

HEALTH GUARD POLICY DOCUMENT

Our agreement to insure You is based on Your Proposal to Us, which is the basis of this agreement, and Your payment of the premium. This Policy records the entire agreement between Us and sets out what We insure, how We insure it, and what We expect of You and what You can expect of Us.

A Cover

- 1) **Medical Expenses**
If You are hospitalised on the advice of a Doctor because of Illness or accidental Bodily Injury sustained or contracted during the Policy Period, then We will pay You, Reasonable and Customary Medical Expenses incurred.
- 2) **Ambulance Expenses**
If a claim under Cover 1) is accepted, We will also pay the reasonable cost to a maximum of Rs 1000 per valid hospitalization claim for transferring You to or between Hospitals in the Hospital's ambulance or in an ambulance provided by any ambulance service provider.
- 3) **Medical Check-up**
At the end of every continuous period of 4 years during which You have held Our Health Guard policy without making a claim You may apply to Us for a free medical check up (Physician Consultation, Fasting Blood Glucose, Complete Blood Count, Serum Cholesterol, Urine Routine, X-ray Chest, Stress Test) at a Bajaj Allianz Diagnostic Centre, the location of which We will specify at the time of Your application or You can claim reimbursement of cost incurred upto a limit of Rs1000 for your Health Check up at any center of your choice.

B Definitions

Words or terms in *Italic* have the meaning ascribed to them wherever they appear in this Policy, and references to the singular or to the masculine include references to the plural or to the female wherever the context permits:

- 1) *Bodily Injury* means physical bodily harm or injury, but does not include any mental disease or illness or sickness.
- 2) *You, Your, Yourself* means the person or persons that We insure as set out in the Schedule
- 3) *We, Our, Ours* means the Bajaj Allianz General Insurance Company Limited.
- 4) *Doctor* means a person who holds a recognised qualification in allopathic medicine, is registered by the medical council of the respective State of India in which he operates and is practicing within the scope of such license.
- 5) *Hospital* means any institution in India established for the indoor medical care and treatment of patients and which either:
 - a) Is registered and licensed as a hospital or nursing home with the appropriate local authorities and is under the supervision of a Doctor in attendance 24 hours a day and is not, except incidentally, a clinic, nursing home, rest home, or convalescent home for the addicted, aged, mentally disturbed or similar institution, or
 - b) Complies with at least the following criteria:
 - i) It has at least 10 inpatient beds;
 - ii) It has a fully equipped and functioning operating theatre;
 - iii) It has qualified nursing staff (any person who holds a certificate issued by a recognised nursing council) in attendance 24 hours per day;
 - iv) It has a Doctor who is in attendance 24 hours per day;
 - v) It maintains daily medical records for each of its patients,
- 6) *Bajaj Allianz Network Hospitals* means the Hospitals which have been empanelled by Us as per the latest version of the schedule of Hospitals maintained by Us, which is available to You on request.
- 7) *Bajaj Allianz Diagnostic Centre* means the diagnostic centers which have been empanelled by Us as per the latest version of the schedule of diagnostic centers maintained by Us, which is available to You on request
- 8) *Illness* means sickness (a condition or an ailment affecting the general soundness and health of the Insured's body) or disease (an affliction of the bodily organs having a defined and recognised pattern of symptoms) that first manifests itself during the Policy Period and for which immediate treatment by a Doctor is necessary, but does not include any mental disease, sickness or illness.
- 9) *Limit of Indemnity* represents Our maximum liability to make payment for each and every claim per person mentioned in the

- Schedule and in the aggregate for that person, and means the amount stated in the Schedule against each Cover in Section A.
- 10) *Medical Expenses* means the reasonable charges that You necessarily incur on the advice of a Doctor:
 - a) As an in-patient in a Hospital for accommodation; nursing care; the attention of medically qualified staff; undergoing medically necessary procedures; medical consumables;
 - b) In respect of medical treatment and essential investigations for a period of upto 90 days after discharge from a Hospital for medical treatment related to the Illness or accidental Bodily Injury; (post-hospitalisation expenses);
 - c) In respect of the medical treatment of an Illness during the consecutive 60-day period immediately preceding Your admission to Hospital for that Illness, provided that the aforesaid 60 day period commences and ends within the Policy Period (pre-hospitalisation expenses).
 - 11) *Policy* means the proposal, the Schedule (and any endorsements attaching to or forming part thereof) and the policy document.
 - 12) *Policy Period* means the date between the commencement date and the expiry date specified in the Schedule.
 - 13) *Schedule* means the schedule and any annexure to it.
 - 14) *Reasonable and Customary* means a charge which: a) is charged for medical treatment, supplies or medical services that are medically necessary to treat your condition; b) does not exceed the usual level of charges for similar medical treatment, supplies or medical services in the locality where the expense is incurred; and c) does not include charges that would not have been made if no insurance existed.

