

GENERAL INSURANCE PENSIONERS' ALL INDIA FEDERATION

Website www.gicpa.in

Blog: <<http://gipfed.blogspot.in/>>

E-Mail:

gicpensionersassn@gmail.com

**Chairman: R. P. Samal, President: A. J. Kulthe, Gen. Secy N. P. Upadhyay,
M:9891276959, Dy. Gen Scy: U. Banerjee, Treasurer: S. K. Jayakar, mob:9820257923,
Asst Treasurer: Nandini Gursale,**

Office: Tele: 0222073508, 02222070058, C/o GIEAIA, 3rd Floor, Sterling Cinema Bldg, 65, Murzban Rd., Fort, MUMBAI-400001.

(Regd. Under T. U. Act 1926 No.ALC/karyasan-17/11087)

Circular no19/2016

31st September 2016

Dear Pensioners,

Federation extends greetings of the season to all.

An appeal sent in the circular no 18/2016 dated 2nd September 2016 to provide email I D and mobile numbers is responded by hundreds of pensioners. *However, thousands of pensioners/family pensioners are still to respond.* While requesting pensioners to adapt to the modern technology we bring to your notice that now situation has come this extend that one Bank has informed account holders that email ID and Mobile no is mandatory for operating accounts. We therefore should be ready to adapt to such means of communication and stay with the technology.

Please open your email I D acquire smart Phone and intimate to pensioners email ID given above quickly. This will quickly get you intimation .you can also communicate instantly with the Federation. It will save huge expenses of postage of the Federation/W.Z.

Family Pension: Federation has sent following letter to authorities & pressing for decision.

"20th July 20116

To, The Joint Secretary,
Ministry of Finance, Department of Financial Services,
Government of India, Parliament Street, NEW DELH I-110001.

Sir,

Sub: - request for enhance Family Pension from 15% to 30% at par with Government pensioners & Reserve Bank Pensioners.

This is to bring to your kind attention that the families of government employees including the families' of defense services and Reserve Bank pensioners are getting 30%family pension uniformly after sad demise of the pensioners.

As a matter omission the same % has not been considered for the pensioners of the Public Sector General Insurance companies whose families are getting 15% Family pension.

While on this we would like to reiterate that this increase from 15% to 30% will not cost much to the companies as such cases will be few but such decision by the Government will create a huge feel good factor amongst the family members of the pensioners.

Since Government Pensioners are getting such relief it will not be out of place for the Government to take similar decision for PSU of non life companies.

Submitted for the favorable consideration.

Yours sincerely

N. P. Upadhyay
General Secretary "

MBS united India: the federation & P. N. Srivastav of Kanpur were pursuing for the benefit of the Holiday Home to pensioners as provided by other PSUs. The committee has finally taken a decision to allow pensioners to avail the said facility. We are thankful to the MBS committee of United India. **Medicclaim:** after meeting with MD India TPA on 18th August 16 we met New India G.M. and confirmed our discussion by a letter, which is reproduced:

"29th September 2016

Shri C. Narambunathan,
General Manger, (P), New India Assurance Bldg,
87 M. G. Road, Fort,
MUMBAI – 400001.
Sir,

Sub: Our meeting to discuss staff Group mediclaim scheme of pensioner on 21st September 2016.

On our request dt 26th July 2016 a meeting was held on Wednesday the 21st September 2016 with you when DY. G. M. Shri I. Victor Amaldoss was also present.

At the outset we submitted that since pensioners/retirees are facing some problems with TPA while availing hospitalization under staff Group Mediclaim scheme we had approached MDIndia for clarification and observed that many issues can be sorted out by proper communication. We therefore enumerated main issues in our said letter & would like to state that:

1. There is abnormal delay in receiving authorization from TPA, at times more than a day threatening the life. The TPA tried to excuse away by stating that it has not got updated enrolment, sum insured & compliance of 64VB from different operating offices. It also tried to argue that if pensioner is admitted in other region then this TPA doubly ensures the requirement which takes time. It also mentioned that operating office do not respond to its requests promptly & hence delay in authorization.
2. On our pointing out in spite of producing the ID card why such delay is taking place the TPA again stated that the ID Card are not updated by deleting the members on death or opting out on renewal as also additional members are not informed promptly by the companies.

As for 64 VB compliances our contention of premium being the same for three years it was not necessary. TPA was reluctant as even one case of non compliance of 64vb will land TPA in to financial loss as insurer will not accept the responsibility.

