	Asst. Professor	M	1083	250	N	
75	OFF	JOSHY T C	57	Driver	M	1000	333	N	
76	ME	AJI AUGUSTINE	31	Asst. Professor	M	1083	250	N	
77	MGT	FR.BIBIN ANTONY	34	Warden	M	1333		N	
78	AEI	JINSA MATHEW	30	Asst. Professor	F	1083	250	N	
79	OFF	SUNIL MATHEW	39	Office Assistant	M	1333		Y	
80	CE	VJESH CHERIAN	38	Lab Technician	M	1333		Y	
81	CE	PROF. VRA SAATHAPPAN	63	Professor	M	1083	250	N	
82	ME	DR. S. CHRISTOPHER EZHIL	43	Professor	M	1083	250	N	
83	CE	ROJIN P	32	Asst. Professor	M	1083	250	N	
84	CE	DR. BIJU MATHEW	49	Asso. Professor	M	1083	250	N	
85	ME	DILIN DINESH	31	Asst. Professor	M	1083	250	N	
86	AEI	SHAMYA A	37	Asst. Professor	F	1083	250	N	
87	ASH	GEORGE K V	60	Professor	M	1083	250	N	
88	CE	JINS GEORGE	32	Lab Technician	M	1333		Y	
89	CE	ABHIJATH I P	29	Asst. Professor	M	1083	250	N	
90	ME	SHAMINMUTH K K	32	Asst. Professor	M	1083	250	N	
91	ME	NIVAS K M	30	Asst. Professor	M	1083	250	N	
92	OFF	SADU THOMAS	46	Office Assistant	M	1000	333	N	
93	CE	MARGARET ABRAHAM	28	Asst. Professor	F	1083	250	N	
94	CE	ANITHA BABU	32	Asst. Professor	F	1083	250	N	
95	OFF	ASOKAN C (WILSON)	48	Driver	M	1333		Y	
96	MGT	FR.SAJI JAMES MATHEW	48	Manager	M	1000	333	N	
97	MGT	SUBIN GEORGE	31	Warden	M	1000	333	N	
98	ME	RAJU KATTATHAL KURIAK	55	Asso. Professor	M	1083	250	N	
99	CSE	DIVYA K	37	Asst. Professor	F	1083	250	N	
100	CE	ASHWIN JOY	28	Asst. Professor	M	1083	250	N	
101	EEE	DR.R.SENTHILKUMAR	44	Professor	M	1083	250	N	
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