C What we will not pay

We will not pay for claims arising out of or howsoever connected to the following:

- 1) Any medical condition or complication directly or indirectly arising from it which, existed before the commencement of the Policy Period (even if unknown to You), or for which care, treatment or advice was sought, recommended by or received from a Doctor. This Exclusion shall cease to apply if You have maintained a Health Guard Policy with Us for a continuous period of a full 4 years with out break from the date of Your first Health Guard Policy with Us.
- 2) Without derogation from C1) above, any Medical Expenses incurred during the first two consecutive annual periods during which You have the benefit of a Health Guard Policy with Us in connection with any types of gastric or duodenal ulcers, cataracts, benign prostatic hypertrophy, hernia of all types, hydrocele, all types of sinuses, fistulae, haemorrhoids, fissure in ano, dysfunctional uterine bleeding, fibromyoma endometriosis, hysterectomy, stones in the urinary and biliary systems, surgery on ears/tonsils/adenoids/paranasal sinuses, Surgery for any skin ailment, Surgery on all internal or external tumours/cysts/nodules/polyps of any kind including breast lumps. This exclusion period shall apply for a continuous period of a full 4 years from the date of Your first Health Guard Policy with Us if the above referred illness were present at the time of commencement of the policy and if You had declared such illness at the time of proposing the policy for the first time.
- 3) Any Medical Expenses incurred during the first four consecutive annual periods during which You have the benefit of a Health Guard Policy with Us in connection with joint replacement surgery unless such joint replacement surgery is necessitated by accidental Bodily Injury.
- 4) Any Medical Expenses incurred for Any illness diagnosed or diagnosable within 30 days of the commencement of the Policy Period except those incurred as a result of accidental Bodily Injury. This Exclusion shall apply only to the extent of the amount by which the limit of indemnity has been increased if the policy is a renewal of the Health Guard Policy with Us without break in cover.
- 5) War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority.
- 6) Circumcision, laser treatment for correction of eye sight due to refractive error, cosmetic or aesthetic treatments of any description, treatment or surgery for change of life/gender.
- 7) Any form of plastic surgery (unless necessary for the treatment of Illness or accidental Bodily Injury).
- 8) The cost of spectacles, contact lenses, hearing aids, crutches, artificial limbs, dentures, artificial teeth and all other external appliances and/or devices whether for diagnosis or treatment.
- 9) External medical equipment of any kind used at home as post hospitalisation care including cost of instrument used in the treatment of Sleep Apnoea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Bronchial Asthmatic condition.
- 10) Dental treatment or surgery of any kind unless requiring hospitalisation and as a result of accidental Bodily Injury to natural teeth.
- 11) Convalescence, general debility, rest cure, congenital diseases or defects or anomalies.
- 12) Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol)
- 13) Ailments requiring treatment due to use or abuse of any substance, drug or alcohol and treatment for de-addiction.
- 14) Any condition directly or indirectly caused by or associated with Human Immunodeficiency Virus or Variant/mutant viruses and or any syndrome or condition of a similar kind commonly referred to as AIDS.
- 15) Medical Expenses relating to any hospitalisation primarily and specifically for diagnostic, X-ray or laboratory examinations and investigations.
- 16) Any claim directly or indirectly caused by or contributed to by nuclear weapons and/or materials.

