

पॉलिसी अनुसूची/ Policy Schedule - Employees Compensation Insurance	
Policy Number: 321800412210000006	व्यवसाय स्रोत /Business Source: 910275
जारीकर्ता कार्यालय/Issuing Office कार्यालय कोड /Office Code: 321800 कार्यालय पता /Office Address: DEWAS DIVISION 2-TARANI COLONY, A.B ROAD,, - 455001. State Code: 23, Madhya Pradesh GSTIN: 23AAACN9967E1ZB Contact Number: 7272 250074 Mobile Number:	विक्रय चैनल वविरण/Sales Channel Code: 91027500000001 नाम /Name: Jainuine insurance brokers pvt ltd - Indore Contact Number: 9893131223 सह दलाल कोड / Co Broker Code:
	कस्टमर केयर टॉल फ्री नंबर/Customer Care Toll Free Number: 1800 345 0330 ईमेल/ email:customer.support@nic.co.in

ग्राहक का नाम /Customer Name: M/S NATUREPRO AGRO CORP	ग्राहक आईडी /Customer ID: 9701974563	पैन /PAN:
पता/ Address: 301 B M TOWER SAPNA SANGEETA ROAD INDORE, City: INDORE, District: INDORE, State: MADHYA PRADESH, PIN: 452001. Cell: 9893131223	फोन /Phone:	
	ई-मेल /E-Mail: slihindore@gmail.com	

पॉलिसी: 02/05/2022 के 00:00 से 01/05/2023 की मध्य रात्रतिक प्रभावी /Policy Effective from 00:00 hours, on 02/05/2022 to midnight of 01/05/2023			
प्रीमियम/ Premium	₹ 36,305.00	कवर नोट संख्या और तथि/ Cover Note Number and Date	लागू नहीं/NA
CGST	₹ 3,267.00	प्रस्ताव संख्या और तथि/ Proposal Number and Date	8800220427759457 Dt. 27/04/2022
SGST/UTGST	₹ 3,267.00		
IGST	₹ 0.00		
केरला बाढ़ उपकर/Kerala Flood Cess	₹ 0.00		
कम:जीएसटी टैडीएस / Less:GST_TDS	₹ 0.00	रसीद संख्या और तथि/Receipt Number and Date	321800812210000447 Dt. 27/04/2022
पुनर्प्राप्ति योग्य स्टाम्प ड्यूटी /Recoverable Stamp Duty	₹ 0.00	पछिली पॉलिसी संख्या और समाप्ती तथि/ Previous Policy Number and Expiry Date	लागू नहीं/NA
कुल /Total Amount	₹ 42,839.00		
(Rupees Forty Two Thousand Eight Hundred Thirty Nine Only.)			

Joint Policyholder Name: NA
Joint Policyholder Address: NA

Laws: The Policy covers Liability of the **Insured** under the following Law(s) shown as covered, subject to claim being otherwise admissible as per terms, conditions and exclusions of the Policy and subject to **Limit of Indemnity** as stipulated against each Law.

SL.No	Law	Limit of Indemnity	Coverage
1	Employee Compensation Act, 1923 and Subsequent amendments thereof prior to the date of issue of this Policy	Subject otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured.	Yes
3	Medical Expenses	Subject otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured, but not exceeding:- a)Limit Per Employee: ₹50,000.00 b)Aggregate Limit(AOP): ₹5,00,000.00	Yes

SL.No	Industry Type	Description of Work Done by Employees	Number of Employees	Declared Wages/ Contract Value	Place of Employment	Contractors Name, Contractors Address
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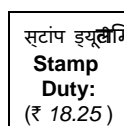
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Policy Number: 32180041221000006	व्यवसाय स्रोत /Business Source: 910275
जारीकर्ता कार्यालय/ Issuing Office कार्यालय कोड /Office Code: 321800 कार्यालय पता /Office Address: DEWAS DIVISION 2-TARANI COLONY, A.B ROAD,, - 455001. State Code: 23, Madhya Pradesh GSTIN: 23AAACN9967E1ZB Contact Number: 7272 250074 Mobile Number:	विक्रय चैनल वविरण/ Sales Channel Code: 91027500000001 नाम /Name: Jainuine insurance brokers pvt ltd - Indore Contact Number: 9893131223 सह दलाल कोड / Co Broker Code:
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1	Industry Type:Oil Mills (not Mineral Oils) & Oil Cake Mfr. Sub Industry Type:oil mills - (not mineral oils)and oilcake	WORKER ENGAGED AT OIL MILLS AND OIL CAKE MFG UNIT	20	Declared Wages:3600000 Contract Value:0	C/O SUMANT WAREHOUSE UNIT NO 3B,4B,5B,6B,3 A & 4A BLOCK SURVEY NO 331/1 & 332/1 NEAR BRG INDUSTRIAL PARK VILL BADIA KEEMA NEMAWAR ROAD INDORE 452016	Contractors Name:NA Contractors Address:NA
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Clauses, Endorsements and Warranties Applicable:
Occupational Diseases,
Average Clause

