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| पॉलिसी अनुसूची/ Policy Schedule - Employees Compensation Insurance  |  |
| <b>Policy Number:</b><br><b>32180041221000045</b>   | व्यवसाय स्रोत /Business Source: 910275   |
| जारीकर्ता कार्यालय/Issuing Office<br>कार्यालय कोड /Office Code: 321800<br>कार्यालय पता /Office Address: DEWAS<br>DIVISION 2-TARANI COLONY, A.B ROAD,,<br>- 455001.<br>State Code: 23, Madhya Pradesh<br>GSTIN: 23AAACN9967E1ZB<br>Contact Number: 7272 250074<br>Mobile Number: | विक्रय चैनल बखिरण/Sales Channel Code:<br>91027500000001<br>नाम /Name: Jainuine insurance brokers pvt<br>ltd - Indore Contact Number: 9893131223<br>सह दलाल कोड / Co Broker Code: |
|   | कस्टमर केयर टॉल फ्री नंबर/Customer<br>Care Toll Free Number:<br><b>1800 345 0330</b><br>ईमेल/<br><b>email:customer.support@nic.co.in</b>   |

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| ग्राहक का नाम /Customer Name: MR MAHAVEER GINNING<br>FACTORY   | ग्राहक आईडी /Customer ID:<br>9556165020 | पैन /PAN: AAKPL9085A                |
| पता/ Address: GAT NO 96 AT DHOTRA POST CHOUSALA DIST<br>BEED<br>, City: BEED, District: BEED, State: MAHARASHTRA, PIN: 431122.<br>Cell: 9893131223 | फोन /Phone:                             | ई-मेल /E-Mail: slihindore@gmail.com |

|   |                    |   |                                   |
|---|--------------------|---|-----------------------------------|
| पॉलिसी: 06/12/2022 के 18:00 से 05/12/2023 की मध्य रात्रतिक प्रभावी /Policy Effective from 18:00 hours, on 06/12/2022 to<br>midnight of 05/12/2023 |                    |   |                                   |
| प्रीमियम/ Premium   | ₹ 11,603.00        | कवर नोट संख्या और तथि/ Cover<br>Note Number and Date                                | लागू नहीं/NA                      |
| CGST  | ₹ 0.00             | प्रस्ताव संख्या और तथि/ Proposal<br>Number and Date                                 | 8800221206756119 Dt. 06/12/2022   |
| SGST/UTGST  | ₹ 0.00             |   |                                   |
| IGST  | ₹ 2,088.00         |   |                                   |
| कम:जीएसटी_टीडीएस /<br>Less:GST_TDS  | ₹ 0.00             | रसीद संख्या और तथि/Receipt<br>Number and Date                                       | 321800812210004487 Dt. 07/12/2022 |
| पुनर्प्राप्ति योग्य स्टाम्प<br>ड्यूटी<br>/Recoverable Stamp Duty  | ₹ 0.00             | पछिली पॉलिसी संख्या और समाप्ती<br>तथि/<br>Previous Policy Number and<br>Expiry Date | लागू नहीं/NA                      |
| <b>कुल /Total Amount</b>  | <b>₹ 13,691.00</b> |   |                                   |
| (Rupees Thirteen Thousand Six Hundred Ninety One Only.)   |                    |   |                                   |

|                                |
|--------------------------------|
| Joint Policyholder Name: NA    |
| Joint Policyholder Address: NA |

Laws: The Policy covers Liability of the **Insured** under the following Law(s) shown as covered, subject to claim being otherwise admissible as per terms, conditions and exclusions of the Policy and subject to **Limit of Indemnity** as stipulated against each Law.

| SL.No | Law   | Limit of Indemnity   | Coverage |
|-------|---|--|----------|
| 1     | Employee Compensation Act, 1923 and Subsequent amendments thereof prior to the date of issue of this Policy | Subject otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured.   | Yes      |
| 3     | Medical Expenses  | Subject otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured, but not exceeding:-<br>a)Limit Per Employee: ₹50,000.00<br>b)Aggregate Limit(AOP): ₹5,00,000.00 | Yes      |

| SL.No | Industry Type   | Description of Work Done by Employees                 | Number of Employees | Declared Wages/ Contract Value             | Place of Employment                                | Contractors Name, Contractors Address         |
|-------|---|---|---------------------|--|--|---|
| 1     | Industry Type:Cotton Ginning & Pressing Factories and Presses<br>Sub Industry<br>Type:other regions | LABOUR WORKING IN COTTON GINNING AND PRESSING FACTORY | 20                  | Declared Wages:2880000<br>Contract Value:0 | GAT NO 96 AT DHOTRA POST CHAUSALA DIST BEED 431122 | Contractors Name:NA<br>Contractors Address:NA |

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| जारीकर्ता कार्यालय/Issuing Office<br>कार्यालय कोड /Office Code: 321800<br>कार्यालय पता /Office Address: DEWAS<br>DIVISION 2-TARANI COLONY, A.B ROAD,,<br>- 455001.<br>State Code: 23, Madhya Pradesh<br>GSTIN: 23AAACN9967E1ZB<br>Contact Number: 7272 250074<br>Mobile Number: | विक्रय चैनल वविरण/Sales Channel Code:<br>91027500000001<br>नाम /Name: Jainuine insurance brokers pvt<br>ltd - Indore Contact Number: 9893131223<br>सह दलाल कोड / Co Broker Code: |
|   | कस्टमर केयर टॉल फ्री नंबर/Customer<br>Care Toll Free Number:<br><b>1800 345 0330</b><br>ईमेल/<br>email:customer.support@nic.co.in  |