- 17) Treatment arising from or traceable to pregnancy (whether uterine or extra uterine) and childbirth including caesarian section, and/or any treatment related to pre and postnatal care.
- 18) Vaccination or inoculation unless forming a part of post bite treatment.
- 19) Any fertility, sub fertility or assisted conception operation or sterilization procedure.
- 20) Vitamins, tonics, nutritional supplements unless forming part of the treatment for injury or disease as certified by the attending Doctor
- 21) Experimental, unproven or non-standard treatment.
- 22) Surgery to correct deviated septum and hypertrophied turbinate.
- 23) Treatment for any other system other than modern medicine (also known as Allopathy)
- 24) Expenses related to donor screening, treatment, including surgery to remove organs from a donor in the case of transplant surgery.
- 25) Venereal disease or any sexually transmitted disease or sickness.
- 26) Weight management services and treatment related to weight reduction programmes including treatment of obesity.
- 27) Treatment for any mental illness or psychiatric illness.

D Conditions

1) Conditions Precedent

Where this Policy requires You to do or not to do something, then the complete satisfaction of that requirement by You or someone claiming on Your behalf is a precondition to any obligation We have under this Policy. If You or someone claiming on Your behalf fails to completely satisfy that requirement, then We may refuse to consider Your claim. You will cooperate with Us at all times.

2) Insured

Only those persons named, as the Insured in the Schedule shall be covered under this Policy. A person may be added as an insured during the Policy Period after his application has been accepted by the Company, any additional premium has been paid and the Company's agreement to extend cover has been indicated by it issuing an endorsement confirming the addition of such person as an insured. Cover under this Policy shall be withdrawn from any Insured upon such Insured giving 14 days written notice to be received by the Company.

3) Communications

Any communication meant for Us must be in writing and be delivered to Our address shown in the Schedule. Any communication meant for You will be sent by Us to Your address shown in the Schedule.

4) Claims Procedures

If You meet with any accidental Bodily Injury or suffer an Illness that may result in a claim, then as a condition precedent to Our liability, you must comply with the following:

- a. Cashless treatment is only available at a Network Hospital. In order to avail of cashless treatment, the following procedure must be followed by You:
 - i) Prior to taking treatment and/or incurring Medical Expenses at a Network Hospital, You must call Us and request pre-authorisation by way of the written form We will provide.
 - ii) After considering Your request and after obtaining any further information or documentation we have sought, We may if satisfied send You or the Network Hospital, an authorisation letter. The authorisation letter, the ID card issued to You along with this Policy and any other information or documentation that We have specified must be produced to the Network Hospital identified in the pre-authorisation letter at the time of Your admission to the same.
 - iii) If the procedure above is followed, You will not be required to directly pay for the Medical Expenses in the Network Hospital that We are liable to indemnify under Cover A1) above and the original bills and evidence of treatment in respect of the same shall be left with the Network Hospital. Pre-authorisation does not guarantee that all costs and expenses will be covered. We reserve the right to review each claim for Medical Expenses and accordingly coverage will be determined according to the terms and conditions of this Policy. You shall, in any event, be required to settle all other expenses directly.
- b. If pre-authorisation per 4 a) above is denied by Us or if treatment is taken in a Hospital other than a Network Hospital or if You do not wish to avail cashless facility, then:
 - i. You or someone claiming on Your behalf must inform Us in writing immediately, and in any event within 14 days of the aforesaid Illness or Bodily Injury.

- i. You must immediately consult a Doctor and follow the advice and treatment that he recommends.
- ii. You must take reasonable steps or measure to minimise the quantum of any claim that may be made under this Policy.
- iii. You must have Yourself examined by Our medical advisors if We ask for this, and as often as We consider this to be necessary.
- iv. You or someone claiming on Your behalf must promptly and in any event within 30 days of discharge from a Hospital give Us the documentation (written details of the quantum of any claim along with all original supporting documentation, including but not limited to first consultation letter, original vouchers, bills and receipts, birth/death certificate (as applicable)) and other information We ask for to investigate the claim or Our obligation to make payment for it.
- v. In the event of the death of the insured person, someone claiming on his behalf must inform Us in writing immediately and send Us a copy of the post mortem report (if any) within 14 days.

