



# POLICY SCHEDULE FOR EMPLOYEES COMPENSATION INSURANCE

## UIN NUMBER - IRDAN190P0077100001

| Insured's Name | : | MITTAL FINECOT INDUSTRIES                                                                                                    | IES            |                        |                                                                  |  |  |
|----------------|---|------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------|------------------------------------------------------------------|--|--|
|                |   | nsured's Details                                                                                                             |                | Issuing Office Details |                                                                  |  |  |
| Customer ID    |   | POA1290436                                                                                                                   | Office Code    | :                      | AURANGABAD DO-160400 (160400)                                    |  |  |
| Address        | : | GUT NO 121/1, CHANDSAILI AT POST<br>BRAHMANPURI SHAHADA ROAD,<br>MOHIDE T SHAHADE, NANDURBAR<br>SHAHADE ,MAHARASHTRA, 425409 | Address        | :                      | AJAY ENGINEERING COMPOUND,<br>ADALAT ROAD, AURANGABAD<br>,431005 |  |  |
| Phone No       | : |                                                                                                                              | Phone No       | :                      | 02402333572 / 02402333361                                        |  |  |
| E-mail/Fax     | : | Mittafincot@gamil.com, /                                                                                                     | E-mail/Fax     | :                      | nia.160400@newindia.co.in /<br>02402331226                       |  |  |
| PAN No         |   |                                                                                                                              | S.Tax Regn. No | :                      | AAACN4165CST178                                                  |  |  |
| GSTIN/UIN      | : | 27ABTFM9481H1ZE / NA                                                                                                         | GSTIN          | :                      | 27AAACN4165C3ZP                                                  |  |  |
|                | : |                                                                                                                              | SAC            | :                      | 997139 (Other non-life insurance services excl RI)               |  |  |

| Policy Details              |                                                |                                                     |                                                          |                                       |          |                                                         |                          |                                     |  |
|-----------------------------|------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------|---------------------------------------|----------|---------------------------------------------------------|--------------------------|-------------------------------------|--|
| Policy Number               | licy Number : 16040036220100000159 Business So |                                                     |                                                          |                                       | rce Code |                                                         |                          |                                     |  |
| Period of Insurance         | :                                              | From: 15/11/2022 02:35:31<br>14/11/2023 11:59:59 PM | Dev.Off<br>level./Broker/(<br>Agent/Web<br>Aggregator/Cl | •                                     | :        | surance Brokers Pvt. Ltd<br>rance Brokers Pvt.Ltd<br>l, |                          |                                     |  |
| Date of Proposal            | :                                              | 15-Nov-22                                           |                                                          | Agent/Bancassurance/S pecified Person |          |                                                         |                          |                                     |  |
| Prev. Policy no.            | :                                              |                                                     | F                                                        |                                       |          | :                                                       | 02402350377              | 7, 9850049400 / NA                  |  |
| Client Type : Non-Corporate |                                                |                                                     | E-mail/Fax                                               |                                       | :        | kailash@jainu                                           | uineinsurance.co.in, / / |                                     |  |
| Premium(₹)                  |                                                | GST(₹)                                              | Tota                                                     | al (₹)                                | Total    | (₹                                                      | in words)                | Receipt No. & Date                  |  |
| 43815                       |                                                | 7886                                                | 51                                                       | 701                                   | THOUS    | S FIFTY-ONE<br>SAND SEVEN<br>ED ONE ONLY                |                          | 1604008122000000959<br>9 - 15/11/22 |  |

### Details of Employees with monthly wages upto ₹ 15000:

| Categories | Sub Categories | No of<br>Employee | Cash Total<br>Wages |
|------------|----------------|-------------------|---------------------|

## Details of Employees with monthly wages above ₹ 15000:

| Categories                                         | Sub Categories                                              |                                                                                                | No of<br>Employe                              | e | Cash Total<br>Wages            |
|----------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------------|---|--------------------------------|
| Cotton Ginning and pressing Factories a<br>Presses | nd Other Regions                                            |                                                                                                | 25                                            |   | 4500000                        |
| Trade Description                                  | Particular of Works                                         | Location D                                                                                     | etails                                        |   | luded All Sub -<br>Contractors |
| cotton ginning & pressing                          | Skilled & Unskilled Employees,<br>Commercial travelers :-25 | MITTAL FIN<br>INDUSTR<br>GUT NO 12<br>CHANDSAILI A<br>BRAHMANPURI<br>ROAD, Moh<br>Shahade, Nat | IES,<br>21/1,<br>AT POST<br>SHAHADA<br>nide T |   |                                |

#### Contractor/Sub-Contractor Details:

| Signature Not Contractor Digitally signed<br>by JACAT DAYEE<br>PANIGRAHI |                                        |             |           |                |              |
|--------------------------------------------------------------------------|----------------------------------------|-------------|-----------|----------------|--------------|
| Digitally signed<br>by JAGAT AYYEE<br>PANIGEAHI                          | Serial No<br>Signature Not<br>Verified | Description | Categorie | No. of Workers | Amount Wages |
|                                                                          | Digitally signed                       |             |           |                |              |
| Date: 2022.11.15                                                         | Date: 2022.11.15                       |             |           |                |              |

Policy No. : 16040036220100000159Document generated by 40781 at 15/11/2022 16:40:44 Hours.

Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.



|                                   |    |                            | Skill | d Unskilled  | Others        |  |
|-----------------------------------|----|----------------------------|-------|--------------|---------------|--|
| Extensions under the Policy Cover |    |                            |       |              |               |  |
| Name of the Extension             |    | Sub Limit of the Extension |       | eductibles o | the Extension |  |
| Medical Extension                 |    | ₹200000                    |       | Ν            | A             |  |
| Special Conditions                |    |                            |       |              |               |  |
|                                   |    |                            |       |              |               |  |
|                                   | NA |                            |       |              |               |  |

| Special Exclusions          |             | NA                                                           |
|-----------------------------|-------------|--------------------------------------------------------------|
| Special Excess/Deductible   | e           | NA                                                           |
| The Policy shall be subject | t to EMPLOY | EES COMPENSATION INSURANCE Policy clauses attached herewith. |
| Clauses                     |             | Description                                                  |
| Premium and GST Details     |             |                                                              |

|         | Rate of Tax | Amount in INR |
|---------|-------------|---------------|
| Premium |             | ₹ 43815.00    |
| SGST    | 9           | 3943          |
| CGST    | 9           | 3943          |
| IGST    | 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 15th day of November,2022.

For and on behalf of

| 1                         | he N | New India Assurance Company Limited |
|---------------------------|------|-------------------------------------|
| Date of Issue: 15/11/2022 |      |                                     |

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 : 16040022P0014167

| IRDA Registration Number: 190 |  |
|-------------------------------|--|
| NIA PAN NUMBER: AAACN4165C    |  |