

पॉलिसी अनुसूची/ Policy Schedule - Employees Compensation Insurance	
Policy Number: 321800412110000067	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 OM SAIRAM INDUSTRIES	ग्राहक आईडी /Customer ID: 9701939551	पैन /PAN:
पता/ Address: HOUSE NO 419/5 SANSKAR COLONY BEED MAHARASHTRA , City: BEED, District: BEED, State: MAHARASHTRA, PIN: 431122. Cell: 9893131223	फोन /Phone: ई-मेल /E-Mail: slihindore@gmail.com	

पॉलिसी: 29/12/2021 के 18:00 से 28/03/2022 की मध्य रात्रि तक प्रभावी / Policy Effective from 18:00 hours, on 29/12/2021 to midnight of 28/03/2022			
प्रीमियम/ Premium	₹ 3,491.00	कवर नोट संख्या और तथि/ Cover Note Number and Date	लागू नहीं/NA
CGST	₹ 0.00	प्रस्ताव संख्या और तथि/Proposal Number and Date	8800211229117961 Dt. 29/12/2021
SGST/UTGST	₹ 0.00		
IGST	₹ 628.00		
केरला बाढ़ उपकर/Kerala Flood Cess	₹ 0.00	रसीद संख्या और तथि/Receipt Number and Date	321800812110005838 Dt. 29/12/2021
कम:जीएसटी टैडीएस / Less:GST_TDS	₹ 0.00		
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	₹ 4,119.00		
(Rupees Four Thousand One Hundred Nineteen 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: ₹75,000.00 b)Aggregate Limit(AOP): ₹7,50,000.00	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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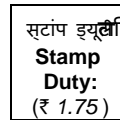
1	Industry Type:Cotton Ginning & Pressing Factories and Presses Sub Industry Type:other regions	WORKER WARKING IN COTTON GINNING & PRESSING FACTORY	6	Declared Wages:350000 Contract Value:0	S NO 41 UMAPUR ROAD BAGPIMPALG AON TAKUKA GEORAI DIST BEED MH- 431127	Contractors Name:NA Contractors Address:NA
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Clauses, Endorsements and Warranties Applicable:
Occupational Diseases,
Average Clause

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 उल्लेखति कार्यालय पते पर अधोहस्ताक्षरी को वधिवित अधकृत कयिा जा रहा है उसके हाथ नरिधारति कएि जाए। 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 अभिवियक्त जसिके लिए यह वशिष्टि अर्थ पॉलिसी या अनुसूची के कसिी भी हसिसे में संलग्न कयिा गया हो, एक ही अर्थ वहन करेगा चाहे जहाँ भी उल्लेखति हो। यह आश्वासन दयिा जाता है क्ि प्रीमियम चेक के असवीकृति के मामले में, यह दस्तावेज स्वतः पराथमकतिा नरिसुत हो जाएगी । **/IN WITNESS WHEREOF, the undersigned being duly authorized hereunto set his/ her hand at the office address mentioned above, this 29/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



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

अधकृत हस्ताक्षरकर्ता/ **Authorized
Signatory**

TAX INVOICE

Invoice Serial No: 30878W1P0000067

Invoice Date: 29/12/2021

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 OM SAIRAM INDUSTRIES

Address : HOUSE NO 419/5 SANSKAR COLONY BEED MAHARASHTRA
City : BEED,
District: BEED,
State: MAHARASHTRA,
PIN: 431122.

Place Of Supply State : Maharashtra
State Code : 27
GSTIN No : 27AAGF09747A1Z4

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)	3,491	0%	3,491	0%	0	0%	0	18%	628	0
TOTAL		3,491		3,491		0		0		628	0

कुल इनवॉयस मूल्य (अंकों में) Total Invoice Value (In figures) :
₹ 4,119

कुल इनवॉयस मूल्य (शब्दों में) Total Invoice Value (In words) : रूपए/Rupees
Four Thousand One Hundred Nineteen
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

