



### POLICY SCHEDULE FOR EMPLOYEES COMPENSATION INSURANCE

### UIN NUMBER - IRDAN190P0077100001

Insured's Name	:	MITTAL COT FIBERS			
Insured's Details		Issuing Office Details			
Customer ID	:	PO87506385	Office Code	:	AURANGABAD DO-160400 (160400)
Address	:	WARLA ROAD, SENDHWA, DIS BARWANI SENDHWA (KHARGON) ,MADHYA PRADESH, 451666	Address	:	AJAY ENGINEERING COMPOUND, ADALAT ROAD, AURANGABAD ,431005
Phone No	:		Phone No		02402333572 / 02402333361
E-mail/Fax	:	MITTALCOTFIBERS@GMAIL.COM, /	E-mail/Fax	:	nia.160400@newindia.co.in / 02402331226
PAN No	:		S.Tax Regn. No	:	AAACN4165CST178
GSTIN/UIN	:	23AAYFM8096L1Z9 / NA	GSTIN	:	27AAACN4165C3ZP
	:		SAC	:	997139 (Other non-life insurance services excl RI)

Policy Details						
Policy Number	:	16040036220100000235	Business Source Code			
Period of Insurance	:	From: 01/03/2023 05:32:54 PM To: 30/06/2023 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	:	01-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	1,575	10,323	RUPEES TEN THOUSAND THREE HUNDRED	1604008122000001556 4 - 01/03/23
			TWENTY-THREE ONLY	

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

Categories	Sub Categories	No of Employee	Cash Total Wages
Cotton Ginning and pressing Factories and Presses	Cotton Godowns and Warehouses	15	900000

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

Categories	Sub Categories	Sub Categories		
Trade Description	Particular of Works			Included All Sub - Contractors
ginn .pressing 9.72 Skilled & Unskilled Employees, Commercial travelers:-15	ginn .pressing 9.72 Skilled & Unskilled Employees, Commercial travelers:-15	Mittal cot Fiber road sendhv barwani 45	va dist	

## Contractor/Sub-Contractor Details:

Serial No	Name of Contractor	Description	Categorie	No	o. of Worke	ers	Amount Wages
				Skilled	Unskilled	Others	

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



Extensions under the Policy Cover

Name of the Ex	ctension	Sub Limit of the Extension	Deductibles of the Extension		
Medical Exte	ension	₹100000	NA		
Special Conditions					
'					
	<u> </u>				
Special Exclusions					
Special Excess/Deductible		NA			
The Policy shall be subject	t to EMPLOYEES C	OMPENSATION INSURANCE	Policy clauses attached herewith.		
Clauses		Description			

Premium and GST Details

	Rate of Tax	Amou	nt in INR
Premium		₹	8,748
SGST	0	0	
CGST	0	0	
IGST	18	1575	

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 01st day of March,2023.

For and on behalf of

	The New India Assurance Company Limited
Date of Issue: 01/03/2023	
	Duly Constituted Attorney(s)
Stamp Duty under the Policy is ₹	
Mudrank Dt. consolidated Stamp Fees Paid by Pay	y Order Number vide receipt
	, o
numberdt	

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: 16040022P0022640

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C