We have impressed upon the company to bridge the gap so that authorizations given within two hours on producing the ID cards.

3. Hospitals are demanding RS. 25000/- as deposit even when TPA cashless tie-up is established. The TPA was arguing as to who will bear the disallowed expenses. We have pointed out that staff GMP policy covers all most all hospitalization expenses. The question of disallowed items comes later at discharge point but on admission only the serious patient is made to run about to depots RS. 25000/- defeating the very purpose of cashless. The Dy. G. M. mentioned that an amount of Rs. 5000/- is taken by the hospital where he got admitted.

We desire that companies should take up this issue with TPA & even Hospitals earnestly.

4. Similarly in non cashless hospitals pensioners are required to remit all expenses even when it is agreed that TPA will ensure 75% payment and pensioners will have to pay only balance 25%.
5. It is experienced that the discharge from hospital is also not cleared either by hospital or TPA. Both are tossing the delay on each other though concerned Doctor certifies discharge card. **It is apprehended that such delay leads to extra charges leveling by the hospital. Such avoidable hospital stay load the claim ratio ultimately burdening the insurer and retirees.**
6. The turnaround time for settlement of claim in case of non cashless is also beyond eight days. We have to ensure TAT of eight days.
7. It is experience that after office hours admission becomes more difficult as TPA counter is empty. We have to ensure that such a situation is avoided by putting in necessary workable solution.
8. TPA & Hospital are disallowing expenses on dressing, urine bags, registration fees, visit fees, service charges etc. when it is covered under staff GMP. The MDIndia showed its ignorance. We have to provide them the staff GMP which is more liberal that open policy. This may be due to insurance companies not providing the said policy to TPA and/or concerned settling person is not aware of these covers.
9. While on the subject we desired the companies to consider deduction of mediclaim premium in installment from pension payment as is done by LIC.
10. Most importantly we desired to have details of incurred claim ratio for past years. This will enable pensioners to explore some improvements in the mediclaim policy as renewal is due in April 2017. The LIC has provided few more benefits to its employees & retirees.
11. We desired to have names of regional committees as well as nodal officers to assist the pensioner in sorting out the problems.
12. We also requested company to upload the information along with staff group mediclaim policy on the website of the company with access to **General Insurance Pensioners All India Federation which will also coordinate with pensioners in case of difficulties.**

We are thankful to you for directing your office to provide details of the claim ratio of the new India assurance co. ltd.

However you expressed that since the issues raised are concerning all the PSU it would be desirable to discuss some of them with the Chairman of the GIPSA. You were kind enough to agree to arrange such meeting shortly.

It was also agreed by the company to instruct the MDIndia TPA and sort out the issues when our Federation also will be invited for joint meeting.

We are eagerly waiting for such meetings as also details of claim ratio.

With Regards.

Yours sincerely

K. S. Samant

Working President "

.....

The proposed meeting is yet to take place.

In the Executive meeting of the Federation held on Saturday the 22nd October at Jodhpur the issue of mediclaim GMP was further discussed. Members pointed out hiccups and desired further improvements. The Federation has addressed following letter to the authorities. It has decided to press for solution even at the highest level before next renewal.

" draft to be finalised

To Chairman /Chairperson

GIPSA / GIPSCOS

Sub--- Renewal of staff Mediclaim insurance scheme w .e .f 01/04/2017

Dear Sir/Madam

We are extremely happy to inform you that General Insurers Pensioners All India Federation (GIPAIF) has been REGISTERED as TRADE UNION as per TU ACT in MUMBAI and copy of this CERTIFICATE is enclosed for your information.

On 22nd OCT 2016, FEDERATION has conveyed Executive committee meeting in Jodhpur and deliberated on the subjects of staff mediclaim scheme along with many other issues related to welfare of RETIREES and problems/difficulties faced by them.

In the past, we had discussions on medical scheme for in-service and retirees on 21st September 2016 in New India- as well as earlier in GIPSA office, on various issues related to servicing aspects of the scheme.

At the outset, we appreciate that operations of medical scheme are by and large satisfactory and trust that operational issues can be sorted out by proper implementations, supervision and controls.

The problems regarding Third Party Administrators such as cashless sanctions and final approvals within stipulated time frame to ensure timely admission and discharge will save unnecessary and overstay expenditure, besides reducing anxiety over discharge and additional payments.

