



POLICY SCHEDULE FOR EMPLOYEES COMPENSATION INSURANCE

UIN NUMBER - IRDAN190P0077100001

Insured's Name	:	SUKHMANI COTTON INDUSTRIES				
Insured's Details			Issuing Office Details			
Customer ID	:	POA1788159	Office Code		SHIRDI (151806)	
Address	:	GUT NO 255/256, VILL PANGARI JINTUR,NEAR BORDIKAR SCHOOL, JINTUR. JINTUR ,MAHARASHTRA, 431509	Address	:	Nagar Panchayat, SAI Prasad Shopping Complex, At Shirdi-Tal rahata Dist A`nagar,Shirdi ,423109	
Phone No	:		Phone No	:	02423255179	
E-mail/Fax	:	sukhmanicotton@gmail.com, /	E-mail/Fax	:	nia.151806@newindia.co.in /	
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178	
GSTIN/UIN	:	27ABTFS5185Q1ZW / NA	GSTIN	:	27AAACN4165C3ZP	
	:		SAC	:	997139 (Other non-life insurance services excl RI)	

Policy Details								
Policy Number	: 15180636220100000001 Business Source Code							
Period of Insurance	:	From: 07/12/2022 06:06:45 P 06/12/2023 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(₹)	Tota	otal (₹) Total		Total (₹ in words)		Receipt No. & Date	
25000		4500	29	THOUSAND		S TWENTY-NINE 1518 DUSAND FIVE NDRED ONLY		151806812200000031 4 - 08/12/22

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 Total Wages	
Cotton Ginning and pressing Factories ar Presses	d Skilled & Unskilled Employees, Com	25	4500000	
Trade Description	Particular of Works	Particular of Works Location I		
GINNING & PRESSING	GINNING & PRESSING Skilled & Unskilled Employees, Commercial traveler	SUKHMANI C INDUSTR GUT NO 255/2 PANGARI JINTU BORDIKAR SO JINTUR.43	ies, 256, Vill Jr,Near Chool,	

Contractor/Sub-Contractor Details:

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

Policy No. : 1518063622010000001Document generated by 24007 at 08/12/2022 11:29:45 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	₹100000	NA		
Special Conditions as pe		r policy condition			
	NA				
Special Exclusions	NA				
Special Excess/Deductible	e NA				
The Policy shall be subject	t to EMPLOYEES C	OMPENSATION INSURANCE Policy	y clauses attached herewith.		
Clauses		Description			
Premium and GST Details			•		
		Rate of Tax	Amount in INR		
Premium			₹ 25000.00		
SGST		9	2250		
CGST		9	2250		
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 08th day of December,2022.

For and on behalf of

Th	ne N	ew India Assurance Company Limited
Date of Issue: 08/12/2022		

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 : 15180622P0000384

IRDA Registration Number: 190	
NIA PAN NUMBER: AAACN4165C	