5) Basis of Claims Payment

- a) If You renew Your Health Guard Policy with Us without any break in the Policy Period and there has been no claim in the preceding year, We will increase the Limit of Indemnity by 5% per annum, but:
 - i) The maximum cumulative increase in the Limit of Indemnity will be limited to 10 years and 50% of Your first Health Guard Policy with Us.
 - ii) This clause does not alter the annual character of this insurance or Our right to decline to renew or to cancel the Policy.
 - iii) If a claim is made in any year where a cumulative increase has been applied, then the increased Limit of Indemnity shall be reduced by 10%, save that the Limit of Indemnity applicable to Your first Health Guard Policy with Us shall be preserved.
- b) If You suffer a relapse within 45 days of the date when You last obtained medical treatment or consulted a Doctor and for which a claim has been made, then such relapse shall be deemed to be part of the same claim.
- c) If You are hospitalised in a Hospital other than a Network Hospital, You shall bear 10% of the claim payable under the Policy and Our liability, if any, shall only be in excess of that sum.
- d) We shall not indemnify You for any period of hospitalisation of less than 24 hours except for the 126 Day Care procedures the list of which is annexed.
- e) The day care procedures listed are subject to the exclusions, terms and conditions of the policy and will not be treated as independent coverage under the policy.
- f) Our obligation to make payment in respect of surgeries for cataracts (after the expiry of the 2 year period referred to in Exclusion C2) above), shall be restricted to 10% of the Limit of Indemnity for each and every claim, subject to a minimum of Rs 12000 (or the actual incurred amount whichever is lower) and maximum of Rs 25000/- for each of you.
- g) We shall make payment in Indian Rupees only.

6. Fraud

If You make or progress any claim knowing it to be false or fraudulent in any way, then this Policy will be void and all claims or payments due under it shall be lost and the premium paid shall become forfeited.

7. Other Insurance

If at the time when any claim arises under this Policy there is any other insurance which covers (or would but for the existence of this Policy cover), the same claim (in whole or in part), then We shall not be liable to pay or contribute more than its rateable proportion of any claim. In respect of a Cancer Insurance Policy issued in collaboration with the Indian Cancer Society, the benefits under this Policy shall be in excess of the benefits available under that policy.

8. Renewal & Cancellation

- a) We are not bound to accept any renewal premium or give notice that renewal is due.
- b) We may cancel this insurance by giving You at least 15 days written notice, and if no claim has been made then We shall refund a pro-rata premium for the unexpired Policy Period.
- c) You may cancel this insurance by giving Us at least 15 days written notice, and if no claim has been made then the We shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.

PERIOD ON RISK	RATE OF PREMIUM REFUNDED
Upto one month	75% of annual rate
Upto three months	50%of annual rate
Upto six months	25% of annual rate
Exceeding six months	Nil

9. Territorial Limits & Governing Law

- a) This Policy is restricted to insured events occurring in and Medical Expenses incurred in India.
- b) The Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by Us, which approval shall be evidenced by an endorsement on the Schedule.
- c) The construction, interpretation and meaning of the provisions of this Policy shall be determined in accordance with Indian law. The section headings of this Policy are included for descriptive purposes only and do not form part of this Policy for the purpose of its construction or interpretation.

10. Arbitration and Reconciliation

- a) If any dispute or difference shall arise as to the quantum to be paid under the policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to decision of a sole arbitrator in writing by the parties or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of the arbitrators comprising of two arbitrators, one appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996. The law of the arbitration will be Indian law, and the seat of the arbitration and venue for all hearings shall be within India.
- b) It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of this policy.
- c) It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this policy that award by such arbitrator/arbitrators of the amount of the loss or damage shall be first obtained
- d) If these arbitration provisions are held to be invalid, then all such disputes or differences shall be referred to the exclusive jurisdiction of the Indian Courts.

11. Subrogation

You and any claimant under this Policy shall do whatever is necessary to enable Us to enforce any rights and remedies or obtain relief or indemnity from other parties to which We would become entitled or subrogated upon Us paying for or making good any loss under this Policy whether such acts and things shall be or become necessary or required before or after Your indemnification by Us.

12. Declaration

- a) It is specifically and clearly understood by You that if you make any declaration which is false in the proposal form for insurance, whether material to the claim or not, We will have absolutely no liability on any claim arising out of or from this Policy.
- b) It is further understood and accepted by you that you have gone through the Policy and / or prospectus and have understood the implications of all its contents prior to affixing your signature on the proposal form.
- c) You further declare that your signing the proposal form is binding on All others who have been included by You in the Policy and indemnify Us in case of any loss arises as a consequence of their non adherence or challenging any of the terms of this Policy.

