

पॉलिसी अनुसूची/ Policy Schedule - Employees Compensation Insurance	
Policy Number: 32180041211000060	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: 910275000000101 नाम /Name: JAINUINE INSURANCE BROKERS PVT LTD - HO Contact Number: 9850049400 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: MR MAHAVEER GINNING FACTORY	ग्राहक आईडी /Customer ID: 9556165020	पैन /PAN: AAKPL9085A
पता/ Address: GAT NO 96 AT DHOTRA POST CHOUSALA DIST BEED , City: BEED, District: BEED, State: MAHARASHTRA, PIN: 431122. Cell: 9893131223	फोन /Phone:	ई-मेल /E-Mail: slihindore@gmail.com

पॉलिसी: 03/12/2021 के 00:00 से 02/12/2022 की मध्य रात्रतिक प्रभावी /Policy Effective from 00:00 hours, on 03/12/2021 to midnight of 02/12/2022			
प्रीमियम/ Premium	₹ 11,603.00	कवर नोट संख्या और तथि / Cover Note Number and Date	लागू नहीं/NA
CGST	₹ 0.00	प्रस्ताव संख्या और तथि/ Proposal Number and Date	8800211202974831 Dt. 02/12/2021
SGST/UTGST	₹ 0.00		
IGST	₹ 2,088.00		
केरला बाढ़ उपकर/Kerala Flood Cess	₹ 0.00		
कम:जीएसटी टैडीएस / Less:GST_TDS	₹ 0.00	रसीद संख्या और तथि/Receipt Number and Date	321800812110005167 Dt. 06/12/2021
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	₹ 13,691.00		
(Rupees Thirteen Thousand Six Hundred Ninety One 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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1	Industry Type:Cotton Ginning & Pressing Factories and Presses Sub Industry Type:other regions	LABOUR WORKING IN COTTON GINNING AND PRESSING FACTORY	20	Declared Wages:2880000 Contract Value:0	GAT NO 96 AT DHOTRA POST CHAUSALA DIST BEED 431122	Contractors Name:NA Contractors Address:NA
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Clauses, Endorsements and Warranties Applicable:
Average Clause,
Occupational Diseases

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 अभवियक्तजिसिके लएि यह वशिषिट अर्थ पॉलिसी या अनुसूची के कसिी भी हसिसे में संलग्न कयिा गया हो, एक ही अर्थ वहन करेगा चाहे जहाँ भी उल्लेखति हो। यह आश्वसन दयिा जाता है क्ि प्रीमियम चेक के अस्वीकृति के मामले में, यह दस्तावेज स्वतः प्राथमकिता नरिसुत हो जाएगी। **/IN WITNESS WHEREOF, the undersigned being duly authorized hereunto set his/ her hand at the office address mentioned above, this 06/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'**

इंश्योरेन्सइंडियलमिडिड Ombudsman Details: Shri Guru Saran Shrivastava, Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal - 462 003. Tel.: 0755 - 2769201 / 2769202, Fax: 0755 - 2769203, Email: bimalokpal.bhopal@ecoi.co.in.

स्टांप इयूएलमिडिड/ Stamp Duty: (₹ 6.00)

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

अधिकृत हस्ताक्षरकर्ता/ **Authorized Signatory**

TAX INVOICE

Invoice Serial No: 30878W1P0000060

Invoice Date: 06/12/2021

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 : MR MAHAVEER GINNING FACTORY

Address : GAT NO 96 AT DHOTRA POST CHOUSALA DIST BEED
City : BEED,
District: BEED,
State: MAHARASHTRA,
PIN: 431122.

Place Of Supply State : Maharashtra
State Code : 27
GSTIN No : 27AAKPL9085A1ZJ

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)	11,603	0%	11,603	0%	0	0%	0	18%	2,088	0
TOTAL		11,603		11,603		0		0		2,088	0

कुल इनवॉयस मूल्य (अंको में) Total Invoice Value (In figures) :
₹ 13,691

कुल इनवॉयस मूल्य (शब्दों में) Total Invoice Value (In words) : रूपए/Rupees
Thirteen Thousand Six Hundred Ninety One
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