



POLICY SCHEDULE FOR EMPLOYEES COMPENSATION INSURANCE

UIN NUMBER - IRDAN190P0077100001

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|--------------------------|--|-------------------------------|--|
| Insured's Name | : NATRAJ COTTON PVT. LTD | | |
| Insured's Details | | Issuing Office Details | |
| Customer ID | : POA4108322 | Office Code | : AURANGABAD DO-160400 (160400) |
| Address | : GUT NO.383, TAMSA-ARDHAPUR ROAD, TAMSA. TQ HADGAON. DIST. NANDED HADGAON ,MAHARASHTRA, 431712 | Address | : AJAY ENGINEERING COMPOUND, ADALAT ROAD, AURANGABAD ,431005 |
| Phone No | : | Phone No | : 02402333572 / 02402333361 |
| E-mail/Fax | : NATRAJCOTTONTAMSA@GMAIL.COM, / | E-mail/Fax | : nia.160400@newindia.co.in / 02402331226 |
| PAN No | : | S.Tax Regn. No | : AAACN4165CST178 |
| GSTIN/UIN | : 27AACCN8230E1ZN / NA | GSTIN | : 27AAACN4165C3ZP |
| | | SAC | : 997139 (Other non-life insurance services excl RI) |

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|----------------------------|---|---|---|
| Policy Details | | | |
| Policy Number | : 16040036220100000252 | Business Source Code | |
| Period of Insurance | : From: 23/03/2023 04:11:59 PM To: 22/06/2023 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 | : 23-Mar-23 | 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 |
| 8,748 | 1,574 | 10,322 | RUPEES TEN THOUSAND THREE HUNDRED TWENTY-TWO ONLY | 1604008122000001680 2 - 23/03/23 |

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 Employee | Cash Total Wages |
|---|--|--|--------------------------------|
| Cotton Ginning and pressing Factories and Presses | Other Regions | 20 | 900000 |
| Trade Description | Particular of Works | Location Details | Included All Sub - Contractors |
| Cotton ginning & Pressing | Skilled & Unskilled Employees, Commercial travelers :-20 | Natraj cotton Pvt. LTD, GUT NO.383, TAMSA-ARDHAPUR ROAD, TAMSA. TQ HADGAON. DIST. NANDED | |

Contractor/Sub-Contractor Details:

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



Extensions under the Policy Cover

| Name of the Extension | Sub Limit of the Extension | Deductibles of the Extension |
|---------------------------|--|------------------------------|
| Medical Extension | ₹200000 | NA |
| Special Conditions | Skilled & Unskilled Employees, Commercial travelers :-20 NA | |

| | |
|----------------------------------|----|
| Special Exclusions | NA |
| Special Excess/Deductible | NA |

The Policy shall be subject to EMPLOYEES COMPENSATION INSURANCE Policy clauses attached herewith.

| Cluses | Description |
|--------|-------------|
|--------|-------------|

Premium and GST Details

| | Rate of Tax | Amount in INR |
|---------|-------------|---------------|
| Premium | | ₹ 8,748 |
| SGST | 9 | 787 |
| CGST | 9 | 787 |
| 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 23rd day of March,2023.

For and on behalf of

The New India Assurance Company Limited

| | |
|---------------------------|--|
| Date of Issue: 23/03/2023 | |
|---------------------------|--|

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 : 16040022P0024463

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| <p>IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C</p> |
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