Annexure "DAY CARE PROCEDURES"

1. Surgical debridement of wound.
2. Therapeutic Ascitic Tapping.
3. Therapeutic Pleural Tapping.
4. Therapeutic Joint Aspiration.
5. Aspiration of an internal abscess under ultrasound guidance.
6. Aspiration of hematoma.
7. Incision and Drainage.
8. Endoscopic Foreign Body Removal - trachea /- pharynx-larynx/ bronchus/esophagus/stomach /rectum
9. True cut Biopsy – breast/- liver/- kidney-Lymph Node/-Pleura/-lung/-Muscle biopsy/Nerve biopsy/-Synovial biopsy/-Bone trephine biopsy/-Pericardial biopsy
10. Endoscopic ligation /banding
11. Sclerotherapy
12. Dilatation of digestive tract strictures
13. Endoscopic ultrasonography and biopsy
14. Nissen fundoplication for Hiatus Hernia /Gastro esophageal reflux disease
15. Endoscopic placement/removal of stents
16. Endoscopic Gastrostomy

17. Replacement of Gastrostomy tube
18. Endoscopic polypectomy
19. Endoscopic decompression of colon
20. Therapeutic ERCP
21. Bronchoscopic treatment of bleeding lesion
22. Bronchoscopic treatment of fistula /stenting
23. Bronchoalveolar lavage & biopsy
24. Tonsillectomy without Adenoidectomy
25. Tonsillectomy with Adenoidectomy
26. Excision and destruction of lingual tonsil
27. Foreign body removal from nose
28. Myringotomy
29. Myringotomy with Grommet insertion
30. Myringoplasty /Tympanoplasty
31. Antral wash under LA
32. Quinsy drainage
33. Direct Laryngoscopy with biopsy
34. Reduction of nasal fracture
35. Mastoidectomy
36. Removal of tympanic drain
37. Reconstruction of middle ear
38. Incision of mastoid process & middle ear
39. Excision of nose granuloma
40. Blood transfusion for recipient
41. Therapeutic Phlebotomy
42. Haemodialysis/Peritoneal Dialysis
43. Chemotherapy
44. Radiotherapy
45. Coronary Angioplasty (PTCA)
46. Pericardiocentesis
47. Insertion of filter in inferior vena cava
48. Insertion of gel foam in artery or vein
49. Carotid angioplasty
50. Renal angioplasty
51. Tumor embolisation
52. TIPS procedure for portal hypertension
53. Endoscopic Drainage of Pseudopancreatic cyst
54. Lithotripsy
55. PCNS (Percutaneous nephrostomy)
56. PCNL (percutaneous nephrolithotomy)
57. Suprapubic cystostomy
58. Trans urethral resection of bladder tumor
59. Hydrocele surgery
60. Epididymectomy
61. Orchiectomy
62. Herniorrhaphy
63. Hernioplasty
64. Incision and excision of tissue in the perianal region
65. Surgical treatment of anal fistula
66. Surgical treatment of hemorrhoids
67. Sphincterotomy/Fissurectomy
68. Laparoscopic appendicectomy
69. Laparoscopic cholecystectomy
70. TURP (endoscopic Resection prostate)
71. Varicose vein stripping or ligation
72. Excision of Dupuytren's contracture
73. Carpal tunnel decompression
74. Excision of granuloma
75. Arthroscopic therapy
76. Surgery for ligament tear