Moreover every employee pay premiums monthly through salary and retirees pay premium in advance for which receipts are issued before date of renewal, providing confirmation of 64 VB to TPA on the renewal date itself should not be a problem. For delayed cashless approval this excuse is given by TPAs.

Also payment of service tax and surcharge as permitted need not be an issue for TPAs

However to ensure uniform practices, a joint meeting of TPA, GIPSCOS, GIPAIF representatives can be arranged by GIPSA for discussion various servicing related issues.

We trust that payments of monthly pensions by LIC are made, as per data sent by GIPSUCOS . Deductions for medical premiums can be effected from pension payments at COs level and LIC can be advised for net pension payments, while mediclaim premium monthly installments paid by pensioners can be accounted on the similar lines as being done in case of in-Service employees by suitable modifications in IT systems. This will avoid hardship of payment of premium in the

month of Feb/ March every year and appropriate undertaking can be obtained from every retiree to that effect. In this process each co will be paying premium in advance and recovering in monthly installments at par with in-service employees .

During our federations EC meeting on 22nd Oct 2016 at Jodhpur, the issues regarding scope, covers, working of TPA, premiums under medical scheme has been thoroughly discussed.

We find a lot of scope for improvements as mentioned here below—

A) Max Sum Insured Floater Basis --- Limit of Rs. 20 lakhs can be increased to Rs 30 lakhs-

This is optional for which extra premium is chargeable which will provide cover critical high cost treatments. This will generate certain amount of extra premium so that it will result in better claims ratios.

B) Charges for Diagnostic Tests without hospitalizations----

Per family per year up to Rs. 75000 can be considered. These expenses are in the nature of Preventive Care and will result into saving in Hospitalization Expense

C) Payment of Administration and Registration charges---

All most all the hospitals are charging these types of expenses as standard charges. Please consider payment of these small expenses for which outgo will be negligible.

D) Some Other suggestions for improvement of scope of cover without much outgo are

1) ICU/CCU charges are capped as twice the normal charges which can considered without limit

2) Ambulance charges—

Limit is Rs1500/3000 up to 50 km/beyond 50 km during policy period per family. This limit is too small. Pleases revise the limit to Rs. 5000 per person per hospitalization without specifying locations.

3) Limit of 30/60 days for pre/post hospitalizations be waived in cases of renal failure /organ transplantations /heart diseases looking to specific requirement and nature of diseases.

4) Coverage for age related molecular degeneration / retinal failure be specifically provided.

5) In modern medical treatment, genetic disorder/stem cell implantations and surgery could be a part of treatment and should not be excluded . For treatment of Thalessemia, Hemophilia Sick cell, Anaemia, Hemolytic Anaemia, and Myeloma requiring hospitalization should also be covered as per sum insured .

whilst on this subject, we do not know exact impact of GST bill implementations but we request to exempt mediclaim insurance from GST as mediclaim being human centric and deserve exemptions. This will provide some relief to retirees, in-service employees as well general insuring public at large. We request to move such proposal to the ministry if need be.

We trust you will consider above proposals and recommend GIPSA suitably. We request to convey suitable date and time for the discussions at the earliest opportunity.

.....

To

Chairman

GIPSA/ PSGICOS

Fixed medical allowance

REG---Payment of medical/ expenses monthly reimbursements of Rs 2000

R/S

As matter of principles retirees have been treated at par with, in-service employees in the staff mediclaim scheme and provided with the similar benefits. Moreover Govt. is committed to provide proper health care facilities to senior citizens such as retired general insurance employees. GIPSA Cos are also discharging their duty by providing subsidized medical scheme.

Presently in –service employees have been provided with yearly fix medical allowances of Rs. against declaration of spending. We retirees , the senior citizens ,have to spend substantial amounts for doctors visits fees and purchasing medicines to maintain health without any hospitalizations means, no claims/reimbursement for such treatments.

We therefore request to extend this facility to each retiree by reimbursement of Rs. 2000 per month per retiree against the declaration of spending.

Thanking You

General Secretary

(this is only draft to be finalized and inserted.)

