



POLICY SCHEDULE FOR EMPLOYEES COMPENSATION INSURANCE

UIN NUMBER - IRDAN190P0077100001

Insured's Name	:	GOURISHANKAR COTEX				
Insured's Details			Issuing Office Details			
Customer ID	:	POA1040334	Office Code	:	AURANGABAD DO-160400 (160400)	
Address	:	GUT NO 422 DONGARGAON ROAD SILLOD DIST AURANGABAD	Address	:	AJAY ENGINEERING COMPOUND, ADALAT ROAD, AURANGABAD ,431005	
		SILLOD ,MAHARASHTRA, 431112				
Phone No	:		Phone No	:	02402333572 / 02402333361	
E-mail/Fax	:	gourishankarsdw@live.com, /	E-mail/Fax	:	nia.160400@newindia.co.in / 02402331226	
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178	
GSTIN/UIN	:	27AAHFG2601C1Z0 / NA	GSTIN	:	27AAACN4165C3ZP	
	:		SAC	:	997139 (Other non-life insurance services excl RI)	

			Policy	Details					
Policy Number	:	16040036220100000145	Business Source Code						
Period of Insurance	:	From: 03/11/2022 04:34:06 P 02/05/2023 11:59:59 PM	M To:	Dev.Off level./Broker/(Agent/Web Aggregator/C	-	:	(DA3388757)	rance Brokers Pvt.Ltd	
Date of Proposal	:	03-Nov-22		Agent/Bancas pecified Perso		:			
Prev. Policy no.	:		Phone No		:	02402350377	, 9850049400 / NA		
Client Type	:	Non-Corporate		E-mail/Fax : ka			kailash@jainu	kailash@jainuineinsurance.co.in, / /	
Premium(₹)		GST(₹)	Tota	al (₹)	Total	(₹	in words)	Receipt No. & Date	
17495		3150	200	THOU HUNDRE		RUPEES TWENTY THOUSAND SIX HUNDRED FORTY-FIVE ONLY		1604008122000000903 0 - 03/11/22	

Details of Employees with monthly wages upto ₹ 15000:

Categories	Sub Categories	No of Employee	Cash Total Wages

Details of Employees with monthly wages above ₹ 15000:

Categories	Sub Categories	No of Employe	e Cash		
Cotton Ginning and pressing Factories a Presses	nd Other Regions	20	1800	0000	
Trade Description	Particular of Works	Location Details		Included Al Contrac	
COTTON GINNING & PRESSING	Skilled & Unskilled Employees, Commercial travelers :-20	GOURISHANKA GUT NO DONGARGAO SILLOD D AURANGA	422 N ROAD IST-		

Contractor/Sub-Contractor Details:

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

Policy No. : 16040036220100000145Document generated by 22904 at 03/11/2022 17:02:24 Hours. Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.



Extensions under the Poli	cy Cover		
Name of the Ex	tension	Sub Limit of the Extension	Deductibles of the Extension
Medical Exte	nsion	₹200000	NA
Special Conditions			
	NA		
Special Exclusions	NA		
Special Excess/Deductible			
The Policy shall be subject	t to EMPLOYEES C	COMPENSATION INSURANCE PO	olicy clauses attached herewith.
Clauses		Des	scription
Premium and GST Details			
		Rate of Tax	c Amount in INR
Premium			₹17495.00
SGST		9	1575
CGST		9	1575
IGST		0	0
In witness whereof the ur set his (their) hand(s) on	ndersigned being (this 03rd day of N	duly authorised by the Insurers ovember,2022.	and on behalf of the Insurers has (have) hereunder For and on behalf of
Date of Issue: 03/11/202	2		The New India Assurance Company Limited

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 : 16040022P0013291

IRDA Registration Number: 190	
NIA PAN NUMBER: AAACN4165C	