



## POLICY SCHEDULE FOR EMPLOYEES COMPENSATION INSURANCE

#### UIN NUMBER - IRDAN190P0077100001

Insured's Name	:	RAM AGRO					
Insured's Details			Issuing Office Details				
Customer ID		POA1585233	Office Code		: AURANGABAD DO-160400 (160400)		
Address	:	174/1/B,NEAR RAJIV SAHAKARI SUTGIRNI, A/P PALASHI, DIST NANDURBAR NANDURBAR ,MAHARASHTRA, 425412	Address	:	AJAY ENGINEERING COMPOUND, ADALAT ROAD, AURANGABAD ,431005		
Phone No	:		Phone No	:	02402333572 / 02402333361		
E-mail/Fax	:	RAMAGRO257@GMAIL.COM, /	E-mail/Fax	:	nia.160400@newindia.co.in / 02402331226		
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178		
GSTIN/UIN	:	27ABDFR4681C1Z7 / NA	GSTIN	:	27AAACN4165C3ZP		
	:		SAC	:	997139 (Other non-life insurance services excl RI)		

Policy Details						
Policy Number	:	16040036220100000168	Business Source Code			
Period of Insurance	:	From: 29/11/2022 12:00:01 AM To: 28/11/2023 11:59:59 PM	Dev.Off level./Broker/Corp. Agent/Web Aggregator/CPSC User	:	Jainuine Insurance Brokers Pvt. Ltd (DA3388757) Jainuine Insurance Brokers Pvt.Ltd (SI00028623),	
Date of Proposal	:	29-Nov-22	Agent/Bancassurance/S pecified Person	:		
Prev. Policy no.	:		Phone No	:	02402350377, 9850049400 / NA	
Client Type	:	Non-Corporate	E-mail/Fax	:	kailash@jainuineinsurance.co.in, //	

Premium(₹)	GST(₹)	Total (₹)	Total (₹ in words)	Receipt No. & Date
43740	7874	51614	RUPEES FIFTY-ONE THOUSAND SIX HUNDRED FOURTEEN ONLY	1604008122000001031 0 - 28/11/22

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

Categories	Sub Categories	No of	Cash Total
		Employee	Wages

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

Categories	Sub Categories	No of Employe			
Cotton Ginning and pressing Factories an Presses	d Other Regions	25	45000	000	
Trade Description	Particular of Works	Location D	etails	Included All Contract	
Cotton Ginning & Pressing	Skilled & Unskilled Employees, Commercial travelers :-25	RAM AGI 174/1/B,NEA SAHAKARI SUTO PALASHI, NANDURI	R ŔAJIV GIRNI, A/P DIST		

Contractor/Sub-Contractor Details:

Serial No	Name of	Description	Categorie	No. of Workers	Amount Wages
	Contractor	· ·			

# THE NEW INDIA ASSURANCE CO. LTD. (Government of India Undertaking)



				Sk	illed Unskilled Others
Extensions under the Poli	cv Cover	•		•	
Name of the Ex	-	Sub Limit of the Extension			Deductibles of the Extension
Medical Exte			₹200000		NA
Special Conditions	1.5.611	I	(20000)		
Special Containons					
		NA			
Special Exclusions		NA			
Special Excess/Deductible	9	NA			
The Policy shall be subject	t to EMPLOYE	ES COMPENSA	TION INSURANCE I	Policy clause	es attached herewith.
Clauses				escription	
Premium and GST Details					
			Rate of Ta	ax A	Amount in INR
Premium				₹	43740.00
SGST			9	3	3937
CGST			9	3	3937
IGST			0	C	)
set his (their) hand(s) on	uns zour day	or November,2	.022.		For and on behalf of
				The	New India Assurance Company Limited
Date of Issue: 28/11/202	2				
					Duly Constituted Attorney(s)
Stamp Duty under the Po	licy is₹				
MudrankDt	COI	nsolidated Stan	np Fees Paid by Pay	Order Nun	nbervide receipt
numberdt	·				
2017-18 or	wards is mo	ore than the ag	ggregate turnovei	notified u	eceding financial year from nder sub-rule (4) of rule 48, sions of the said sub-rule.

Tax Invoice No : 16040022P0015180

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C