



POLICY SCHEDULE FOR EMPLOYEES COMPENSATION INSURANCE

Insured's Name	: GOURI SHANKAR COTEX		
Insured's Details		Issuing Office Details	
Customer ID	: PO93170466	Office Code	: AHMEDNAGAR D.O. 151800 (151800)
Address	: GUT NO 422,SILLOD, DIST AURANGABAD SILLOD ,MAHARASHTRA, 431112	Address	: ABBOT BUILDING, 2ND FLOOR, NEAR ASHOKA HOTEL, KINGS ROAD, AHMEDNAGAR,414001
Phone No	:	Phone No	: 02412321538 / 02412329761
E-mail/Fax	: kailash@jainuineinsurance.co.in, /	E-mail/Fax	: nia.151800@newindia.co.in / 02412341439
PAN No	:	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: 27AAHFG2601C1Z0 / NA	GSTIN	: 27AAACN4165C3ZP
	:	SAC	: 997139 (Other non-life insurance services excl RI)

Policy Details			
Policy Number	: 15180036210100000127	Business Source Code	
Period of Insurance	: From: 06/12/2021 02:34:58 PM To: 05/06/2022 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	: 06-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
21870	3936	25806	RUPEES TWENTY-FIVE THOUSAND EIGHT HUNDRED SIX ONLY	1518008121000000974 8 - 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
Cotton Ginning and pressing Factories and Presses	Other Regions	25	2250000
Trade Description	Particular of Works	Location Details	Included All Sub - Contractors
GINNING PRESSING	Skilled & Unskilled Employees, Commercial travelers :-25	GOURISHANKAR COTEX, GUT NO 422, SILLOD	

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
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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
Conditions	Due observance and fulfilment of terms, conditions and endorsements of policy
Conditions	The Company may cancel Policy by sending seven days notice by registered letter
Conditions	Name of every employee with amount of wages, earnings shall be properly recorded
Conditions	No payment shall be made by or on behalf of Insured without consent of Company
Conditions	Remedy available to the insured if the company disclaims liability
Conditions	The insured shall take reasonable precaution to prevent accidents and diseases
Conditions	Notice or communication under this policy shall delivered in writing to Company
Conditions	The Policy and the Schedule shall be read together as one contract
Conditions	liability being otherwise admitted
Conditions	In the event claim, Insured shall give notice to Company with full particulars
Exclusions	Any accident, loss or legal liability arising from nuclear weapons material
Exclusions	Death, injury caused directly or indirectly by ionising radiation or contamination by radioactivity
Exclusions	Any legal liability of whatsoever nature
Exclusions	Any sum which the insured would have been entitled to recover from any party but for an agreement between insured and such party
Exclusions	Liability of the insured which arises by virtue of an agreement
Exclusions	Any employee who is not a workman within the meaning of the Law(s)
Exclusions	Insureds liability to employees of their contractors
Exclusions	Any injury or disease directly attributable to war or war-like situations
Exclusions	Damage to any property or any Consequential losses

Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 21870.00
SGST	9	1968
CGST	9	1968
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 : 15180021P0011901

IRDA Registration Number: 190