”

Executive meeting at Jodhpur:Aam Bima Seva Nivrutta Karmachari Samiti Jodhpur spared no efforts to hold executive meeting of the Federation on 22nd October 2016. Chairman rtd G. M. Sri R.P small, President Rtd. G. M. Shri A. J. Kulthe, Vice President Shri R. S. Tuteja, Vice President Shri Pankaj Vithlani guided the proceedings of the meeting. It took following decisions amongst others

Court cases: Advocate Anil Bhandari, Legal Secretary of the Federation gave detailed accounts of various cases. He got relief to pensioners on 5years notional credit on SVRS. But it was extended to petitioners only. He got another order of such relief to Development officers also but that too was extended to petitioners only. He has obtained benefit of six months service to be treated as one year for pension. This was on the basis of central service civil rules. He recently got stay of recovery

on the basis of audit report. writ petition is allowed by honorable justice Sandeep Mehta on 17- 10 - 2016 case was argued by adv. Sunil Bhandari He has petitions on updation, 100% D R pending in the H. C.

On LIC court cases in H C & S C. he mentioned that according to him the said case is finally decided only on 100% as that is the pray. The matter is sure to go to S C. He was consulted by the Federation for filling an application to intervene. He used his acquaintances with S C Lawyer Shri Sancheti at administrative cost of Rs.90000/-. The Delhi H C. did not entertain it. So alternative was to file writ petition. This is avoided because he has a case pending in Jodhpur, in Mumbai our case is similar for updation & 100% D R. so also in Allahabad H C P Srivastava`s organizations contesting on similar ground. So it is felt to wait.

He further read out the wordings of the pension scheme 1995 mentioning that there is provision under scheme to seek updation of pension. He also expressed his opinion on seeking legal remedy for getting additional pension as stated in the scheme provided this meeting decides.

On seeking clarification on whether winning in the H C, will it suffice? He informed that Government is bent upon going to S C.

As regards SVRS five years notional relief also the Madurai favorable order is challenged and will go to S C. ultimately.

The meeting also took a stock of the fund requirements for contesting such cases up to S C. vis a-vis Govt. attitude. It was felt necessary to raise sufficient fund.

Shri Prem Srivastava gave account of his case. He referred to the counter of the Govt. in Allahabad case. Also the Delhi H C. the Govt. is denying pensioner's contentions.

Fund: The committee felt that Rs. 4/- Lakhs fund with the federation needs to be augmented. It was felt that nothing is achieved without struggle and struggle requires fund. Merely annual fee is insufficient.

Therefore all units pensioners and well wishers are urged to contribute at least RS.500/- per person immediately so that respectable fund is created and struggle including court case can be carried.

Donate to General Insurance Pensioners All India Federation and strengthen it.

CO-Option: the Executive committee unanimously elected Shri Pultamkar & Shri G. T. Hemarajani from Nagpur. The committee co-opted Shri N. H. Trivedi National Ahmadabad mob.9825011186, & Shri C. S. Bhawsar new India Ahmadabad, m.9925134251. Also E. C. elected Shri K.C. Johari New India & Shri N. Gopal kriplani of uiic from Jodhpur as E C members.

REGISTRATION: General Insurance Pensioners All India Federation is granted registration by DY. Registrar of Trade Union under T.U.Act1926. It has allotted No.ALC/karyasan-17/11087.

Fifth Conference: the E.C. tentatively decided to make preparation for fifth conference at Jodhpur as also explore possibility to hold it at Kanpur, Lucknow, Bangalore in 2017 first quarter.

Organization: E C. was pained to observe lack of representation from north east. It also noted the absence of south zone delegates on account of communication gap. It was decided to tour eastern part as well as south zone to ensure vitality of the pensioners Association. It thanked the Jaipur, Jodhpur & Northern zone for encouraging report of pensioners joining organization. As usual western zone is supported by the pensioners in large number.

Next Executive Meeting: Shri Dassani of Jamnagar from western zone has extended invitation to hold next meeting at Dwarka in Gujarat.

Wage Revision: Government has directed to IBA to finalize next wage revision by November 2017. LIC, GIC also will be receiving such direction. Pensioners should be on alert and unite to represent their issues effectively to GIPSA & Government.

Pensioners Meet: on the occasion of submitting life (existence) certificate in the first week of January GIPSA companies especially in Mumbai, Nagpur, Pune etc are meeting pensioners. Pensioners Associations are requested to coordinate such meetings with the companies. In this regard we quote here relevant provision of the constitution and Government decisions:

Constitution of India, entry 24 in list III of schedule VII deals with the "Welfare of Labour, including conditions of work, provident funds, liability for workmen's compensation, invalidity and old age pension and maternity

benefits. Further, Item No. 9 of the State List and item 20, 23 and 24 of Concurrent List relates to old age pension, social security and social insurance, and economic and social planning. Article 41 of Directive Principles of State Policy has particular relevance to Old Age Social Security. According to this Article, "the State shall, within the limits of its economic capacity and development, make effective provision for securing the right to work, to education and to public assistance in case of unemployment, OLD AGE, sickness and disablement and in other cases of undeserved want".

