



POLICY SCHEDULE FOR EMPLOYEES COMPENSATION INSURANCE

UIN NUMBER - IRDAN190P0077100001

| Insured's Name | : | C.B.AGRO TECH PVT LTD | | | |
|----------------|-------------------|---|----------------|---|--|
| | Insured's Details | Issuing Office Details | | | |
| Customer ID | | POA1785954 | Office Code | | AURANGABAD DO-160400 (160400) |
| Address | : | BHAGAT SINGH CHOWK ,ATP & TQ KARANJA LAD, DIST WASHIM KARANJA (AKOLA) ,MAHARASHTRA, 444105 | Address | : | AJAY ENGINEERING COMPOUND, ADALAT ROAD, AURANGABAD ,431005 |
| Phone No | : | | Phone No | : | 02402333572 / 02402333361 |
| E-mail/Fax | : | rajukhivasara@gmail.com, / | E-mail/Fax | : | nia.160400@newindia.co.in / 02402331226 |
| PAN No | : | AADCC4347C | S.Tax Regn. No | : | AAACN4165CST178 |
| GSTIN/UIN | : | 27AADCC4347C1ZZ / NA | GSTIN | : | 27AAACN4165C3ZP |
| | | | SAC | : | 997139 (Other non-life insurance services excl RI) |

| Policy Details | | | | | | |
|---------------------|---|---|---|---|---|--|
| Policy Number | : | 16040036220100000175 | Business Source Code | | | |
| Period of Insurance | : | From: 07/12/2022 05:22:31 PM To: 06/06/2023 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 | : | 07-Dec-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 |
|------------|--------|-----------|--|-------------------------------------|
| 13122 | 2362 | 15484 | RUPEES FIFTEEN THOUSAND FOUR HUNDRED EIGHTY-FOUR ONLY | 1604008122000001082 4 - 07/12/22 |

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 | Sub Categories | | | Cash Total Wages | |
|--|--|--|--|--|--------------------------------|--|
| Cotton Ginning and pressing Factories a Presses | nd Other Regions | Other Regions | | | 1350000 | |
| Trade Description | Particular of Works | Particular of Works Location D | | | luded All Sub - Contractors | |
| cotton Ginning & pressing | SKILLED & UNSKILLED, COMMERCIAL TRAVELER , = 15 | Chandanwadi Akola Road Atp Karanja Lad,Dist Washim | | | | |

Contractor/Sub-Contractor Details:

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

Policy No.: 16040036220100000175Document generated by 40781 at 07/12/2022 18:05:35 Hours.

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

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



Extensions under the Policy Cover

| Name of the Exter | nsion | Sub Limit of the Extension | Deductibles of the Extension |
|--------------------------------|-------------|-------------------------------|------------------------------|
| Medical Extensi | on | ₹200000 | NA |
| Special Conditions | | | |
| | NA | | |
| Special Exclusions | NA | | |
| Special Excess/Deductible | NA | | |
| The Policy shall be subject to | EMPLOYEES C | COMPENSATION INSURANCE Policy | clauses attached herewith. |
| Clauses | | Descri | otion |
| Premium and GST Details | | | |
| | | Rate of Tax | Amount in INR |
| Premium | | | ₹ 13122.00 |
| SGST | | 9 | 1181 |
| CGST | | 9 | 1181 |
| 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 07th day of December,2022.

For and on behalf of

| | | The New India Assurance Company Limited |
|----------------|---------------------|--|
| Date of Issue: | : 07/12/2022 | |
| | | Duly Constituted Attorney(s) |
| | | |
| Stamp Duty u | ınder the Policy is | ₹ |
| Mudrank | Dt | consolidated Stamp Fees Paid by Pay Order Numbervide 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 : 16040022P0015984

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C