



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 : 16040036230100000148 Business Source Code						
Period of Insurance	:	From: 03/10/2023 02:48:56 PM To: 02/04/2024 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	:	03-Oct-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
13,122	2,362	15,484	RUPEES FIFTEEN THOUSAND FOUR HUNDRED EIGHTY-FOUR ONLY	1604008123000000835 2 - 04/10/23

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 No Emplo			
Cotton Ginning and pressing Factories a Presses	nd Other Regions	Other Regions			1350000
Trade Description	Particular of Works	Location Details			luded All Sub - Contractors
Cotton Ginning & pressing	Skilled & Unskilled Employees, Commercial travelers:-15	Mittal cot Fibers, Warla road sendhwa dist barwani 451666			

Contractor/Sub-Contractor Details:

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

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



Deductibles of the Extension

The New India Assurance Company Limited

Duly Constituted Attorney(s)

Sub Limit of the Extension

Extensions under the Policy Cover

Name of the Extension

Date of Issue: 04/10/2023

Stamp Duty under the Policy is ₹

number_____dt.____.

Medical Exte	ension	₹200000	NA		
Special Conditions					
	NA				
Special Exclusions	NA				
Special Excess/Deductible	•				
	- I	OMPENSATION INSURANCE	Policy clauses	attached herewith.	
Clauses	10.12.00		escription		
Premium and GST Details	•		•		
		Rate of T	ax Am	nount in INR	
Premium			₹	13,122	
SGST		0	0		
CGST		0	0		
IGST		18	23	62	
In witness whereof the uset his (their) hand(s) on	ndersigned being d this 04th day of Oc	uly authorised by the Insure tober,2023.	ers and on beh	nalf of the Insurers has (have) hereunder For and on behalf of	

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,

Mudrank______Dt._____consolidated Stamp Fees Paid by Pay Order Number______vide receipt

we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

Tax Invoice No : 16040023P0012846

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C