**Clauses, Endorsements and Warranties Applicable:**  
Occupational Diseases,  
Average Clause

जसिकी गवाही में दनि/ माह /वर्ष को उपरोक्त उल्लेखित कार्यालय पते पर अधोहस्ताक्षरी को वधिवित अधिकृत कयिा जा रहा है उसके हाथ नरिधारति कएि जाएं। यह अनुसूची, संलग्न पॉलिसी, खण्ड, पृष्ठांकन और पॉलिसी शब्दों, जो कंपनी वेबसाईट <https://nationalinsurance.nic.co.in> पर उपलब्ध है, को एक अनुबंध के रुप में एक साथ पढा जाए तथा कोई भी शब्द या अभवियक्तजसिके लएि यह वशिषिट अर्थ पॉलिसी या अनुसूची के कसिी भी हसिसे में संलग्न कयिा गया हो, एक ही अर्थ वहन करेगा चाहे जहाँ भी उल्लेखति हो। यह आशवासन दयिा जाता है कप्रीमियम चेक के अस्वीकर्ता के मामले में, यह दस्तावेज स्वतः प्राथमकतिा नरिस्त हो जाएगी। **/IN WITNESS WHEREOF, the undersigned being duly authorized hereunto set his/ her hand at the office address mentioned above, this 07/December/2022. This schedule, the attached policy, the clauses, the endorsements and policy wordings as available in the website <https://nationalinsurance.nic.co.in> shall be read together as one contract and any word or expression to which the specific meaning has been attached in any part of this policy or of the schedule shall bear the same meaning wherever it may appear. It is warranted that IN CASE OF DISHONOUR OF THE PREMIUM CHEQUE, THIS DOCUMENT STANDS AUTOMATICALLY CANCELLED 'AB-INITIO'**

इंश्योरेन्सइंडियोलमिटिड Ombudsman Details: Office of the Insurance  
Ombudsman, Janak Vihar Comp lex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel  
Office, Near New Market, Bhopal - 462 003.  
Tel.: 0755 - 2769201 / 2769202  
Email: bimalokpal.bhopal@cioins.co.in

स्टांप ड्युटी/ For and on behalf of National Insurance  
Stamp  
Duty:  
(₹ 6.00)

कृते नेशनल इंश्योरेन्स कंपनी  
For and on behalf of National Insurance  
Company Limited

अधिकृत हस्ताक्षरकर्ता/ Authorized  
Signatory

**TAX INVOICE**

Invoice Serial No: 30878W2P00000045

Invoice Date: 07/12/2022

**Details of Supplier:**

National Insurance Company Limited.,  
DEWAS DIVISION 2-TARANI COLONY, A.B ROAD,, - 455001  
State : 23 , Madhya Pradesh  
GSTIN No : 23AAACN9967E1ZB

**Details Of Receiver : MR MAHAVEER GINNING FACTORY**

Address : GAT NO 96 AT DHOTRA POST CHOUSALA DIST BEED  
City : BEED,  
District: BEED,  
State: MAHARASHTRA,  
PIN: 431122.

Place Of Supply State : Maharashtra  
State Code : 27  
GSTIN No : 27AAKPL9085A1ZJ

| सैक कोड/<br>SAC Code | सेवा का<br>विवरण/<br>Description of<br>Service  | कुल/Total(<br>₹) | छूट/<br>Discount | टैक्स योग्य/<br>मूल्य/Taxable<br>Value(₹) | सीजीएसटी की राशि/<br>CGST |                        | एसजीएसटी/यूटीजीएसटी/<br>SGST/UTGST |                        | आईजीएसटी/IGST |                        | केरला बाढ़<br>उपकर/Kerala<br>Flood Cess |
|----------------------|---|------------------|------------------|---|---------------------------|------------------------|------------------------------------|------------------------|---------------|------------------------|---|
|                      |   |                  |                  |   | दर/Rate                   | राशि/<br>Amount(<br>₹) | दर/Rate                            | राशि/<br>Amount(<br>₹) | दर/Rate       | राशि/<br>Amount(<br>₹) | राशि/Amount(<br>₹)                      |
| 997139               | Other non-<br>life<br>insurance<br>services<br>(excluding<br>reinsurance<br>services) | 11,603           | 0%               | 11,603                                    | 0%                        | 0                      | 0%                                 | 0                      | 18%           | 2,088                  | 0                                       |
| <b>TOTAL</b>         |   | 11,603           |                  | 11,603                                    |                           | 0                      |                                    | 0                      |               | 2,088                  | 0                                       |

कुल इनवॉयस मूल्य (अंको में ) Total Invoice Value (In figures) :  
₹ 13,691

कुल इनवॉयस मूल्य (शब्दों में) Total Invoice Value (In words) : रूपए/Rupees  
Thirteen Thousand Six Hundred Ninety One  
केवल/Only.

रिवर्स चार्ज के अधीन टैक्स की राशि Amount of Tax Subject to Reverse Charge : No

**E.&O.E**

कृते नेशनल इन्श्योरेंस कंपनी लिमिटेड/ For  
and on behalf of National Insurance Company Limited

अधिकृत हस्ताक्षरकर्ता/ Authorized Signatory