[The Constitution of India, Government of India, www.alfa.nic.in/const]

Ministry of Social Justice & Empowerment

(A) National Policy on Older Persons:

The National Policy on Older Persons (NPOP) was announced in January 1999 to reaffirm the commitment to ensure the well-being of the older persons. The Policy envisages State support to ensure financial and food security, health care, shelter and other needs of older persons, equitable share in development, protection against abuse and exploitation, and availability of services to improve the quality of their lives. The primary objectives are:

- To encourage individuals to make provision for their own as well as their spouse's old age;
- To encourage families to take care of their older family members;
- To enable and support voluntary and non-governmental organizations to supplement the care provided by the family;
- To provide care and protection to the vulnerable elderly people; to provide adequate healthcare facility to the elderly;
- To promote research and training facilities to train geriatric care givers and organizers of services for the elderly; and
- To create awareness regarding elderly persons to help them lead productive and independent live.

NPOP seeks to assure older persons that their concerns are national concerns and they will not live unprotected, ignored and marginalized. It aims to strengthen their legitimate place in society and help older people to live the last phase of their life with purpose, dignity and peace. It provides a broad framework for inter sector collaboration and cooperation both within the government as well as between government and non-governmental agencies. The Policy also recognizes the role of the NGO sector in providing user friendly affordable services to complement the endeavors of the State in this direction. While recognizing the need for promoting productive ageing, the policy also emphasizes the importance of family in providing vital non formal social security for older persons.

Therefore GIPSA companies should cooperate with Federation in organizing pensioners.\

Marathon: the western zone 70 pensioners will take part in standard charter senior citizens run for a cause HEALTH CARE of sr citizens on Sunday the 15th January 2017. This I s 8th year in succession. GICre has sponsored this RUN.

Dearness Relief: Based the CPI index in-service employees will be getting 23 slab D A increase w e f November 2016. For Pensioners the D R will be increased w e f February 2017.

With seasons greetings.

Yours sincerely

N. P. Upadhyay

General Secretary

DONATIONS RECEIVED FROM FEDERATION

TR NO	FNAME		DONATION
1038	D.V. Oza		1000.00
1039	D.D. Jasani		1100.00
1040	D D. Sodha		1100.00
1041	Y. R. Hathi		1000.00
1042	G.R. Narachania		500.00
1043	M. H. Bhatt		500.00
1044	S. G. Thakkar		500.00
1045	S. B. Chauhan		500.00
1046	D.D. Majithia		500.00
1047	D.H. Geria		500.00
1048	J.M. Desai		2000.00
1049	D.H. Jokhakar		1000.00
1050	Promod M. Rane		1000.00
1051	Maduri Unit	Aff Fees (2016)	500.00
	Maduri Unit	Member fees	740.00
1052	Mukund V. Abhyankar		1001.00
1053	Boja B. Salian		1000.00
1054	Alamgirm M. Contractor		500.00
1055	C.A. Bhatt (Three Units)	Delegation Fees	6000.00
1056	N.M. Gala		501.00
1057	Promod Desai		1500.00
1058	Muraigopal M. Agarwal		401.00
1059	Thomas D' Gama		2500.00
1060	Sashkant B. Shah		2000.00
1061	Sridhar P. Rane		500.00
1062	Sridhar P. Rane		500.00
1063	S.S. Pimputkar		5000.00
1064	Madhukar A. Paingankar		500.00
1065	GIPA Northern Zone	Aff Fees (2016)	10000.00
1066	Anil Bhandari (1035 TR Cancelled)		11000.00

Donation Received from General Insurance Pensioners Association W.Z.