77. Surgery for meniscus tear
78. Surgery for hemoarthrosis/pyoarthrosis
79. Removal of fracture pins/nails
80. Removal of metal wire
81. Incision of bone, septic and aseptic
82. Closed reduction of fracture, subluxation or epiphyseolysis with osetosynthesis
83. Suture and other operations on tendons and tendon sheath
84. Reduction of dislocation under GA
85. Cataract surgery
86. Excision of lachrymal cyst
87. Excision of pterigium
88. Glaucoma Surgery
89. Surgery for retinal detachment
90. Chalazion removal (Eye)
91. Incision of lachrymal glands
92. Incision of diseased eye lids
93. Excision of eye lid granuloma
94. Operation on canthus & epicanthus
95. Corrective surgery for entropion & ectropion
96. Corrective surgery for blepharoptosis
97. Foreign body removal from conjunctiva
98. Foreign body removal from cornea
99. Incision of cornea
100. Foreign body removal from lens of the eye
101. Foreign body removal from posterior chamber of eye
102. Foreign body removal from orbit and eye ball
103. Excision of breast lump /Fibro adenoma
104. Operations on the nipple
105. Incision/Drainage of breast abscess
106. Incision of pilonidal sinus
107. Local excision of diseased tissue of skin and subcutaneous tissue
108. Simple restoration of surface continuity of the skin and subcutaneous tissue
109. Free skin transportation, donor site
110. Free skin transportation recipient site
111. Revision of skin plasty
112. Destruction of the diseases tissue of the skin and subcutaneous tissue
113. Incision, excision, destruction of the diseased tissue of the tongue
114. Incision and lancing of the salivary gland and a salivary duct
115. Resection of a salivary duct
116. Reconstruction of a salivary gland and a salivary duct
117. External incision and drainage in the region of the mouth, jaw and face
118. Incision of hard and soft palate
119. Excision and destruction of the diseased hard and soft palate
120. Incision, excision and destruction in the mouth
121. Surgery to the floor of mouth
122. Palatoplasty
123. Transoral incision and drainage of pharyngeal abscess
124. Dilatation and curettage
Myomectomy , hysteroscopic or laparoscopic biopsy or removal
125. Vaccination / Inoculation forming a part of post bite treatment.

Note: The standard exclusions and waiting periods are applicable to all of the above procedures depending on the medical condition/disease under treatment. Only 24 hours hospitalization is not mandatory.

Bajaj Allianz General Insurance Company Limited

Head Office & Regd. Office: GE Plaza, Airport Road, Yerawada, Pune 411 006



Welcome to Bajaj Allianz and Thank You for choosing us as your insurer.

Please read your policy and schedule

The policy and policy schedule set out the terms of your contract with us. Please read your policy and policy schedule carefully to ensure that the cover meets your needs.

RESOLVING ISSUES

We do our best to ensure that our customers are delighted with the service they receive from Bajaj Allianz, If you are dissatisfied we would like to inform you that we have a procedure for resolving issues. Please include your policy number in any communication. This will help us deal with the issue more efficiently. If you don't have it, please call your Branch office.

First Step

Initially, we suggest you contact the Branch Manager / Regional Manager of the local office which has issued the policy. The address and telephone number will be available in the policy.

Second Step

Naturally, we hope the issue can be resolved to your satisfaction at the earlier stage itself. But if you feel dissatisfied with the suggested resolution of the issue after contacting the local office, please e-mail or write to:

Customer Care Cell

Bajaj Allianz General Insurance Co. Ltd
GE Plaza, Airport Road
Yerawada, Pune 411 006
E-mail: customercare@bajajallianz.co.in

If You are still not satisfied, You can approach the Insurance Ombudsman in the respective area for resolving the issue. The contact details of the Ombudsman offices is mentioned below:

Ombudsman Offices	
Jurisdiction	Office Address
Delhi, Rajasthan	First Floor, Universal Insurance Building, 2/2A Asaf Ali Road, New Delhi 110002 Ph:23239611 /33 Fax: 23230858
West Bengal, Bihar	29, N.S. Road, Third Floor, Kolkata 700 001. Ph:222 12669 Fax: 222 12668
Maharashtra	Jeevan Seva Annex, 3 rd floor, Above MTNL, SV Road, Santacruz (W) Mumbai 400 054
Tamil Nadu, Pondicherry	Fatima Akhtar Court, Fourth Floor, 312 Anna Salai, Chennai 600018
Andhra Pradesh	6-2-47, Yeturu Towers, A.C. Guards Lakdi-Ka-Pool, Hyderabad 500004
Gujarat	Second Floor, Shree Jayshree Ambica House, 5, Navyug College, Ashram Road, Ahmedabad 380014
Kerala, Karnataka	Pulinat Building, Second Floor, M.G. Road, Kochi 682015
North-Eastern States	Aquanus, Bhaskar Nagar, R.G. Baruah Road, Guwahati 781021
Uttar Pradesh	Chintal House, First Floor, 16 Station Road, Lucknow 226001
Madhya Pradesh	First Floor, 117 Zone 2, Maharana Pratap Nagar, Bhopal 462011
Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh	Batra Building, Shop-cum-Office 101-103, Second floor, Sector 17D, Chandigarh
Orissa	62, Forest Park, Bhubaneswar 751009