



**POLICY SCHEDULE FOR EMPLOYEES COMPENSATION INSURANCE**

**UIN NUMBER - IRDAN190P0077100001**

<b>Insured's Name</b>	: NAVIN COTEX		
<b>Insured's Details</b>		<b>Issuing Office Details</b>	
<b>Customer ID</b>	: POA0523102	<b>Office Code</b>	: AURANGABAD DO-160400 (160400)
<b>Address</b>	: SILLOD,DIST AURANGABAD SILLOD ,MAHARASHTRA, 431112	<b>Address</b>	: AJAY ENGINEERING COMPOUND, ADALAT ROAD, AURANGABAD ,431005
<b>Phone No</b>	:	<b>Phone No</b>	: 02402333572 / 02402333361
<b>E-mail/Fax</b>	: NAVINCOTEX@GMAIL.COM, /	<b>E-mail/Fax</b>	: nia.160400@newindia.co.in / 02402331226
<b>PAN No</b>	:	<b>S.Tax Regn. No</b>	: AAACN4165CST178
<b>GSTIN/UIN</b>	: 27AAIFN3467E1Z6 / NA	<b>GSTIN</b>	: 27AAACN4165C3ZP
		<b>SAC</b>	: 997139 (Other non-life insurance services excl RI)

<b>Policy Details</b>			
<b>Policy Number</b>	: 16040036220100000131	<b>Business Source Code</b>	
<b>Period of Insurance</b>	: From: 13/10/2022 02:14:54 PM To: 12/04/2023 11:59:59 PM	<b>Dev.Off level./Broker/Corp. Agent/Web Aggregator/CPSC User</b>	: Jainuine Insurance Brokers Pvt. Ltd. - (DA3388757) Jainuine Insurance Brokers Pvt.Ltd. - (SI00028623),
<b>Date of Proposal</b>	: 13-Oct-22	<b>Agent/Bancassurance/S pecified Person</b>	:
<b>Prev. Policy no.</b>	:	<b>Phone No</b>	: 02402350377, 9850049400 / NA
<b>Client Type</b>	: Non-Corporate	<b>E-mail/Fax</b>	: kailash@jainuineinsurance.co.in, / /

Premium(₹)	GST(₹)	Total (₹)	Total (₹ in words)	Receipt No. & Date
13121	2362	15483	RUPEES FIFTEEN THOUSAND FOUR HUNDRED EIGHTY-THREE ONLY	1604008122000000801 7 - 13/10/22

**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	15	1350000
Trade Description	Particular of Works	Location Details	Included All Sub - Contractors
GINNING & PRESSING	Skilled & Unskilled Employees, Commercial travelers :-15	NAVIN COTEX, SILLOD,DIST AURANGABAD	

**Contractor/Sub-Contractor Details:**

Serial No	Name of Contractor	Description	Categorie	No. of Workers			Amount Wages
				Skilled	Unskilled	Others	

**Extensions under the Policy Cover**



<b>Name of the Extension</b>	<b>Sub Limit of the Extension</b>	<b>Deductibles of the Extension</b>
Medical Extension	₹200000	NA
<b>Special Conditions</b>	NA	
<b>Special Exclusions</b>	NA	
<b>Special Excess/Deductible</b>	NA	
<b>The Policy shall be subject to EMPLOYEES COMPENSATION INSURANCE Policy clauses attached herewith.</b>		
<b>Clauses</b>	<b>Description</b>	

**Premium and GST Details**

	<b>Rate of Tax</b>	<b>Amount in INR</b>
<b>Premium</b>		₹ 13121.00
<b>SGST</b>	9	1181
<b>CGST</b>	9	1181
<b>IGST</b>	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 13th day of October, 2022.

For and on behalf of

The New India Assurance Company Limited

Date of Issue: 13/10/2022		
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Duly Constituted Attorney(s)

Stamp Duty under the Policy is ₹

Mudrank \_\_\_\_\_ Dt. \_\_\_\_\_ consolidated Stamp Fees Paid by Pay Order Number \_\_\_\_\_ vide receipt number \_\_\_\_\_ dt. \_\_\_\_\_.

We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

Tax Invoice No : 16040022P0011697

<p><b>IRDA Registration Number: 190</b> <b>NIA PAN NUMBER: AAACN4165C</b></p>
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