Tr. No.	Fname	Mname	Sname	Donation
---------	-------	-------	-------	----------

4547	KIRTI	SHASHI	KOTKAR	500.00
4548	MOHAN	B	KAMBLI	1000.00
4550	B	MIDDLE	GHADSHI	200
4551	M	D	KATPITIA	1000
4552	ARJUN	B	CHACHLAIN	500
4553	GAJANAN	S	PATOL	300
4556	RAMESH	H	MATHURIA	5000
4557	SULBHA	G	DESHMUKH	1000
4559	RAJU	S	VORA	200
4560	KRISHNA	S	KADAM	1000
4561	KRISHNA	G	KAMAT	5000
4563	VASANT	L	BHOSALE	1000
4567	PUSHPA	S	MAHAPATRA	2501
4568	SUBHASHCHANDRA	M	POWLE	1000
4569	SUSHILA		VENKATRAMAN	10000
4572	MUKESH		DASANI	4080
4574	SMITA	S	HAPSE	1000
4575	GOPAL	S	KULKARNI	1000
4576	PRAKASH	Y	KUMBHARE	2501
4577	S	N	SHETE	500
4578	M	S	KARKHANIS	1000
4579	M	D	MEDHEKAR	5000
4580	D	P	MORE	1000
4581	MAHIPAT	H	DESAI	1000
4582	MAGANBHAI	C	PATEL	500
4583	UMESH	D	PANDYA	200
4584	AKSHAYAKUMAR	H	LAKHANI	2500
4585	C	B	DESHPANDE	5000
4587	P	K	PANDIT	500
4588	A	P	PALTAMKAR	5000
4589	A	K	TILLOO	2501
4590	HARENDRANATH	H	KUNDU	500
4591	N		MANI	2000
4592	SHIV	PRASAD	PANDEY	300
4593	P	NAME	DHANOKAR	1500
4594	RAVINDRA	K	BOKADE	500
4595	MANOHAR	G	MANGHLANI	500
4596	BIPIN	C	DAVE	1000
4597	ASHOKKUMAR	G	DHOLAKIA	1000
4601	S	G	HEDA00	1500
4602	S	A	GODBOLE	1000
4606	AJIT	SHARAD	DESHPANDE	500
4607	RAJIVKUMAR	V	SHUKLA	500
4608	R	K	BHATTACHARYA	1000
4609	JAGDEO	M	SUKHDEVE	500
4615	PRAVINKUMAR	V	CHIKANI	500
4616	PALIMAR	S	KAMATH	1000
4617	MAXIM	A	MASCARENHAS	1000

4618	YASHWANT	I	SHAH	300
4619	SOONOO		KATRAK	1000
4620	PRASAD		DESAI	1500
4622			JABALPURWALA	500
4623	G	S	CHADAWAR	500
4625	MITESH	V	DALAL	1000
4626	BHIKU	M	GHADSHI	200
4628	LEENA		LEWIS	500
4629	MAHESHBHAI	N	SHAH	1000
4630	RAMANLAL	K	MISTRY	1000
4631	SADASHIVRAO	S	JUJARY	500
4632	JSFSR	A	KHAN	500
4633	ASHOK	K	PAWAR	500
4634	ISHWARCHANDRA	C	BHANARI	500
4635	RAFIK	S	MULLANI	500
4636	KAMALKISHOR	C	PODDAR	500
4637	VIJAY	N	WANJARA	500
4638	RUPA	A	DESHPANDE	500
4639	NEMICHAND	K	BEDMUTHA	500
4640	BHASKAR		IRUKUVAJJVLA	500
4641	KISHORE	V	JOSHI	500
4642	SURESH	M	BHINGARE	500
4643	SHIWAJI	K	ROHOKALE	500
4644	RAVINDRA	W	BAKORE	500
4645	JYOTSNA		CHANDORKAR	500
4646	VASANT		GUJJAR	2000
4647	AJAY		BHAWALKAR	11000
4648	SHAILJA		KULKARNI	1500
4649	SHRIRAM		HALLUR	5000
4650	GODAVARI		PILLAY	500
4651	PRAKASH	P	PATWARDHAN	1000
4652	SHIVRAM	B	BALLAL	1000
4653	NARAYANDAS	H	AGARWAL	500
4655	BHIWA	R	LADE	500
4656	RAJKUMAR	S	CHAWARE	500
4659	SHALINI		KRISHNA	500
4660	SUSAN		GODBOLE	1000
4661	P	K	GAIKI	5000
4663	DEEPAK		PESHWA	1000
4667	ATUL	K	SHAH	500
4668	J	N	MANDAL	5000
4669	BHAGWAN	S	SHINDE	500
4670	BANSIDHAR	B	SALVE	500
4671	GAJANAN	N	DESAI	500
4672	DIVAKAR	K	KAWADKAR	500
4674	KANTA	R	BADGE	500