जसिकी गवाही में दनि/ माह /वर्ष को उपरोक्त उल्लेखित कार्यालय पते पर अधोहस्ताक्षरी को वधिवित अधिकृत कयिा जा रहा है उसके हाथ नरिधारति कएि जाएं। यह अनुसूची, संलग्न पॉलिसी, खण्ड, पृष्ठांकन और पॉलिसी शब्दों, जो कंपनी वेबसाईट <https://nationalinsurance.nic.co.in> पर उपलब्ध है, को एक अनुबंध के रुप में एक साथ पढा जाए तथा कोई भी शब्द या अभिव्यक्ति जिसके लएि यह वशिष्टि अर्थ पॉलिसी या अनुसूची के कसिी भी हसिसे में संलग्न कयिा गया हो, एक ही अर्थ वहन करेगा चाहे जहाँ भी उल्लेखित हो। यह आश्वसन दयिा जाता है कि प्रीमियम चेक के अस्वीकृति के मामले में, यह दस्तावेज स्वतः प्राथमकित्ता नरिस्त हो जाएगी। ***IN WITNESS WHEREOF, the undersigned being duly authorized hereunto set his/ her hand at the office address mentioned above, this 27/April/2022. This schedule, the attached policy, the clauses, the endorsements and policy wordings as available in the website <https://nationalinsurance.nic.co.in> shall be read together as one contract and any word or expression to which the specific meaning has been attached in any part of this policy or of the schedule shall bear the same meaning wherever it may appear. It is warranted that IN CASE OF DISHONOUR OF THE PREMIUM CHEQUE, THIS DOCUMENT STANDS AUTOMATICALLY CANCELLED 'AB-INITIO'***

इंश्योरेन्सइंडयिलमिडिड



कृते नेशनल इंश्योरेन्स कंपनी
स्टॉप इयूएमिडिड/ **For and on behalf of National Insurance
Company Limited**

अधिकृत हस्ताक्षरकर्ता/ **Authorized
Signatory**

TAX INVOICE

Invoice Serial No: 30878W2P00000006

Invoice Date: 27/04/2022

Details of Supplier:

National Insurance Company Limited.,
DEWAS DIVISION 2-TARANI COLONY, A.B ROAD,, - 455001
State : 23 , Madhya Pradesh
GSTIN No : 23AAACN9967E1ZB

Details Of Receiver : M/S NATUREPRO AGRO CORP

Address : 301 B M TOWER SAPNA SANGEETA ROAD INDORE
City : INDORE,
District: INDORE,
State: MADHYA PRADESH,
PIN: 452001.

Place Of Supply State : Madhya Pradesh
State Code : 23
GSTIN No : 23AJSPG4873A1ZB

सैक कोड/ SAC Code	सेवा का विवरण/ Description of Service	कुल/Total(₹)	छूट/ Discount	टैक्स योग्य/ मूल्य/Taxable Value(₹)	सीजीएसटी की राशि/ CGST		एसजीएसटी/यूटीजीएसटी/ SGST/UTGST		आईजीएसटी/IGST		केरला बाढ़ उपकर/Kerala Flood Cess
					दर/Rate	राशि/ Amount(₹)	दर/Rate	राशि/ Amount(₹)	दर/Rate	राशि/ Amount(₹)	राशि/Amount(₹)
997139	Other non- life insurance services (excluding reinsuranc e services)	36,305	0%	36,305	9%	3,267	9%	3,267	0%	0	0
TOTAL		36,305		36,305		3,267		3,267		0	0

कुल इनवॉयस मूल्य (अंको में) Total Invoice Value (In figures) :
₹ 42,839

कुल इनवॉयस मूल्य (शब्दों में) Total Invoice Value (In words) : रूपए/Rupees
Forty Two Thousand Eight Hundred Thirty Nine
केवल/Only.

रिवर्स चार्ज के अधीन टैक्स की राशि Amount of Tax Subject to Reverse Charge : No

E.&O.E

कृते नेशनल इन्श्योरेन्स कंपनी लिमिटेड/ For
and on behalf of National Insurance Company Limited

अधिकृत हस्ताक्षरकर्ता/ Authorized Signatory

