

पॉलिसी अनुसूची/ Policy Schedule - Employees Compensation Insurance	
Policy Number: 321800412110000064	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: 9102750000000101 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 LAXMI GINNING & PRESSING	ग्राहक आईडी /Customer ID: 9701921326	पैन /PAN:
पता/ Address: S NO 711,712/2 713/2 VIRWADA ROAD TAL - CHOPDA DIST JALGAON M H, City: JALGAON - DISTRICT OTHERS, District: JALGAON, State: MAHARASHTRA, PIN: 425107. Cell: 9893231223	फोन /Phone:	
	ई-मेल /E-Mail:	

पॉलिसी: 17/12/2021 के 13:04 से 16/12/2022 की मध्य रात्रतिक प्रभावी /Policy Effective from 13:04 hours, on 17/12/2021 to midnight of 16/12/2022			
प्रीमियम/ Premium	₹ 15,489.00	कवर नोट संख्या और तथि/ Cover Note Number and Date	लागू नहीं/NA
CGST	₹ 0.00	प्रस्ताव संख्या और तथि/ Proposal Number and Date	8800211217054510 Dt. 17/12/2021
SGST/UTGST	₹ 0.00		
IGST	₹ 2,788.00		
केरला बाढ़ उपकर/Kerala Flood Cess	₹ 0.00	रसीद संख्या और तथि/ Receipt Number and Date	321800812110005571 Dt. 17/12/2021
कम:जीएसटी टैडीएस / Less:GST_TDS	₹ 0.00	पछिली पॉलिसी संख्या और समाप्ती तथि/ Previous Policy Number and Expiry Date	लागू नहीं/NA
पुनर्प्राप्ति योग्य स्टाम्प ड्यूटी /Recoverable Stamp Duty	₹ 0.00		
कुल /Total Amount	₹ 18,277.00		
(Rupees Eighteen Thousand Two Hundred Seventy Seven 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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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: 9102750000000101 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

1	Industry Type:Cotton Ginning & Pressing Factories and Presses Sub Industry Type:other regions	LABOUR WORKING IN COTTON GINNING & PRESSING	18	Declared Wages:3375000 Contract Value:0	S NO 711,712/2,713 /2 VIRWADA RD TAL CHOPDA DIST JALGAON	Contractors Name:NA Contractors Address:NA
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Clauses, Endorsements and Warranties Applicable:
Average Clause,
Occupational Diseases

If the monthly wages are lesser than 15000/-, the "Compensation calculation will be based on the actual lesser monthly wages entered and not Rs 15000/-"

जसिकी गवाही में दनि/ माह /वर्ष को उपरोक्त उल्लेखित कार्यालय पते पर अधोहस्ताक्षरी को वधिवित अधकित 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 अभवियक्तजिसके लिए यह वशिष्टि अर्थ पॉलिसी या अनुसूची के कसी भी हसिसे में संलग्न कयिा गया हो, एक ही अर्थ वहन करेगा चाहे जहाँ भी उल्लेखति हो। यह आशवासन दयिा जाता है क्ि प्रीमियम चेक के अस्वीकृति के मामले में, यह दस्तावेज स्वतः प्राथमकिता नरिस्त हो जाएगी। ***/IN WITNESS WHEREOF, the undersigned being duly authorized hereunto set his/ her hand at the office address mentioned above, this 17/December/2021.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'***

इंश्योरेन्सइंडयिलमिटिड

स्टांप इयुलमिटिड/
**Stamp
Duty:**
(₹ 7.75)

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

अधकित हस्तात्क्षरकर्ता/ **Authorized
Signatory**

TAX INVOICE

Invoice Serial No: 30878W1P0000064

Invoice Date: 17/12/2021

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 LAXMI GINNING & PRESSING

Address : S NO 711,712/2 713/2 VIRWADA ROAD TAL -CHOPDA DIST JALGAON M H
City : JALGAON - DISTRICT OTHERS,
District: JALGAON,
State: MAHARASHTRA,
PIN: 425107.

Place Of Supply State : Maharashtra
State Code : 27
GSTIN No : 27AADFL9485H1ZT

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 reinsurance services)	15,489	0%	15,489	0%	0	0%	0	18%	2,788	0
TOTAL		15,489		15,489		0		0		2,788	0

कुल इनवॉयस मूल्य (अंकों में) Total Invoice Value (In figures) :
₹ 18,277

कुल इनवॉयस मूल्य (शब्दों में) Total Invoice Value (In words) : रूपए/Rupees
Eighteen Thousand Two Hundred Seventy Seven
केवल/Only.

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

E.&O.E

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

अधिकृत हस्ताक्षरकर्ता/ Authorized Signatory