



POLICY SCHEDULE FOR EMPLOYEES COMPENSATION INSURANCE

UIN NUMBER - IRDAN190P0077100001

Insured's Name	: MAA KALKA INDUSTRIES .		
Insured's Details		Issuing Office Details	
Customer ID	: PO96491805	Office Code	: AURANGABAD DO-160400 (160400)
Address	: NAWALPURA BARWANI ROAD ANJAD ,DIST. BARWANI ANJAOI ,MADHYA PRADESH, 451556	Address	: AJAY ENGINEERING COMPOUND, ADALAT ROAD, AURANGABAD ,431005
Phone No	:	Phone No	: 02402333572 / 02402333361
E-mail/Fax	: kailash@jainuineinsurance.co.in, /	E-mail/Fax	: nia.160400@newindia.co.in / 02402331226
PAN No	:	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: 23AWFPA7452H1ZT / NA	GSTIN	: 27AAACN4165C3ZP
		SAC	: 997139 (Other non-life insurance services excl RI)

Policy Details			
Policy Number	: 16040036220100000005	Business Source Code	
Period of Insurance	: From: 14/04/2022 12:44:09 PM To: 13/04/2023 11:59:59 PM	Dev.Off level./Broker/Corp. Agent/Web Aggregator/CPSC User	: Jainuine Insurance Brokers Pvt. Ltd. - (DA3388757) Jainuine Insurance Brokers Pvt.Ltd. - (SI00028623),
Date of Proposal	: 14-Apr-22	Agent/Bancassurance/S pecified Person	:
Prev. Policy no.	:	Phone No	: 02402350377, 9850049400 / NA
Client Type	: Non-Corporate	E-mail/Fax	: kailash@jainuineinsurance.co.in, / /

Premium(₹)	GST(₹)	Total (₹)	Total (₹ in words)	Receipt No. & Date
10512	1892	12404	RUPEES TWELVE THOUSAND FOUR HUNDRED FOUR ONLY	1604008122000000046 2 - 18/04/22

Details of Employees with monthly wages upto ₹ 15000:

Categories	Sub Categories	No of Employee	Cash Total Wages
Oil Companies, importing in bulk for retail Distribution	All employees	2	360000

Details of Employees with monthly wages above ₹ 15000:

Categories	Sub Categories	No of Employee	Cash Total Wages
Trade Description	Particular of Works	Location Details	Included All Sub - Contractors
OIL MILL	LABOUR,FITEER,OILMAN,SUPERVISOR,E LECTRICIAN	MAA KALKA INDUSTRIES , NAWALPURA BARWANI ROAD ANJAD ,Dist. Barwani	

Contractor/Sub-Contractor Details:

Serial No	Name of Contractor	Description	Categorie	No. of Workers	Amount Wages
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				Skilled	Unskilled	Others	
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Extensions under the Policy Cover

Name of the Extension	Sub Limit of the Extension	Deductibles of the Extension
Special Conditions	NA	

Special Exclusions	NA
Special Excess/Deductible	NA

The Policy shall be subject to **EMPLOYEES COMPENSATION INSURANCE** Policy clauses attached herewith.

Cluses	Description
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Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 10512.00
SGST	0	0
CGST	0	0
IGST	18	1892

In witness whereof the undersigned being duly authorised by the Insurers and on behalf of the Insurers has (have) hereunder set his (their) hand(s) on this 18th day of April,2022.

For and on behalf of

The New India Assurance Company Limited

Date of Issue: 18/04/2022	
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Duly Constituted Attorney(s)

Stamp Duty under the Policy is ₹

Mudrank _____ Dt. _____ consolidated Stamp Fees Paid by Pay Order Number _____ vide receipt number _____ dt. _____.

Tax Invoice No : 16040022P0000621

<p>IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C</p>
