



POLICY SCHEDULE FOR EMPLOYEES COMPENSATION INSURANCE

Insured's Name	: RAJRAJESHWAR COTEX PVT LTD		
Insured's Details		Issuing Office Details	
Customer ID	: PO88081846	Office Code	: AHMEDNAGAR D.O. 151800 (151800)
Address	: NEW MONDA, PARBHANI PARBHANI ,MAHARASHTRA, 431401	Address	: ABBOT BUILDING, 2ND FLOOR, NEAR ASHOKA HOTEL, KINGS ROAD, AHMEDNAGAR,414001
Phone No	:	Phone No	: 02412321538 / 02412329761
E-mail/Fax	: RRCOTEX@GMAIL.COM, /	E-mail/Fax	: nia.151800@newindia.co.in / 02412341439
PAN No	:	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: 27AAFRCR2887L1ZQ / NA	GSTIN	: 27AAACN4165C3ZP
	:	SAC	: 997139 (Other non-life insurance services excl RI)

Policy Details			
Policy Number	: 15180036210100000129	Business Source Code	
Period of Insurance	: From: 07/12/2021 12:00:01 AM To: 06/06/2022 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	: 07-Dec-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
19439	3500	22939	RUPEES TWENTY-TWO THOUSAND NINE HUNDRED THIRTY-NINE ONLY	1518008121000000975 6 - 06/12/21

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
Oil Companies, importing in bulk for retail Distribution	All employees	8	720000
Trade Description	Particular of Works	Location Details	Included All Sub - Contractors
OIL MILL	Skilled & Unskilled Employees, Commercial travelers :-8	GUT NO 46 BORWAND & GUT NO 515 SHINGNAPUR, NEAR TATA CHEMICAL COMPOUND, GANGAKHED ROAD ,PARBHANI	

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
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Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 19439.00
SGST	9	1750
CGST	9	1750
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 06th day of December, 2021.

For and on behalf of

The New India Assurance Company Limited

Date of Issue: 06/12/2021	
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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 : 15180021P0011914

IRDA Registration Number: 190