



POLICY SCHEDULE FOR EMPLOYEES COMPENSATION INSURANCE

UIN NUMBER - IRDAN190P0077100001

Insured's Name	:	MITTAL FINECOT INDUSTRIES.						
	Insured's Details	Issuing Office Details						
Customer ID	:	PO97534853	PO97534853 Office Code : AHMEDNAGAR D.O. 1					
Address	:	GUT NO 121/1, CHANDSAILI, POST BRAHMANPURI, TAL -SHAHADA DIST - NANDURBAR SHAHADE ,MAHARASHTRA, 425409	Address	:	ABBOT BUILDING, 2ND FLOOR, NEAR ASHOKA HOTEL, KINGS ROAD, AHMEDNAGAR,414001			
Phone No	:		Phone No	1:	02412321538 / 02412329761			
E-mail/Fax	:	MITTALFINECOT@GMAIL.COM, /	E-mail/Fax	:	nia.151800@newindia.co.in / 02412341439			
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178			
GSTIN/UIN	:	27ABTFM9481H1ZE / NA	GSTIN	:	27AAACN4165C3ZP			
	:		SAC	:	997139 (Other non-life insurance services excl RI)			

Policy Details								
Policy Number	:	15180036220100000030	Business Source Code					
Period of Insurance	:	From: 10/06/2022 12:05:20 PM To: 09/10/2022 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	:	10-Jun-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
18000	3240	21240	RUPEES TWENTY-ONE THOUSAND TWO	1518008122000000353 3 - 10/06/22
			HUNDRED FORTY ONLY	

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			ee	Cash Total Wages
Builders All employees engaged in shop yard or in construction/ demolition of buildings and other civil construction li dams, bridges etc. incl. excavation		Excl. blasting and tunneling				1200000
Trade Description	Par	Particular of Works Loc		etails		luded All Sub - Contractors
CONSTERNATION & FABRICATION WORK IN GINNING PRESSING		IATION & FABRICATION I GINNING PRESSING	MITTAL FIN INDUSTR GUT NO 1 CHANDSAILI BRAHMANPUI SHAHAI DIST -NANDL 42540	IES. 21/1, , POST RI, TAL - DA JRBAR		

THE NEW INDIA ASSURANCE CO. LTD. (Government of India Undertaking)



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 AS PI		R STD WC POLICY CLAUSE. CODE- W C @15.00/CONSTR d & Unskilled Employees, Co	ATION & FABRICATION WORK IN GINNING PRESSING

Special Exclusions		NA
Special Excess/Deductible		NA
The Policy shall be subject	t to EMPLOY	EES COMPENSATION INSURANCE Policy clauses attached herewith.
Clauses		Description

Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 18000.00
SGST	9	1620
CGST	9	1620
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 10th day of June,2022.

For and on behalf of

		The New India Assurance	Company Limited
Date of Issue:	: 10/06/2022		
		Duly Constituted A	ttorney(s)
Stamp Duty u	ınder the Polic	5₹	
Mudrank	Dt.	consolidated Stamp Fees Paid by Pay Order Number vid	e receipt
			·
number	dt.		

Tax Invoice No: 15180022P0004232

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C