



POLICY SCHEDULE FOR EMPLOYEES COMPENSATION INSURANCE

Insured's Name	: C.B.AGRO TECH PVT LTD		
Insured's Details		Issuing Office Details	
Customer ID	: PO92885235	Office Code	: AHMEDNAGAR D.O. 151800 (151800)
Address	: BHAGAT SINGH CHOWK ,ATP & TQ KARANJA LAD, DIST WASHIM KARANJA (AKOLA) ,MAHARASHTRA, 444105	Address	: ABBOT BUILDING, 2ND FLOOR, NEAR ASHOKA HOTEL, KINGS ROAD, AHMEDNAGAR,414001
Phone No	:	Phone No	: 02412321538 / 02412329761
E-mail/Fax	: rajukhivasara@gmail.com, /	E-mail/Fax	: nia.151800@newindia.co.in / 02412341439
PAN No	:	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: 27AADCC4347C1ZZ / NA	GSTIN	: 27AAACN4165C3ZP
		SAC	: 997139 (Other non-life insurance services excl RI)

Policy Details			
Policy Number	: 15180036210100000111	Business Source Code	
Period of Insurance	: From: 11/11/2021 02:49:43 PM To: 10/05/2022 11:59:59 PM	Dev.Off level./Broker/Corp. Agent/Web Aggregator	: JAINUINE INSURANCE BROKERS PVT. LTD. - (DA3388757) JAINUINE INSURANCE BROKERS PVT.LTD. (SI00028623)
Date of Proposal	: 11-Nov-21	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
13122	2362	15484	RUPEES FIFTEEN THOUSAND FOUR HUNDRED EIGHTY-FOUR ONLY	1518008121000000860 4 - 13/11/21

Details of Employees with monthly wages upto ₹ 15000:

Categories	Sub Categories	No of Employee	Cash Total Wages
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Details of Employees with monthly wages above ₹ 15000:

Categories	Sub Categories	No of Employee	Cash Total Wages
Cotton Ginning and pressing Factories and Presses	Other Regions	15	1350000
Trade Description	Particular of Works	Location Details	Included All Sub - Contractors
cotton Ginning & pressing	SKILLED & UNSKILLED, COMMERCIAL TRAVELER , = 15	Chandanwadi Akola Road Atp Karanja Lad,Dist Washim	

Contractor/Sub-Contractor Details:

Serial No	Name of Contractor	Description	Categorie	No. of Workers			Amount Wages
				Skilled	Unskilled	Others	

Extensions under the Policy Cover



Name of the Extension	Sub Limit of the Extension	Deductibles of the Extension
Medical Extension	₹200000	NA
Special Conditions	NA	
Special Exclusions	NA	
Special Excess/Deductible	NA	
The Policy shall be subject to EMPLOYEES COMPENSATION INSURANCE Policy clauses attached herewith.		
Clauses	Description	

Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 13122.00
SGST	9	1181
CGST	9	1181
IGST	0	0

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 13th day of November, 2021.

For and on behalf of

The New India Assurance Company Limited

Date of Issue: 13/11/2021		
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Duly Constituted Attorney(s)

Stamp Duty under the Policy is ₹1

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

Tax Invoice No : 15180021P0010471

IRDA Registration Number: 190